



Predictive Fraud Detection for Healthcare™

analytics

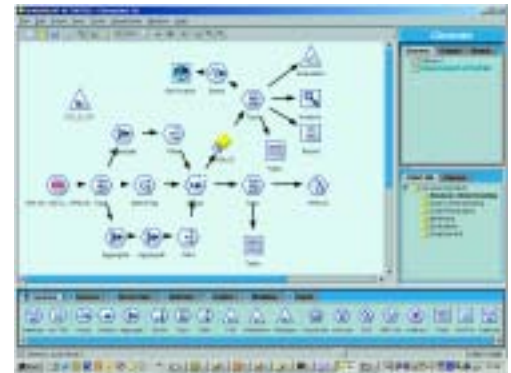


Sybase and SPSS: Predictive Fraud Detection for Healthcare™

Healthcare fraud — deliberately submitting false claims to private health insurance plans or tax-funded health insurance programs such as Medicare or Medicaid — is a serious and growing nationwide crime trend. According to conservative estimates from the National Healthcare Anti-Fraud Association (NHCAA), at least 3 percent of our nation's annual healthcare expenditure — *or \$42 billion in the year 2001 alone* — is lost to healthcare fraud.

Fraud occurs when dishonest healthcare providers engage in activities such as billing for services not actually performed, or falsifying a patient's diagnosis to justify procedures that weren't medically necessary. Fraud also occurs when patients file claims for services or medications they have not received or when they alter bills. The perpetrators of healthcare fraud include dishonest healthcare providers such as physicians, dentists, labs and medical equipment suppliers, or patients themselves, as benefit plan participants.

The immediate victims of such fraud are private health payers and government-funded health plans. Your lost revenue contributes directly to higher health insurance premiums, higher co-payments and reductions in benefits for both privately and publicly insured patients.



A Clementine Stream to Detect Fraud

The result? Everyone in the health care ecosystem suffers: carriers, providers and patients alike.

But what if you could quickly identify patterns and signs most symptomatic of fraud within your existing stores of patient and provider data?

Patterns and signs such as:

- *Ping-ponging* — the use of a single patient ID to generate billings across multiple providers
- *Unbundling* — the false inflation of provider billing in which a single patient procedure is represented as a series of separate treatments
- Duplicate entries and the billing of more hours than feasible for patient services
- Inappropriate or inapplicable cost center charges
- Over-billing, either in man hours or at higher-than expected rates
- Unusual changes in transactions or amounts over short periods of time
- Unusual changes in patient activity or care profiles
- Unusual provider billing or treatment patterns

Sybase and SPSS Solution

Helps you detect and deter fraud

The ability to quickly and efficiently flag and examine such suspicious activities — as well as to view such patient and provider report data as frequency of expenditures, average payments over time, average costs per transaction by vendor and cost center, and average hourly cost for services — is the necessary first step in identifying fraudulent claims, and preventing significant losses to your organization's bottom line.

Sybase and SPSS have developed a finely tuned and proven template for detecting and analyzing patterns of healthcare fraud in large corporate data warehouses. This integrated solution, based upon Sybase's Adaptive Server® IQ Multiplex™ enterprise analytical engine, optimized for performance with the SPSS Clementine Data Mining Workbench and fraud-specific Clementine Application Templates (CATs), can help combat a problem that costs your organization billions of dollars a year.

The SPSS Clementine Data Mining Workbench facilitates the entire data mining process to shorten the amount of time necessary to identify instances of fraud and take action to stop it. Clementine CATs are application-specific libraries of best practices that provide immediate assistance to you in detecting help you detect fraudulent activity — *right out of the box*.

The fraud-specific CAT at the heart of the solution delivers real-world, pre-built streams created by data and healthcare industry experts. Think of these streams as health care industry best practices built right into the application to help you complete your data mining and fraud detection procedures faster and more effectively. The CAT includes an online guide with an industry-specific introduction and instructions, as well as detailed stream references.

"Every year, health care fraud creates enormous losses in a system that can ill afford to be losing any amount of revenue. We estimate annual loss to fraud for the healthcare industry to be between three to ten percent of total healthcare revenues. With our total national healthcare spend at \$1.4 trillion in 2001, that translates to annual losses somewhere between \$42 and \$140 billion for the industry."

William Mahon,
President and CEO
National Health Care Anti-Fraud
Association (NHCAA)



Predictive Fraud Detection Menu

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Predictive Fraud Detection for Healthcare couples powerhouse processing abilities with unmatched analytical speed and query response times and lower total cost of ownership — the hallmarks of Sybase's industry-leading IQ Multiplex software. The incorporation of additional healthcare-specific application templates will enable your organization to quickly and economically:

- Profile and segment claimants, identifying those most likely to commit fraud
- Predict medical practices among your provider base most likely to be subject to fraud
- Identify those service and product combinations most likely to be out of compliance with your claim regulations
- Prioritize providers and consumers for enhanced scrutiny and auditing
- Detect claim fraud between practices and from region to region within your entire market
- Identify such fraudulent practices as submission of duplicate claims, unbundling and ping-ponging
- Take proactive steps to prevent fraudulent activity at every step in the claims submission and processing lifecycle

How likely is it that the next batch of claims from one of your providers will contain fraudulent or non-compliant claims? And how much will these claims cost you?

Better Fraud Detection is Just a Call Away

Ultimately, detecting and deterring fraud will allow you to improve your organization's market position and enhance your bottom-line.

Contact your Sybase representative today to learn how Predictive Fraud Detection for Healthcare can support your efforts to combat claim and boost your bottom line.



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