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Recovery Audit Business Analytics (RABA)

Our mission is to help claims audit recovery firms think more quantitatively and rigorously about audit identification, processing, and tracking to maximize results. We enable our clients to cut through the complexity of the industry and data in order to identify and measure key variables and make better, more insightful, information-based decisions to produce greater return.

Our analytic and programming expertise is combined with an in-depth understanding of medical claims audit recovery, managed care data, and economics. We produce creative solutions for both the commercial and government sectors. Past RABA efforts have resulted in millions of additional recoveries.

Our commitment is to provide world-class business analytical services. We promise to listen and respond to the needs of our clients, provide alternative approaches to projects, give our honest opinion, and offer training on our methods.

RABA Solutions

Audit Tracking and Optimization – Our analytic approach to operational and performance metrics enables you to increase the effectiveness of your existing operation. Our methodology provides many benefits, including:

- Optimizing recoveries and priorities for a given auditor resource level
- · Fine-tuning of audits based on client or political considerations
- Better reporting for clients and internal management

Prospective Sales Support – We provide the tools you need to win more business. Our quantitative analysis and modeling capabilities:

- Add credibility to your marketing message by providing prospects with data-driven estimates of likely recovery results
- Allow performance based pricing approaches to align incentives between you and your clients

Investigative Data Analysis – Our extensive experience in programming and modeling with health claims, enrollment, and provider data allows us to supplement your existing data resources and analytics, enabling:

- Rapid translation of clinical/operational audit ideas into screening algorithms and estimates of likely total improper payment levels
- Robust assessment of incoming claims data for consistency and completeness compared to previous submissions or similar sources

Experience Matters

Erik Taylor and **David Feldman** are the founding partners of **The Taylor Feldman Group, LLC** (established in 2005). We have more than 45 years combined experience in organizing and analyzing data to support decisions in the managed health care industry. We have worked with insurance carriers, third party administrators, Fortune 100 corporate clients, state and federal agencies and plans, and providers in both the workers compensation and group health plan arenas. Our recovery audit practice includes business analytics for the Medicare RAC pilot program and strategic consulting to a commercial recovery firm.

www.taylorfeldman.com

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