

Feedback on Review and/or Auditing of Claims

1. Name of the comp	any who per	rformed the	service.



Feedback on Review and/or Auditing of Claims

2. Was it a 100% review or an audit on a selection of claims?
100% Review
Audit
Other (please specify)



FLORIDA ALLIANCE
FOR HEALTHCARE VALUE

3. What percentage of claims were reviewed during the audit?

Feedback on Review and/or Auditing of Claims

4. How long	in month	s, did i	t take	to	perform	the	review	or	an	audit?



LED BY FLORIDA'S TOP EMPLOYERS SINCE 1984

Feedback on Review and/or Auditing of Claims

5. What was the data period in years (e.g., 1 year or 3 years) of claims?



Feedback on Review and/or Auditing of Claims

6. Did you rece	ive what you expec	ted out of the process?
Yes		
O No		



Feedback on Review and/or Auditing of Claims

7. Please check all services you contracted for.
Pharmacy rebate
Pharmacy market check pricing
Purchase verification
Prescription classification, including alignment with market changes and FDA updates
Fraud, waste, and abuse, as well as erroneous prescribing
Overrides approval
Step therapy adherence



Feedback on Review and/or Auditing of Claims

Thank You

If you have any questions, please contact Ashley Tait-Dinger at ashley@flhealthvalue.org