

FRAUD AND ABUSE DETECTION AND PROGRAM INTEGRITY SOLUTIONS

Fraud, Waste and Abuse Detection

Urix's Predicted Solutions division combines forensic science with the tools and techniques to detect, prevent and recover money lost to health plans from fraud, waste and abuse. Through subject matter expertise and extensive experience with dozens of health plans and state agencies, Predicted Solutions provides a seamless approach to both program integrity and control.

With our fraud, waste and abuse identification and detection services for all claim and provider types including (pharmacy, medical, inpatient, outpatient, hospital, dental, transportation, coordination of benefits), we have recovered millions of dollars for health plans around the U.S.

The following Predicted Solutions service offerings and methods are a proven solution for the implementation of a comprehensive fraud and abuse program:

Risk Analysis

- Identify known strengths and weaknesses, problems and concerns
- Gain an understanding of policies and programs specific to the insurer and results in a prioritized comprehensive audit plan

Data Analysis

- State of the art algorithms predictive models and data mining techniques
- Identify suspect claims, providers and recipients that merit further review

Audit Services

- Implementation of audit based actions - overpayment recovery, self audit, desk audit and onsite audits
- Medical record and documentation review

Prevention

- Recommendations based upon data analysis and audit service outcomes, policy, program, system edits and provider educational opportunities for prevention strategies

Pharmacy Audit Services

- Integrates the industry standard DxCG Analytic Methodology
- Provide customers with the information needed to ensure program integrity through better pharmacy and payment analysis



predictedsolutions

a division of Urix



About Us

Urix develops predictive modeling, business intelligence, and program integrity solutions exclusively for the health care market. We provide health care payors with insightful tools that help them proactively manage health care costs and risk while improving the quality and effectiveness of care. We combine proven science with advanced technology and the best services that enable our customers to derive tremendous value and efficiencies from their data.

Our History

In 2004 and 2006, DxCG and Urix, respectfully, were acquired by ISO and combined forces to build a corporate foundation to develop, acquire, and integrate the world's most innovative health care information technology solutions. As a growing health care company, we have the support from ISO, the most trusted provider of insurance-based solutions to help customers, measure, manage and reduce risk.

With an unprecedented level of science, analytic, and technical expertise, we offer a powerful portfolio of products and services to serve the needs of the entire health care marketplace, advance the way you do business and set a new standard for financing, managing and delivering health care around the world.

Care Guideline Scoring & Quality Performance Analytics

The Urix Care Guidelines Scoring and Quality Performance Analytics (Quantum) features quality of care and performance measurements coupled with Urix's powerful drill-to-detail analytics. The Quantum solution enables health plans and employers to evaluate benefit plans and providers based on their demonstrated value, rather than solely on the cost of benefits and medical care. It provides the backbone for "gaps in care" analytics as well as a practical mechanism for evaluation and flagging within a case management system. Quantum offers the following solutions for health care payors:

Guide decisions for health plan vendor selection, benefit design and quality and performance improvement initiatives. This includes "P4P" and "Gaps in Care."

- Produce HEDIS-like quality and performance measurements (scores) and report cards for side by side value and quality of care comparisons of health plans and providers
- Compare and analyze scores (cardiovascular, high blood pressure, diabetes, asthma, preventive care and screenings, well care, etc.) across several data dimensions such as benefit plan, payer, gender, disease management indicator and provider specialty.
- Drill instantly into aggregate quality and performance indicators to determine the underlying drivers of higher than expected scores across a variety of dimensions.
- Monitor HEDIS scores over time to proactively focus on areas of quality and performance that require action.
- Generate provider report cards instantly using Urix's XP Clinical Practice Reporting System.

Preventive Fraud Abuse and Overpayment Services

Urix's clients also have the advantage of utilizing HealthCare Insight® (HCI) fraud and abuse products and services. HCI is an ISO company that provides additional products and services designed to increase the accuracy of the claims payment process and prevent waste, fraud and abuse in health care claims processing.

HealthCare Insight offers 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 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.

HCI offers Prepayment fraud, abuse and overpayment prevention for Physician, Facility and Dental care claims.

These offerings are designed to:

- Maximize claims payment accuracy
- Identify fraudulent providers and reduce professional claims costs
- Provide claims review and provider validation



Learn More

To learn more about any of our Fraud, Waste and Abuse services, contact us at sales@urix.com or call us at 1.800.431.9807. Visit us on the web at www.urix.com.