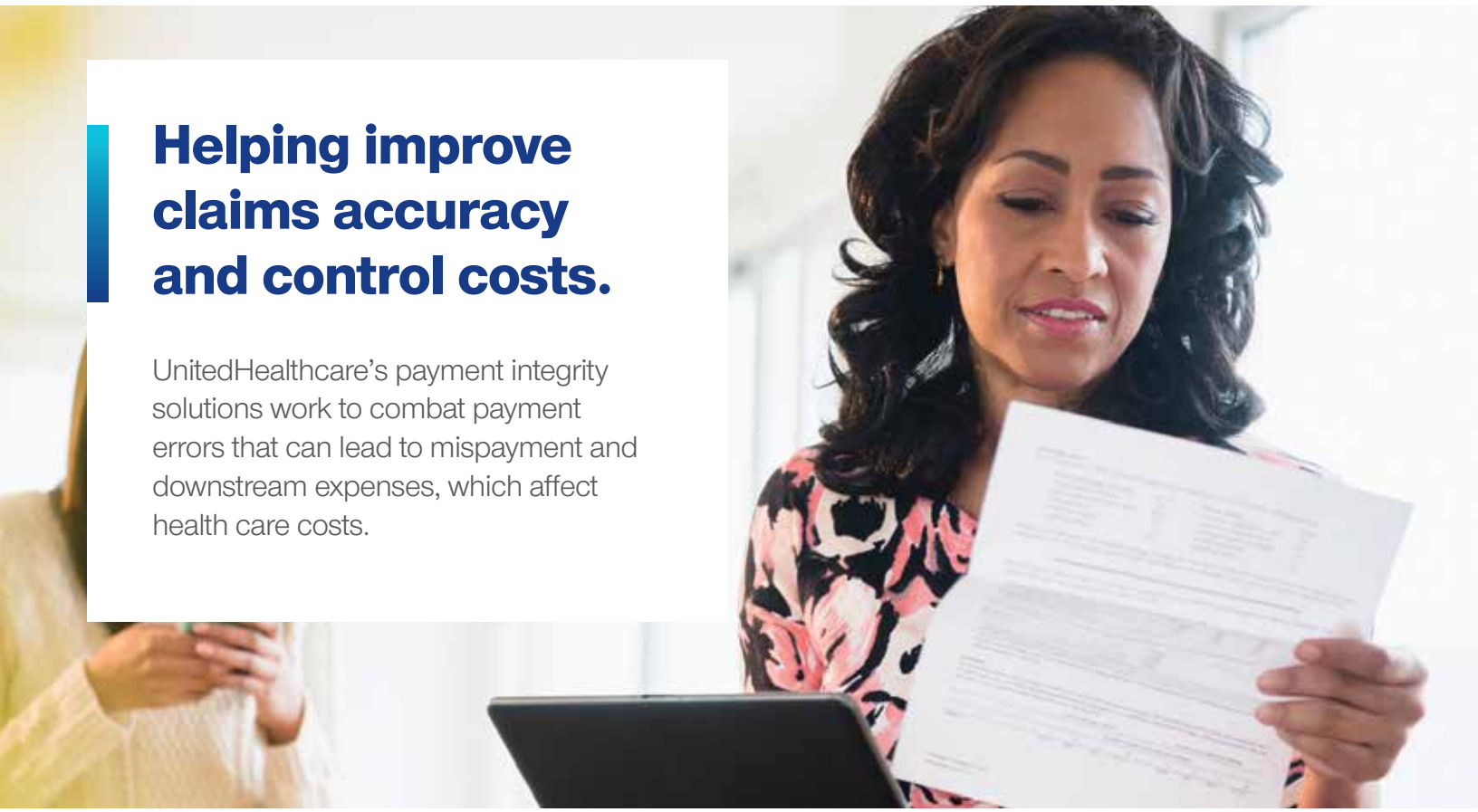

Helping improve claims accuracy and control costs.

UnitedHealthcare's payment integrity solutions work to combat payment errors that can lead to mispayment and downstream expenses, which affect health care costs.

Payment integrity is the process of ensuring a health claim is paid:

- By the responsible party for eligible members.
- According to contractual terms and policy.
- Not in duplicate or error.
- Free of fraud and abuse.

Effective programs and methods that can deliver results.

Claim Paid

Pre-adjudication

Payment Policy
Average savings: $10.18 PMPM

COB Investigations | Average savings: $4.91 PMPM

Pre-payment

UPDATED **Enhanced Fraud and Abuse and Hospital Bill Audit**
Average savings: $12.01 PMPM

Claims Tracking and Validation: CTV Audit
Average savings: $0.42 PMPM

Focused Claims Review
Average savings: $0.67 PMPM

Pre-pay Subrogation ICC
Average savings: $0.71 PMPM

Recovery

Credit Balance Recovery Program
Average savings: $0.32 PMPM

Post-pay Subrogation
Average savings: $1.74 PMPM

Advanced Analytics and Recovery Services
Average savings: $0.72 PMPM

Embedded
Optional Buy-up

CONTINUED

The need for payment integrity.

It's estimated that **one-third** of the **$3.2 trillion** spent on U.S. health care in 2015 was either fraudulent, waste and error or abusive.[1]

Positive financial impact.

Our payment integrity solutions total per member per month (PMPM) gross savings from all programs:

$31.68[2]

UnitedHealthcare®

Delivering an end-to-end solution.

We help ensure that providers are paid accurately while guarding against potential error, fraud and abuse. Our comprehensive program reviews network and out-of-network claims to help:

- Drive pre-payment accuracy and auto-adjudication.
- Identify, prevent and recover overpaid claims.
- Improve provider relationships with first-time claim payment accuracy and transparency.

Covering all 3 phases of the claim cycle.

1 Pre-adjudication

- **Payment policy:** Ensuring accurate payment **before** a claim processes.
- **Coordination of benefits investigations:** Verifying correct primary eligibility for members **before** we pay a claim.

2 Pre-payment

- **Enhanced fraud and abuse and hospital bill audit:** Pre- and post-payment review based on provider and facility-based audits. Plus, review of suspicious claims using algorithmic pattern combinations, artificial health care intelligence and manual clinical review of medical records.
- **Coordination of benefits investigations**
- **Claims tracking and validation audit:** New technology targeting billing errors between $10K and $250K for auditors to manually review.
- **Focused claims review:** Catching inaccuracies through targeted reviews by our specialty aligned, board certified physicians.
- **Pre-pay subrogation injury coverage coordination:** Investigating potential accident claims prior to payment.

3 Recovery

- **Enhanced fraud and abuse and hospital bill audit**
- **Credit balance recovery program:** Retrospective recovery service helping facilities research and resolve overpaid claims.
- **Post-pay subrogation:** Recovering benefits paid for a health plan member or dependent for an accident or injury where a third party is responsible.
- **Advanced analytics and recovery services:** Post-pay primary eligibility analytics identifying, investigating and recovering inaccurate claims.

Improving accuracy, integrity and affordability.

UnitedHealthcare's thorough payment integrity solutions allow us to:

- Establish 1 comprehensive payment program.
- Ensure compliance with legal policies.
- Ensure timely and accurate payment.

For more information: Contact your UnitedHealthcare representative to learn more or ask for a quote.

[1] Institute of Medicine of the National Academies, 2016. [2] Based on 2018 UnitedHealthcare ASO data analysis.