

# INGENIX®

## Payer Solutions

### Mission

Envision faster, simpler, more transparent and affordable healthcare interactions—Ingenix data, analytics, and insight make this possible.

### Overview

Ingenix unites the brightest minds to transform and improve health care through information and technology. Organizations rely on Ingenix innovation to improve the delivery and operation of their business and to increase the quality of care by systematically identifying and eliminating duplication, waste, and inefficiency in critical functional areas.

We were founded in 1996 to develop, acquire, and integrate some of the nation's best-in-class health care information capabilities. Our significant and rapidly evolving portfolio of tools and services now transform data into actionable, fact-based, technology-enabled decision support. Today there is an Ingenix product at work in nearly every U.S. health care organization.

This breadth and depth of experience affords Ingenix a singular perspective on the U.S. health care market and an unparalleled ability to address your unique requirements.

**The total cost of poor quality health care is \$1,700–2,000 per beneficiary per year.†**

#### PAYMENT INTEGRITY

Enable prospective claims analysis and retrospective investigation and recovery by detecting and deterring fraudulent, erroneous, and abusive claims.

- Electronically review twice as many total claims.
- Employ 9 times more code combinations to find 3–5% more suspect claims.
- Improve recovery ROI up to 10 times greater than retrospective edits.

Save 1–2% more in claims expense.

#### PHARMA BENEFIT ANALYTICS

Reduce your pharmacy cost and trend, maintain appropriate utilization, and improve outcomes through benefit design strategies.

- Increase generic utilization 2%.
- Increase formulary utilization 2%.
- Increase rebates \$1 per Rx.

Decrease drug trend up to 2.5%—\$12M per million lives.

#### ENTERPRISE-WIDE DECISION SUPPORT

Expertise in health care data quality, analytic definition, and value-driven data marts to support better decision making. Use customizable norms, protocols, and best-practice tools based on secure data\* from:

- 600,000 providers.
- 50 million lives.
- 5 billion claims records.

75 unique health care data sources—proven technologies.

#### CONSUMER-DRIVEN HEALTH CARE

Drive better consumer financial and medical decisions with innovative tools and services.

- Access hospital and provider cost and quality information.
- Employ benefit analysis and comparison tools.
- View and organize bills, payments, and records in one easy-to-use system.

Consumer out-of-pocket spending exceeds \$500 billion each year.

#### NETWORK OPTIMIZATION

Apply innovations to lower your network costs while maintaining—or improving—quality of care through supply chain management principles.

- Source credentialing that can save \$0.3–0.5M/yr.
- Focus on your provider data to save \$3.5M/yr.
- Overlay cost, quality, and member satisfaction data to save \$5M/yr.
- Contract strategically to save \$5M/yr.

Save up to \$19M/yr.

Figures based on 30,000 providers serving a 1 million member plan.

#### REAL-TIME MEDICAL UNDERWRITING

Automate and accelerate individual and small group medical underwriting while improving efficiency and accuracy to capture lost revenue and expand business.

- Accelerate quote speed from days to minutes.
- Increase rating accuracy from .064 R<sup>2</sup> to .21 R<sup>2</sup>.
- Make more than half of your first quotes your final quotes.

Increase your close ratio by 3 percentage points.

#### EVIDENCE-BASED HEALTH

Reach the right populations at the right time with the right interventions across the entire health continuum.

- Focus on health, not just disease and care.
- Improve the health of your members, control costs and engage consumers.
- Efficiently identify those at risk and those ready to change; then target appropriate interventions.
- Improve financial outcomes and ROI\*\* from 1:3 to 1:6.

57% of members account for only 8% of expenses†—increase your healthy population.

#### PREDICTIVE modeling

Reach more high-risk members more easily with appropriate, timely, and targeted care management.

- More efficiently identify at-risk members and/or populations with targeted interventions.
- Increase adherence to clinical guidelines.
- Improve accuracy and efficiency in rate setting.
- Increase retention of clients.

One payer saved an average of \$6,502 per high-risk patient while increasing quality of care.

#### PROSPECTIVE PAYMENT

Apply prospective payment methodology to commercial reimbursement practices for benchmarking, out-of-network and in-network claims, P4P, and CDP to decrease the cost of care.

- Improve out-of-network reimbursement expenses by up to 60%.
- Improve in-network reimbursement by up to 25%.
- Reward providers for efficient care.

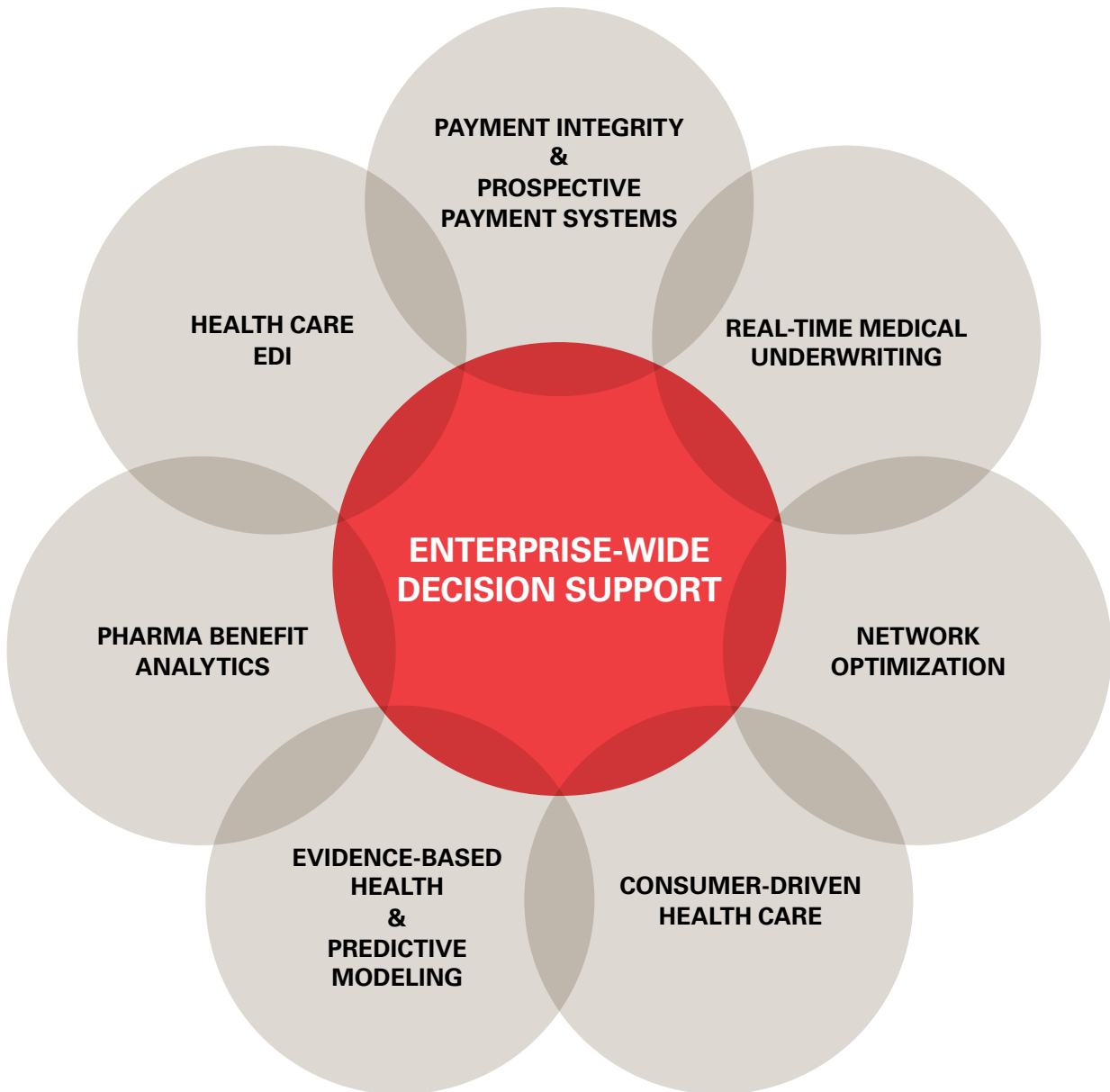
Over 50% of payments for patient care leverages some form of PPS.

#### HEALTH CARE EDI

Next-generation transaction management enabling organizations to easily connect to and manage multiple trading partners, ensure the compliance and quality of data exchange, and reduce costs.

- Increase auto-adjudication and reduce claims rejection rates.
- Improve claims accuracy and accounts receivable balances.
- Decrease processing and intermediary costs.
- Improve interoperability and NPI remediation.

One payer decreased check production and costs by over 90%.



\*TruSecure Certified is a registered trademark of TruSecure Corporation in the United States and/or other countries.  
\*\*The Art of Health Promotion, 2002  
† Midwest Business Group on Health/Juran Institute, 2002.  
‡ National Health Plan Fully Insured Book of Business, 2004.

**Ingenix | Intelligence for Health Care | [www.ingenix.com](http://www.ingenix.com)**

From North America, call: 1-800-765-6034 • [ingenuity@ingenix.com](mailto:ingenuity@ingenix.com)  
For a list of Ingenix global office locations, please refer to our web site.

Corporate Headquarters | 12125 Technology Drive, Eden Prairie, MN 55344  
Ingenix and the Ingenix logo are registered trademarks of Ingenix, Inc. All other brand or product names are trademarks or registered marks of their respective owners. Because we are continuously improving our products and services, Ingenix reserves the right to change specifications without prior notice. Ingenix is an equal opportunity employer.  
06-10219 09/06 Original © 2006 Ingenix. All Rights Reserved