

NTT DATA welcomed Dell Services into the family in 2016. Together, we offer one of the industry's most comprehensive services portfolios designed to modernize business and technology to deliver the outcomes that matter most to our clients.

## Capture More Revenue and Reduce Inappropriate Claims Payments

Payment Integrity Solutions by NTT DATA

**NTT DATA Services**  
formerly Dell Services

In today's complex health plan environment, you are wide open for payment integrity issues, including fraud, waste and abuse (FWA), for the claims you process. Every day, you have to analyze huge data loads, coordinate payments to multiple carriers and manage a wide range of health plans across Medicare, Medicaid and commercial clients. The sheer volume can be overwhelming, leading to high risk for duplicate claims violations, program policy regulation abuses or inaccurate entry of billing codes and modifiers.

Payment Integrity Solutions by NTT DATA, working with recognized and strategic partners, provides proven tools for FWA scoring that use workflow automation and dashboards so you can proactively detect and investigate fraudulent claims, as well as streamline the claims processing stream for exceptional claims. Our analytic toolsets for claims analysis and cost recovery enable you to capture more revenue and automate payment authorizations so you can reduce inappropriate claims payments before they happen.

Our solutions feature:

- Prepay claims screening and scoring
- Scanning for program irregularity and billing anomalies
- Analytics profiling and predictive modeling
- Automated coordination of benefits with other carriers to verify eligibility, coverage and coding
- Compliance with public and private regulatory mandates
- Case management through effective monitoring and controls
- Dynamic reporting of multiple key performance indicators through automated workflow and dashboards
- Effective detection, investigation and recovery services
- Consumption-based pricing using our business-process-as-a-service model

### Key benefits:

- Improve prepay screening for direct savings
- Use advanced analytics to improve audit and recovery results
- Increase referrals using provider risk scorecards
- Reach new markets with predictive modeling and case management
- Implement best practices across Medicare, Medicaid and commercial clients
- Utilize our pool of experienced registered nurses, coders, clinicians, pharmacists, statisticians and data analysts
- Educate providers on best practices for claims coding and submission
- Rapidly integrate new FWA detection techniques
- Reduce capital expenditures with consumption-based pricing

Offering	Solution highlights
Fraud, waste and abuse	<p>Identify aberrant providers, track member behavior and interrogate claims — from prepay through recoveries — using:</p> <ul style="list-style-type: none"> <li>• Prepay clinical review</li> <li>• Forensic coding and predictive analytics</li> <li>• Incident analytics</li> <li>• Claim recommendations</li> <li>• Investigative support</li> </ul>
Coordination of benefits	<p>Automate coordination of benefits with other carriers to verify eligibility, coverage and coding, as well as identify overpayment, recoveries or claims paid inappropriately. We provide:</p> <ul style="list-style-type: none"> <li>• A verification approach</li> <li>• Accurate identification between primary and secondary payers</li> <li>• Expedited recovery</li> <li>• Claims re-verification</li> <li>• An improved payer of last resort status</li> </ul>
Subrogation	<p>Orchestrate accurate recovery and payments from a variety of information sources through improved data mining and billing. We provide:</p> <ul style="list-style-type: none"> <li>• Easy, secure 24x7 internet access</li> <li>• Real-time updates</li> <li>• A paperless process via imaged documents</li> <li>• Automatic prompts that drive workflow</li> <li>• Little to no need for internal IT support</li> </ul>
Third-party recovery	<p>Identify and coordinate the responsible party for primary payment of claims to prevent or reduce payment/overpayment of claims, as well as research and capture payments, settlements, judgments and reimbursements to compensate for losses.</p>
Utilization management	<p>Control the authorization and best use of benefits through licensed care managers, nurses, physicians and other key clinicians. We offer:</p> <ul style="list-style-type: none"> <li>• Care/case management</li> <li>• Disease management/chronic care management</li> <li>• URAC-accredited registered doctors and nurses</li> </ul>
Consulting and integration	<p>Provide ongoing support and subject matter expertise to analyze existing or needed systems for client-specific industry-leading solutions. We provide:</p> <ul style="list-style-type: none"> <li>• Real-time analysis of your business requirements</li> <li>• Whiteboarding and critical introspective business examination</li> <li>• A review of existing systems</li> <li>• Data and systems integration</li> </ul>
Customer relationship management	<p>Use our robust system to effectively manage and analyze member interactions and data throughout the member lifecycle to improve service and performance.</p>
Applications	<p>Take advantage of our full range of applications to shop, enroll, pay, check claim status, find a doctor or pharmacy, get membership cards and more.</p>
Efficiency platform	<p>Get an end-to-end solution for business process management with a three-layer process for service delivery and transformation that:</p> <ul style="list-style-type: none"> <li>• Sets the stage with workflow, knowledge management and client collaboration tools</li> <li>• Provides dashboards and robotics</li> <li>• Provides inputs and access to processes</li> </ul>

Proactively detect fraudulent claims with proven toolsets for screening, scoring and coordinating benefits so you can improve payment integrity and boost revenue recoveries.



Capture more revenue and automate benefit coordination with proven screening, scoring and insightful analytics to reduce fraud before it happens.

### Why NTT DATA?

- More than 50 insurance organizations served, with support for 65 million policyholders
- More than 14,000 healthcare associates and more than 6,000 healthcare health plan associates globally
- More than 100 million claims processed annually, with 99% of claims processed within the service-level agreement
- More than 1.3 million enrollments per annum, with 98% of changes processed within 48 hours
- More than 11 million calls handled annually, and approximately 310,000 items audited each year

Visit [nttdataservices.com](http://nttdataservices.com) to learn more.

NTT DATA partners with clients to navigate the modern complexities of business and technology, delivering the insights, solutions and outcomes that matter most. We're a top 10 global IT services and consulting provider that wraps deep industry expertise around a comprehensive portfolio of infrastructure, applications and business process services.