ClaimsSure®
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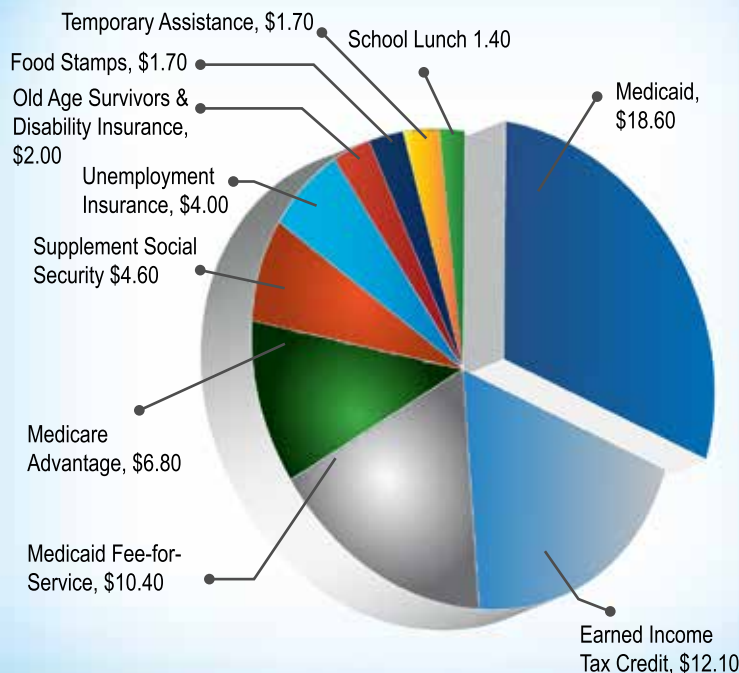
The ClaimsSure® Value Proposition

- Real time detection of fraudulent claims
- Identifies irregularities and fraudulent transactions
- Reduces fraud losses and saves money
- Self-learning process is a powerful engine for dynamic learning of new scenarios
- ClaimsSure's dynamic probability estimation engine

A Powerful Solution for Fraud Detection

Fraud accounts for 19 percent of the $600 billion to $800 billion of waste in the U.S. health care system annually [1]. Pervasive and resource-consuming fraud has a critical impact on Medicaid, Medicare and commercial health care systems, leading to irrecoverable loss. Fraud, waste, and abuse (FWA) prevention is critical and requires a proactive approach. ClaimsSure offers significant time and cost efficiencies while it monitors, eliminates and prevents the payment of erroneous claims.

ClaimsSure effectively addresses FWA prevention through its comprehensive aberrance detection capabilities. A powerful detection tool, ClaimsSure intuitively detects fraud through its inbuilt dynamic probability estimator, which runs parallel to the core adjudication system, thereby establishing integrity at the very beginning.

Estimated Improper Payments ($B)

- Temporary Assistance, $1.70
- School Lunch 1.40
- Food Stamps, $1.70
- Old Age Survivors & Disability Insurance, $2.00
- Unemployment Insurance, $4.00
- Supplement Social Security $4.60
- Medicare Advantage, $6.80
- Medicaid Fee-for-Service, $10.40
- Medicaid, $18.60
- Earned Income Tax Credit, $12.10

1 - Thomson Reuters, 2009 via www.insurancefraud.org

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Driving Efficiency and Cost Savings through Predictive Probability Analysis

Establishing payment integrity is a compelling necessity today. Identifying vulnerabilities and discrepancies in a constantly evolving fraud landscape requires a perceptive anomaly detection tool that aggressively filters claims and confirms integrity.

ClaimsSure optimizes performance and significantly reduces fraud and abuse through its dynamic probability estimation engine. By looking beyond common exceptions processing, the system implements reflective probability analysis that instantly detects and eliminates FWA even before claims are adjudicated. Following a streamlined approach that intuitively detects fraud, the system also prevents future abuse through potential fraud identification analysis that constantly adapts to identify emerging fraudulent schemes.

Real Time Detection and Cost Savings

ClaimsSure implements a distinctive probability analysis that helps validate the integrity of claims prior to the comprehensive adjudication process. Enabling extensive cost savings, the system utilizes preemptive claim review strategies that execute fraud prevention techniques for limiting invalid claims payment.

Built with intuitive analytics that easily detect discrepancies, the system significantly minimizes fraud and abuse by addressing issues in the pre-adjudication phase. Facilitating unprecedented control by accelerating claims resolution, the system processes and monitors claims in real-time, which ensures reduced administrative and settlement costs.

How ClaimsSure™ Works
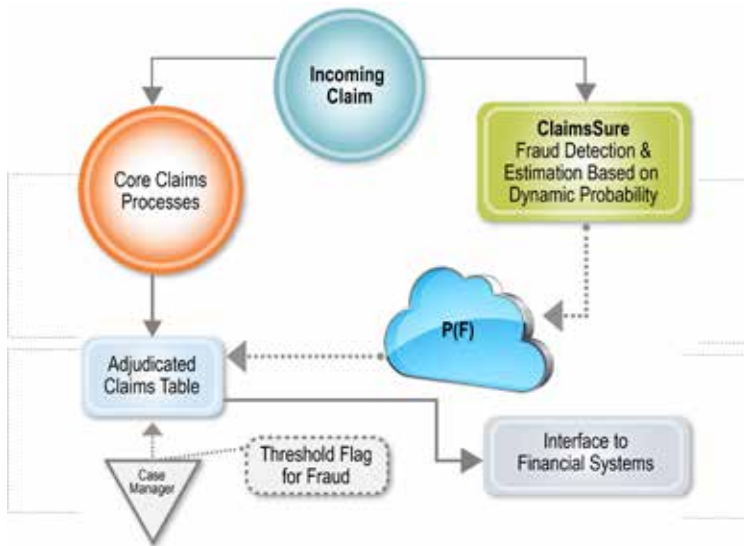
Why Choose ClaimsSure®?

- *Developed by experts in health care IT solutions, ClaimsSure is the most powerful adjudication system in the MMIS market.*

- *Using representative Medicaid Data from 10 pre-defined, waste and abuse scenarios it was projected that ClaimsSure would save one CNSI client $24.50 million per year.*

- *ClaimsSure goes beyond business rule engine adjudication to detect potential cases of misuse, abuse, waste and fraud. It is designed to run at the individual claim level prior to adjudication by the Claims Engine, thereby avoiding the costly and time-consuming model of pay and chase.*

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