LexisNexis® Intelligent Investigator™ for Program Integrity

Pinpoint claims and provider fraud, waste, and abuse across Medicare and Medicaid programs.

Fraud and abuse of health care services cost the U.S. about $125 to $175 billion per year, with Medicare and Medicaid fraud and abuse costing taxpayers about $98 billion per year.[1] Unfortunately, only 3-5% of fraud is actually detected. Contributors like organized crime and complex billing and referral schemes make it difficult to detect and identify.

To stem the rising tide and cost of fraud, waste, and abuse, government payers need easy access to comprehensive, yet detailed, information and analytics that creates a true picture of all their claims, providers, and beneficiaries.

In short, they need Intelligent Investigator™ from LexisNexis.®

The Barrier

Program Integrity and Medicaid Fraud Control Units, among other departments, often do not have the necessary access to all of their claims, which hinders their ability to identify and investigate fraud schemes in a proactive and efficient manner. The difficulty is that whether they are unable to see all of the data from separate sources in one place or unable to get the results they need in a timely manner,it reveals a constant struggle to obtain the level of detail required to make the right decisions on the right cases. Fraud, waste, and abuse investigations generally operate in paper-based environments where misplaced files and inadequate investigation controls can stall and complicate detection, prevention, and recovery. Intelligent Investigator seeks to reduce these discrepancies, and increasing confidence in programmatic operations and investigations in support of the overall integrity of government Medicare and Medicaid programs.

1. Source: 2012 study by a RAND analyst.
http://praescientanalytics.com/healthcare-fraud-big-data-to-the-rescue

LexisNexis® | Health Care

The Breakthrough

Intelligent Investigator is an automated tool that supports querying data from a multitude of sources enabling types and lines of business comparisons in one place for faster, better, more efficient investigations. The LexisNexis solution is a sophisticated post-pay improper payment identification and detection tool that leverages cross-claims rules and analytics to uncover and prioritize cases for optimal investigative efficiency and recoveries. Intelligent Investigator effortlessly walks users of all levels through potentially fraudulent cases in order to uncover actionable findings.

An advanced drill-down feature enables investigators and analysts to trace leads by provider, beneficiary / patient, transaction, and other related data with ease. Results are delivered through a powerful web-based portal that provides dashboard summaries of domain-specific information through graphs, bar, and pie charts. Special screens have been built in to assist investigators in identifying fraudulent providers or claims based on partial information from tips and leads. Users also have access to work flow tools that can be customized by department, role, or individual user. Tools such as news feeds, task lists, and worker production data can all be constructed as part of the individual dashboard. The easy-to-navigate system also supports usage by non-investigative departments such as provider relations, medical directors, finance and audit, among others. This system also supports the Office of the Inspector General and government auditor type functions as they investigate improper claims.

Core Components

Intelligent Investigator's core components include the Composite Lead Indicator (CLI) and LexisNexis Provider of Interest Score. CLI is a proprietary indexing tool that prioritizes the potential savings and recovery probability of each lead in order to establish the recommended index order. By leveraging the CLI, investigators know which claims are the most worthwhile to investigate, thereby saving time and delivering the greatest results.

Provider of Interest Score (POI) uses models to identify providers with irregular diagnosis, treatment, and billing patterns; highlights data points where the provider is an outlier from his peers; and augments identified providers with LexisNexis public records such as financial, criminal, and medical sanction derogatory information.

Additionally, Intelligent Investigator's ad-hoc reporting capability enables users to create customized reports and prioritize cases instantly without burdening internal agency IT departments. The system offers hundreds of pre-formatted reports that run seamlessly in the system background, thereby allowing for uninterrupted usage.

Intelligent Investigator also integrates fully with Trail Tracker™, our fraud recovery and case tracking system , to greatly reduce the time and effort necessary to build solid cases for full-scale investigations.

The Benefits

Intelligent Investigator provides:

- **Unparalleled intelligence about people and businesses** – LexisNexis has the nation's largest collection of identifying information, including health care-specific data sources, such as licensure and certifications. We provide high-confidence linking of disparate data to a single ID, known as the LexID℠, for every person and business.

- **Advanced analytics** – LexisNexis utilizes its proprietary HPCC computing platform to process petabytes of data in seconds. We apply health care-specific rules, as well as utilize predictive analytics, to detect aberrant patterns indicative of emerging fraud schemes.

LexisNexis Intelligent Investigator is designed to provide a lens into the unknown in post-paid claims by making connections that others cannot. Built exclusively for health care program integrity investigative teams, it uses sophisticated rules-based analytics to detect fraud, waste, and abuse and prioritize the cases that are potentially most the lucrative.

- **Prioritized workflow** – LexisNexis tools detect fraud, waste, and abuse at the provider level as opposed to just looking at the individual claims level, which leads to fewer false positives. We also provide "suspicion scores," as well as transparent explanations for them, in order to help prioritize SIU efforts.

- **Fast and easy implementation** – Because we understand how payers work and have developed solutions that quickly and easily integrate into existing claim processes, Intelligent Investigator can be up and running in a matter of weeks.

LexisNexis® | Health Care

For More Information

Call 800.869.0751 or visit www.lexisnexis.com/risk/healthcare

About LexisNexis® Risk Solutions
LexisNexis Risk Solutions (www.lexisnexis.com/risk/) is a leader in providing essential information that helps customers across industries and government predict, assess and manage risk. Combining cutting-edge technology, unique data and advanced analytics, Risk Solutions provides products and services that address evolving client needs in the risk sector while upholding the highest standards of security and privacy. LexisNexis Risk Solutions is part of Reed Elsevier, a leading global provider of professional information solutions across a number of sectors.

Our health care solutions assist payers, providers and integrators with ensuring appropriate access to health care data and programs, enhancing disease management contact ratios, improving operational processes, and proactively combating fraud, waste and abuse across the continuum.

SIRIS NHCAA® powered by LexisNexis®

LexisNexis® | Health Care