









Healthcare is prone to abuse. **We have the cure.**

Healthcare

Pondera offers a comprehensive fraud, waste, and abuse solution for healthcare providers. Healthcare fraud costs taxpayers over \$80 billion each year and results in the need for innovative yet easy to use software to stay ahead of fraudsters. Pondera's Dashboard leverages agency data combined with third-party data to deliver leads that are ranked and triaged to allow investigators to maximize their time more efficiently and to increase ROI.

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CAPABILITIES

-  **Fraud Identification**
-  **Prioritized, investigation-ready leads**
-  **Integrated third-party data sources**
-  **Investigation support from SIU**
-  **Fully-integrated Case Management**
-  **Increased ROI and Case resolution statistics**
-  **Robust ad-hoc reporting capabilities**
-  **Detailed Audit Controls**

- Provides powerful analytics on every program participant including claims details
- Integrates third party data to create 360 degree views of each beneficiary and provider
- Reveals high cost patients, unlicensed providers, outlier billing, and utilization spikes
- Generates robust reports with both granular and global detail for management and executive level oversight and action
- Complies with CMS Regulations regarding fraud, waste, and abuse oversight and reporting
- Identifies program vulnerabilities
- Explores networks and associations among providers and beneficiaries
- Automates case tracking and resolution with profile and history information from fraud detection to case management
- Supports procedures for investigating, documenting, and reporting violations
- Provides Special Investigations Unit support with in-depth investigative reports that include behavioral, link, and social network analysis

“We’ve seen a move away from the focus on discrete transactions to looking at a more holistic view - looking for larger trends, patterns, and clusters of suspicious activity or transactions over time.”

- CEO Jon Coss

