



O F F E R I N G S



ACS' QUALIFICATIONS IN FRAUD AND ABUSE PROTECTION

- ▲ Implemented enhanced surveillance and utilization review capabilities for seven state Medicaid programs
- ▲ Helped one state recover over \$26 million in less than one year while reducing investigators' time on cases by half
- ▲ Pioneered the use of decision support and data warehousing technologies to create sophisticated fraud detection systems



Fraud and Abuse Protection

Millions of dollars are lost each year to healthcare fraud, waste, and abuse. Federal law requires each state to have a Medicaid Fraud Control Unit (MFCU) to clamp down on abuse of the Medicaid program by providers, recipients, and private sector firms such as medical equipment suppliers and pharmaceutical companies. Nationwide, MFCUs have obtained nearly 6,000 convictions and recovered more than \$1 billion since 1997.

Although the numbers are impressive, the work is not easy and the schemes developed by those who would defraud the program are constantly changing. ACS collaborates closely with state MFCUs to fight Medicaid fraud and recover the dollars intended for legitimate services. Such efforts help prevent fraud as well; a powerful system that allows investigators to prove fraud and prosecute offenders is a mighty deterrent.

A Three-Tiered Approach

ACS' approach includes fraud prevention, pre-payment identification and denial, and retrospective detection and recovery. Prevention begins in provider enrollment, where trained ACS professionals look for fraud schemes and ensure that providers are properly credentialed. We implement advanced claims auditing software to identify and reject potentially fraudulent or inappropriately billed claims. ACS also offers sophisticated fraud detection systems and services that quickly identify questionable claims, billing errors, overpayments, waste, abuse, and non-compliance. These efforts generate significant savings for state Medicaid agencies.



ACS PROVIDES:

- ▲ Fraud prevention
- ▲ Pre-payment detection
- ▲ Retrospective detection
- ▲ Provider and recipient data analysis
- ▲ Enhanced Surveillance and Utilization Review System
- ▲ Advanced fraud detection
 - △ Peer group analysis
 - △ Specific situation analysis
 - △ Drill down capabilities
- ▲ Investigative support services

Beyond SURS

Healthcare program administrators need technically advanced systems to combat fraud schemes that have become increasingly sophisticated. ACS has developed an enhanced Surveillance and Utilization Review System that goes beyond the traditional SURS by enabling investigators to produce customized fraud studies from their desktop, on demand, and in less than 30 minutes. The CMS-certified system creates peer groups of individual providers and recipients with similar characteristics and compares behaviors and service utilization. The system was designed to eliminate false positives and identify real instances of fraud, waste, and abuse while giving investigators an efficient and accurate data gathering and analysis tool.

Users can initiate more narrowly focused fraud and abuse studies by choosing a specific pattern or situation for analysis. ACS maintains a library of over 400 known patterns of fraud, which we are continually updating in response to new analyses and fraud schemes. ACS provides advanced statistical analysis capabilities, fraud and abuse filters, pattern recognition, and data mining functions that are all highly effective in the fight against fraud.

A Specialized Expertise

ACS experts work with investigators to help them get the most out of the tools we provide, which can decrease the time required to investigate a case and increase the amount of recoveries per investigator.

ACS also offers tools to analyze provider and recipient data to ensure that they meet program participation requirements. Removing from the rolls recipients who do not qualify for benefits and disenrolling unqualified or high-risk providers ensures that the program's limited funds are directed to meet the needs of legitimate participants. Findings from these analyses allow the program to recover payments already made and prevent future payments involving these recipients and providers.