



Focus in on the information you need

Empower critical decisions throughout the investigative cycle.

Fight fraud, waste and abuse more effectively with a point-of-need solution for investigating suspicious healthcare providers and individuals.

Today's healthcare organizations face pressing challenges to protect their members; reduce fraud, waste and abuse; and comply with mounting regulations, while competing effectively in an evolving market. There's a lot at stake, and the need for efficiency and accuracy at every stage of the claims cycle never has been greater. This new world requires new tools—solutions that work faster, better and smarter.



LexisNexis® Accurint® for Healthcare: Look into information on providers, individuals and claims

Accurint for Healthcare is a powerful solution that works when and where you need it to investigate suspicious claims. With Accurint, organizations can:



Verify the identities and validate the professional licenses of healthcare providers nationwide, with uniquely in-depth information on board certifications, licensing, legal standing and criminal records.



Identify connections among people, businesses and assets, visualizing these relationships using sophisticated mapping tools.



Collaborate with other National Health Care Anti-Fraud Association members through the Special Investigation Resource and Intelligence System (SIRIS), which helps members cooperate with one another and share critical information on suspected fraud and abuse cases.



Track down individuals suspected of fraud or abuse using up-to-date contact information or via past associates.

Because of the resource-intensive nature of today's investigative process, many organizations are forced to set parameters that severely limit the number of claims reviewed. Someone with corrupt intentions often can determine the attributes of claims that will fly under an editing and detection radar.

Unparalleled data and linking capabilities for a clear look into individuals, providers and claims

Accurint for Healthcare provides direct access to LexisNexis industry-leading data assets. Drawing upon more than 10,000 record sources, LexisNexis has the largest collection of identifying information in the United States:

- **19.3** billion consumer records
- **10.3** billion unique name/address combinations
- **5.6** billion motor vehicle records
- **5** billion property records

Our data also includes information particularly relevant for healthcare analytics:

- Provider licensure, sanctions and certifications
- Hospital and group practice affiliations
- Criminal background
- Death records, family members and known associates

Accurint for Healthcare takes all this data and not only aggregates it, but integrates it into high-confidence linking for a single ID, known as the LexID® for every person and business, giving you the comprehensive, yet detailed, insight you need.

LexisNexis Accurint for Healthcare puts the data you need at your fingertips, when you need it. With vast stores of up-to-date data assets for critical information requirements and superior architecture for fast retrieval, Accurint helps organizations meet the changing demands of the new healthcare delivery and insurance environment.

For more information, call 866.396.7703 or visit
risk.lexisnexis.com/healthcare



Health Care

About LexisNexis® Risk Solutions

At LexisNexis Risk Solutions, we believe in the power of data and advanced analytics for better risk management. With over 40 years of expertise, we are the trusted data analytics provider for organizations seeking actionable insights to manage risks and improve results while upholding the highest standards for security and privacy. Headquartered in metro Atlanta USA, LexisNexis Risk Solutions serves customers in more than 100 countries and is part of RELX Group, a global provider of information and analytics for professional and business customers across industries. For more information, please visit www.risk.lexisnexis.com.

Our healthcare solutions combine proprietary analytics, science and technology with the industry's leading sources of provider, member, claims and public records information to improve cost savings, health outcomes, data quality, compliance and exposure to fraud, waste and abuse.

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