



Virtual Examiner® Retains, Recovers and Protects Fund Contribution Dollars.

- **Detect Fraud and Abuse with Virtual Examiner**

- Monitors the internal claims process of an organization to maximize financial recoveries
- Allows healthcare organizations to enhance their current claims adjudication system with more than 33 million claims edits per claim
- Monitors an organization's internal claims process to identify unclean claims and reduce payment for improper or erroneous coding

- **Contain Costs**

- Evaluates claims for fraudulent and abusive billing practices
- Identifies claims that may involve third-party liability/coordination of benefits, case management opportunities, physician billing education and many other cost recovery reports

- **Process Up to 125,000 Claims Per Hour**

- Exponentially increases efficiencies over reviewing claims manually
- Reduces the need to maintain massive claims and administrative staffs

- **Comply with Today's Standards**

- Developed using commercially available coding rules, the latest clinical guidelines and the expertise of clinicians, claims examiners and contract negotiators
- Affords flexibility to comply with frequent business and legislative changes

- **Incorporate Seamlessly**

- Installs in one to two hours
- Fully integrates into existing systems
- Runs seamlessly on Windows formats
- Uses a SQL interface so users do not have to change their data input procedures

Advancing Profitability for Healthcare

- > **Proven Return on Investment.**
- > **Enhanced Operational Efficiency.**
- > **Unlimited Administrative Flexibility.**

Our user-friendly, scalable solutions increase profitability and improve operational efficiency for payer and provider organizations nationwide by protecting against fraud and abuse. We have dedicated ourselves to creating product solutions that reduce the cost of healthcare.

- Improve operational efficiency and profitability
- Reduce the amount of internal resources dedicated to administrative functions and manual claims review
- Adhere to complex and ever-changing clinical guidelines
- Easily implement solutions without staff interruption
- Save employees from having to learn complex and cumbersome software systems

Our comprehensive suite of software tools automate cost containment through more accurate and efficient claims adjudication for

- National health insurance plans
- Regional health insurance plans
- Independent physician associations
- Third-party administrators

The software has identified savings of up to 15 percent in professional costs on each A/P check run before the payment of claims have been made – retaining thousands of premium dollars annually for clients.
