



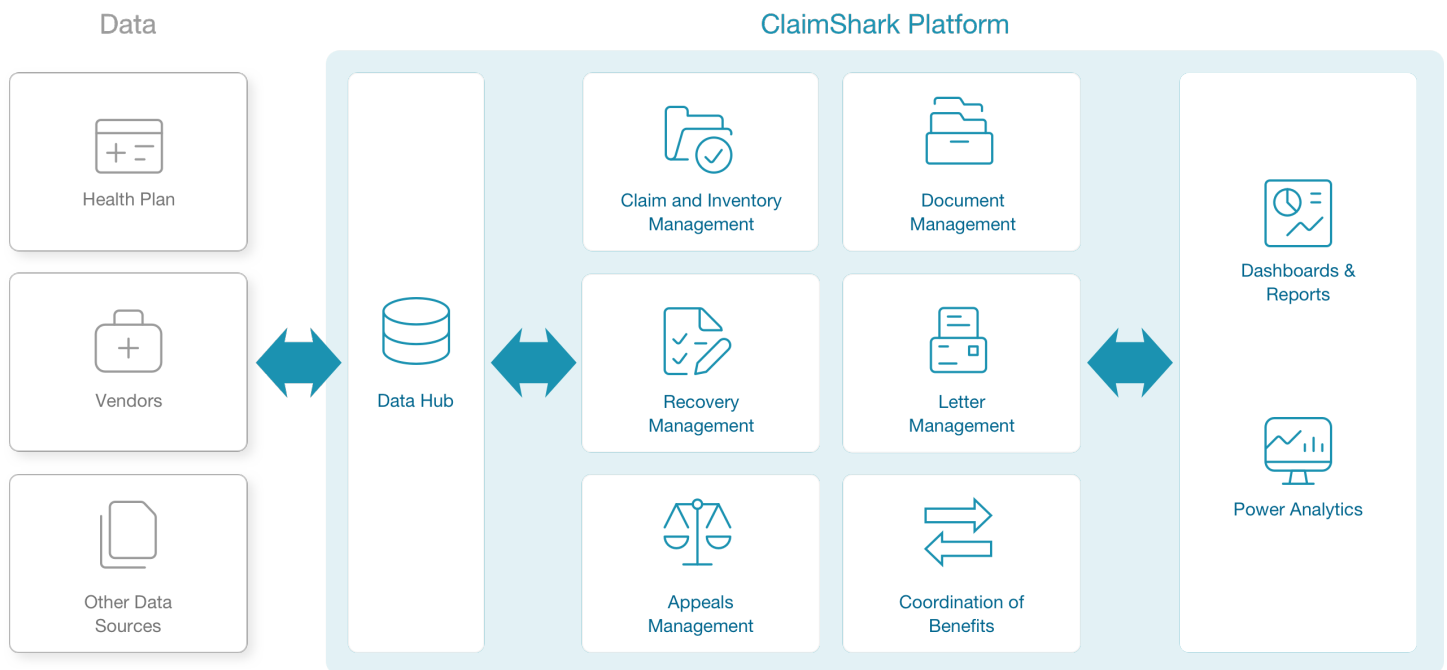
Comprehensive Payment Integrity Platform

With up to 7% of claims paid incorrectly, and administrators facing rising demands for higher quality care at more affordable rates, health plans need to rely more than ever on payment integrity departments and multiple vendors to review claims payments for accuracy and to collect on overpaid claims. With inefficient systems, fragmented insights, and a lack of transparency, most payment integrity stakeholders struggle to work efficiently. The challenges most PI departments face are the lack of a centralized view and the ability to track all activities across all the different stakeholders to confidently manage and improve savings.



ClaimShark is a secure, cloud-based solution that breaks down silos, aligns activities, and brings oversight to the entire payment integrity system. It empowers payment integrity stakeholders by giving them real-time information and visibility into the life cycle of a claim from a vendor's first touch point to the final collections and recovery stage. ClaimShark leverages **AI and machine learning** to enhance the efficiency of payment integrity departments.

A high-level overview of ClaimShark and its modules are illustrated below:

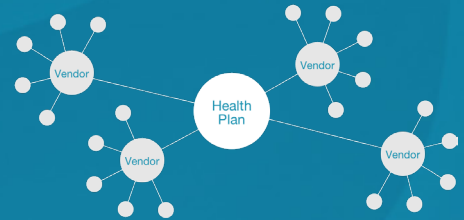


Powered by **iSpace**

To schedule a demo, contact us at 310-563-3800

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ClaimShark is built on a **hub and spoke** model. The hub is the health plan and the spokes are the internal audit teams and external vendors that are contracted to identify over payments. These teams and vendors can be engaged based on different criteria, such as line of business, lag, recovery type (concepts), geographic allocation, dollar value, and claim.



ClaimShark Modules

ClaimShark is made up of multiple payment integrity lifecycle modules that work in tandem or independently, based on different health plans.



Claim and Inventory Management (CIM)

ClaimShark tracks the entire lifecycle of a claim – starting from the time the claim file is sent to the vendor (internal audit team and external vendors), to when a claim is tagged for savings – as it goes through the validation process, and later through the collections effort, receipt of funds, and appeals. While tracking the lifecycle, it provides robust reporting on all the activities of the audit teams, including concepts leading to savings, vendors tagging the claims, and the recovery. It provides real-time information on savings and helps with managing payment integrity departments.



Document Management

Documents like charts, contracts, letters, disputes, and checks need to be available and accessible to different stakeholders. Having a central repository makes it easy and optimizes the process (e.g. having a central repository for charts eliminates duplicate requests to providers). This module has the intelligence to classify documents using NLP and extract the information to help with downstream processes.



Recovery Management

The recovery process of collecting on overpayments can be managed by the recovery module. This will include sending out the Overpayment Letter of Notification, receiving checks, undelivered mail, unsolicited refunds, and other correspondence. The process of posting the refunds, closing balances, and batching claims that are ready for offset are handled as part of the recovery module.



Letter Management

Letters sent out as part of the different processes within payment integrity can be handled by a central letter management module. This includes creating different templates for letters, customizing the format, logo placement, and the body of the letters, adding unique identifiers to the letters and integrating them as part of other processes.



Appeals Management

When a provider appeals an audit finding, the appeals module handles the process of resolution. The ClaimShark user can view the appeal, the claim, and audit findings, then create insights based on history, and decide on the appropriate resolution.



Data Hub

ClaimShark leverages the latest cloud technologies to manage all data files and transfers from various stakeholders and external systems, including data from the plan, vendors, lockboxes, recovery application, dispute application, mail vendors, and invoices.



Dashboards and Reports

ClaimShark comes with comprehensive and customizable dashboards. The reports module includes a large number of standard reports and a power reporting feature to help users develop custom ad hoc reports on the fly.



Power Analytics

Insights from the back-end data can help users make informed decisions associated with how they handle audits, validation, and appeals. Insights like potential overpayments based on diagnoses and procedure codes, appeals based on the concept, and providers can help users make better decisions that can help with higher savings.



Coordination of Benefits

By aggregating external (structured and unstructured) data and grouping claim data at the member level, the COB Module flags members that may have other insurance. This module leverages machine learning to give probability scores to members with potential COB coverage. The workflows help users validate the findings and uncover savings.