Recovery and Audit Services
Recouping hundreds of millions of dollars every year.
It is estimated that over 10% of U.S. medical claims are paid incorrectly by healthcare payers. This costs the healthcare industry tens of billions of dollars each year.
Expertise, Flexibility, Increased Savings and Bottom Line Results.

As experts in the area of health care cost containment, Xerox enables you to increase your bottom line results. We help you to reduce governance and administration costs, reduce fees, fight fraud, waste and abuse, and increase overall recoveries – while enhancing service delivery. We have the expertise, resources, and tools to enhance your identification ability and maximize recovery.

A Full Range of Services. Delivered by the Experts.

Recovery Services can take on many different forms, depending on your business. By applying our tools, technology and the unmatched expertise of our in-field team of experts, we can help you improve operations, reduce costs and significantly increase your annual recoveries.

Our Recovery Services include the following:

Subrogation

Recovery Services blends tools, technology and experience to uncover every possible recovery opportunity. Our sophisticated investigation process identifies all potential sources of recovery including Motor Vehicle Accident, Product Liability, Premises Liability, and Medical Malpractice. Once identified, our experienced Recovery Specialists, working closely with our legal staff, assert the rights of our clients to achieve the best possible settlement. We eliminate cost shift to healthcare payers when a workers’ compensation carrier is liable.

Overpayment Services

Recovery Services goes to great lengths to identify overpayments, reduce payment leakage, and improve member satisfaction for our clients. We supplement your internal Coordination of Benefits efforts to identify and recover benefits paid where Medicare or another payer should have paid primary. Xerox shares the updated information with our client to ensure accurate payments in the future.

Share of Cost (SOC)

SOC is similar to private insurance plans out-of-pocket deductible. SOC is defined as the monthly dollar amount that a Medicaid recipient is obligated to pay for healthcare costs before Medicaid will pay claims. Recovery Services uses the monthly State Eligibility File to validate that the recipient’s share of cost was applied/deducted against the paid claims for that month and to recover any share of cost overpaid by the plan.

Our clients include:

- Government Organizations
- Commercial Insurance Carriers
- Blue Cross / Blue Shield Plans
- Third-Party Administrators
- HMOs
- Corporations
- Taft-Hartley Benefit Funds
- Self-Insured Health Plans

Our results are recognized industry-wide.
The Best Value in Healthcare Cost Containment Services – encompassing service, experience, price and results.

Accurate Reporting

The new challenge for health plans reporting entitlement information to Medicare is to look beyond basic Section 111 compliance. With the right focus, CMS required data sharing can be a powerful tool.

By providing entitlement data, you reduce Medicare's potential for overpayment while increasing your risk. Let Recovery Services use our expertise to ensure that you are getting the most out of Section 111 mandated reporting:

• Timely and accurate primacy determinations
• Updates to the Common Working File
• Maintenance of primacy records in your eligibility system
• Accurate MSP and non-MSP reporting.

Medicare Secondary Payer Validation

CMS provides files to Medicare Advantage payers identifying other commercial insurance coverage. We validate this data to ensure the correct primary payer is listed and that you receive higher premiums when the health plan is the primary payer. When the plan is secondary, we make certain that claims are diverted to the appropriate payer.

Pharmacy Audits and Compliance

Xerox has the most robust, scalable pharmacy auditing service in the United States. We utilize sophisticated data analytics to score pharmacies and conduct comprehensive prescription claim review to identify areas of loss or risk. Our process ranges from on-site, desk, and electronic pharmacy reviews to data analysis. Audit services types include:

• Retail pharmacy audits
• Rx Claim Check
• LTC audits
• Mail order and specialty drug audits
• Invoice audits
• Enhanced FWA audits
• Drug rebate audits
• Pre- and Post- Network Credentialing audits

By partnering with Xerox, you can eliminate fraud, waste and abuse, and educate providers to prevent future problems.

Home Infusion Therapy, Durable Medical Equipment, Home Healthcare and High Cost Drug Audits

Our auditing procedures and proprietary software focus on compliance and overpayment drivers within the specialty areas of Home Infusion Therapy, Durable Medical Equipment, Home Healthcare and High-Cost Drug. This unique technology, in combination with our pharmacy and DME/HH coding professionals with real-world experience, results in greater recoveries for our clients.

Dependent Eligibility Audits

Traditionally, health insurance enrollment has been based on the honor system. As a result, many health plans are carrying significant populations of ineligible dependents, which dramatically increase the cost of care. Our experienced team audits specific groups – including full-time students, domestic partners, common-law spouses, adoptions and other potentially ineligible dependents – to validate membership through school records, birth certificates and other forms of identification. Then we help you remove ineligible dependents from your membership rolls and recover any paid claims on your behalf.
Medical and Pharmacy Retroactive Termination Audits

Health insurance companies overpay millions of dollars in claims each year from employer groups retroactively reporting individual member terminations. We use sophisticated tools and algorithms to mine health plan data and uncover overpayments.

Hospital Credit Balance Audits

Xerox works on your behalf to recover duplicate/similar claim overpayments, COB errors and payments exceeding your contractual requirements. We ensure timely recovery of credit balances on the books of hospitals throughout your service area.

End-Stage Renal Dialysis Audits

We review 100 percent of the primary payments made to each dialysis facility, reviewing both provider- and payer-supplied documentation to maximize recovery.

Recovery and Audit Solutions that provide significant ROI, including:

- Hard dollar recoveries
- Soft dollar savings
- Sentinel effect
- Provider education
- Prevention of fraud, waste and abuse.

“We have found them to be very efficient and timely in investigating and opening recovery files. Their emphasis on customer service and prompt responses to our requests for information are a prime reason we maintain our relationship with them. Recovery results have been excellent. They provide comprehensive reporting documents to us which allow us to fulfill our obligations to outside stakeholders.”

– Legal Counsel, Medicaid Managed Care Organization
About Xerox

Since the invention of Xerography more than 75 years ago, the people of Xerox have helped businesses simplify the way work gets done. Today, we are the global leader in business process and document management, helping organizations of any size be more efficient so they can focus on their real business. Headquartered in Norwalk, Conn., we have more than 140,000 Xerox employees and do business in more than 180 countries, providing business services, printing equipment and software for commercial and government organizations. Learn more at www.xerox.com.

Contact us at:
Xerox Recovery and Audit Services
5500 Pearl Street, Suite 100
Rosemont, IL 60018
Randy Alt
414-325-3952
Randy.Alt@xerox.com