

EMPOWERING INSURERS TO STOP MEDICAL FRAUD

Unscrupulous medical providers can impact your bottom line

Medical fraud, waste, and abuse accounts for the majority of claims fraud cases,¹ and much of the problem is attributed to aberrant provider billing practices, such as boilerplate billing, excessive use of expensive modalities, and unnecessary diagnostic tests. ISO MedSentry® identifies suspicious billing activity so insurers can **stop claim leakage and save money.**

Identify medical provider fraud early

ISO MedSentry helps detect medical fraud, waste, and abuse by:

- Applying more than 95 advanced analytic models to every medical bill you receive
- Providing a risk score for every medical provider in your book of business, enabling your staff to quickly identify the most egregious activity
- Providing a report of specific issues that warrant intervention, including expert clinical analysis that describes the suspect behavior and what to investigate
- Providing benchmarks from aggregated billing database to help quickly identify aberrant billing practices
- Leveraging the Aggregated Medical Database (AMD), consisting of sources representing more than half of America's P&C insurer's medical billing data.

Achieve significant savings with a proven solution


Insurers save millions of dollars in allocated loss adjustment expenses (ALAE) every year using ISO MedSentry to analyze and uncover their medical billing exposure. Here's why insurers choose ISO MedSentry:

- Pre-eminent medical fraud detection solution for more than 10 years
- Highly tuned models and algorithms supplemented by clinical analysis from a team of experts
- Minimal to no IT lift to implement the solution – we do the heavy lifting for you
- Average ROI of 10:1 or better – the solution pays for itself
- Cleansed and normalized medical billing data
- Flexible delivery via exploration tool, batch processing, or system-to-system API

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1. <http://www.healthcarebusinesstech.com/healthcare-fraud/>