

HEALTH

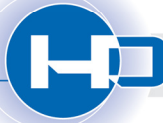


DECISIONS, INC.

You've Done a Dependent Audit. Now What?

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Pioneering Specialists in Group Health Care Post-Payment Administration for Over 20 Years

- First with 100% claim audits
- Introduced the use of claim audits for recovery
- Originated linking of enrollment reconciliation with claim audits
- Started dependent audits 15 years ago
- Revolutionized data intake with payer-defined data – always successful
- Unblemished track record – no HIPAA violations or employee issues

Presentation Overview

- Dependent eligibility verification (DEV) has risen from obscurity to common practice in the last decade.
- With these audits now commonplace for group health plans, the question arises – Now what?
- To help answer this question we asked people to share their experience and views.
- 20 of you with DEV experiences to share responded.
- Your responses and our comments on them follow.

Survey Questions

1. When did your plan complete its most recent DEV audit?
2. Typically, these audits find between 4% and 12% of dependents to be no longer eligible. How do your results compare?
3. How did you handle any employee grievances or appeals that resulted from people being removed from coverage?
4. Did any terminated dependents have claims paid that should not have been paid? If so, how did you handle that?
5. What changes, if any, were made in your dependent eligibility verification internal procedures as a result of the audit?
6. How often do you think group health plans should do eligibility verification?

Question #1

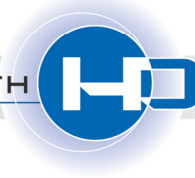
1. When did your plan complete its most recent dependent eligibility verification audit?

	Response Ratio
Within the past 12 months	35%
1-2 years ago	35%
3 years ago	10%
More than 3 years ago	20%

Question #2

2. Typically, these audits find between 4% and 12% of dependents to be no longer eligible. Were your results:

	Response Ratio
At the high end of this range	30%
At the low end of this range	45%
Other	25%



Question #3

3. How did you handle any employee grievances or appeals that resulted from people being removed from coverage/terminated?

50%

No appeals

50%

Had appeals

Of those reporting appeals several had formal processes.
Only 1 reported collecting money from enrollees.

Question #4

4. Did any terminated dependents have claims paid that should not have been paid? If so, how did you handle that?

53% No claims paid

47% Claims paid

Question #5

5. What changes, if any, were made in your dependent eligibility verification internal procedures as a result of the audit?

- All but three reported more stringent procedures
 - 10 tightened enrollment documentation requirements for new hires
 - 4 plan to re-audit
 - 3 had other responses
- Use of imaging and document management

Question #6

6. How often do you think group health plans should do dependent eligibility verification?

	Response Ratio
Once per year	28%
Every other year	14%
Every 3 or 4 years	57%

Past Webinars Available for Download

Recordings of past webinars are available through **Si's Library** (www.healthdecisions.com/library) including:

- May, 2011 - Two Dozen Reasons Why Claim Payment Error Occurs
- April, 2011 - How Does Your Plan Compare?
- March, 2011 - How Medicare Can Help Employer Health Plans
- February, 2011 - Administrative Fee Inflation: Causes and Consequences
- January, 2011 - Planning for 2011
- November, 2010 - Provider Score Card: 5 Common Sense Tests to Foster Competition

For More Information
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We offer no-cost consultations
to answer questions and discuss options.