

**PAYMENT INTEGRITY ENTERPRISE™**

Identify and Reduce  
Claims Waste, Fraud,  
and Abuse

# Payment Integrity Enterprise

An estimated \$600 to \$850 billion of annual U.S. healthcare spending is attributable to waste of some kind. Even more disheartening is the fact that \$275 billion of that waste — nearly \$9,000 per second — is likely due to fraud, abuse, and administrative inefficiencies.

## BENEFITS

- Gain control over increasing expenses
- Negotiate a contract that protects your interests
- Improve accuracy and compliance
- Uncover the root cause of waste
- Identify future cost-savings opportunities

## FEATURES

- Flexible suite of solutions to meet your unique needs
- Unparalleled fraud and waste algorithms and predictive modeling
- Sophisticated data mining and business rules driven by your plan design documents and industry standards
- Proprietary PBM contract that leverages our industry expertise

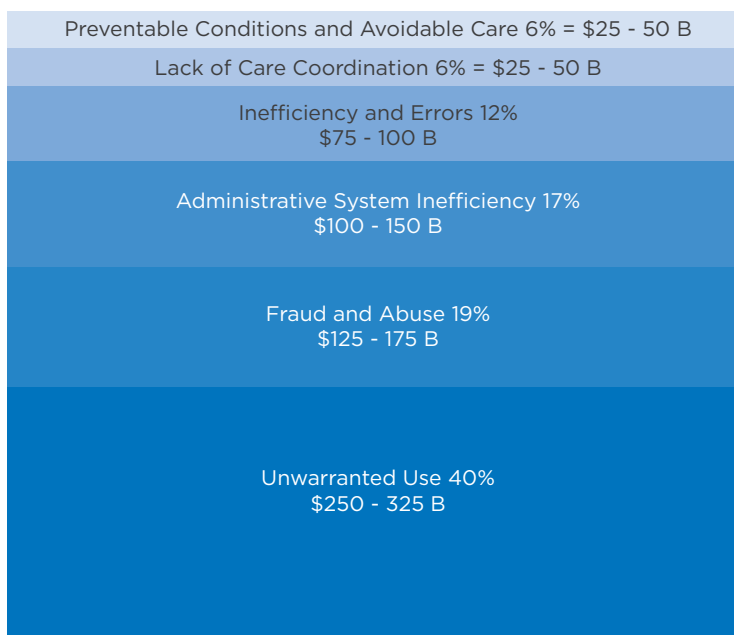
Furthermore, forces outside of our control, such as “pay-or-play” provisions of the Patient Protection and Affordable Care Act and the “Cadillac tax,” have dictated that employers accelerate efforts toward reducing healthcare cost trends.

Yet employee health benefits remain one of the least-monitored corporate expenses. Most organizations rely on third-party administrators to manage their healthcare spend, and payment integrity is often low on their long list of competing priorities — even though identifying errors can result in significant savings opportunities.

The keys to waste avoidance and substantial cost-savings for employers is meticulous attention to payment integrity issues — making sure the correct payment is made for the correct member, for the correct services, to the correct provider — and ensuring the administrative contract protects the employer’s interests.

The good news? Truven Health Analytics™ provides a comprehensive, powerful, and flexible solution for payment integrity services for employers.

### Percentage of Healthcare Waste by Category



From identification and prevention to investigation and recovery, the Truven Health Payment Integrity Enterprise™ solution can help uncover and eliminate wasteful spending. Backed by more than 20 years of experience, our team of payment integrity experts, proven methodologies, and cutting-edge technology can be applied to:

### Audit and Compliance

Whether implementing a new vendor or plan design, or conducting an annual review, our proven claims auditing solutions help ensure claims are paid accurately — and in compliance with plan design.

### Fraud, Waste, and Abuse

Our proprietary predictive models and detection algorithms help identify and reduce claims fraud, waste, and abuse — whether by providers or plan members — in the most cost-effective manner.

### PBM RFP Contracting and Evaluation

From RFP evaluation to contract negotiation and compliance, our objective pharmacy benefit solutions can give you control over increasing pharmacy costs — without plan design changes or shifting costs to employees.

Benefit plan audits performed by Truven Health Analytics typically find that **5 to 8 percent of claims are paid incorrectly** because of issues ranging from coding errors to lack of quality control to fraud and abuse to administrator system setup issues.

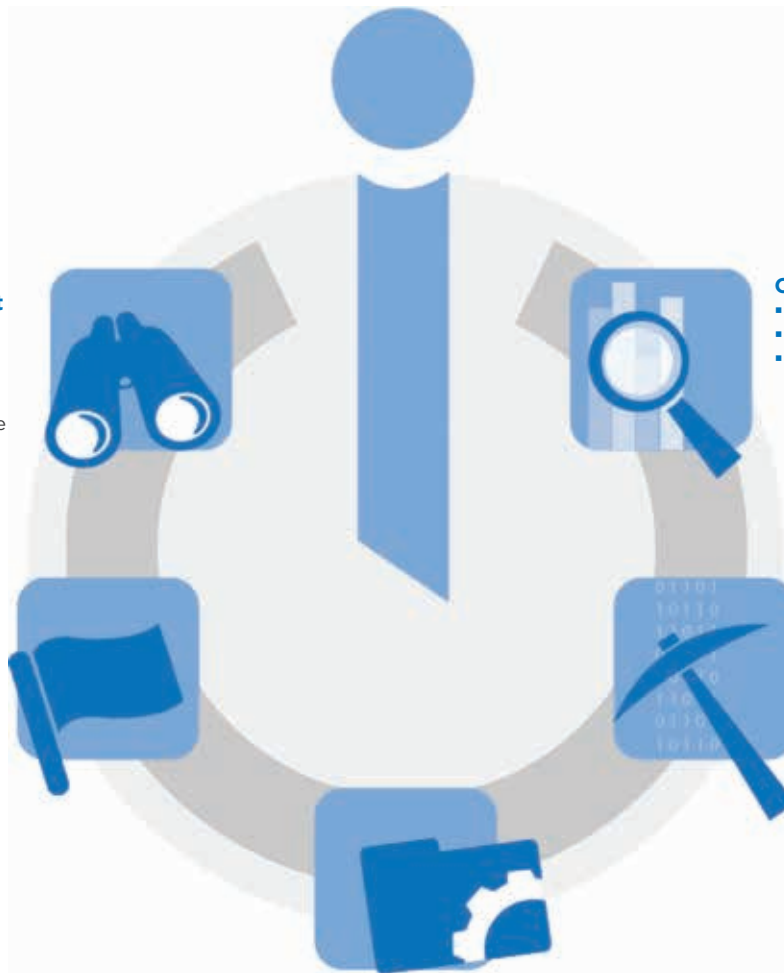
## Payment Integrity Enterprise™ Framework

### Disability Determination and Medicare Enrollment

- Diagnosis and Treatment Pattern Data Mining
- Personalized Member Outreach
- SSDI Application Concierge Service

### PBM Selection and Contracting

- Customizable RFP
- Proprietary PBM Contract
- Pricing and Rebate Compliance Audits



### Claims Audits

- Pre-/Post-Implementation
- Retrospective
- Medical/Rx/Dental/Eligibility

### Vulnerability Assessments

- Fraud and Abuse Algorithms
- Advanced Predictive Models
- Provider Risk Scores

### Continuous Monitoring

- SPD Compliance
- Industry Standards
- Fraud, Waste, and Abuse

*Our clients typically experience an 8- to 15-percent reduction in their drug spend when using our custom contract.*

## The Truven Health Difference

### Leading-Edge Data Management Solutions

Healthcare data is “big data” — huge amounts of data from disparate datasets that are difficult to handle and even more difficult to analyze. Fortunately, as a data-management market leader, we’ve been working with big data successfully and efficiently for more than 30 years. In fact, as the former Healthcare business of Thomson Reuters, we’re one of the most experienced providers in warehousing, mining, managing, integrating, and analyzing unparalleled amounts of healthcare-specific data, and we already have the proven methodologies and analytics to address our clients’ challenges.

### Payment Integrity Experience

The Truven Health payment integrity solutions team includes several Certified Fraud Examiners and other highly accomplished professionals who have practical, hands-on experience in the fields of claims administration, network management, medical management, claims auditing, pharmacy benefits, and benefits consulting — gained from working at major corporations, national health insurance companies, and consulting firms. Our team has handled just about every possible benefit plan scenario.

### Driving Real Value

For more than three decades, our Payment Integrity Enterprise suite of fraud detection algorithms, predictive models, audits, and investigations have helped our clients prevent, identify, and recover hundreds of millions of dollars. Perhaps more importantly, our service-centered ROI model allows immediate deployment with actionable results and quantifiable ROI.

Our results often speak for themselves:

- More than \$4 million in savings were identified due to errors and noncompliance with benefit plan design
- Recovered 4 percent of the client’s annual gross drug spend through PBM discount validation audit, resulting in an ROI greater than 10:1
- More than \$6 million in savings were identified and members were incented to use the most cost-effective and highest-quality distribution channel for prescription drugs

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## FOR MORE INFORMATION

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**TRUVEN**<sup>™</sup>  
HEALTH ANALYTICS

### ABOUT TRUVEN HEALTH ANALYTICS

Truven Health Analytics delivers unbiased information, analytic tools, benchmarks, and services to the healthcare industry. Hospitals, government agencies, employers, health plans, clinicians, pharmaceutical, and medical device companies have relied on us for more than 30 years. We combine our deep clinical, financial, and healthcare management expertise with innovative technology platforms and information assets to make healthcare better by collaborating with our customers to uncover and realize opportunities for improving quality, efficiency, and outcomes. With more than 2,000 employees globally, we have major offices in Ann Arbor, Mich.; Chicago; and Denver. Advantage Suite, Micromedex, ActionOI, MarketScan, and 100 Top Hospitals are registered trademarks or trademarks of Truven Health Analytics.

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