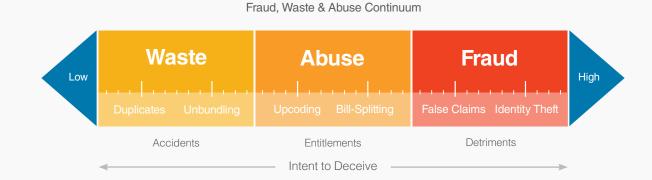


Payment Accuracy Solutions

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 dental plans 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.





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



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.



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



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

Now processing claims in under 350 milliseconds.

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early, you improve accuracy, save precious time and resources and avoid the difficult task of reimbursement through the outdated model of retrospective collection.



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.



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.







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

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

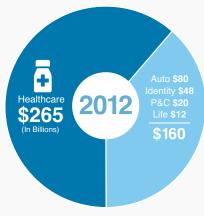


A Simple Solution for a Complex Problem.

Minimize your exposure to fraud, maximize your savings.

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.



Fraud Losses by Industry²

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.







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

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



Simple and Intuitive. Almost Deceivingly So.

Fraud prevention suddenly got a whole lot smarter.

Nucleus Platform

Our approach was simple: create the ultimate user experience. Simplify graphs, create interactive charts, increase user productivity – all without sacrificing the most robust database and analytically advanced platform available for fighting fraud. We're happy with the results, and quite sure with an ROI as high as 9:1, that you will be as well.



Be in your element.

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

The Elements of Nucleus

The Core Elements: Pay in your element.

Fight fraud on two fronts. With Nucleus you get the world's foremost payment integrity application and Verisk Health's signature clinical validation process. Working together in perfect harmony.



Results: Lead in your element.

ROI is king. Nucleus gives you better FWA results, leadership-level reports and accelerated productivity with its user-optimized interface. We out did ourselves to help you out do the competition.



Tools: Work in your element.

Smarter is better. Work with Nucleus and you'll quickly find that our idea-driven solutions, customizable interface and forward-thinking technology will help you work smarter and faster.



Technology: Thrive in your element.

We built it better: Top-notch security, scalable architecture and real-time claims processing. All on a platform that plays nice with other technology. Everything clicks when you're in your element.





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.











Our Technology.

The most advanced payment accuracy application ever built.

Front End:

- Enhanced rules engine
- Secure web interface
- Customizable by user

Back End:

- Real-time adjudication
- 100% open-sourced edits
- 80+ Terabytes of secure data
- 16 Million edits
- Increased auto-adjudication rates

Delivery Model:

- Web interface
- Data transfer SSL encryption

Our Proof.

We can boost your bottom line. And we'll prove It free of charge.

What You'll Get:

- Comprehensive analysis on 24 months of data
- Measure PMPM savings projections
- Align areas of risk with tailored solutions
- Clinical review on a subset of suspect claims
- Analysis findings over 95% accurate
- On-site presentation of results in 4-6 weeks



Payment Accuracy Division

Verisk Health is a member of the Verisk Analytics Family of Companies. © 2012 by Verisk Health, Inc. All rights reserved.