

A Distinctly Different Breed of

Claims Editing and Analytics



Bloodhound
TECHNOLOGIES™

Setting The New Standard In Claims Editing And Analytics

The **End** of “Business as Usual”

As a healthcare payer, you operate in an environment characterized by high claim volume, fast-changing rules and strict regulatory requirements. The challenges you face in this environment – cost pressures, provider relations, workflow, compliance issues – are compounded by competition constantly encroaching on your business.

Today, you need partners that are cost effective, open and flexible. Not suppliers of over-priced, hard-to-install legacy systems that fail to keep current with new technologies and policy changes. Long implementations and inflexible systems that cannot accommodate variations in reimbursement policies are yesterday’s models. You need a vendor with today’s technology to work for you; a vendor who is intimately familiar with their technology because they developed it.

Enter Bloodhound Technologies, a dynamic healthcare technology firm, with a unique patent-pending claims editing and analytics service. Our sole focus is on claims editing and analytics, our service is flexible and

responsive, our technology incomparable in the marketplace. Offered in an ASP mode and based on open-sourced edits, we employ the latest in Service Oriented Architecture (SOA) and the most advance algorithms and duplicate logic on the market to provide clients with unsurpassed speed, results, and flexibility. Advantages that yesterday’s systems cannot match.

Think about it – editing claims pre-adjudication so that your system only touches ‘clean’ claims. Open-sourced edits and front-end tools for improved provider relations. More savings. Increased auto-adjudication rates. Better provider relations.

Payer Challenges	Bloodhound Solution
Claims Overpayment	The most advanced algorithms and duplicate logic on the market; ability to edit across total patient history
Provider Relations	Open-sourced edits, open access to information; a “Common Ground” approach
Low Adjudication Rates – large number of ‘pending’ claims	Complete customization of payer reimbursement policy and the ability to edit claims pre-adjudication mean less claims pend
High Implementation Costs	ASP solution, no software to install or hardware to purchase
Slow and Costly System Updates	Bloodhound updates and maintains all edits so that they are in the system as of their effective date

The Bloodhound Promise: A New Standard

Significant Savings...

Our patent-pending system uses the most advanced algorithms and duplicate logic on the market to find savings other systems cannot match. And our service model reduces our client's internal costs beyond editing. Most clients point to multiple streams of savings when working with Bloodhound, from editing to higher adjudication rates, to reduced IT costs.

In Real-Time...

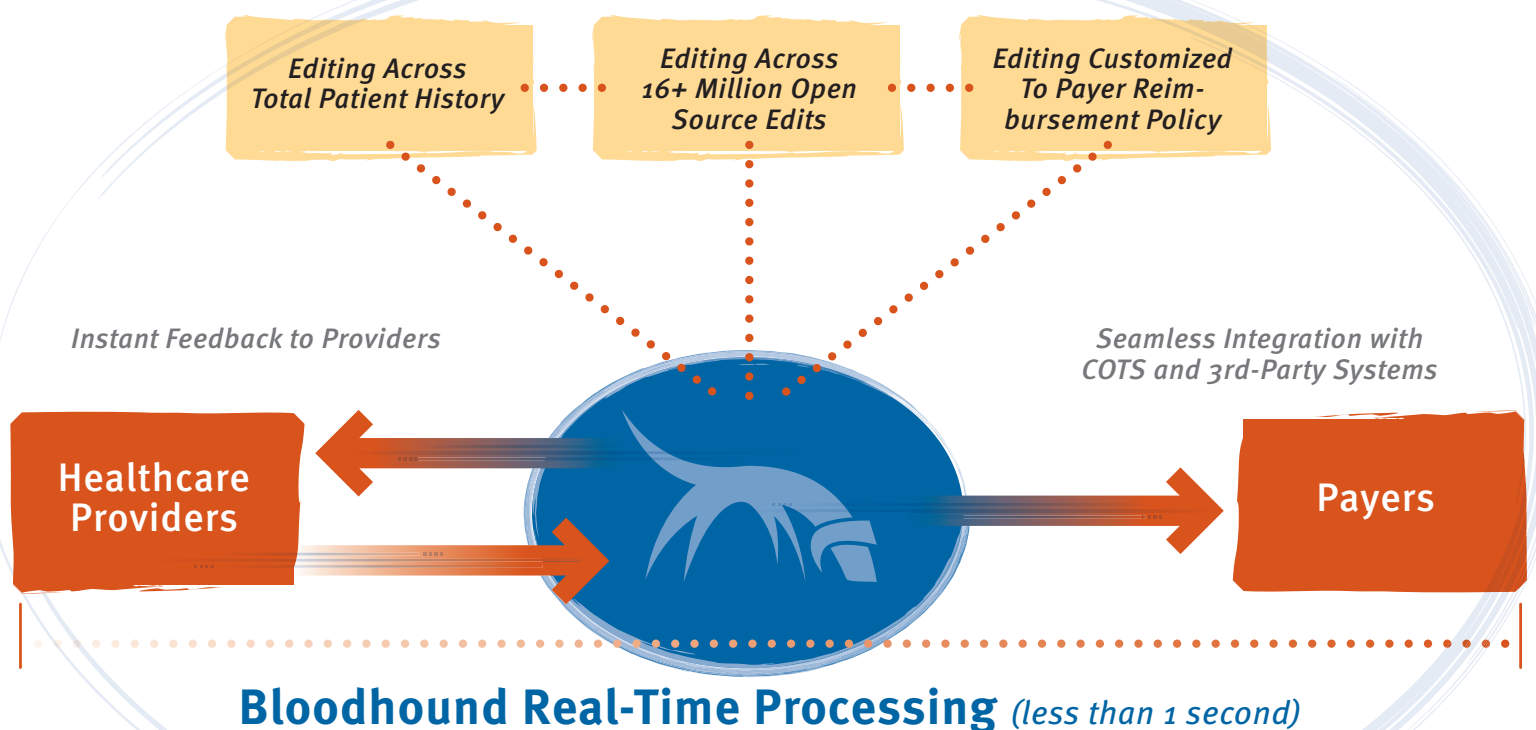
While other companies make claims about real-time processing, Bloodhound's technology defines a new standard. In 350 milliseconds or less our system analyzes a claim across 16 million edits (and growing!) and the patient's total history. Flexible integration capabilities allow this

Bloodhound's system has been run after every editing system available. The result: Additional and verifiable savings found each and every time.

remarkable service to work with any system or partner and be placed at any point in the claims cycle, from pre-adjudication to post. Bloodhound can also efficiently process claims in batch mode. And data is always tightly secured through authentication services and layered architecture. While our competitors make promises of real-time, Bloodhound is busy implementing the new standard of real-time in today's marketplace.

With Full Transparency...

At Bloodhound, we believe that open communication between providers and payers will become the go-forward standard, replacing the proprietary approaches of the past. And it's the reason we believe so strongly in solving problems **before** they enter the system – in the mutually beneficial “common ground.” All of our rules are based on nationally recognized coding standards like CMS and AMA, and we provide web tools that allow payer staff and their providers to view the source author, detail, and text for each edit message.



in Claims Payment

Customized for Your Business...

Just as important as the amount of edits and their sources, the ability to customize edits is crucial. Some editing software can only be configured to turn a particular edit on or off. Bloodhound believes that payers should not be forced to choose between auto-adjudication and proper payment to their providers. So, we designed our system to be infinitely customizable.

Our unique software architecture can be customized to exactly codify reimbursement policies and exceptions as they occur across lines of business, geography, and providers. And, customizing the system is our responsibility not our clients. This complete customization results in increased auto-adjudication rates as fewer claims pend for manual review. Why should a payer have to choose between lost savings or pending a claim for manual review, when an alternative solution exists?



For a Complete Customer Solution...

At Bloodhound, we believe that our ASP model requires that we prove ourselves everyday. Our clients find that a Bloodhound relationship starts – not ends – at contract signing, and that they enjoy an unparalleled level of service. A dedicated account team ensures that our system is customized and implemented according to plan. The team then continues with post go-live support that includes in-depth standard and ad-hoc reporting, clinical support for provider appeals, and consultative reviews of claims data to determine ROI and recommend best practices.

Web-based Tools for Payer Staff *and* Providers For Online Claims Correction and Improved Analytics

Bloodhound TECHNOLOGIES™

- Home
- Defense Library
- Claims
- Reports
- Web Thought
- MedRegs™
- Tools

Help Me! Support Logout

SEARCH BY BATCH
SEARCH BY CLAIM
CLAIMS NEEDING REVIEW

CLAIMS NEEDING REVIEW

Payer	Batch	Status
BH0000	All	All

Claims

Batch	Claim Number
03/31/2006 (1)	CLAIM-101
06/05/2006 (552)	
06/05/2006 (587)	

Submit Reviews

Firing Details

Firing Id	Module	Rule Id	Firing Order	Firing Disposition	Savings
207887	RE	422451	1	Active	\$190.00

Edit Message: MORE THAN ONE 95903 WAS BILLED ON THE SAME DATE AND APPEARS TO BE A DUPLICATE BILLING FOR SERVICE, SO THE DUPLICATE 95903 IS ELIMINATED.

Rule History: First Fired: 06/07/2004 # Firings: 156 # Accepted: 154 (98.7%)

INPUTS

Claim	Line	CG Line	Procedure	Modifiers	Analyzed Units	Creation Source
CLAIM-101	01	1	95903	None	1	Submitted

Defenses

DEFENSES FOR RULE 207887

Defense ID	Defense Level	Rank	Author	Location	Effective Date	Expiration Date
148247	CCE Rule	1	AMA	CPT Assistant	08/01/1991	12/31/9999

The descriptor language, "(Report 95900, 95903, and/or 95904 only once when multiple sites on the same nerve are stimulated or recorded)" clarifies that testing of a single nerve in any of these nerve conduction studies includes all different stimulation sites along the individual motor, sensory, or mixed nerves that are tested. To qualify as a study of two or more branches of a given motor, sensory, or mixed nerve, both the stimulating and recording electrodes must be involved to different locations; in which case, it is appropriate to bill for multiple units of codes 95900-95904. Modifier -59, Distinct procedural service, should be appended to indicate separate and distinct procedures were provided to the same patient on the same date of service.

Leading Through Innovation

Speed or ease. In the past, payers were offered that ‘either or’ choice. Installed systems offered speed but with lengthy, costly implementations and ongoing maintenance. ASP solutions offered implementation and maintenance ease, but at the expense of quick processing. Rejecting the ‘either or’ approach, Bloodhound is committed to offering the best of both worlds. Our service offers the real-time performance of an installed model with the ease of an ASP model.

A Service Oriented Architecture (SOA) approach makes Bloodhound easy to integrate with existing systems and our use of enterprise Java and Web Services makes connections with payer and third-party systems seamless. So, Bloodhound’s service can be up and running in as little as 60 days with no hardware costs or ongoing IT support required. *And Bloodhound’s solution can be placed **anywhere** in the claims processing cycle including pre-adjudication.*

And speed? Bloodhound’s system can process a claim against our library of millions of edits and total patient history in sub-second time – that’s 350 milliseconds or less per claim. This patent-pending technology redefines “real-time” processing for the healthcare industry.

Another advantage to working with Bloodhound – clinical maintenance is our responsibility, not yours. Our clinical team constantly monitors the relevant standards organizations to make sure that all edit updates and changes are in our system on their effective date.

Working with Bloodhound provides a significant cost avoidance opportunity for you around internal IT and clinical maintenance support. No coordination with IT required. No need to worry about entering changes into systems. No extra time, resources, or money required.

Security

With HIPAA, data security has a whole new dimension. At Bloodhound, our authentication services are administered through a Single Sign On (SSO) paradigm, while our internal architecture leverages industry-standard conventions such as Secure Socket Layer (SSL), Secure Shell (SSH) and Secure File Transfer Protocol (SFTP). We also use certificate-based, 128-bit or higher SSL encryption to ensure data security, and layered architecture to completely isolate clients from one another.



Tracking Down Solutions, Turning Up Savings, Defining Real-Time

Bloodhound Technologies is an entrepreneurial technology company developing market-leading solutions for problems in editing and analyzing claims data. Innovative and agile, our solutions benefit all participants in the claims revenue cycle. We are the first-ever company to offer real-time

processing in an ASP mode. This powerful new technology is the foundation of our broader focus to develop open, collaborative relationships between payers and providers to perfect claims *before* processing and payment.

Bloodhound Efficiencies Drive:

- Higher savings due to:
 - » most advanced algorithms and duplicate logic
 - » ability to edit across total patient history
- Increased auto-adjudication rates as fewer claims pend
- Improved provider relations because of:
 - » transparent, open-sourced edits
 - » online access to edit sources for claims correction
- Lower operating costs and transparent pricing as:
 - » ASP model requires no hardware to buy, and no maintenance fees or other 'hidden' costs
- Visibility into provider contracts, billing and utilization trends
- Flexibility to interface Bloodhound's service with any existing system:
 - » at any point in the claims cycle — before, during, or after adjudication



Improve Your Bottom Line

Bloodhound clients benefit from improved bottom lines, streamlined operations and enhanced competitive advantages. Not only do our clients experience an immediate financial return on their investment, they also find themselves better positioned for future business opportunities. This is because the effects of improved claim quality are manifested in several ways: higher savings in claim payments; lower labor costs in claims handling; an increased ability to forecast through trend tracking and utilization; and decreased hardware and maintenance costs.

Thanks to a unique focus on the *common ground*, Bloodhound has created an area of mutual benefit for payers and providers that can only be taken advantage of through the application of our sophisticated ASP-based technology. Discover why Bloodhound's accessible, affordable solutions are leading today's pack of claims analytics.

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