

HCI Profile

Our History.

HCI was conceived and launched by great minds with a desire fill a void In the health care industry. In 1997 we opened our doors for business with a focus on reducing fraud, waste and abuse by using technology and clinical validation. Since that time we have joined the Verisk Analytics (VRSK on Nasdaq) family and evolved into a market leader with suite of payment integrity solutions powered by clinicians. Relive some key moments below.

Our Mission.

Our mission is to stop fraud and waste in health care, continually develop innovative and clinically validated cost reduction services and provide unparalleled customer service and support to our clients.

Our Philosophy.

We believe that you deserve the best and we promise to deliver it. We believe you deserve better. Better software, better analytics, better clinicians, better service, better care and better results.

Our Values.

We value honesty, integrity, ethics, kindness and respect. We value collaboration, innovation, passion and outside-the-box thinking. We demand superior service, products and responsible management of data entrusted to our care.

Management

Our Leadership

We've got the brightest minds in the business steering the ship. We know you'll enjoy working with our passionate and magnetic CEO, Barry Johnson. We know you'll be impressed with our highly knowledgeable sales team, led by Brian Smith. We know you'll be glad that our brilliant Larry Schor, corporate development officer, is on your team. These are just a few of the incredibly talented members of our leadership team. Meet the rest of the team below.



Barry L. Johnson, DDS - President

Dr. Johnson is a founding partner of HCI and has served as president and chief executive officer of since January 2001. Under his leadership, the company has experienced extraordinary growth and success. He is a reimbursement and coding expert, with over 20 years of experience in health care informatics. Dr. Johnson is a Certified Dental Consultant and a Fellow of the Academy of General Dentistry. Johnson earned his DDS from Northwestern University.



Jason X. Pierson - Chief Operating Officer

Mr. Pierson joined HCI as the CIO in August 2009 and was promoted to COO shortly thereafter. He has over 15 years experience in health care technology and has previously served in senior executive roles for small and Fortune 100 businesses. Pierson has a proven track record of successfully managing complex software development projects and expansive personnel groups across several verticals. He earned a BS degree from the University of Michigan.



Larry X. Schor - Corporate Development Officer

Mr. Schor has more than 25 years of experience in the health care industry with a primary interest in strategy, information technology and decision analytics, investment banking and business development. His record of innovation and success is well known and admired throughout the health industry. Schor holds a BS in Comparative Anatomy and a BA in American Literature from Allegheny College and a MPH, Biostatistics and Epidemiology from Boston University.



Brian C. Smith - Executive Vice President, Sales

Mr. Smith joined HCI in March of 2008 and currently serves as Executive Vice President of Sales. He has over 27 years of experience in the health care industry and has served in various senior executive positions in Fortune 500 as well as venture-backed startups throughout his career. Smith completed his graduate coursework in business administration and public health at UC Irvine and UCLA earning dual BS degrees in both Biology and Psychology.



Darin Johnson, MBA - Vice President, Marketing

Mr. Johnson joined HCI in 2002 and is known as an industry innovator in B2B and health informatics marketing. During Johnson's tenure, he has successfully positioned HCI as a market leader and heavily influenced eight consecutive years of double and triple-digit revenue growth. He has distinguished himself with over a decade of inventive work in health marketing. Johnson earned his MBA at the University of Utah, with a focus on marketing and entrepreneurialism.

Press Releases

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[HCI Launches Profiler Magazine](#)

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[HCI Earns 2007 UT Top 100 Award](#)

Thursday October 30, 2008

[HCI Earns 2006 UT Top 100 Award](#)

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[HCI Acquired by ISO, Inc.](#)

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[Dental Select Picks HCI for Fraud Prevention](#)

Monday July 16, 2007

[Lovelace Health Selects HCI for Fraud Detection](#)

Monday May 21, 2007

HealthCare Insight Announces New Corporate Development Officer

Larry Schor Joins HCI Executive Team

SALT LAKE CITY, UTAH – October 23, 2009 – HealthCare Insight (HCI), a division of Verisk Health, Inc., and a provider of clinically validated fraud, abuse, and overpayment prevention solutions for private and public-sector payors, announced today the addition of Larry Schor to its executive team as corporate development officer (CDO).

As CDO, Schor will be responsible for identifying and evaluating new strategic opportunities that align with HCI business operations and growth initiatives. In alliance with other senior business leaders he will direct the design, planning, and execution of HCI's overall business strategy and will be responsible for piloting merger and acquisition strategies. Schor brings more than 25 years of expertise as a senior executive officer with extensive operations, technical, sales, start-up, and turn-around experience. He is a frequent national speaker, as well as a recognized thought leader and visionary in eHealthcare, informatics, strategic marketing, and business development.

"Possessing a diverse background and understanding of our industry, Larry brings remarkable depth and expertise about the entire health care space to HCI," said Dr. Barry Johnson, president of HCI. "We are privileged to add another key member to our management team whose high standards and experience will enable us to expand and grow our business through strategic alliances with other quality organizations."

Schor added, "I'm delighted to join HCI's senior leadership team at a time when public concern about the cost of health care reform is driving greater market demand for fraud prevention and payment integrity solutions. Acquisitions and development of new market segments, such as Medicaid and Medicare, will be major contributors to HCI's future growth. I am privileged to be part of this dynamic organization and look forward to leading a successful launch of our corporate development efforts."

About HealthCare Insight (HCI)

HCI, a division of Verisk Health, Inc., provides private and public-sector health care claims payors (including health plans, managed care organizations, insurance carriers, third-party administrators, Medicaid, and Medicare) with a comprehensive suite of clinically validated fraud and abuse surveillance services designed to maximize claims administration accuracy and minimize payment waste. Each of HCI's customizable software-as-a-service (SaaS) solutions relies on a unique prepayment process that combines proprietary software systems with detailed review by experienced clinicians (doctors, nurses, and dentists) and investigators on all suspect claims and billing patterns. HCI's differentiated process enables payors to target fraud with greater efficiency by significantly increasing the quality of results returned. For more information and to learn about HCI's no-cost Cost Reduction Analysis, please visit <http://www.hcinsight.com> or call 1-877-619-5557.

HealthCare Insight Announces Launch of New Cancer Management Service, OncologyClaim Insight™

HCI adds new oncology service to suite of products

SALT LAKE CITY, UTAH – September 30, 2009 – HealthCare Insight (HCI), a division of Verisk Health, Inc., and a provider of clinically validated fraud, abuse, and overpayment prevention solutions for private and public-sector payors, announced today the release of a new care management program for oncology claims.

OncologyClaim Insight™, powered by Biologics, Inc.'s best-in-class cancer management strategy for payors, is a prepayment service designed to elevate patient care, enhance provider satisfaction, and manage oncology costs. This new clinically based service has been implemented to help HCI clients reduce the costs of cancer care while realizing an ROI of more than 8:1. Service features include 100 percent oncology case eligibility review, patient management, and education performed by an individually assigned Oncology Certified Nurse (OCN); detailed claim audits; validation and documentation of complex care plans that meet evidence-based national guidelines; access to an expert oncologist advisory panel; and detailed program performance reports.

A key component of the service is to support patients as they navigate the maze of providers and help to avoid potentially dangerous duplicate tests, procedures, or unnecessary and/or inappropriate treatment plans. HCI formed a strategic alliance with Biologics to implement a solution that results in appropriate reimbursement for payors and providers while ensuring that patients receive additional clinical support throughout their treatment.

“OncologyClaim Insight assures the employer, payor, and patient that the most appropriate plan of treatment is delivered and that patients receive a high level of clinical support to give them the best opportunity for a positive outcome,” said Brian Smith, executive vice president of sales for HealthCare Insight.

“We are honored to provide the clinical oncology expertise for OncologyClaim Insight,” said Robin U. Smith, chairman and chief executive officer of Biologics, Inc. “HCI is progressively addressing the complexities of cancer care to serve its payors, providers, and, most important, the patients.”

About HealthCare Insight (HCI)

HCI, a division of Verisk Health, Inc., provides private and public-sector health care claims payors (including health plans, managed care organizations, insurance carriers, third-party administrators, Medicaid, and Medicare) with a comprehensive suite of clinically validated fraud and abuse surveillance services designed to maximize claims

administration accuracy and minimize payment waste. Each of HCI's customizable software-as-a-service (SaaS) solutions relies on a unique prepayment process that

combines proprietary software systems with detailed review by experienced clinicians (doctors, nurses, and dentists) and investigators on all suspect claims and billing patterns. HCI's differentiated process enables payors to target fraud with greater efficiency by significantly increasing the quality of results returned. For more information and to learn about HCI's no-cost Cost Reduction Analysis, please visit <http://www.hcinsight.com> or call 1-877-619-5557.

About Biologics, Inc.

Biologics, Inc., is a cancer management company with an innovative business model that brings together the many complex components of cancer care to provide a patient-focused platform for managing the financial, emotional, and physical burdens of cancer treatment. Biologics is at the center of the rapidly changing oncology environment, managing multiple treatment modalities, clinical outcomes, and informatics and leveraging established relationships with oncology clinicians, patients, payors, researchers, and manufacturers. The company operates four divisions: Oncology Pharmacy, Oncology Clinical Trial Services, Oncology Management Services for Payors, and Oncology Biopharmaceutical Solutions. Since it was founded in 1994, Biologics has been dedicated to improving the lives of those fighting cancer. Biologics, Inc., is a privately held company with headquarters and operations in Cary, N.C. Visit <http://www.biologictoday.com> for more information.

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HEALTHCARE INSIGHT EXPANDS EXECUTIVE TEAM

New CIO Is Technology and Business Leader

SALT LAKE CITY, UTAH – September 22, 2009 – HealthCare Insight® (HCI), a division of Verisk Health, Inc., and provider of clinically validated fraud, abuse, and overpayment prevention solutions for private and public-sector payors, announced today the addition of Jason Pierson to its executive team as chief information officer (CIO).

Pierson brings more than 20 years of experience in software programming, design and management, as well as an extensive background in IT infrastructure and medical claims processing development to his new position at HCI. Before joining HCI, Pierson spent many years facilitating technical teams in media, publishing, and health care claims processing throughout Michigan and Utah. Most recently, Pierson formed and operated his own software and technology consulting company.

Pierson said, “It’s easy to be enthusiastic about joining HCI. In today’s economic climate, there’s nothing more challenging than reducing fraud, waste, and abuse in health care. HCI benefits everyone but the bad guys.”

“Jason is an experienced professional with the ideal background and skill to help HCI continue bringing innovation to the health care fraud market,” said Dr. Barry Johnson, President of HCI.

“We look forward to building upon his vast knowledge, strategic approach to improving technology, and respected leadership skills.”

About HealthCare Insight® (HCI)

HCI, a division of Verisk Health, Inc., provides private and public-sector health care claims

payors (including health plans, managed care organizations, insurance carriers, third-party administrators, Medicaid, and Medicare) with a comprehensive suite of clinically validated fraud

and abuse surveillance services designed to maximize claims administration accuracy and minimize payment waste. Each of HCI’s customizable software-as-a-service (SaaS) solutions relies on a unique prepayment process that combines proprietary software systems with detailed review by experienced clinicians (doctors, nurses, and dentists) and investigators on all suspect claims and billing patterns. HCI’s differentiated process enables payors to target fraud with greater efficiency by significantly increasing the quality of results returned. For more information and to learn about HCI’s no-cost Cost Reduction Analysis, please visit <http://www.hcinsight.com> or call 1-877-619-5557.

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HealthCare Insight® Launches StopHealthCareFraud.com

Site designed to be America's premier web resource dedicated to helping consumers understand, identify, and take action against the multibillion dollar health care fraud problem

SALT LAKE CITY, UTAH – June 22, 2009 – HealthCare Insight® (HCI), a Verisk Health company and a provider of clinically validated fraud, abuse, and overpayment prevention solutions for private and public-sector payors, announced today that the company launched StopHealthCareFraud.com to help consumers identify and report health care fraud.

According to the National Health Care Anti-Fraud Association (NHCAA), health care fraud accounts for 3 to 10 percent of total annual U.S. health care costs. At almost \$250 billion in 2009, the money lost to fraud could potentially insure up to 30 million more Americans, approximately 60 percent of our country's uninsured population.

In 2009, health care fraud will cost Americans with health care coverage an average of \$200 to \$800 per person. The impact of fraud also manifests itself in the form of higher premiums, lost health benefits, inaccurate medical records, and increased out-of-pocket health spending.

StopHealthCareFraud.com is dedicated to helping consumers understand, identify, and take action against health care fraud to combat fraudulent provider activity and save consumers and payors billions of dollars annually. The site is loaded with tips, statistics, and other resources to help consumers become aware and stay informed of emerging trends and fraud schemes.

"We are very excited to launch StopHealthCareFraud.com. Unfortunately, most Americans don't realize the scale, cost, and overall impact of the fraud problem, which underscores the need for a resource like this. Health care fraud is a serious crime that affects every participant in the health care system, including providers, insurers, government programs, and consumers. This site is an essential tool to promote awareness and get consumers to take action and join the fight against fraud." said Darin Johnson, vice president of marketing for HealthCare Insight.

Features of the site include:

- Blow-the-whistle/report-a-provider form – Resource for consumers to refer a provider or facility for investigation by HCI's clinical experts
- Fraud Fighting Resource Library
 - Documents – tips, statistics, facts, and answers to frequently asked questions
 - Tools – fraud loss calculator, fraud awareness tests, template letters to send to state and federal representatives
 - Links – links to organizations, associations, and websites that can help consumers in the fight against fraud

- Blog – Site editors and industry experts provide the latest tips and information on health care fraud
- Fraud news and videos
- Fraud-related videos and interviews
- Fraud-related news and magazine articles
- Join-the-fight form to sign up for member-only information, resources, newsletters, and fraud alerts
- Social media connections to Twitter, Facebook, and LinkedIn
- Interactive tools and widgets, including web polls, fraud calculators, user comments, and ratings
- Provider license verification for each state – Routes consumers directly to state websites to run a license check on their doctor, dentist, or nurse.

About HealthCare Insight® (HCI)

HCI, a Verisk Health company, provides private and public sector health care claims payors (including health plans, managed care organizations, insurance carriers, third-party administrators, Medicaid, and Medicare) with a comprehensive suite of clinically validated fraud and abuse surveillance services designed to maximize claims administration accuracy and minimize payment waste. Each of HCI's customizable software-as-a-service (SaaS) solutions relies on a unique prepayment process that combines proprietary software systems with detailed review by experienced clinicians (doctors, nurses, and dentists) and investigators on all suspect claims and billing patterns. HCI's differentiated process enables payors to target fraud with greater efficiency by significantly increasing the quality of results returned. For more information and to learn about HCI's no-cost Cost Reduction Analysis, please visit <http://www.hcinsight.com> or call 1-877-619-5557.

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HEALTHCARE INSIGHT NAMED 30th FASTEST GROWING COMPANY IN UTAH

Company Recognized for Achieving Accelerated Revenue Growth

SALT LAKE CITY, UTAH – October 30, 2008 – For the second consecutive year, HealthCare Insight® (HCI), an ISO business, was named one of Utah's fastest growing companies by the MountainWest Capital Network as part of its annual Utah 100 awards program. HCI is a provider of clinically validated fraud prevention and cost containment solutions for healthcare and dental claims payors. The award was presented to HCI at the Utah 100 awards ceremony held on October 24th at the Grand America Hotel in Salt Lake City.

"HCI is proud to again be recognized as one of Utah's most rapidly growing companies because this means that we are providing employment for residents of Utah and several other states at this crucial time in our nation's economy." said Barry Johnson, president of HealthCare Insight. "Our continued rapid growth as a health care fraud prevention service provides benefits not only to our customers, but also indicates that we are having a larger impact in preventing the waste of valuable health care resources at a time when medical care is increasing in cost faster than our economy can sustain. We are grateful for this recognition and hope to be recognized annually as we continue to grow our business."

Over the past four years, the company has experienced a yearly average of 85 percent growth in revenue. It attributes much of this growth to providing a unique service to help address the \$240 billion annual loss to health care claims fraud and abuse. HCI provides claims payors a combination of fraud identity software and hands-on claim review by MDs, RNs, DDSs and other clinical specialists in its investigative unit.

Now in its 14th year, MountainWest Capital Network's Utah 100 awards recognize the 100 fastest-growing companies in Utah that are at least two years old. This year's awards were given based upon the percentage of revenue growth from 2003 through 2007.

About the MountainWest Capital Network

The MountainWest Capital Network is the original, independent business networking group in Utah. For more than two decades, MWCN has supported entrepreneurs, investors and allied professional services firms with real-time information about capital creation and distribution through sponsored events that inspire, stimulate and reward successful business performance as they build relationships. The Utah 100 awards recognize companies for their significant contribution to the state and its expanding economy. The MountainWest Capital Network launched the Utah 100 in 1995 as Utah's first business-growth recognition program.

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About HealthCare Insight® (HCI)

HCI, an ISO business, provides private and public sector healthcare claims payors (including health plans, managed care organizations, insurance carriers, third-party administrators, Medicaid, and Medicare) with a comprehensive suite of clinically validated fraud and abuse surveillance services designed to maximize claims administration accuracy and minimize payment waste. Each of HCI's customizable software as a service (SaaS) solutions rely on a unique prepayment process that combines proprietary software systems with detailed review by experienced clinicians (doctors, nurses, and dentists) and investigators on all suspect claims and billing patterns. HCI's differentiated process enables payors to target fraud with greater efficiency by significantly increasing the quality of results returned. For more information and to learn about a no-cost Clinical Surveillance Analysis (CSA), please visit us online at <http://www.hcinsight.com> or call 1-877-819-5557.

Contact:

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HEALTHCARE INSIGHT NAMED 26th FASTEST GROWING COMPANY IN UTAH

Company Recognized for Achieving More Than 800 Percent Revenue Growth

SALT LAKE CITY - October 22, 2007 – HealthCare Insight® (HCI) was named one of Utah's fastest growing companies by the MountainWest Capitol Network as part of its Annual Utah 100 awards program. HCI is a provider of clinically validated fraud prevention and cost containment software and services used by insurance companies and managed care organizations paying health care claims. The award was presented to HCI at the Utah 100 awards ceremony held today at the Grand America, which featured keynote speaker Governor Jon Huntsman, Jr.

"It is rewarding to be recognized by such a prestigious organization for our growth and success as a company," said Barry Johnson, president of HealthCare Insight. "We founded the company with a vision to make an impact on the economy and on the health care industry by applying our technological capability and clinical expertise toward halting inflated and fraudulent health care claims at their source. It is tremendously gratifying to have earned this acknowledgement for both our individual success and for contributing toward the continued economic growth of our state."

In the past four years, the company has experienced more than 800 percent growth in revenue. It attributes much of this growth to providing a unique service to help address the \$230 billion annual loss to health care claims fraud and abuse. HCI provides claims payors a combination of fraud identity software and hands-on claim review by MDs, RNs, DDSs and other clinical specialists in its investigative unit.

Now in its 13th year, MountainWest Capital Network's Utah 100 awards recognize the 100 fastest-growing companies in Utah that are at least two years old. This year's awards were given based upon revenue growth from 2002 through 2006. All of the companies recognized have grown by more than 100 percent or \$100 million in five years.

About the MountainWest Capitol Network

The MountainWest Capital is the original, independent business networking group in Utah. For more than two decades, MWCN has supported entrepreneurs, investors and allied professional services firms with real-time information about capital creation and distribution through sponsored events that inspire, stimulate and reward successful business performance as they build relationships. The Utah 100 awards recognize companies for their significant contribution to the state and its expanding economy. The MountainWest Capital Network launched the Utah 100 in 1995 as Utah's first business growth recognition program.

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About HealthCare Insight® (HCI)

HCI, a division of Urix Inc., an ISO company, provides health care claims payors with a comprehensive suite of cost reduction services focused on identifying and preventing health care fraud, abuse and overpayments. Implementing HCI's entire line of technologically superior services can deliver savings up to \$10 per member per month (PMPM). Each of HCI's services rely on a sophisticated prevention process that combines cutting edge Code Validator Pro™ and Fraud Finder Pro™ software systems with detailed review by Clinical Coding Specialists and a Clinical Investigative Unit (CIU) on 100% of suspect claims and billing patterns. This unique combination of human and system review creates a service unlike any other in the industry and provides payors with unsurpassed support and claims payment accuracy. HCI's services are seamlessly integrated into all claims adjudication operations and are affordable for payors of all sizes. For more information and your free Cost Reduction Analysis (CRA) please visit HCI online at <http://www.hcinsight.com> or call 1-800-357-7781.

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ISO Acquires HealthCare Insight, Leading Provider of Fraud Prevention and Cost Containment Services for Healthcare

JERSEY CITY, N.J., October 10, 2007 — ISO announced today it has acquired HealthCare Insight®, LLC, a Salt Lake City-based company whose solutions enable healthcare claims payors to prevent fraud, abuse, and overpayment. The acquisition further advances ISO's position as a leading provider of data, analytics, and decision-support solutions in the healthcare industry. Terms were not disclosed.

HealthCare Insight combines automated modeling and profiling of claims with the enhanced accuracy available through clinical validation. Before reporting actionable results to clients, all suspect claims and billing patterns identified by HCI's software are reviewed by registered nurses, physicians, dentists, and other clinicians skilled in coding and reimbursement decisions. This unique combination of human and system review creates a service unlike any other in the industry and provides clients with unsurpassed claims payment accuracy.

"We are extremely pleased to be joining the ISO family of companies," said Barry Johnson, HealthCare Insight's president. "This combination provides us an excellent opportunity to develop new and enhanced products, expand our customer base, and establish new markets."

"The acquisition of HCI further supports our objective to establish ISO as the leading provider of data, analytics, and decision-support solutions for healthcare claims payors," said Frank J. Coyne, ISO's chairman, president, and chief executive officer. "HCI provides payors with a comprehensive suite of healthcare cost containment solutions that are both effective and accurate. These solutions, coupled with those offered by our Urix business unit, represent a powerful offering in the market." ISO's Urix business unit combines the Urix business intelligence platform with DxCG's predictive science.

Coyne continued, "ISO has firmly established leadership positions as a provider of fraud detection services in two of the key markets we serve — property/casualty insurance and mortgage lending. HCI will now provide ISO with significant fraud and abuse detection capabilities in our other key market — healthcare."

HealthCare Insight will operate from its current Sandy, Utah, headquarters and will continue to be led by Barry Johnson. Johnson stressed that the transition to ISO ownership would be seamless to existing customers.

About HealthCare Insight® (HCI)

HCI provides healthcare claims payors with a comprehensive suite of cost containment services focused on identifying and preventing healthcare fraud, abuse, and overpayments. HealthCare Insight's reporting enables payors to take definitive action to prevent fraudulent payments while providing clients with the information and proof

necessary to identify, investigate, prevent, and pursue abusive and fraudulent provider activity. HCI's services are seamlessly integrated into all claims adjudication operations and are affordable for payors of all sizes. For more information, visit <http://www.hcinsight.com> or call 1-800-357-7781.

About ISO ISO is a leading provider of products and services that help measure, manage, and reduce risk. ISO provides data, analytics, and decision-support solutions to professionals in many fields, including insurance, finance, real estate, health services, government, and human resources. Clients use ISO's databases and services to classify and evaluate a variety of risks and detect potential fraud. In the United States and around the world, ISO's services help customers protect people, property, and financial assets.

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DENTAL SELECT TO IMPLEMENT HEALTHCARE INSIGHT'S DENTAL SERVICES INTO ITS CLAIMS MANAGEMENT OPERATIONS

DentalClaim Insight Services to Ensure Accurate Coding

SALT LAKE CITY, July 16, 2007 — Dental Select, a dental plan provider for groups, families and individuals in Utah, Texas and Nevada, has selected HealthCare Insight's (HCI) DentalClaim Insight™ (Dental Claim Insight) to maximize claims payment accuracy. HCI (www.hcinsight.com) provides clinically validated fraud prevention and cost containment services for dental and health care claims payors.

"Claims payment accuracy is critical to offering our members access to high-quality dental care at an affordable price," said Brent Williams, president & CEO of Dental Select. "As the Dental Select client base grows, it is vital that we verify billing practices and accuracy of procedure codes in order to maintain consistency of claims payments. We chose HCI because they offered both dental-specific code editing and fraud identifying software as well as an expert claims review panel that includes dentists."

DentalClaim Insight is a powerful combination of software supported by hands-on clinical review and validation of suspect claims by Dental Coding Specialists, AADC Certified Dental Consultants and Fraud Analysts.

DentalClaim Insight evaluates claims prior to payment to assess coding accuracy and legitimacy, as well as the clinical appropriateness of the combination of services billed. In addition, provider utilization and billing practices are compared to peer-patterns to ensure payment accuracy and to identify outliers that could represent instances of improper claims submissions. The result is accurate claims payment and an added level of security to benefit all of Dental Select's plan members.

"Payment policies and fraud schemes are becoming increasingly complex and have immediate ramifications for plan participants," said Barry Johnson, chief executive officer at HCI. "DentalClaim Insight is a first line of defense for payors to help prevent overpayments or payments on inaccurately coded claims which, in turn, benefits plan members by protecting their plan benefits. We look forward to working with Dental Select to help them continue to serve the best interests of their members."

About Dental Select

Dental Select, headquartered in Salt Lake City, Utah, has over 18 years of experience providing dental plans for groups, families and individuals. Founded in 1989, Dental Select is now the largest dental benefits provider in Utah. With over 270,000 members in Utah, Texas and Nevada, they provide dental benefits to over 5,000 companies. Insured vision and AD&D plans were recently added to their large dental plan portfolio of products. With plans to expand to additional states in the near future, Dental Select is positioned for rapid growth as a leader in the dental benefits industry.

About HealthCare Insight® (HCI)

HCI provides health care claims payors with a comprehensive suite of cost reduction services focused on identifying and preventing health care fraud, abuse and overpayments. Implementing HCI's entire line of technologically superior services can deliver savings up to \$10 per member per month (PMPM). Each of HCI's services rely on a sophisticated prevention process that combines cutting edge Code Validator Pro™ and Fraud Finder Pro™ software systems with detailed review by Clinical Coding Specialists and a Clinical Investigative Unit (CIU) on 100% of suspect claims and billing patterns. This unique combination of human and system review creates a service unlike any other in the industry and provides payors with unsurpassed support and claims payment accuracy. HCI's services are seamlessly integrated into all claims adjudication operations and are affordable for payors of all sizes. For more information and your free Cost Reduction Analysis (CRA) please visit HCI online at <http://www.hcinsight.com> or call 1-800-357-7781.

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**LOVELACE HEALTH PLAN SELECTS HEALTH CARE INSIGHT'S
PHYSICIANCLAIM INSIGHT™ SERVICE TO MAXIMIZE CLAIMS
PAYMENT ACCURACY**

**Coding and Clinical Review Service Will Ensure Reimbursement Accuracy,
Identify Suspect Claims, and Maximize Efficiency of Health Care Claims
Processing**

SALT LAKE CITY, May 21, 2007— To strengthen its claims-management operations and further manage costs, Lovelace Health Plan is integrating HealthCare Insight's (HCI, www.hcinsight.com) PhysicianClaim Insight™ code editing and clinical review service into its claims review processes. The PhysicianClaim Insight™ service will ensure accurate claims reimbursement and identify aberrant provider activity that may indicate fraud.

"Physician offices and hospitals are very sophisticated in their knowledge of coding. It is essential for us to have the expertise and tools to reimburse services in an appropriate manner," said Ruth Blea, director of Claims, Appeals and Training at Lovelace Health Plan. "HCI is the ideal partner for us. They provide the combination of superior coding editing applications and the experience and expertise of certified clinical and fraud specialists to enable us to provide value to our providers and members while improving the management of our bottom-line costs."

Lovelace Health Plan, located in New Mexico, covers more than 2,000 employer groups and thousands of Medicare-eligible individuals and their families. The PhysicianClaim Insight™ service will improve its claims review; provide support in instances of appeals; and identify suspect provider billing practices.

"HCI's applications are superior. They are very user friendly, flexible, and are complemented by its clinical experts who have an incomparable knowledge of today's up-to-the-minute coding practices. With HCI we are confident that provider claims are paid correctly," Blea said.

PhysicianClaim Insight™ is a prepayment fraud, abuse and overpayment prevention service designed to maximize claims payment accuracy, identify fraudulent providers and reduce professional claims costs. This service combines HCI's proprietary Code Validator Pro™(rules-based) and Fraud Finder Pro™(profiling) software systems with claims review by RN Coding Specialists and suspect provider validation by a Clinical Investigative Unit (CIU). Payors that integrate PhysicianClaim Insight™ into their claims adjudication operations realize savings from \$1 to \$5 per member per month (PMPM) over and above existing claims payment processes.

“It is rewarding to have earned the confidence of Lovelace Health Plan as a trusted partner,” said Jack Tait, executive vice president of sales and marketing at HealthCare Insight®. “Lovelace has a clearly defined vision of how fraud, abuse, and overpayment prevention services can help them achieve their business and service goals. We look forward to working with them to optimize their claims management processes.”

About Lovelace Health Plan

Since 1973, Lovelace Health Plan has worked closely with physicians to design programs and benefits that keep plan members healthy and informed of their choices. Today, Lovelace offers a full portfolio of managed care plans, providing insurance coverage for more than 190,000 people in communities across New Mexico. Our health plans cover more than 2,000 employer groups and thousands of Medicare-eligible individuals and their families. Learn more about Lovelace Health Plan online at www.lovelacehealthplan.com.

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News Clippings

Avoid Health Care Fraud

USAWeekend.com, November 29, 2009

More than \$2.25 trillion is spent on health care in the United States; of that, between \$68 billion to \$225 billion is lost each year because of health care fraud and abuse. And it's not all about losing your insurance card. "The majority of health care fraud is committed by a very small minority of dishonest...

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What Insurers Can Do About Escalating Medical Fraud in Health and Property/Casualty Insurance

The John Cooke Fraud Report, 2009

Fraudulent medical schemes are a growing problem in the health and property/casualty insurance sectors. In fact, they are the largest issue facing the industry today. Unfortunately, the volume and expansion rate of medical fraud is uncontrolled in comparison with other property/casualty risks...

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The \$60 Billion Fraud

60 Minutes, October 25, 2009

Medicare and Medicaid fraudsters are beating U.S. taxpayers out of an estimated \$90 billion a year using a billing scam that is surprisingly easy to execute. Steve Kroft investigates...

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Organized Crimes New Target: Medicare

CNN, October 24, 2009

Experienced in running drug, prostitution and gambling rings, crime groups of various ethnicities and nationalities are learning it's safer and potentially more profitable to file fraudulent claims with the federal Medicare program and state-run Medicaid plans...

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Health Matters: How to Join the Fight in a crackdown on Medicare Fraud

The Wall Street Journal, June 20, 2009

When Medicare scammers targeted Joe O'Malley two years ago, they picked the wrong guy. Mr. O'Malley, a retired computer programmer in Orange County, Calif., was having kidney dialysis when a woman approached and asked if he wanted a new glucose monitor for his diabetes...

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Controlling Medical Fraud in Health and Property/Casualty Insurance

ISO Review, May 2009

At the 2009 Insurance Fraud Management Conference (sponsored by ISO and the National Insurance Crime Bureau), one key speaker identified medical schemes as the single most significant fraud issue facing the property/casualty industry this year. Several of the conference breakout sessions expanded...

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Detect – Stop – Prevent: The Approach to Fighting Health Care Fraud

Health News Digest.com, March 31, 2009

Quantifying the annual losses attributed to health care fraud and abuse remains a difficult proposition. Given the covert nature of fraud, a definitive number remains elusive, and polling the perpetrators isn't a viable option. According to the National Health Care Anti-Fraud Association (NHCAA), 3 to 10 percent...

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Fraud Monitoring of Electronic Medical Record Uncovers Identity Theft

Dotmed News, March 18, 2009

In the health policy arena, information technology is seen as a panacea to improve efficiency, reduce repeat testing, and save billions. While those are some expected benefits of electronic medical record-keeping, its greater money-saving potential may lie in helping to uncover fraud...

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Fraud, Errors in Health Care Billing and Payments

The Tribune Democrat, March 7, 2009

Other than landfills, hospitals and health professionals rate as some of the most highly scrutinized organizations and businesses in the United States. Even as lead-based paint on children's toys, uninspected airplanes and tainted peanut products were negatively touching the lives of American...

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New York Steps Up War on Medicaid Abuse

Long Island Business News, February 23, 2009

The state's Medicaid inspector general late last year found that in New York Medicaid made payments care and prescriptions for 417 deceased people and 912 prison inmates, who are not entitled to payments. In many cases, the state continued to pay since the program didn't record death certificates...

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Fraud Control Benefits Bottom Line

Managed Healthcare Executive, October 1, 2008

Experts say that fighting fraud and abusive billing practices is a continually evolving process—not a single event. "In order to fight fraud effectively, you need to understand that fraud is a moving target, constantly changing and evolving. Once you've uncovered one fraudulent scheme, the most sophisticated...

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Finding the Right I.T.

Health Data Management Magazine, March 1, 2008

Selecting the right information technology to support a health care organization's business objectives sometimes involves carefully measuring whether the technology offers a tangible return on investment. For example, AmeriBen/IEC Group, which has a third-party administrator subsidiary, invested in claims...

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Claims Software Needn't be a Tough Sell to Providers

Health Leaders Media, November 2007

Technological advances in claims fraud detection software have made adoption of such systems de rigueur for dental plans of all sizes. But prevalence among plans doesn't necessarily equal popularity among providers. The dentists whose claims are being double-checked for accuracy may not...

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Identifying Fraud

Healthcare Informatics, October 2007

Preventing fraud, abuse and overpayments is an increasing challenge for payers. The complexity of the healthcare system's billing procedures and frequent code and rules updates presents vulnerabilities and provides many opportunities for billing mistakes. These factors are part of the reason up to \$230 billion...

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How to Get Your Coding Up to Code

Advance, September 1, 2007

Ask anyone within the four walls of your hospital, "What is coding?" and you'll get a different answer every time. For the CIO, coding is a step within the software development process. For the CFO, it is all about the revenue cycle — and it's the keystone for accurate health care reimbursement. Finally, the health...

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HCI Timeline



1997 - We Are Founded.

HCI founded by group of skilled health care informatics experts.



2000 - We Go Prepayment.

We develop our first prepayment fraud and waste prevention service.



2001 - We Get a New CEO.

Dr. Barry Johnson takes over as CEO and the company takes flight.



2002 - We Get the Olympics.

Utah hosts 2002 Winter Games and we experience record growth.



2004 - We Expand Service Line.

We expand services by focusing on other cost centers. First, facility bills.



2006 - We Grow Fast, Get Award.

Recognized as one of Utah's fastest growing firms...it's not the last time.



2007 - We Join the ISO Family.

We are acquired by ISO in the fall and join ISO's health care family.



2008 - We Create Profiler Mag.

We create Profiler Magazine, the only dedicated health fraud journal.



2009 - Our Parent Goes Public.

ISO forms Verisk Analytics and joins the Nasdaq under VRSK.



2010 - We Launch Nucleus.

Our most advanced payment Integrity platform debuts.

HCI Client Testimonials

- “HealthCare Insight has prevented the payment of over \$5 million in inappropriate charges and fraudulent health care claims for our members. Without hesitation I would recommend the staff, management and services of HealthCare Insight for any organization considering the implementation of a fraud and abuse detection and prevention service.”
 - Michael De Chellis
Operating Engineers Trust Funds
- “Information provided in HCI's fraud reports has identified multiple providers with questionable coding outliers. HCI reports are detailed and aid in pinpointing the precise questionable activity requiring additional review. Concentrated analysis of HCI data has enabled the Anti-Fraud Program to conduct more thorough provider investigations. The results? Changes in provider billing habits resulting in hard and soft dollar savings; better communication with providers regarding medical record and billing compliance expectations; and statistical evidence to support and justify case investigations.”
 - Mary Alice Garcia
Molina Healthcare
- “HCI is a tremendous partner and does an outstanding job of securing our client's health care dollars against fraud and abuse. By eliminating these claims, HCI's clinical team secures both the client's health plan and the employee's lifetime benefit maximum. The ongoing fraud reports have been vital in allowing us to work with various state medical boards and PPOs to report and address fraudulent providers. HCI is a very responsive and forward thinking company. Not only are they on top of current fraudulent practices, but they are always on the lookout for new schemes as they develop. Everyone in our organization that works with HCI appreciates and values the partnership we have and enjoys working with their staff due to their professionalism, responsiveness and the proven results.”
 - Renee Haas
Employee Benefit Management Corp.
- “The HCI system identifies claims that our system would never detect as fraudulent or duplicates based on how they were being submitted. Also, because the HCI system is on a prospective review basis, we see little provider disruption. Since the initiation of HCI, we have realized savings in the range of 5% annually. This is like free money to our organization.”
 - Kevin Potts
Union Pacific Railroad Employees Health System

- “A few years ago, our organization signed a contract with HCI to provide a daily service called First Insight (now known as PhysicianClaim Insight). This daily analysis of our processed claims prevents overpayments of all types, and has reduced our paid claims dollars by an average of \$60,000 or more per month.”
 - Linn Baker
Public Employees Health Program
- “After an exhausting and long drawn out search for a pre-pay fraud detection product, our SIU made the decision to go with HCI. Our decision was based on many factors, including: they offered a user-friendly product with the ability to review medical and dental lines of business, the fact that the product uses analytics and a staff that reviews all recommendations before they are sent to Humana, and their extensive fraud, waste and abuse (FWA) knowledge. It was our decision to implement the product in a three phase approach; first post-pay, then pre-pay and our ultimate goal of real time FWA detection. To date we have implemented the post-pay process and dental pre-pay. We are working towards our medical pre-pay implement date. We are extremely happy with our ROI and look forward to a successful implementation of medical pre-pay.”
 - Patty Weronka
Humana, Inc.
- “Initially I was just looking for a fraud software program. I didn’t want anyone else to do the actual work; that was my job. Then I met the people at HealthCare Insight and my opinion completely changed. I realized they are an asset that supplemented our fraud efforts and allowed me to do the work of many more.”
 - Christina Sperry
Dean Health Plan
- “Implementing HealthCare Insight’s service was a no-brainer. It adds to our credibility and gives us an advantage over our competitors. Our clients have saved an average of one to two percent each year.”
 - Jon Aubrey
Ameriben / IEC Group
- “HCI provided forward thinking concepts. Prior to establishing our partnership, they listened to our many concerns and wanted to thoroughly understand our needs before committing. Regarding the output and work product, our investigators felt the HCI product and tools were far superior to other firms we reviewed.”
 - Jay Loden
Kaiser Permanente
- “Before implementing HCI, we were paying for things we shouldn’t have been. We didn’t have the support or expertise that HCI has to back our claim disputes. Now our clients regularly see significant savings. We’ve saved our total customer base approximately \$75,000 per month using HCI’s PhysicianClaim Insight and FacilityClaim Insight products. It has really improved our relationship with our clients.”
 - Addie Fagan
Shasta Administrative Services

- “Prior to engaging the fraud detection and prevention services of HCI, we found many vendors who did not match our expectations or measure up to the customer service level that we have set for our clients. HCI has been able to not only match, but in some cases even exceed, our expectations.”
 - Jeff Shepherd
Tall Tree Administrators
- “I had used HCI with a previous company I worked for. When I came to Lovelace, I realized the third-party vendor being utilized wasn’t catching inappropriate billing patterns. I recommended HCI and we implemented them to review our retrospective claims. Even doing things retrospectively, we were still able to find patterns we were looking for. Their system is very user-friendly and flexible. We have been able to take advantage of all HCI services, which are proving to be very beneficial for us.”
 - Ruth Blea
Lovelace Health Plan
- “I want to thank all of you who have helped me this year with HCI; you all have been very helpful, informative and great to work with. After being in the insurance industry for 35 years, I have to say I have learned a lot from working with HCI and I thought I had learned a lot already.”
 - Judy Davis
Northwest Administrators
- “It’s very rare and refreshing to find a company whose business model is this strong and this devoted to providing real quality service to their clients. HCI goes to bat for the client and the patient to be sure the provider is being fair and just.”
 - Orlo L. “Spike” Dietrich
The Ansley Group