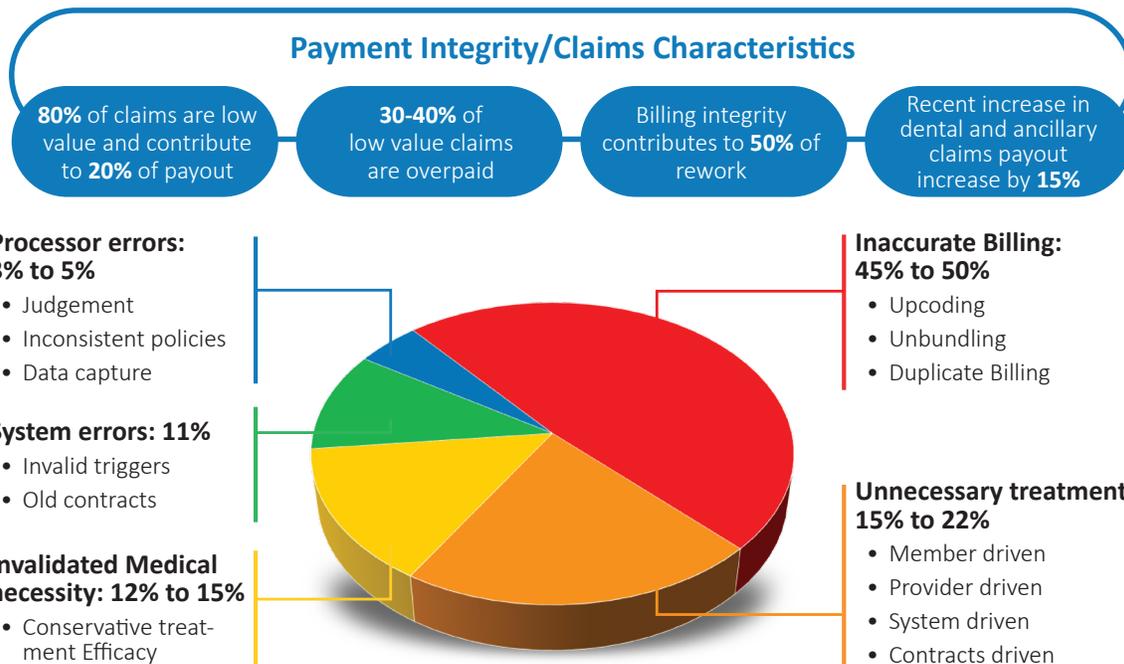


Reengineering and Innovating to Drive Dramatic Savings with HGS Payment Integrity

Today's insurers are finding significant cost-containment by addressing pre- and post-pay deficiencies as part of the claims adjudication process. In fact, globally, the healthcare fraud detection market is projected to grow at a CAGR of 28.9% over the forecast period 2017 to 2023. According to IDC Health Insights survey data, a large proportion of buyers of these solutions reported that they increased spending for these solutions in 2015. In the next several years, many payers will continue to enhance their overall FWA defensive capabilities.

To focus on these growing areas of opportunity, HGS leverages our process, analytics, and industry expertise as well as our 2,000 nurses and 400 coders to accelerate adjudication, enhance payment integrity, and improve payment recovery. As a client partner of **5 of the top 10 U.S. healthcare payers**, multi-state health systems, and large provider groups, HGS brings transformational care management to critical areas.



Payment Integrity Results: Client Proof Points

Proof Point One

For one major healthcare insurer, HGS provides 2,000+ agents to engage in both pre-pay and post-pay audits to identify savings opportunities. The process includes writing queries, targeting claims savings, auditing claims, and following up with providers to cash posting. HGS has helped drive nearly **\$900 million in underpayment/overpayment savings**, in just one year.

Proof Point Two

A leading global insurer and client of HGS's since 2006 was found to be overpaying claims by 25% compared to their peers. We put together a cost-containment solution, using registered nurses and coders, to **help save more than \$70 million**.

Today a 225-plus member team, including 50 RNs and 70 coders provide services to our client from our offshore service delivery location.

Solution Overview

HGS's Health Insurance Centre of Excellence has achieved dramatic results for payers through an analytics-led pre-pay and post-pay solutions, using a blend of:

- Coding and billing practice reviews
- Clinical and medical appropriateness reviews
- Contractual reviews
- Recovery services
- Validation of provider info

With our targeted and customized solutions, we have identified recoverable savings of over \$1.06 billion for two major U.S. payer clients.

HGS Pre- and Post-Pay Solution for Cost Containment and Payment Integrity

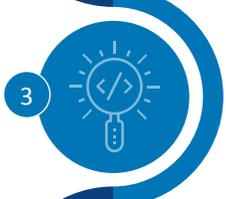


Analytics led by industry expertise and robust data querying, with:

- Retrospective and predictive models of overpayment
 - Data summarization univariate, cross-tabs, and BI/ multi-variate analysis, using AI and NLP technology
 - High-end analytics, such as clustering, segmentation, profiling, and trend analysis
 - Clinical hypothesis testing and benchmarking across top categories of overutilization and claims leakage from wasteful billing and coding practices



Accurate Claims Payment Solutions: HGS leverages our holistic claims lifecycle expertise, by employing downstream learnings to create upstream efficiencies and improve accuracy. We employ more stringent auto-adjudication rules and triggers and multidisciplinary resources, who assist with building a holistic approach to drive efficiencies across the pre- and post-pay process.



Coding Solutions: Address the data integrity issues through a robust data mapping against certified professional coder (CPC) and diagnostic related groups (DRG) and other nationally accepted coding standards. CPC and DRG coders help improve input codes against commonly seen wasteful practices, such as upcoding and unbundling of codes, unnecessary use of modifiers to get higher reimbursement, and higher level of DRG and revenue coding.



Clinical review: According to research, more than 30% of claims have a potential for overutilization. Our nurses, physical therapists, and physicians help create rules and flag trends in over utilization of medical, pharmacological, and surgical treatment through medical records review against evidence-based practices and clients contracts.

About HGS

A global leader in business process management (BPM) and optimizing the customer experience lifecycle, HGS is helping make its clients more competitive every day. HGS combines technology-powered services in automation, analytics and digital with domain expertise focusing on back office processing, contact centers and HRO solutions to deliver transformational impact to clients. Part of the multi-billion dollar conglomerate Hinduja Group, HGS takes a true “globally local” approach, with over 44,854 employees across 75 delivery centers in seven countries making a difference to some of the world’s leading brands across nine key verticals. For the year ended 31st March 2018, HGS had revenues of Rs. 38,494 million (US\$ 597 million).

Visit www.teamhgs.com to learn how HGS can help make your business more competitive.

Contact us at:

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