

Payer - Commercial MCO

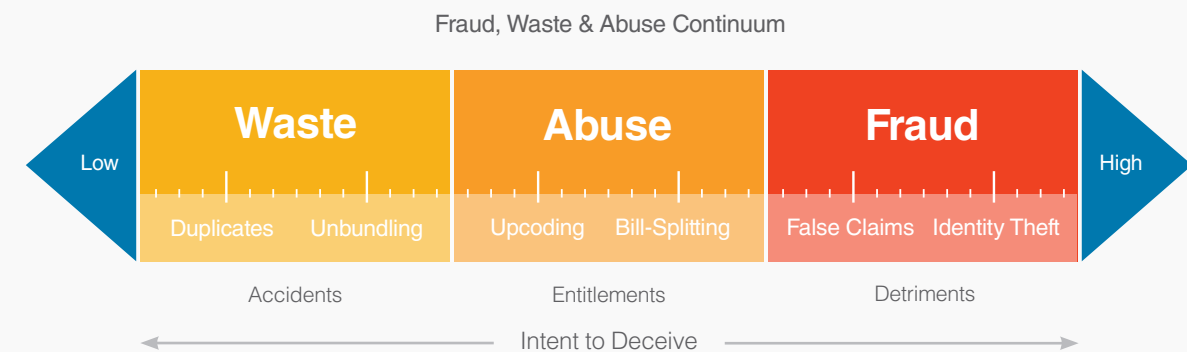


Payment Accuracy Solutions

Claim Editing | Fraud Prevention | Professional Review

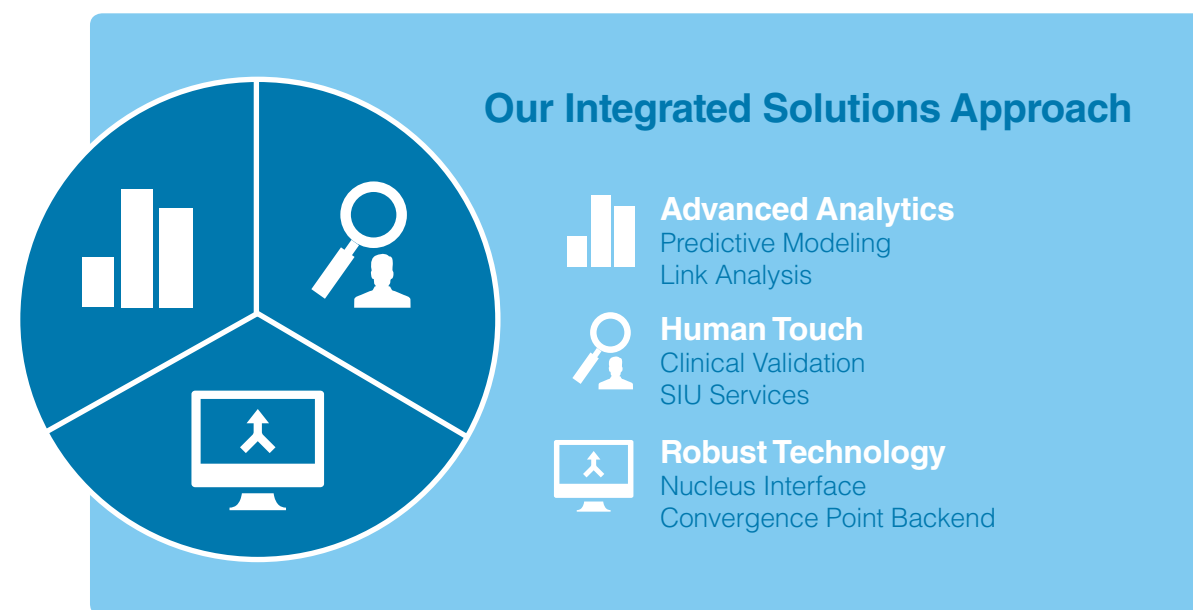
Total Payment Accuracy for Total Savings.

Clinical, analytical and technical expertise for total payment accuracy.



Payment Accuracy

Our solutions help managed care organizations pay right and save money. Core to these solutions is our real-time rules engine, which processes and validates claims in sub-second time. Created within the engine are our Claims Editing and Fraud Prevention solutions, which edit and flag suspect claims, before delivering them to clinical experts for validation. Our software platform, Nucleus, delivers a user experience through a SaaS model that accelerates productivity through leadership-level reports, a customizable interface and dynamic fraud scoring models. At Verisk Health, our solutions do more than just improve accuracy, they improve savings.



Claims Editing

Our real-time editing solution generates results in sub-second time that will improve auto-adjudication rates, claims processing efficiency and cost containment.

Fraud Prevention

Our fraud prevention solution detects fraudulent claims from all provider types through a combination of advanced analytics and link analysis and a productivity-focused user experience.

Professional Review

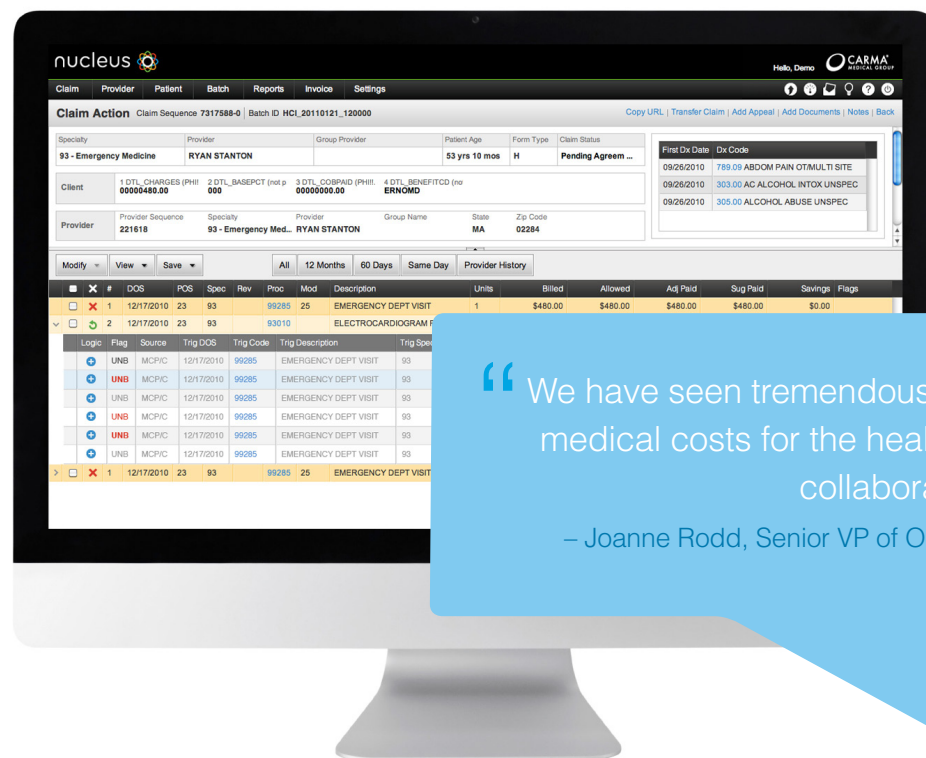
Conducted by medical, coding and investigative experts, our clinical review validates claim accuracy, greatly improving the quality of cases referred to SIUs.

Claims Editing We'd Make it Faster, if That Were Possible.

Now processing claims in under 350 milliseconds.

The Solution – Claims Editing

By combining over 17 million rules, transparent open-sourced edits and sub-second batch processing we built the best real-time editor in the business. The end result delivers superior auto-adjudication rates, more efficient processing and the clinical validation of suspect claims. This comprehensive process drives the in ultimate waste prevention and cost-containment solutions.



nucleus 
Take action with claim action page.

“We have seen tremendous success in reducing medical costs for the health plan while working collaboratively with providers.”

– Joanne Rodd, Senior VP of Operations, Royal Healthcare

The Problem – Waste Payment

The sooner you spot abuse, the more you save. By catching errors and abuse early, you improve accuracy, save precious time and resources and avoid the difficult task of reimbursement through the outdated model of retrospective collection.



Features

- Can processes claims simultaneously against full patient history
- Solutions allow providers to correct miscoded claims for resubmission
- Trend analysis and variance reporting for strategic decision-making
- Reports quantify both ROI and implication of policy implementations
- Improved transparency: 100% open-sourced edits through CMS and AMA
- Processes claim history, policy customizations and edits in 350 milliseconds
- Clinical Review of complex edit combinations

Benefits

- Increase savings an additional 5% above current editor
- Increased auto-adjudication and first pass rates
- Achieve ROI of 12:1 or greater

The Next Step.



Product Demo



Personal Phone Call



WebEx Presentation

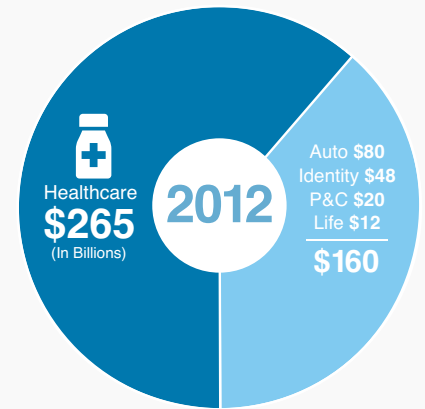
Schedule by: info@veriskhealthPAD.com | 877-617-5557 | veriskhealthPAD.com

¹ The Price of Excess: Identifying Waste in Healthcare Spending.

Fraud Prevention

A Simple Solution for a Complex Problem.

Minimize your exposure to fraud, maximize your savings.



Fraud Losses by Industry²

The Problem – Fraud and Waste

Add up these four other areas of fraud and you still fall \$100 Billion short of the estimated healthcare fraud this country will face this year. To combat the problem it takes clinical expertise, robust analytics and a next generation technology platform that increases productivity and decreases your fraud exposure.

The Solution – Fraud Prevention

We designed the ideal user experience in a fraud detection platform. Deftly leveraging predictive analytics, link analysis and robust databases we created a innovative provider scoring model, dynamic graphs and interactive data. Because only users armed with the most effective tools and payment suggestions can achieve pinpoint payment accuracy.

Features

- Daily notifications of suspect providers and claims
- Customizable, productivity-driven user interface
- Seamless integration with every payment process type
- Total security: HIPPA and URAC accredited; SAS 70 completed audit
- Clinical review of all flagged claims and providers
- Prepayment analysis on 100% of professional claims
- Proprietary case-tracking software

Benefits

- Prevent fraud before claims are paid
- Improve anti-fraud and SIU savings
- Achieve case-open rates of 80%

The Next Step.



Product Demo



Personal Phone Call



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² \$265B - Healthcare; National Healthcare Anti-fraud Assoc., \$80B - Auto; The Coalition Against Insurance Fraud, \$48B - Identity; Javelin Strategy & Research, February 2009 study, \$20B - P&C; Conning & Co. 2000 report, \$11.8B - Life; Conning & Co. 2000 report

nucleus
Unique fraud scores for every provider.

“ We have experienced positive changes in provider billing habits resulting in significant savings.”
– Mary Alice Garcia, BA, CPC Medicaid MCO



Professional Review

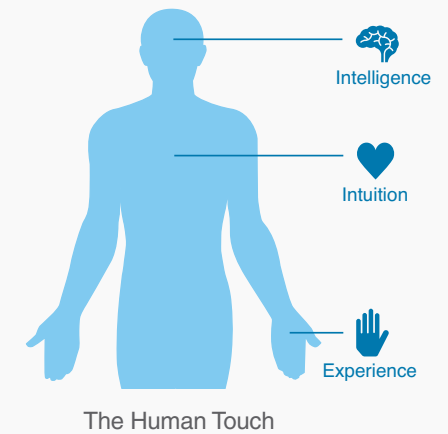
The Human Touch.

The Ultimate Defense.

For the problems others can't quite put their finger on.

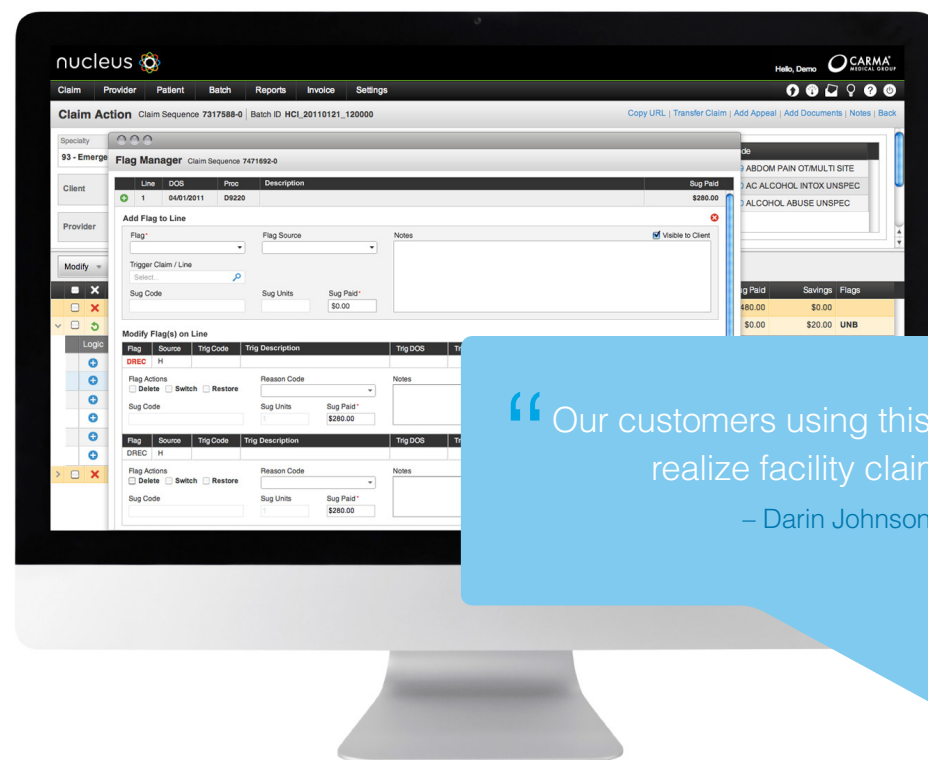
The Problem – A Missing Element

It takes more than technology to contain healthcare costs. You need experience, intelligence and expertise. And that's where we come in. As you can see, the human element is critical to your payment accuracy because there are still some areas even the most innovative of technologies can't replace.



The Solution – Professional Review

Sophisticated technology, improved user experiences and analytical proficiency are only a part of the payment accuracy ecosystem. To complete the circle, the human element needed be infused: the trained eye; deep investigative experience; rationale and reasoning. Because to design the perfect payment accuracy solution, it takes more than artificial intelligence, it takes human experience.



nucleus 
Quickly Accept or Reject Each Claim.

“Our customers using this solution consistently realize facility claim savings of 15-30%.”

– Darin Johnson, Vice-President, Marketing

Features

- Forensic facility bill negotiations
- Clinical review of all suspect claims and providers
- Fee negotiation by industry professionals
- Forensic line-item analysis of high dollar claims
- Catastrophic claims review
- Outsourced Special Investigative Unit (SIU)
- Proprietary case-tracking software

Benefits

- Improve facility bill payment accuracy
- Reduce inpatient expenditures
- Decrease targeted claim costs

The Next Step.



Product Demo



Personal Phone Call



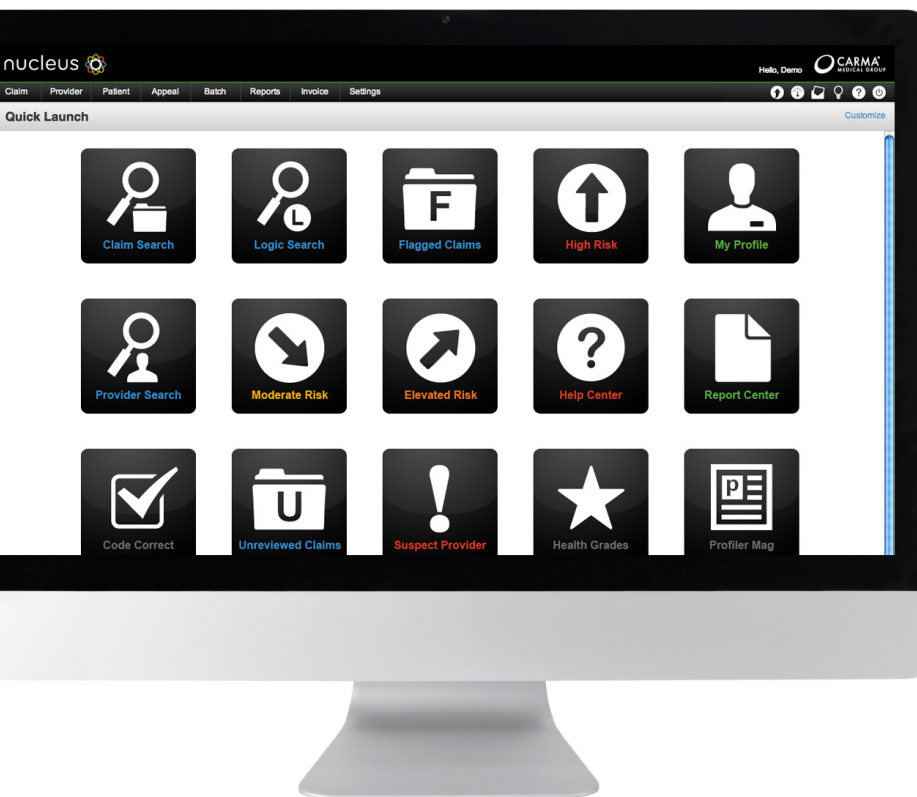
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Simple and Intuitive. Almost Deceivingly So.

Nucleus Platform

Designed to produce better FWA results and analyze your claims with greater speed and accuracy. Get new features that, until now, you didn't even know you needed. We designed something special. We designed the standard by which all payment integrity applications will be judged. We designed Nucleus.



Be in your element.

The sleek design includes a customizable interface, dynamic fraud scoring and dashboard widgets.

Why Choose Us.

Our Promise.

The right payment, to the right provider, for the right procedure, on the right patient.

Our Focus.

- Ease of Use / User Experience
- Next Generation Technology Understanding Client Needs
- The Human Touch

Our Credentials.

They say you're only as good as the company you keep and we believe it.



The Next Step.



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Payment Accuracy Division

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