



## LOSS CONTROL

Fraud and abuse is responsible for 10% of total medical claims costs according to the NHAA. Uncovering these incidents can be accomplished today with the use of the technology that scans each claim looking for suspect charges, *before* they are paid. Retro recovery yields only 10% recovery of dollars paid on fraudulent claims; however, prepayment avoidance yields an average of 54% of every dollar!

### *The* next generation of Risk Management

Clients gain the benefit of a robust, three-part series of state-of-the-art loss control technologies:

- **Fraud & Abuse Prevention Suite:** Uses proven proprietary services to detect and report healthcare fraud and validate provider claim integrity;
- **Repricing Optimizer Suite:** Reduces out of network claims by supplementing your plan with access to the nation's largest aggregated supplemental PPO network and by negotiating claims using proprietary data sets and industry benchmarks; and
- **Decision Support Suite:** Provides clinical and financial healthcare predictive modeling and web reporting to improve risk management decision making.

These techniques yield results beyond code editing applications, which have been available for years. Best of all, there is no added cost to the client for the service. When savings are identified, a percentage of the savings realized pays for the service.

***TC<sup>3</sup> has a track record of delivering 5% to 10% average savings on total claims paid!***

The multi-part series of technologies consists of several components. The contribution of each adds up to 2.5% to 11% reduction in total paid claims:

*Provider Integrity Program*

**.5% to 3% reduction**

*ClaimsGuard Code Edit Compliance*

**2% to 8% reduction**

**How much will you save?**

