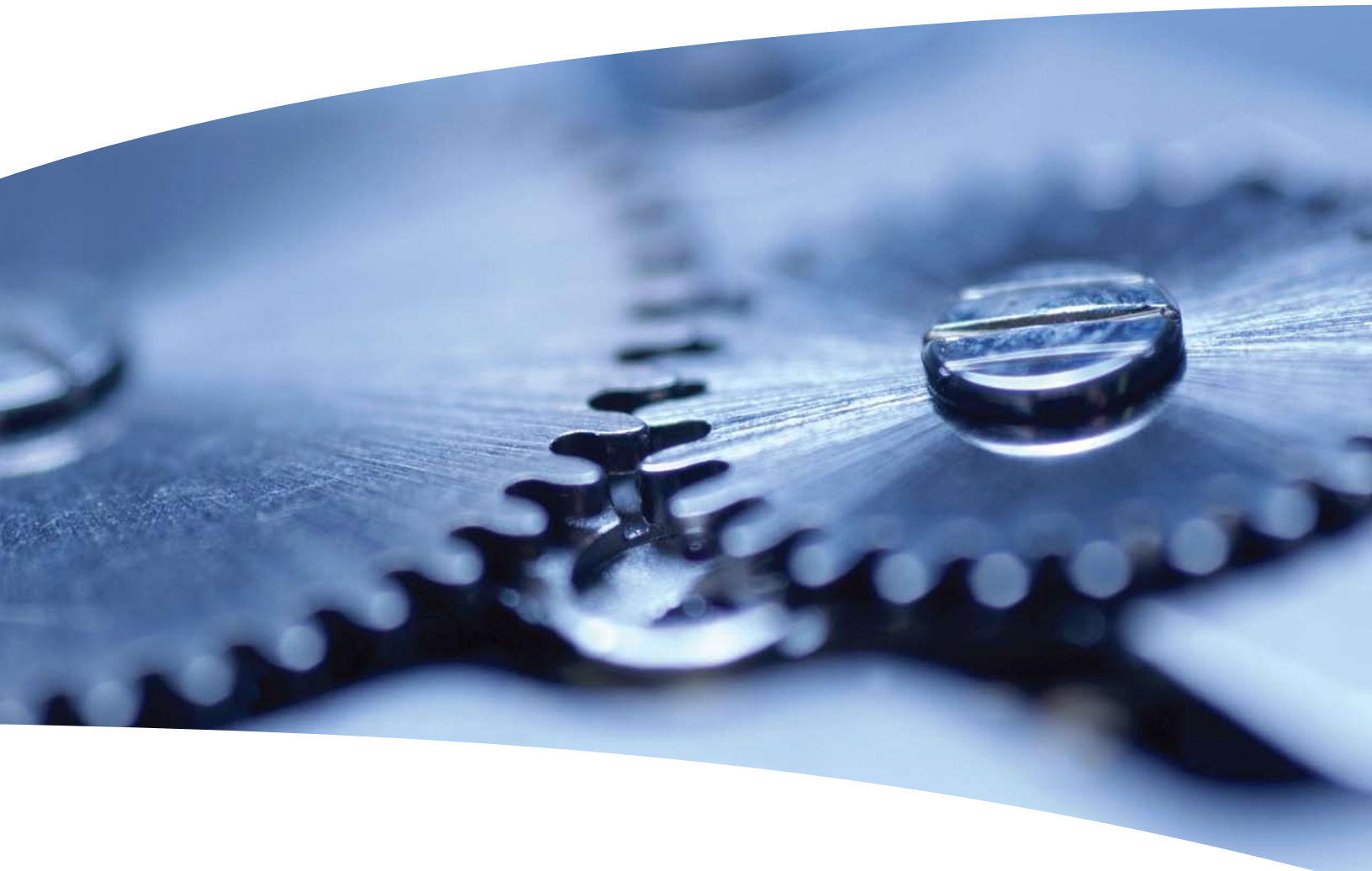


LexisNexis® Claims Decisions

Complete Claims Lifecycle Administration



Control, understanding, verification and
enterprise integration of claims activity.



LexisNexis® Claims Decisions

Complete Claims Lifecycle Administration

Manage Every Aspect of The Claims Lifecycle for Improved Outcomes

The amount of activity demanded by even the simplest claim can be staggering. From your internal workflow, auditing, and communications with the insured, to external adjusters, third parties, attorneys, healthcare systems and regulators, you need consistent, appropriate, integrated communications and decision-making. You need LexisNexis® Claims Decisions, a browser-based, complete claims administration system that improves claim outcomes for insurance companies, third party administrators and self-insured plans.

You pay the claims you should, when you should. And you identify questionable claims, decreasing loss adjustment expenses, cycle times and claim leakage. This totally integrated, proven and maintained system lets you define the claims processing for new products and programs quickly and easily—so you get to market faster. Simply supply the parameters and Claims Decisions does the rest. It's the complete package for claims peace of mind.

Key Touchpoints, Completely Integrated

Every claim creates a host of interested parties. Claims Decisions integrates and organizes them, seamlessly, consistently and in real time. The right information gets to the right people at the right time, so your adjusters can focus on the claims that need attention.

Your customer call centers and self-service systems are equipped with the tools and techniques to intake complete claims information the first time and every time. So you begin the claims process better informed.

Then Claims Decisions integrates that information with all your internal systems, from sales and service to compliance and audit. Claims Decisions also manages information access and collection from external parties, such as adjusters, auditors, attorneys, healthcare systems, regulators and law enforcement.

Everything From Claims Input to Final Disposition

Claims Decisions' integrated design helps adjudicate and communicate every step of the claims process:

- Initial claims input
- End-to-end workflow
- ACORD information
- Coverage verification
- Diary and note system
- Adjuster integration
- Rules-based claim routing
- Medical bill review
- Medical case management
- Real-time reporting
- Litigation management
- Auditing
- Regulatory compliance
- Rapid time to market for new products

Intakes Without Mistakes—The All-Important First Steps

A loss-reporting module helps you get the right information from the very beginning of the claims process, minimizing intake-to-response time. Integrated with your call center, Internet self service, transcription from paper/faxed notice of loss or any other input scenario, the system's automated interviews prompt the user to deliver all the information you need.

Keeping the ultimate disposition in mind, the First Notice of Loss module requests information based on data required by ACORD, statute, or based on insurer-defined rules. It makes referrals to underwriting as appropriate, based on underwriting-alert rules that you define. Then, the system integrates policy data for immediate coverage verification and delivers statutory reporting via EDI, email or print-to-mail to meet individual state requirements. Finally, the module can automatically set initial reserves based on your specifications, completing the intake process.

Medical Case Management for Appropriate Treatment Plans

Claims Decisions' Medical Case Management module streamlines the process for returning injured workers to health and productivity. It helps nurse case managers establish appropriate treatment plans with medical providers and helps manage claims to agreed plans.

The system is designed to collect as much detail as needed, integrating with American Medical Association's ICD9 and CPT codes to appropriately manage a patient's care. By creating episodes of treatment, as many treatment plans as necessary can be associated to track a patient's progress. Claims Decisions' open architecture enables you to integrate proprietary or industry-standard protocols to create best practice guidelines for your users. While tracking a patient's progress you have the ability to monitor the savings associated with authorized versus requested treatment procedures. You can also monitor the integrated medical bill adjudication process.

Reporting That Keeps You on Track and Enables Decisions

Claims Decisions is integrated with another LexisNexis product—LexisNexis® Reporting Decisions. Reporting Decisions provides an executive dashboard of claims

activity and serves as your repository for financial, operational, profitability and customer data. The system has built-in analysis and reporting tools, providing real-time query responses on demand and flexible data distribution. A dimensional framework enables standard and ad hoc policy, claims, reinsurance and billing reports. For maximum flexibility, you can generate reports in multiple formats, including Excel, PDF, Word, XML and others.

Single-Source Accuracy and Complete History for Litigation Management

The Litigation Management module tracks litigation activities at the claim or claimant level—you always have a clear record for decision making and decision justification. Litigation Management records settlement estimates and offers, legal parties, dates of service, docket numbers, hearing, trial and judgment dates. It identifies courts and additional parties to a legal action and retains the names of judges, attorneys, witnesses and mediators.

It easily integrates with other systems to streamline and better manage:

- Subrogation and salvage
- Legal bill review
- Background reports
 - Police/accident reports
 - Criminal histories
 - Automobile histories
- Fraud detection
- Geo-coding and visualization
- Special Investigation Unit (SIU) services
- Centralized data, record-keeping and reporting
- Documents and workflow

Claims Administration for Fair, Timely Outcomes

How you manage and pay claims says a lot about you as a company. You need to meet your obligations in a timely, prudent manner. But you also need to protect yourself. Claims Decisions covers you on both fronts. You get the information and due diligence you need to resolve claims confidently, accurately and fairly. That's the best way to meet your obligations to your insured, your employees and your shareholders.

Claims Decisions in Action:

From the Routine to the Exceptional, Claims Decisions Delivers Better Claims Outcomes

Insurers rely on Claims Decisions as more than a record-keeping tool. The system streamlines the claims process, while better managing payments and adjustments at the same time. In a typical day, here are some of the many ways Claims Decisions can contribute to improved claims outcomes:

- Integrate background reports, police accident reports, criminal histories, automobile histories and more directly into your workflow.
- Integrate with fraud scoring and management tools, like LexisNexis® FraudFocus™, to predict and detect fraud even at FNOL. You can get scoring updates based on additional information received, and alert adjusters when needed.
- Tap into the same Special Investigation Unit services used by law enforcement in more than 100 countries.
- Customize multi-layered security to reflect organizational security structure and enable granular control of authority.

- Create complete documentation with a diary and note system that enables you to communicate efficiently with other users of the LexisNexis suite of insurance software products.
- Uses flexible architecture to simplify data exchange with supply-chain partners.
- Minimizes data entry and inefficiencies with integrated claim indexing.
- Employs integrated email and fax capability for flexible distribution of documents and claims.

For More Information

Call 866.476.2606 or email insurancesoftware@lexisnexis.com.

About LexisNexis®

LexisNexis® is a leading global provider of content-enabled workflow solutions designed specifically for professionals in the legal, risk management, corporate, government, law enforcement, accounting, and academic markets. LexisNexis originally pioneered online information with its Lexis® and Nexis® services. A member of Reed Elsevier, LexisNexis serves customers in more than 100 countries with more than 18,000 employees worldwide.

About LexisNexis® Risk Solutions

LexisNexis® Risk Solutions is the leader in providing essential information that helps advance industry and society. Building on the legacy of proven LexisNexis® services from the past 30 years, our cutting-edge technology, unique data and advanced scoring analytics provide total solutions that address evolving client needs in the risk sector while upholding high standards of security and privacy. LexisNexis Risk Solutions serves commercial organizations and government agencies and is comprised of several affiliated corporations, each offering premier customer-focused solutions. For more information, visit lexisnexis.com/risk.

