



Catch improper payments before they are out the door with prepayment analytics.

**Per the U.S. Government Accountability Office (GAO),  
“once fraudulent or improper payments are made, the  
government is likely to only recover pennies on the dollar.”<sup>1</sup>**

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<sup>1</sup>Source: <http://www.justfacts.com/healthcare.asp#spending-waste>



## LexisNexis® PrePayment Manager™

It has been estimated that health insurers have less than a 50 percent chance of recovering the funds after an improper claim has been paid, with financial losses due to fraud reaching tens of billions of dollars each year. Dollars paid out improperly as a result of fraud, waste or abuse are dollars not spent on improving the delivery and quality of care.

Despite the profound financial impact of health care fraud, waste and abuse on commercial and government payers, many still rely on a pay-and-chase recovery process that requires a great deal of time and effort and can stretch already thin resources.

That's why payers stand to gain tremendously from detecting fraud before payment is made – and potentially lost. While other industries have leveraged pre-payment fraud detection solutions for years, health care is just now beginning to understand its value.

LexisNexis® PrePayment Manager™ can do just that, helping ensure against losses and improper payments without disrupting the claims process or running afoul of prompt-pay laws.

### How it Works

To put it simply, claims data is collected daily and analyzed based upon rules and schemes specified by a payer's Special Investigation Unit (SIU) or Program Integrity Department. As rules often are set at the provider level, PrePayment Manager can, for instance, flag claims submitted by providers that previously had been identified as suspicious.

Once flagged, suspicious claims are sent to Resolution Workbench™, an easy-to-use, built-in automated payment decision tool that allows investigators to release acceptable claims and launch full-scale, defensible investigations of suspected live claims.

Since it works with an image of the claim, PrePayment Manager™ never interrupts the claims process. In addition, compliance with differing state prompt-pay laws is assured by Resolution Workbench, which applies logic gleaned from where the claim was filed to provide guidance on timeframes.

### Making it Work for You

PrePayment Manager is designed for maximum flexibility in configuration, enabling instant intervention and allowing each organization to utilize and apply its established policies and procedures regarding adjudication and investigation.



## LexisNexis® PrePayment Manager™

The LexisNexis® solution is part of a suite that supports pre- and post enrollment identity authentication as well as the identification and detection of fraud and abuse in a pre-and post-pay environment. This suite utilizes statistical techniques to identify combinations of factors that should be analyzed as fraud, waste and abuse indicators. While each can be used on a stand-alone basis, together these solutions produce superior results fighting fraud, waste and abuse through:

### **Intelligence about people and businesses:**

LexisNexis has the largest collection of identifying information in the nation, including many health care-specific data sources such as provider licensure and board certifications. We provide high-confidence linking of disparate data to a single ID, known as the LexIDSM, for every person and business. This allows LexisNexis solutions to make connections that others cannot.

### **Advanced analytics:**

LexisNexis utilizes its proprietary HPCC computing platform to process petabytes of data in seconds, applying health care-specific rules as well as predictive analytics to detect aberrant patterns indicative of emerging fraud schemes.

### **Improved investigative workflow:**

Transparent explanations are provided to help prioritize investigative efforts. As LexisNexis tools detect fraud, waste and abuse at the provider level, as opposed to just looking at individual claims, they produce fewer false positives that can waste resources.

### **Industry knowledge and experience:**

LexisNexis understands how payers work and has developed solutions that quickly and easily integrate into existing claim processes, getting them up and running in a matter of weeks, rather than months, to accelerate anti-fraud, waste and abuse initiatives.

**Whereas internal payer data is often limited to the payer's own previous interactions with an individual, LexisNexis data covers the entire population over the course of their lifetimes.**



LexisNexis® PrePayment Manager™

For more information, call 866.396.7703 or  
visit [lexisnexis.com/risk/healthcare](http://lexisnexis.com/risk/healthcare)



Health Care



### About LexisNexis Risk Solutions

LexisNexis Risk Solutions ([www.lexisnexis.com/risk](http://www.lexisnexis.com/risk)) is a leader in providing essential information that helps customers across all industries and government assess, predict, and manage risk. Combining cutting-edge technology, unique data and advanced scoring analytics, we provide products and services that address evolving client needs in the risk sector while upholding the highest standards of security and privacy. LexisNexis Risk Solutions is part of RELX Group plc, a world-leading provider of information and analytics for professional and business customers across industries.

Our health care 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.

LexisNexis® PrePayment Manager™ is not provided by "consumer reporting agencies," as that term is defined in the federal Fair Credit Reporting Act (15 U.S.C. § 1681, et seq.) (FCRA) and do not constitute "consumer reports," as that term is defined in the FCRA. Accordingly, PrePayment Manager may not be used in whole or in part as a factor in determining eligibility for credit, insurance, employment or another purpose in connection with which a consumer report may be used under the FCRA. Due to the nature of the origin of public record information, the public records and commercially available data sources used in reports may contain errors. Source data is sometimes reported or entered inaccurately, processed poorly or incorrectly, and is generally not free from defect. This product or service aggregates and reports data, as provided by the public records and commercially available data sources, and is not the source of the data, nor is it a comprehensive compilation of the data. Before relying on any data, it should be independently verified.

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