



For Immediate Release

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‘ClaimCHECK’ CUTS PRESCRIPTION BENEFIT WASTE

Unique Product from TRICAST Eliminates Annual Audits & Contentious Audit Recovery Attempts; Provides Ongoing Compliance

Milwaukee, WI (December 5, 2007) – ClaimCHECK, an innovative forensic prescription claims audit designed to verify PBM claims billings before any payments are made, has been introduced by TRICAST Inc. ClaimCHECK is not an annual, retrospective audit. Rather, it’s an audit that is conducted every time a company pays an invoice for its prescription benefit claims.

“Every time that an employer pays a bill, we get the prescription claims against that invoice and run it through our system to make sure the invoice is paid properly,” said Greg Rucinski, TRICAST President. “If there are any errors in your contract pricing or your plan design, we will find those errors within two weeks instead of letting them pile up over a year and then doing a big, retrospective audit.”

This exciting, new product uses TRICAST analytics and proprietary software applications to deliver significant value to pharmacy benefits managers, including:

- NO MORE ANNUAL RETROSPECTIVE AUDITS
- NO MORE POTENTIALLY CONTENTIOUS AUDIT RECOVERY ATTEMPTS
- ON-GOING COMPLIANCE WITH CONTRACT PRICING AND PLAN DESIGN
- A BASIS FOR FIDUCIARY AND SARBANES OXLEY COMPLIANCE
- UP-TO-DATE AND IMMEDIATE FINANCIAL REPORTING

“Think of it as preventive maintenance, like changing your oil every 3,000 miles,” said John Adler, TRICAST National Practice Leader. “It costs about \$20 to change your oil and what happens if you don’t? Your engine is ruined. This is about recovery *before* the money is spent. ClaimCHECK provides ‘sentinel effect’ assurance that errors are caught and corrected before payments are made. Conversely, if you do this on an annual basis, retrospective audits can become contentious, cumbersome, time-consuming and, ultimately, they are not as fruitful.”

(more)



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“ClaimCHECK provides verification that your PBM is paying your claims according to your contract pricing and your plan design,” added Rucinski. “What’s more, it’s doing it before you give them your money. By doing this every two weeks, you’ve only paid out 1/26 of the total amount you would give them if you did this on an annual basis.”

“Typically, when we do our ongoing management, we find 5-7% cost inefficiency,” said Adler. “We think that ClaimCHECK is a natural starting point to establish a baseline for those cost inefficiencies.”

About TRICAST

TRICAST, founded in Milwaukee in 1997, uses claims analysis as a benchmarking tool in a variety of risk environments for both experienced insurance entities and inexperienced provider groups. The company also provides a sales and marketing advantage for its clients by identifying trends on a timelier basis, allowing opportunities for decisive responses. The net result is lowered processing and reporting costs and improved profit margins.

TRICAST delivers data-driven cost control solutions every day. As a leading next-generation health information business, TRICAST offers programs, products and applications for the healthcare industry that assist risk entities controlling overall healthcare costs, with a specific focus on pharmaceutical benefits.

For more information, please contact John Adler, National Practice Leader at 414.302.9733 (John.Adler@TRICAST.com) or visit www.tricast.com.

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