

# Navigate Your Claims with ClaimMap!



Founded in 2015

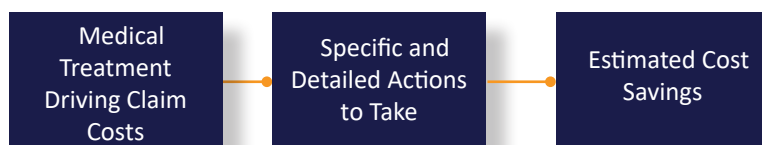
ClaimMAP (Claim Management Action Plan) can transform how you navigate the claim process. Care Bridge International leaned in to understanding your needs and developed ClaimMAP, an easy to use, accurate and reliable tool for claims professionals. Through customer journey mapping and the use of our proprietary Bridge-IT platform, ClaimMAP identifies specific, targeted actions to be taken immediately to gain pro-active, immediate results to optimize claim outcomes and mitigates costs.

## Award-Winning Solutions

The company is a Business Insurance 2018 Innovation Award winner, recognized for innovative products and services designed for professional risk managers. The winners were selected by an independent panel of risk managers.

## What ClaimMap Does

In a straightforward report format, ClaimMAP concisely pinpoints the:



A few significant actions include identifying the:

- Brand to generic conversion of prescription drugs,
- Probability surgical procedures given claimant's medical condition,
- Statistically validated proper utilization of care and procedures.

## Advantages ClaimMap Provides

- Care Bridge's ClaimMAP combined with our Medical Forecast or Medicare Set Aside, rapidly analyzes and delivers immediate claim savings for open claims, preparing them for successful settlement outcomes. **You will settle claims 6-8 months faster!**



## Actuarial Endorsement

The 2020 actuarial report concluded: The Care Bridge model performed well using an accepted method for evaluating the accuracy of predictive models. It also stated the model can be an advisory tool for more optimal claims adjusting.

- As senior claim professionals retire or advance to management positions, newer claim professionals need to acquire experience, expertise, and industry history. ClaimMAP removes the guesswork and time commitment to identify claim opportunities.
- ClaimMAP pairs high-tech machine learning claim analytics with high touch advanced clinical practitioners who forecast medical treatment and costs for your claim settlements, medical reserves and/or Medicare Set Asides for immediate BIG wins in claim management. **We do the heavy lifting for you!**

Processing claims that meet compliance, are cost effective and in the best interest of the claimant is always challenging - now it doesn't need to be.

Date: 01/07/2021

Claim Number: 111222333

Care Bridge Reference ID: 5675

Claim MAP Section:

Medical Cost Category	Future Care Item	Sub Category	Total Cost	Total LE Cost	LE Saving	Future Care Analysis	Action plan
Prescription Drugs	Lyrice	Brand to Generic Conversion	\$56347.49	\$1332.46	\$55015.03	A brand name drug is prescribed, but a lower cost generic equivalent is available	Request Brand to Generic Conversion from PBM/ Treating Provider
Utilization of Medical Services	Office/outpatient visit, est	Office Visits	\$14002.56	\$4667.52	\$9335.03	Service frequency is 12, but evidence based and/ or State Workers Compensation Guidelines allow 4.0. We therefore recommend action to address over-utilization of care.	The claimant is over utilizing pain management with monthly office visits. It is recommended that the claimant be limited to 4 visits per year to monitor.
Utilization of Medical Services	Therapeutic exercises	Therapy	\$11491.2	\$3830.39	\$7660.81	Service frequency is 72, but evidence based and/ or State Workers Compensation Guidelines allow 24.0. We therefore recommend action to address over-utilization of care.	It is recommended that a second opinion be sought for future physical therapy needs of the claimant.

CPT © American Medical Association. All rights reserved.

## Medicare Secondary Payer (MSP) Compliance

### Mandatory Section 111 Reporting

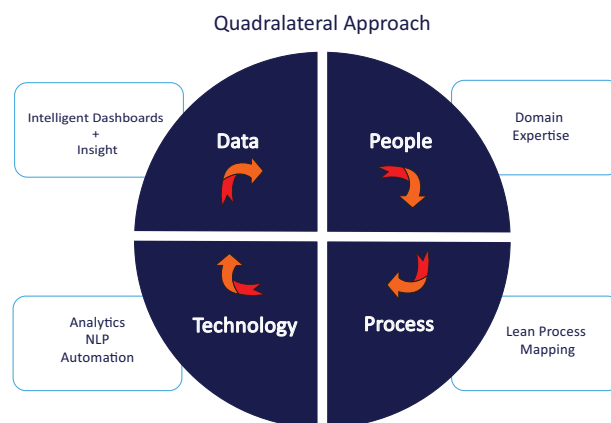
No need to see if the Provide Accurate Information Directly Act or PAID Act (S.1989/H.R. 1375) passes. Care Bridge already secures the Medicare Part D and/or Medicare Advantage Plan eligibility with the specific plan information in minutes to inform our clients immediately of these exposures whether we act as our clients MMSEA Section 111 reporting agent or not.

### Medicare Set-Asides (MSAs)

Care Bridge clinically supported and defensible MSAs are **approved at less than half the industry average**. We produce MSAs rapidly and accurately, and identify medical cost factors that help reduce the final cost of the claim.

### Conditional Payments

With an integrated approach to MSP, our clients have assurance that all steps in the process are adequately addressed to avoid penalties or interest payments. Our experts determine eligibility for Medicare and Medicare Advantage Plans instantly and negotiate appropriate Conditional Payment amounts quickly with **70% savings or more**.



## COVID-19 Medical Exposure Data Available Now!

During these unprecedented times, Care Bridge is offering its FREE Analytic-Powered COVID-19 calculator. Using state specific fee schedule pricing, the calculator provides understanding to medical costs associated with a COVID-19 diagnosis for Workers' Compensation claims.

Along with the free COVID-19 calculator, our suite of COVID-19 Services includes the ONLY machine learning medical forecasts in the marketplace. Our clinical experts deliver fast, easy and convenient results with dashboard analytics for future measuring and monitoring of your COVID-19 claims.

## Visionary Leadership



### Deborah Watkins, Founder and Chief Disruption Officer

A former CEO of the largest Medicare Secondary Payer and medical forecasting program, internationally, Deborah worked closely with the Centers for Medicare and Medicaid Services (CMS) as the first reporting agent, beta testing from 2008- 2012. Under her leadership, the company received the 2010 Oracle Titan Award and Gartner 1to1 CRM Silver Award for technology implementation of an enterprise analytics platform. In response to underwriting demands, she collaborated with the National Council on Compensation Insurance (NCCI) to produce "Medicare Set Asides and Workers' Compensation" presented at the 2014 Annual Issues Symposium and September 2014, Research Brief. She has a Masters in Healthcare Leadership (MBA/MPH) from Brown University and a (MSN) Master of Science in Nursing. Deborah is an experienced clinician and insurance executive, having spent her career managing complex medical claims for large carriers, integrating technology, and evidenced based clinical and technical processes.



### Christopher Frankland, Chief Innovation Officer

Deeply immersed in the world of InsurTech and intelligent automation, Chris focuses on innovative solutions that leverage people, process, technology and data to redefine and elevate the customer experience across the Health and Insurance domain. Customer and Digital Experience obsessed, Chris is an expert on the implementation of insurance solutions that incorporate chatbots, robotic process automation, blockchain and cognitive technology. Chris is a regular mentor with the Global Insurance Accelerator program, Hartford InsurTech Hub and OnRamp, as well as a frequent speaker at industry events, internationally. Chris holds a computer science and history degree from Brunel University London and is Six Sigma Certified.

## Experience Counts

Innovative people with a passion to deliver high-quality results have built the organization into a growing healthcare technology company to provide the highest level of service to its clients.

**205** years of clinical and claims experience

**160** years in specialized technical skills and innovation in data analytics

### Discover More

Interested in learning more about our transformational approach to claims which will enable and empower you to maximize results and achieve BIG wins for settlements? Contact us!