



# PhysicianClaim

INSIGHT<sup>®</sup>

**hci**  **HealthCare Insight<sup>®</sup>**

A Verisk Health Company

CLINICALLY VALIDATED FRAUD, ABUSE AND OVERPAYMENT PREVENTION >



# PhysicianClaim

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Fraud, abuse & overpayment prevention for professional health care claims >

IT TAKES A  
**Clinical Expert**  
TO DIAGNOSE **Fraud**

Prevent Fraud | Improve Accuracy | Reduce Costs



# PhysicianClaim<sup>INSIGHT</sup>

Maximize your claims payment accuracy,  
identify fraudulent providers and reduce  
your professional claims costs.



"We have experienced positive changes in provider billing habits resulting in significant savings."

– Mary Alice Garcia, BA, CPC

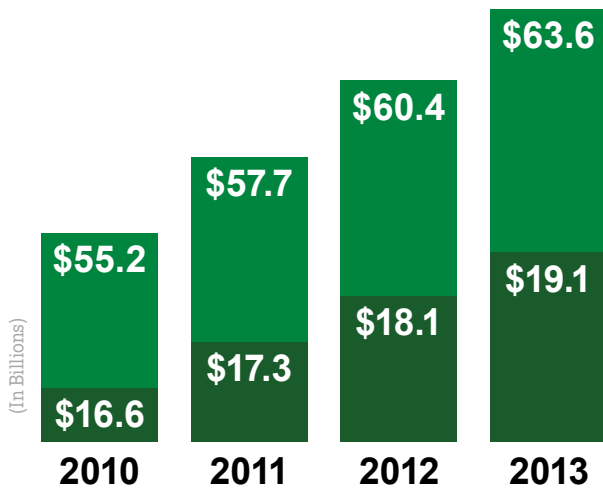
Medicaid MCO



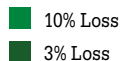
# THE Problem

## Fraud Stats

3%–10% of US physician and clinical care outlay is lost to fraud. By 2013, losses could reach \$63 billion.



Fraud Projections for Physician & Clinical Services 2010–2013 / 3–10% Loss



# THE Solution

## Results

- > Reduce expenditures up to \$5 PMPM
- > Improve claims payment accuracy up to 10%
- > Increase annual profitability up to 5%

## Features

- > Prepayment analysis on 100% of professional claims
- > Clinical review on all suspect claims and providers
- > Code Validator Pro®—Rules-based editing
- > Fraud Finder Pro®—Provider profiling and scoring
- > Highly customizable rules and parameters
- > Real-time claims processing and ad hoc reporting
- > Clinically-driven appeals support and response
- > Daily notification of suspect providers and claims
- > Easy to use web-based application
- > Total professional claims cost-containment solution

## Next Steps

Contact us for a complimentary Cost Reduction Analysis.  
Call 1.877.619.5557 or email [info@hcinsight.com](mailto:info@hcinsight.com) today.

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