Fraud and abuse of healthcare services cost the U.S. between $125 and $175 billion per year, with Medicare and Medicaid fraud and abuse costing taxpayers about $98 billion per year. Unfortunately, 95-97% of fraud goes undetected and the complex landscape of organized crime coupled with complex billing and referral schemes makes finding fraud challenging for even the savviest investigator.
To stem the rising tide and cost of fraud, waste and abuse, healthcare payers need easy access to comprehensive, yet detailed, information and analytics that paints a clear picture of their claims and interactions. In short, they need LexisNexis® Intelligent Investigator™

**The barrier**
Special Investigations Units, Program Integrity and Medicaid Fraud Control Units, among other departments, often do not have the necessary access to investigate all their claims, which hinders their ability to identify and research fraud schemes in a proactive and efficient manner. Whether they are unable to see a single picture of all of the data that is available to them from various sources, or they are unable to obtain the results they need in a timely manner, obtaining the level of detail needed to make the right decisions on the right cases is a constant struggle. 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.

**The breakthrough**
Intelligent Investigator is an automated tool that supports querying data from a multitude of sources, enabling faster, better, more efficient investigations. This 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.

An advanced drill-down feature enables investigators and analysts to trace leads by provider, member/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. Targeted screens have been built to assist investigators as they attempt to identify fraudulent providers and/or claims based on partial information obtained through tips or leads. Users also have access to workflow 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 contributed to the individual user’s dashboard. The easy-to-navigate system also supports usage by non-investigative departments such as provider relations, medical directors, finance and audit, among others.
Core components

Intelligent Investigator’s core components include the Composite Lead Indicator (CLI) and LexisNexis Provider of Interest (POI) 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.

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 that include financial, criminal and medical sanction derogatory information, among others.

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

Intelligent Investigator also integrates fully with Trail Tracker™ our fraud recovery and case tracking system that reduces 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 healthcare-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 healthcare-specific rules, as well as utilize predictive analytics, to detect aberrant patterns indicative of emerging fraud schemes.

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 Intelligent Investigator is designed to provide a lens into the unknown in post-paid claims by making connections others can’t make. Built exclusively for healthcare investigative teams, it uses sophisticated rules-based analytics to detect fraud, waste and abuse and prioritize the most lucrative cases.

For more information, call 866.396.7703 or visit risk.lexisnexis.com/healthcare

About LexisNexis® Risk Solutions
At LexisNexis Risk Solutions, we believe in the power of data and advanced analytics for better risk management. With over 40 years of expertise, we are the trusted data analytics provider for organizations seeking actionable insights to manage risks and improve results while upholding the highest standards for security and privacy. Headquartered in metro Atlanta USA, LexisNexis Risk Solutions serves customers in more than 100 countries and is part of RELX Group plc, a global provider of information and analytics for professional and business customers across industries. For more information, please visit www.risk.lexisnexis.com.

Our healthcare solutions combine proprietary analytics, science and technology with the industry’s leading sources of provider, member, claims and public records information to improve cost savings, health outcomes, data quality, compliance and exposure to fraud, waste and abuse.


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