

Transformations in Global Private Health Insurance Models

Innovations and Strategy Considerations



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Real-Time Fraud Detection

Reducing fraud and improving bottom-lines

OPERATIONS INNOVATION

- Provider files fraudulent claim:
- Upcoding
 - Billing for unnecessary items/services
 - Billing for items/services not furnished



A near-real-time solution (detection as early as 24 hours)



Daily runs on claims data using informatics, clinical expertise, forensics, information technology, and advanced data visualization



Pin-point fraudulent claim for specific treatment of a specific patient by a specific doctor



Provider Relationship Management platform

- Results shared with provider through the platform along with suggestions for remediation in a non-confrontational manner
- If no response received, tone of communication escalated each time



FraudLens
FOCUS ON FRAUD

Continual detection of fraudulent claims motivates providers to submit legitimate ones.

Source: FraudLens, Frost & Sullivan