LexisNexis® PrePayment Manager™ for Program Integrity

Catch improper payments before they are out the door with prepayment analytics.

Per the U.S. Government Accountability Office (GAO), "once fraudulent or improper payments are made, the government is likely to only recover pennies on the dollar." [1]

It has been estimated that Government health insurers have less than a 50 percent chance of recovering the funds after an improper claim has been paid, with financial losses due to fraud reaching tens of billions of dollars each year. Dollars paid out improperly as a result of fraud, waste or abuse are dollars not spent on improving the delivery, and quality of care.

Despite the profound financial impact of improper payments on government payers, many still rely on a pay-and-chase recovery process that requires a great deal of time and effort further stretching already thin resources.

That's why government agencies stand to gain tremendously from detecting fraud before payment is made – and potentially lost. While other industries have leveraged pre-payment fraud detection solutions for years, health care, Medicare and Medicaid programs are just now beginning to understand its value.

1. Source: http://www.justfacts.com/healthcare.asp#spending-waste

LexisNexis® PrePayment Manager™ can do just that, helping ensure against losses and improper payments without disrupting the claims process or running afoul of prompt-pay laws.

How it Works

To put it simply, claims data is collected daily and analyzed based upon rules and schemes specified by a Program Integrity Department. As rules often are set at the provider level, PrePayment Manager can, for instance, flag claims submitted by providers that previously had been identified as suspicious.

LexisNexis PrePayment Manager works across all health care claim types: medical, facility, pharmaceutical, and dental.

Workbench™, an easy-to-use, built-in, automated payment decision tool, allows investigators to release acceptable claims and launch full-scale, defendable investigations of suspected live claims.

Since it works with an image of the claim, PrePayment Manager™ never interrupts the claims process. In addition, compliance with differing state prompt-pay laws is assured by Resolution Workbench, which applies logic gleaned from where the claim was filed to provide guidance on timeframes.

Making it Work for You

PrePayment Manager is designed for maximum flexibility in configuration, enabling instant intervention and allowing each agency to utilize its established policies and procedures regarding adjudication and investigation.

The LexisNexis® solution is part of a suite that supports pre and post enrollment identity authentication as well as the identification and detection of fraud and abuse in a pre and post-pay environment. This suite utilizes statistical techniques to identify combinations of factors that should be analyzed as fraud, waste, and abuse indicators. While each can be used on a stand-alone basis, together these solutions produce superior results fighting fraud, waste, and abuse through:

Intelligence about people and businesses: LexisNexis has the largest collection of identifying information in the nation, including health care-specific data sources such as provider licensure and board certifications. We provide high-confidence linking of disparate data to a single ID, known as the LexID℠, for every person and business. This allows LexisNexis solutions to make connections that others cannot.

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

Improved investigative workflow: Transparent explanations are provided to help prioritize investigative efforts in support of program integrity. As LexisNexis tools detect fraud, waste, and abuse at the provider level, as opposed to just looking at individual claims, they produce fewer false positives allowing for agency resources to direct their efforts toward real returns.

Industry knowledge and experience: LexisNexis understands how government payers work and has developed solutions that quickly and easily integrate into existing claim processes, getting them up and running in a matter of weeks, rather than months, to accelerate anti-fraud, waste, and abuse initiatives.

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.