Analyze data to detect fraud and abuse

Program Integrity Service

Find patterns and abnormalities to identify potential fraud and abuse

With the shift in healthcare services to managed care, there is a fundamental need to have a Medicaid fraud and abuse service that enables your investigators and managers to see across the entire healthcare program chain. Identifying, preventing and prosecuting Medicaid fraud and abuse cases — from false claims filing to prescription drug forgery — is a daunting task.

The Gainwell Program Integrity Service addresses requirements for the Medicaid Certification for Program Integrity, together with utilization review and the ability to manage cases.

While traditional fraud and abuse solutions are limited and look only at fee-for-service data, our service has been built from the ground up to give states the ability to investigate the complete spectrum of healthcare management models, both fee-for-service and managed care.

Our Program Integrity Service is a key component of our Gainwell Medicaid solution, a wide-ranging set of services that supports all aspects of Medicaid management. This comprehensive set of modular services combine automation, standardization and COTS products to meet the key challenges of Medicaid.

Our experience in dealing with the complex challenges in the Medicaid enterprise space enables us to help you maximize benefits to your members while gaining efficiencies and controlling costs.

Big picture view of fraud

Our Program Integrity Service gives your investigators and analysts the analytical capabilities they need to quickly identify potential fraud. With the Program Integrity (PI) capability, states can use rules-driven analysis to compare providers, members and managed care organizations to their peers. The utilization review features of the module provide for population analysis and segmentation to more fully understand healthcare factors and services.

Benefits

- Gain insight into service utilization
- Analyze data to identify potential Medicaid fraud
- Expand fraud analysis option
- Attain on-demand reporting
- Meet federal CMS requirements

#1
Provider of Medicaid Services

2.4M
Providers engaged daily

~48M
Medicaid beneficiaries covered

gainwell

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The analytical configuration capabilities enable users to quickly sift through mountains of data to identify the outliers that warrant investigation. It's easier for business analysts to define their own parameters for study, including criteria such as time frame, population and services. This results in generating meaningful data that goes well beyond traditional dollar amount-based analysis. Users gain the flexibility to weigh study results based on multiple measures and to designate priorities.

These advanced features give your analysts unprecedented capabilities for interpreting data for aberrations. Trending displays of research results paint a clear picture of an entity's performance, so the analyst can monitor behavior, identify potential fraud and abuse, and then determine next actions. Changes to federal and CMS regulations are regularly added to and changed in the module as part of our continuous improvement strategy.

Powerful reporting capabilities

In addition, the module provides dynamic resource utilization analysis and robust on-demand reporting capabilities, creating an event or case trigger for follow-on actions when bad practices or behaviors are identified.

Your analysts can identify and understand overall population patterns while also being able to drill down to see the healthcare profile for a member and the associated MCOs serving that member. Built into PI is the ability to report Resource Utilization Bands (RUBs) of the overall population, and the ability for MCOs and primary care physicians to compare RUBs for those in the same morbidity category whose healthcare costs should be similar.

Using configurable service type and peer group definitions, along with the capability to set retention and recurrence parameters, analysts can effectively execute, review and retain studies for exhaustive long-term retrospective reference and analysis.

Highlights of the solution's reporting capabilities include:

• **Disease Tendency Comparison:** This provides analysts the ability to perform resource utilization reporting to identify the frequency of chronic conditions, psychosocial conditions, asthma, pregnancy and other high-resource consumption conditions.

Gainwell is a leader in providing states and their Medicaid beneficiaries with advanced technology that facilitates cost savings while delivering performance efficiencies and improved outcomes in care.

- **Condition Marker Identification:** This identifies members more likely to consume healthcare resources. The service provides reports on high-resolution conditions such as congestive heart failure, depression and hypertension.

- **Hospital Utilization Markers:** This allows you to report on key utilization data such as in-patient hospital counts and days, unplanned stays, readmission 30-day counts, emergency room visits and major procedure markers. These benchmarks are available for both managed care organizations and primary care physicians.

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About Gainwell

Gainwell is the leading provider of technology solutions that are vital to the administration and operations of health and human services programs. Gainwell is a new company with over 50 years of proven experience, a reputation for service excellence and unparalleled industry expertise. Gainwell offers clients scalable and flexible solutions for their most complex challenges. These capabilities make Gainwell a trusted partner for organizations seeking reliability, innovation and transformational outcomes. Learn more about Gainwell at **gainwelltechnologies.com.**