

Ventiv Verify

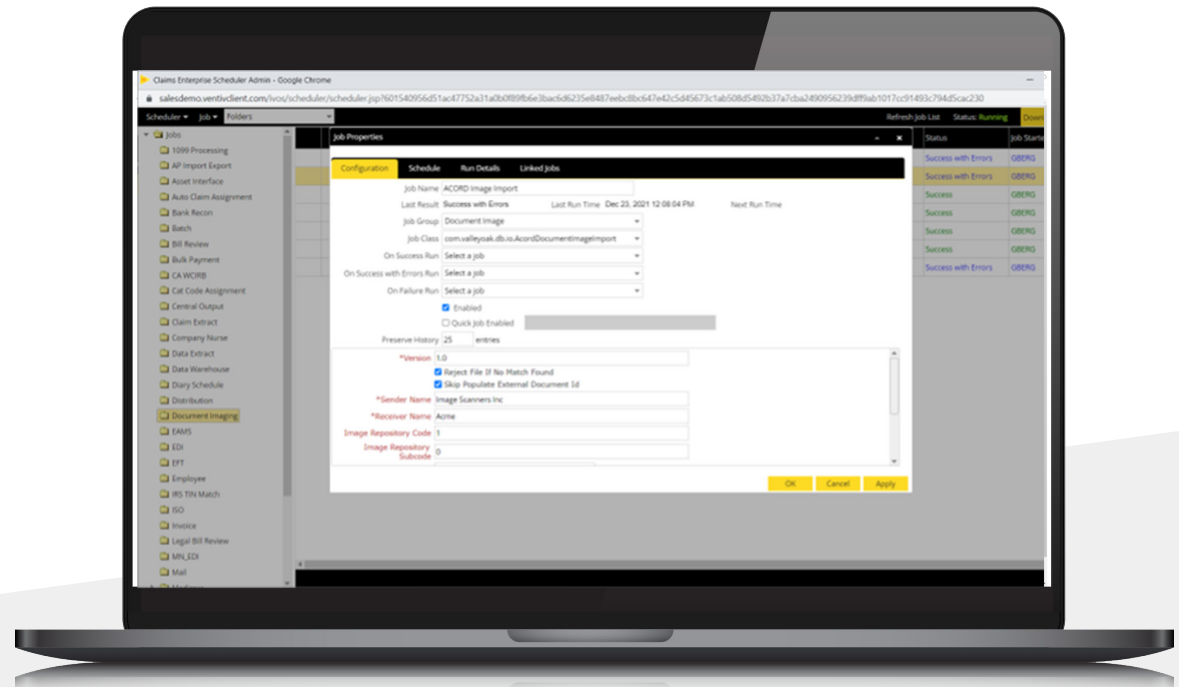
Reduce claims leakage by simplifying medical bill processing

Claims is a highly complex and costly process especially when involved with bodily injuries. Reviewing incoming medical bills and other related documents is often a time-consuming error-prone manual process. Understaffed and overworked claims adjusters are frequently handling hundreds of open claims, resulting incorrected categorized

bills, overpayment and even duplicate bill payments. Claims department and adjusters need an auto-adjudicated solution that will analyze incoming documents, automatically return unnecessary invoices and correctly process remaining claims documents.

KEY BENEFITS

- ▶ Reduce medical provider charges
- ▶ Decrease claims leakage
- ▶ Lower bill review fees
- ▶ Eliminate overpayment
- ▶ Streamline claims processing
- ▶ Improve adjuster productivity
- ▶ Seamless claims management integration



PRODUCT HIGHLIGHTS

- ▶ Document image tagging
- ▶ OCR document data capture
- ▶ Claim indexing
- ▶ Thousands of pre-built business rules
- ▶ Identify missing, inaccurate and improper data

VENTIV ADVANTAGE

With over 100 customers, Ventiv enables:

- ▶ Auto-adjudicate up to 65% of incoming medical bills
- ▶ Eliminate over 18% of provider billed charges
- ▶ Reduce paid medical invoices by more 11%
- ▶ Lower bill processing fees by 17%
- ▶ Enhance bill throughput by between 50% and 70%

THE SOLUTION

Ventiv Verify delivers an intelligent document decisioning and workflow solution to streamline the medical indexing and bill approval process. Incoming medical bills and other related documents are analyzed and indexed using advanced OCR technology, automatically returning non-compensable medical bills and duplicate invoices. Thousands of business rules screen the documents for missing or inaccurate data, jurisdictional requirements, and route to adjuster with contextual guidance for final determination.



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