

How much are inaccurate claims costing you?



Rising costs. Increased competition. An ever-changing and complicated regulatory environment. Now, more than ever, health plans need to control costs. The AUTO-AUDIT® software solution from Truven Health Analytics®, IBM Watson Health™, applies sophisticated coding logic and scans incoming claims to help health plans and third-party administrators (TPAs) detect and flag the claims for review and take action to prevent fraud, waste and abuse in their claims payments.



Low-footprint software solution



Established, tested implementation model



Consistent, objective, and defensible methodology



Rules-based logic/rigorous clinical algorithms



White box solution that can be easily integrated into your existing system

AUTO-AUDIT® also performs vital pre- and post-payment reviews.

Pre-payment claims editing	Post-payment auditing
Applies industry-standard* edits before claims are paid	Helps assess claims payment accuracy using industry standards & guidelines
Helps avoid paying claims inappropriately and “chasing” recoveries	Summarizes overpayments by edit and provider
Designed to clean claims to support medical management initiatives	Provides understandable results using industry-standard edits with detailed documentation
Implements pre-payment controls based upon post-payment analysis	Provides historical trend analysis on claims audits to improve operational efficiencies

Find out what AUTO-AUDIT® can do for you.

Visit truvenhealth.com/healthplan or email us at watsonh@us.ibm.com.

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* Industry standards used are the Centers for Medicare & Medicaid Services' guidelines on clinical codes, the ICD-10 and HCPCS coding systems, and the American Medical Association's CPT codes.