The OIG gave MFCUs the legal right to mine Medicaid data—LexisNexis® can provide the tools to do it right.

LexisNexis® Intelligent Investigator™ for Program Integrity

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Risk Solutions
Government

For Medicaid Fraud Control Units (MFCUs), the fight against Medicaid fraud is on the verge of a quantum leap forward. The potential for advancements in Medicaid program integrity gained considerable momentum in May of 2013 when the Health and Human Services Office of Inspector General (HHS OIG) enacted new legislation. For the first time, this legislation permits MFCUs to mine Medicaid data in order to detect indicators of Medicaid fraud. Now that MFCUs have the legal right to mine Medicaid data, the question becomes, how can they transform the data into actionable fraud detection intelligence? LexisNexis® has the answer—Intelligent Investigator™.

Present challenges

Before data mining was allowed, MFCU fraud investigations were limited to back-end responses and referrals from Medicaid Program Integrity divisions, responding to Qui Tam cases or investigating tips from informers. Even today, after permission to data mine has been granted, many MFCUs are still working against operational obstacles, such as delayed progress caused by slow, manual, paper-based investigations, and an inability to obtain a complete picture due to disconnected and disparate systems delivering piecemeal data. Many current MFCU platforms and processes simply don't support the efficient aggregation and thorough analysis of data, which is required to identify and reveal fraudulent activities and ultimately enhance overall program integrity.

Medicare and Medicaid fraud and abuse cost taxpayers about $98 billion per year.[1] Unfortunately, only 3-5% of fraud is actually detected.

Present opportunities

Even the most skilled MFCU agents and investigators are limited by the tools at their disposal. But what if MFCUs had easy, affordable access to the most advanced and powerful fraud detection tools available? LexisNexis Intelligent Investigator is designed to empower State MFCUs to fight fraud with maximum effectiveness and efficiency by providing innovative, customized data technology that matches their specific needs and delivers transparency, insight and answers.

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Benefit from "Big Data" powered by intelligent linking

Intelligent Investigator combines Medicaid patient, provider and claims data with massive amounts of public records data (sometimes called "Big Data") and additional data from proprietary LexisNexis sources. This robust collection of information consists of billions of records that enable investigators to obtain a comprehensive view of each suspect's identity; permitting quick verification of fields such as:

- Identity attributes
- Social Security Numbers
- Licensure and certifications
- Criminal history
- Links to known fraudsters
- And other high risk elements

Using highly-advanced linking technology, Intelligent Investigator is able to analyze the aggregated pool of data and recognize subtle connections, data anomalies and patterns that are known indicators of fraud. A MFCU equipped with Intelligent Investigator could:

- Quickly validate Medicaid claims data against American Medical Association (AMA), Correct Coding Initiative (CCI) and Center for Medicare and Medicaid Services (CMS) rules and guidelines
- Compare patient, provider and claims data against public records to verify information and flag inconsistencies and unverified data points for further research
- Locate information that should and should not be present based on industry standards and impossible events
- Uncover subtle links between claims data and known or suspected fraudsters or patient abusers
- Expose claims connected to deceased and incarcerated persons
- Perform automated social network monitoring and analyses to identify collusion
- Allow non-technical users to easily run ad hoc queries and build suspect lists

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Prioritize investigations

Intelligent investigator utilizes predictive and rules-based analytics platforms that enable fraud risks to be ranked and scored. Scores are calculated based on multiple factors, including:

- Fraud detection confidence level
- Fraud type suspected
- Scope of potential savings
- Recovery probability

The output scores allow MFCUs to quickly triage and prioritize case workload and optimize resource allocation. Now MFCUs can maximize the impact of their investigations by pursuing the most critical and impactful cases first.

Drill down

While Intelligent Investigator can be used on a regular basis across all claims to establish an ongoing monitoring and fraud detection strategy; it also contains drill down functionality that enables MFCU agents to aggressively investigate specific leads and cases. The tool is designed to assist investigators in identifying fraud even when tips and leads only contain partial provider, beneficiary, transaction, or claims data. Linking technology searches and retrieves relevant data, transforming meaningless individual data pieces into complete, transparent case files with actionable results.

Pinpoint provider fraud

Intelligent Investigator also features a proprietary analytics model that generates a Provider of Interest (POI) score based on the likelihood and potential severity of provider fraud. The POI tool:

- Identifies providers with irregular diagnosis, treatment and billing pattern
- Highlights data points where the provider is an outlier from his peers
- Augments identified providers with LexisNexis public records such as financial, criminal and medical sanction derogatory information

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Reliable results

At LexisNexis, we understand that the end result of a successful fraud detection program is indictment, which makes accurate, reliable results and confident conclusions absolutely critical. Intelligent Investigator is a highly versatile solution that enables multiple methodologies to be employed simultaneously. By looking at data in different ways and from different angles, it is not uncommon for Intelligent Investigator to expose several problems with a single provider or beneficiary. Multiple confirmations of fraud indicators increase the level of confidence that fraud is present and further justifies additional investigation.

Access reporting instantly

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 unlimited access and uninterrupted usage. Custom reports can also be easily created and stored based on commonly requested ad hoc variables.

Track caseloads

Intelligent Investigator also integrates fully with Trail Tracker™, a LexisNexis automated fraud recovery and case tracking system, which substantially reduces the time and effort required to build solid cases for full-scale investigations.

Protect program integrity

Intelligent Investigator is not just a system for building queries, it is advanced technology that uses exclusive algorithms to produce answers. Through straight information verification, and by revealing connections and links between seemingly disparate data, Intelligent Investigator gives MFCUs a lens into post-paid claims. Intelligent Investigator has the power to:

- Transform the process of reacting to leads into a proactive, offensive approach to fraud detection
- Transform slow, manual information gathering into automated, streamlined information interpretation
- Transform raw data into comprehensive, reliable, actionable intelligence

Intelligent Investigator was designed to give MFCUs fraud detection capabilities with unprecedented levels of speed, efficiency, accuracy and effectiveness.

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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, we provide 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 publisher and information provider that serves customers in more than 100 countries with more than 30,000 employees worldwide.

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.

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

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