



Pre & Post-Payment Integrity

To Protect Healthcare Plans and Their Members

ClaimInformatics is a payment integrity vendor specializing in accurate claims analysis and revenue recovery – saving plans and members 5-25% of their healthcare spend.

Through proprietary software and program technology, ClaimInformatics can identify overbilling errors, track improper payments and error codes, and uncover medical fraud, waste and abuse. **This HIPPA Compliant system provides new levels of accuracy and transparency for improved payment integrity in a process which incorporates end-to-end solutions with corrective action plans.**

Our State-Of-The-Art ClaimIntelligence™ Platform is Unparalleled



100% of Claims

Whereas other payment integrity firms look at only a small targeted set of data, we review every claim that the plan has paid or might pay. There are no cracks to fall through.



Continuous Improvement

We are continuously supplementing and refining our hundreds of proprietary algorithms, which have allowed us to catch errors at a rate five times the industry average.



Episode of Care Logic

With incredible accuracy, our exclusive Episode of Care Logic™ acts as a detective to identify claims where the wrong service code was billed.

Why We Stand Apart...



Our Platform

Our sophisticated coding and data mining capabilities use a fully integrated rules engine to capture all national coding and payment guidelines applicable for state, federal, and private health plans. Our embedded Episode of Care logic transcends standard audit checks.



Our Independence

Healthcare is fraught with conflicts of interest, like "payment integrity" providers being owned by the insurance companies they're supposed to monitor. ClaimInformatics is different; we are fully independent. We do not work with insurers, so our sole allegiance is to plans and their members.



Our Focus On The Members

The plans who hire ClaimInformatics are beholden to their members, and we share that commitment. While our post-payment solution returns money to the plan, we are the only firm that identifies and reports member overpayments. We give our clients real monetary wins they can bring home to their members.

Our data mining ability detects Fraud Waste & Abuse!

