



Valuable Claim
Insights



Proven Cost
Containment

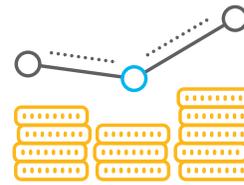


Worry-Free
Compliance

Improve claim outcomes through data, analytics, and advocacy

Our products and services improve compliance reporting and claim management through predictive analytics. With a 98 percent retention rate, we've got the best team in the industry—and our clients can attest to that. With our support and insight, customers are achieving greater efficiencies, maintaining full compliance, and making better decisions. Check out the results for yourself!

Analytic solutions to control costs and gain efficiencies



Proactive workers' compensation claims management requires claims departments to stay ahead of costly, complicated claims—before they spiral out of control. Predictive analytic technology can spot complex cases and alert the claims team early in the process. For auto claims with liability, analytic tools can review past settlement amounts and generate consistent settlement suggestions based on industry and company data. In addition, legal analytics can provide winning strategies.

wcNavigator®

This tool uses sophisticated analytics to identify the best course of action for each claim by providing severity scoring, along with score drivers and pharmacy alerts—from first notice of loss through claim closure.

Results

wcNavigator® yields an ROI of 35:1 by identifying high-severity claims quickly.

Pilot studies show the solution can identify ultimate severity (at claim closure) for more than 70 percent of high-severity claims at FNOL and 88 percent within 30 days.

Liability Navigator®

Achieve consistent settlements, accurate liability assessments, and better subrogation recovery on liability claims.

Results

With Liability Navigator®, customers report improvements in the application of comparative liability—from 8 percent to more than 20 percent.

Customers have seen an 18 percent improvement in bodily injury settlement results after instituting this solution.

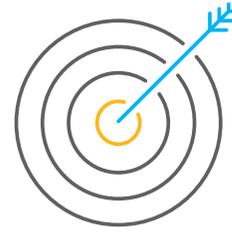
Premonition™

Develop winning negotiation strategies based on legal analytics. Premonition™ is accessible through our Liability Navigator and wcNavigator solutions.

Results

Premonition captures more than 500,000 cases a day and holds 87 percent of all cases filed in the United States.

Integrated compliance suite to achieve better results



Medicare Secondary Payer (MSP) compliance is more than just Section 111 reporting. It's the foundation of a comprehensive program. With rising adjuster workloads and the ever-changing regulatory landscape, claims compliance is often best outsourced to a trustworthy partner. Insurers face a \$1,000-a-day fine if compliance requirements aren't met.

MSP Navigator[®]

This robust MSP management dashboard provides clear visibility into Section 111 reporting and MSP compliance data through an intuitive, user-friendly interface. We offer compliance solutions for customers with ISO ClaimSearch[®] that provides an alternative route for identifying Medicare beneficiaries.

Results

Top international insurers and Fortune 100 clients rely on our accurate compliance solution.

For Section 111 claims reported to CMS through MSP Navigator[®], 99.9 percent contained ZERO errors.

CP Link[®]

A streamlined and cost-effective solution that integrates Section 111 reporting and Medicare conditional payments, CP Link[®] automates the conditional payment compliance process with one flat fee for the life of a claim.

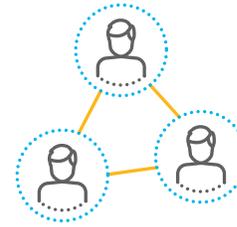
Results

Our studies show that for every 1,000 claims, CP Link saves approximately 1,500 hours in administrative file-handling and referral time.

Section 111 Audit

A comprehensive report with detailed recommendations helps you assess your compliance with Section 111 and identify any deficiencies in your processes.

Legal and medical experts to help mitigate compliance costs



Medicare requires that you report beneficiaries and make payments toward future medicals. The first obligation is cut and dried; the second is anything but. CMS can be overreaching in its demands—sometimes claiming medical funds for conditions that were preexisting to the accident. Smart insurers can save thousands of dollars by disputing unfair assessments.

Lien Services

Conditional Payment Dispute and Appeal Services

Challenge and reduce Medicare’s demands for reimbursement of conditional payment claims by bringing a “whole claim” approach to investigating, consulting, and compliance services.

Results

Last year, our conditional payment dispute efforts yielded over \$59 million in savings.*

Our data shows that when ISO Claims Partners disputes payments, we successfully receive reductions 99 percent of the time. In addition, in 70 percent of those disputes, payment is reduced to zero dollars.*

**Figure based on disputes occurring in 2019.*

U.S. Department of Treasury Services

Work with a team of conditional payment experts who help you avoid U.S. Department of Treasury collections and provide claims resolution and searches to discover any other problematic claims.

Results

ISO Claims Partners has seen an increase in Treasury activity and has saved clients over \$1.4 million on disputes with the U.S. Department of Treasury.*

**Average based on disputes occurring in 2019.*

Medicare Advantage Plan Services

A team of experts helps you navigate and mitigate the complex world of Medicare Advantage Plans by identifying and resolving matters promptly and efficiently. These services were created in response to recent litigation that has led to increased recovery notices from Medicare Advantage Plans.

Results

ISO Claims Partners has saved clients nearly \$100,000 on recent Medicare Advantage Plan disputes.*

**Figure based on disputes occurring in 2019.*

Medicaid Compliance Services

Protect your bottom line while staying compliant with Medicaid recovery changes.

Medicare Allocation Services

Pre-MSA

A unique “snapshot” of the potential MSA cost drivers allows for additional intervention before the full spend of an MSA.

Medicare Set-Aside (MSA) Allocation

Let our team of medical and legal experts work closely with you to develop proactive and targeted strategies to reduce costs and optimize claim settlement. By partnering with our clients to proactively eliminate cost drivers in MSAs, \$54 million was saved in 2018 alone.

3 real-world MSAs before and after ISO Claims Partners consultation

- 1. Before:** CMS erroneously included medication for a nonindustrial condition.

After: ISO Claims Partners successfully argued that CMS failed to acknowledge a court decision that excluded the claimant’s rheumatoid condition as nonindustrial. CMS agreed and reduced the WCMSA decision by **\$1.4 million**.
- 2. Before:** MSA was approved for over **\$580,000**.

After: ISO Claims Partners submitted an amended review to reduce the MSA decision, most notably by discontinuing Nexium medication and reducing the price per pill for Topiramate. The amended review was approved for approximately \$37,000, a savings of nearly **\$550,000**.
- 3. Before:** Spinal cord stimulator (SCS) and expensive medications led to a costly MSA.

After: ISO Claims Partners worked with the claims handler to obtain a physician record that confirmed the SCS was no longer recommended and that Embeda, gabapentin, cyclobenzaprine, and Zofran could be excluded from future treatment, which reduced the MSA by over **\$345,000**.

MSA Second Look

This consultative approach helps maximize your one chance at Amended Review—and gain savings for eligible claims.

Medical Cost Projection (MCP)

Drawing on their vast clinical and insurance experience, nurse practitioners analyze medical records to determine future medical costs for the claim. They assess medical exposure and determine whether settlement may be viable.

Legal Zero Allocation

If a “zero MSA” is appropriate, our experienced legal team prepares case-specific legal arguments and stands ready to defend them before CMS.

Evidence-Based Medicare Set-Aside (EBMSA)

There are times when a formal MSA and/or CMS submission is not applicable, but consideration for future medical treatment in a settlement is still appropriate to consider and protect Medicare’s interest. In those cases, calculating claimants’ future medical treatment is based on ODG guidelines using a combination of evidence-based medicine principles, medical treatment guidelines and standards, judicial rulings, physician recommendations and the injured worker’s treatment utilization over the course of the two most recent treatment years.

Results

ISO Claims Partners has a 93% CMS approval rate for Legal Zero Allocations.*

We reduce conditional payments 70 percent of the time to zero dollars when a dispute is engaged.*

**Figures based on 2019 data.*

EDI reporting with advanced analytics for superior compliance



The fast-changing world of workers' compensation data reporting and analysis requires a solution suite that can keep up—especially in light of IAIABC's new Electronic Data Interchange (EDI) 3.1 release. ISO Claims Partners has a team of EDI experts and a suite of comprehensive products to support all essential analytical, compliance, and EDI reporting needs. Let us handle the complexities of reporting, so your team can focus on managing claims.

wcPrism[®]

Our complete suite of workers' comp EDI compliance reporting products for insurers leverages a transaction-based approach. The system includes reporting functions for injuries, unit statistics, detailed claim information (DCI), policies, and medicals.

wcAnalyzer[™]

There's tremendous value in your workers' comp data, and this system provides states and insurers with actionable insights to make broad improvements and even benchmark trends. wcAnalyzer[™] uses the data from wcPrism[®] to help insurers monitor compliance performance and discover where claims dollars are going—from medical costs to claim leakage.

wcCapture[™]

This cost-effective claims and medical data collection and compliance monitoring system is especially useful for states looking to launch new EDI reporting initiatives or move to a new IAIABC release. The data collected within wcCapture[™] can be reviewed in wcAnalyzer to give states a clearer picture of workers' comp trends, help them respond to legislative requests in real time, and uncover their medical spend costs.

wcPrism and wcAnalyzer suite boosted EDI compliance to the

90th
percentile.

Find Out More

For information about how ISO Claims Partners can assist you with managing claims and compliance, cost mitigation, or claims analysis, please contact:

 ISO Claims Partners

 1-866-630-2772

 CPinfo@verisk.com

 verisk.com/isoclaimspartners

ISO Claims Partners

is uniquely positioned to help you achieve compliance and cost savings with our legal, medical, and technology expertise.

INSIGHTS

- Data from more than 1 billion industrywide claims
- The largest number of successful Medicare submissions in the industry
- Market-leading predictive analytics tools supporting enhanced triaging and resolution
- Industry-leading OCR and text-mining capabilities

ADVOCACY

- The industry's largest and most experienced team of legal and medical MSP compliance experts
- Customized, flexible solutions based on your risk management strategy
- On-site file consultation and pickup

RESULTS

- Improved claims outcomes and loss ratios
- Expedited settlements
- Mitigated risk and settlement consistency





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