Pharmacy Claims Auditing

As prescription drug costs continue to escalate, payers are looking for ways to control costs and ensure the accuracy of drug claim reimbursements. CGI offers a Pharmacy Claims Auditing component for our Customized Audit System (CAS 5.0) as well as complementary consulting services to review paid pharmacy claims and identify those with the highest probability for recovery. With CGI’s targeted efforts, you can identify potential fraud and abuse and administrative errors and set the stage for recovery and improved patient, physician and pharmacy compliance.

The Pharmacy Claims Auditing component and CAS 5.0 provide an effective audit management tool that combines efficient pharmacy claims auditing and technology with innovative data modeling and audit management. You can accurately pinpoint claims that are inappropriately paid and help build audit awareness in your network or at the Prescription Benefit Management-level (PBM-level).

The Pharmacy Claims Auditing component is customized to address benefit contracts and plan designs and allows users to turn individual edits on and off and set specific tolerance levels. To build edits, CAS 5.0 supports multiple combinations of groups, plans, drug categories, pharmacies and benefit levels. Utilizing functionality from CAS 5.0 to drive the claims investigation, it runs various algorithms and edit parameters against your pharmacy data at regular and user-driven intervals to generate results, including:

- The administration of plan design parameters
- Duplicated claims
- Potential fraud, abuse and misuse of the prescription benefit
- Trends over time
- Predicted usage based on past utilization patterns

Claims that are flagged by an edit indicating some potential errors are routed by CAS 5.0’s Workflow Module to the appropriate users who can determine whether to create a further audit, request records, conduct a desk audit or recover dollars.

Claims that exceed certain edit parameters or tolerance levels are “pushed” to the attention of a reviewer who can reverse and/or correct the claim before payment is made to the pharmacy—eliminating the auditing and collection costs associated with retrospective audits.
Prescription Claims Analysis Services for Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) Plans

CGI understands MA and MA-PD plans’ challenges of constantly evolving to adapt to external market forces while controlling administrative costs. We help these organizations correctly administer the prescription plan and ensure the accuracy of information reported to CMS.

CAS 5.0 helps to analyze 100 percent of electronic paid prescription claims activity and identify claims that do not adhere to the plans’ specifications. This includes the following:

- Pharmacy benefit adherence
- Plan design adherence
- Contractual parameters adherence
- Payment adherence
- Fraud, waste and abuse detection

Ensuring the accuracy of information reported to CMS is the entities’ responsibility—not the contracted PBM. CGI reviews and identifies claims over retrospective periods and in near-real-time, helping administrators to identify early potential problems and take corrective action before these problems accumulate or accelerate. CGI works closely with each entity’s compliance officer to ensure that reporting and tracking needs are specifically tailored to meet the entity’s needs. This allows CGI to meet clients’ internal requirements for consistent, interdepartmental information and their external needs for documentation requested by CMS Medicare Drug Integrity Contractors (MEDICS).

Customized Audit System (CAS 5.0)

An enterprise-wide solution that helps you efficiently predict, identify, manage and analyze your medical and pharmacy claims

Why select CAS 5.0? This browser-based claims audit tool is unique to the industry because it is designed to your specific business rules and reimbursement methodologies. CAS 5.0 is an enterprise-wide solution that can help you:

- Predict—Uses advanced algorithms to predict potential hidden patterns and anomalies within the entire claims data universe.
- Identify—Identifies the claims that have the highest potential for revenue optimization through a series of edits, allowing you to easily work on these claims.
- Manage—Provides an efficient and comprehensive workflow that includes tracking the entire audit process, recording the findings and generating the associated letters and reports so you can spend more time on the review process and less time on administrative tasks.
- Analyze—Provides analytical tools that allow you to easily research claims and audit data through a series of views. This is accomplished at the user level, freeing up valuable IT resources.

Company Profile

CGI is in the business of satisfying clients. For 30 years, we’ve operated based upon the principles of sharing in our clients’ challenges and delivering quality services to solve them. A leading IT and business process services provider, CGI has approximately 25,000 professionals operating in 100+ offices worldwide.

CGI has a solid track record of on-time, on-budget delivery and high-value repeat performance. Our methodologies and best practices ensure we deliver results and serve as an accountable, flexible and objective partner.

We define success by exceeding expectations and helping clients achieve results.

For more information about CGI, please visit www.cgi.com/usfederal or contact us at 216-687-1480 or healthcare.bps.hgov@cgifederal.com.

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