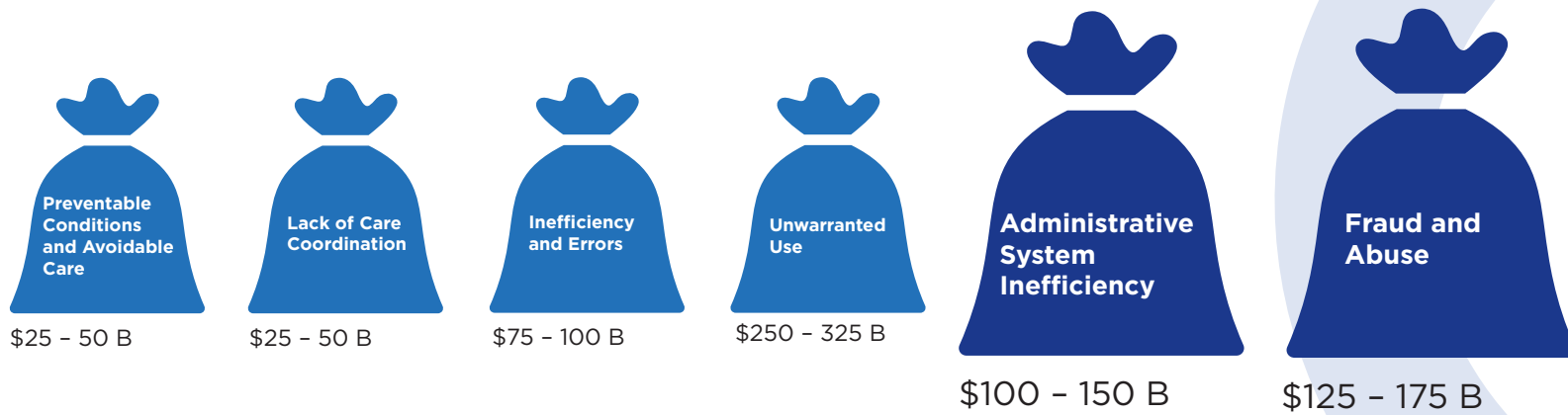


How Much Is Fraud, Waste, and Abuse Costing Us?

\$600 to \$850 BILLION ANNUALLY

That's nearly **\$9,000** per second wasted in administrative system inefficiencies, and fraud and abuse alone.



Think It Can't Happen To You?

For 150 large employers, the potential fraud detected from just 6 algorithms is \$122.6 million in one year — nearly **\$1 million per year per organization.**



\$84.3 Million
Schedule II Drugs Without Physician Care



\$18.5 Million
Multiple New Patient Office Visits; Same Provider, Same Patient



\$8 Million
Diabetic Supplies for Members Without Diabetes



\$5.3 Million
Unbundling of Psychotherapy and Drug Management Service



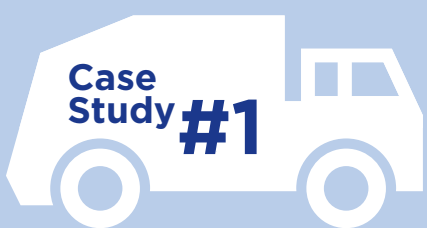
\$5.2 Million
Refills of Schedule II Drugs



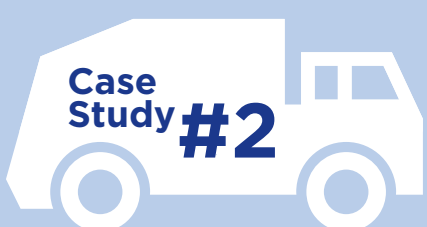
\$1.3 Million
Ambulance Trips to Nowhere

That breaks down to **\$4.93 per member per year** in unnecessary payments.

Truven Health Helps Identify, Prevent, Remove, and Recover Waste



- 70,000 employees
- 36 months of claims
- \$40 million in potential overpayments
- \$3 million in recommended recoveries
- \$15 million in potential future savings



- 150,000 employees
- 24 months of claims
- \$130 million in potential overpayments
- \$20 million in recommended recoveries
- \$50 million in potential future savings

What Can Employers Do?

- Enforce industry-standard edits and algorithms with partners
- Set expectations on helping plans identify waste
- Create new policies to avoid inappropriate payments
- (Re)Negotiate administrator contracts
- Ensure plans have aggressive Special Investigation Units and will pay back recoveries
- Establish frequent, ongoing claims review

Source: Data based on Truven Health Analytics™ research, including MarketScan® Commercial Database case studies, 2012, "Health Care Cost and Utilization Report: 2011," released September 2012