



MIDAS™: Medical Identity Alert System

Engaging Employees and Members to Fight Health Care Fraud

Patented by ID Experts



MIDAS™ is the patented health care fraud solution from ID Experts, developed to protect employee and health plan member medical identities through early detection and prevention of health care fraud - mitigating liability and contributing to costs savings from reduced fraud, waste and false claims.

ID Experts' MIDAS – Medical Identity Alert System – our patented health record monitoring technology is the first and only employee and member-focused healthcare fraud solution that engages employees and health plan members to monitor their own healthcare transactions and take control of their medical identities. MIDAS is like credit monitoring for your medical identity.

A New Preemptive Health Care Fraud Solution

MIDAS – Medical Identity Alert System – from ID Experts, is the patented, singular solution in the market today that engages employees and health plan members in monitoring their own health care transactions; enabling them to take control of their own medical identity – and be the first line of medical identity fraud defense for your organization.

Health Care Fraud & Theft: A Growing Problem

MIDAS was developed to help fight the escalating costs and risks associated with health care fraud and medical identity theft. Medical identity theft has affected 2.32 million Americans according to the Ponemon Institute's Fifth Annual Study on medical identity theft. The same study also concluded that subsequent reported breaches involving over 100 million medical records during 2015 and 2016 will significantly increase the annual rate of reported medical identity theft since 2014 by as much as 20%. As millions more Americans continue to enter the health care insurance market as a result of the Affordable Care Act, the frequency of health care fraud and abuse is only expected to escalate.

At a Glance

- MIDAS is “alert-driven”
- Engages and empowers your employees and health plan members
- Monitors for medical identity theft and fraud
- Secure, easy to use, and simple for your employees and health plan members to understand
- Provides employees and health plan members with one-click dispute escalation and resolution service
- Mitigates losses due to medical identity theft, fraud, waste and false claims



Getting ahead of fraud

Today, the misuse of medical identities is typically discovered long after medical records have been compromised, and after providers have been paid. MIDAS helps the employee and health plan member identify and investigate suspicious claims much earlier in the payment process — and potentially before the health care service occurs — streamlining the fraud and medical identity theft investigation process and leveraging ID Experts' unmatched expertise in identity restoration and dispute resolution.

Engaging individuals as the first line of defense

MIDAS leverages modern communication channels based on designated preferences to alert employees and health plan members when a health care transaction occurred or will occur; prompting delivery of an alert that leads the individual to a secure site that not only provides a clear description of the health care service, but also outlines actionable next steps related specifically to the severity level of the activity.

If the activity is identified as suspicious, the MIDAS Special Investigative Unit follows-up and deploys ID Experts' unmatched resolution processes to diagnose the problem, resolve the issue, and mitigate any harm while restoring the victim's medical identity.

Simplifying medical transactions

According to the Ponemon Institute's Fifth Annual Study on medical identity theft, 54 percent of Americans do not currently check their health records and EOBs for inaccuracies because they either don't know how or they say it's too difficult. The same study also found that of those who did check, and found unfamiliar claims, 52 percent did not report them. Compounding this issue, to date there has been no clear and easy way for an employee or health plan member to report suspicious activity easily. MIDAS™ makes it simple to report suspicious activity with the press of a button.

MIDAS makes it easy by communicating to employees and health plan members in plain language, allowing them to review quickly and approve claims before they are paid -and in some cases, before they even get submitted for payment.

Fast for payers to integrate

MIDAS works in tandem with the payer's existing claims system and is designed to be a "plug and play" implementation. Finally, the MIDAS solution is configurable to the health care organization's needs, fully encrypted and supports payer privacy and security initiatives.



1

Medical Activity Alert Deployed

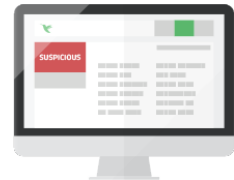
MIDAS provides timely text messages or emails to alert members anytime a claim is made against their medical identity.



2

Consumer Reviews

MIDAS' mobile-friendly application securely displays claim information in simple language and without messy paperwork.



3

Confirm or Mark as Suspicious

Upon reviewing claims, employees and health plan members can identify possible fraud, billing errors, medical identity theft, and can securely notify the MIDAS team for prompt resolution.



4

Fraud Investigated & Resolved

If fraud or medical identity theft has occurred, MIDAS leverages ID Experts' unmatched identity restoration and dispute resolution processes to diagnose the problem, resolve the issue, and mitigate any harm.



ID Experts is a leading provider of identity protection and data breach services for companies and individuals throughout the U.S. We combine consumer-centric software and concierge-style professional services in serving organizations across government, healthcare, commercial enterprises, financial institutions, and higher education.

Talk to a
MIDAS expert.

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