GET A MULTI-DIMENSIONAL VIEW OF EVERY CLAIM.

The Answers® system's interactive reporting system is fully equipped with data mining and drilldown features so analysts can isolate the claim they want, from thousands in minutes.

Equipped with rule and behavior based algorithms, Answers routinely performs effective data analysis, which cuts costs, saves time and resources.
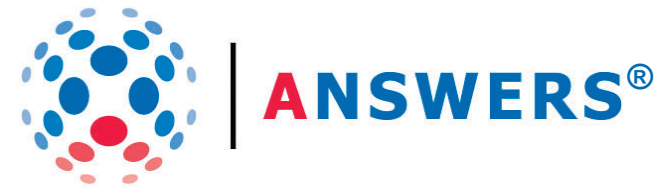
ANSWERS®

MONITOR, DETECT, ANALYZE AND PREVENT FRAUD, WASTE AND ABUSE

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www.ascellon.com/Answers

A GSA Schedule Company
ISO 9001:2008 Certified

The first line of defense to prevent and identify fraud, waste, and abuse.

* No programming required.

The Answers® suite of applications combines monitoring, data mining, and automated outlier indicators within medical records and claims, to create a multifaceted surveillance and fraud detection system.

With Answers your organization will gain access to an array of helpful, intuitive features that:

Identifies emerging risks.
Rule and behavior based algorithms with set risk thresholds are programmed into the system for effective data analysis and quick response.

Supports Utilization Reviews.
Investigators and analysts can simultaneously examine specific datasets related to diagnosis and payment patterns, medical providers, patients, and prescriptions.

Reinforces effective team work.
An easy to use report wizard helps users compile, save and share reports within fraud units, and across regions.

Encourages productivity.
Coders and analysts can review an unlimited number of medical records and claims with greater speed and accuracy.

Smart Dashboard

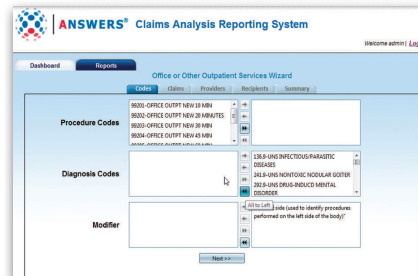Dynamic Alert System

Interactive Reports

Efficient Organization
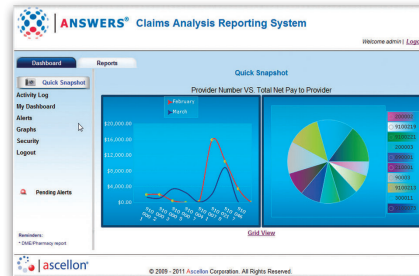
Answers provides powerful tools to healthcare agencies, insurers, analysts, and fraud investigation units in the form of a user-friendly dashboard, interactive reporting system, and red flag alert system.

Quick snapshot lets users review reports and results from automated analyses, and manage logon credentials in one convenient location.

Receive red flags as risks emerge in the form of high data spikes, and patterns of concern.

Prepare and share highly visual, in-depth reports with fraud unit members.

Sort and group data with simple drag and drop and filtering features. Helps users identify discrepancies and errors.

High tech graphs with drilldown feature permits users to simply click to dig deeper into summary data for quick analysis.