



# Audit and Fraud

## Challenge

Annually, there are \$50 Billion in overpaid claims. Errors in claims can result in not only overpayments, but underpayments that can be even more costly.

Ensuring the quality of claims processing requires empowering employees with access to HIPAA protected data. Ensuring there is no misuse of that privilege is paramount.

To ensure quality and protect HIPAA data requires:

- A complete audit trail of all activity including inquiry
- Audit practices that focus on the result and the process
- An Ability to focus on changes to claims

## Benefits

The OpenConnect *Comprehend* solution provides actionable intelligence to quickly pinpoint areas of concern, focus efforts and provide complete replay of user interactions.

OpenConnect *Comprehend* provides:

- The full lifecycle of claims to pinpoint changes, views or touches
- Screen flow for non-repudiation of transactions
- Keystroke level detail for every time a claim was 'touched' whether it was just viewed, or worked

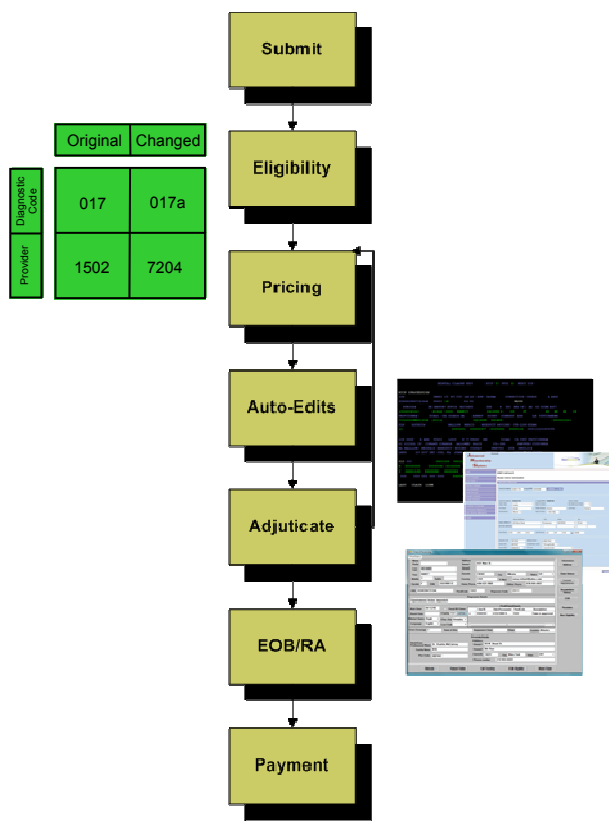
The OpenConnect *Comprehend* Solution provides quantifiable results, improves operations immediately and has a positive ROI within one year of deployment. OpenConnect *Comprehend* allows organizations to:

- Lower costs of manual audit
- Improved quality, fewer adjustments
- Quicker dispute resolution

## Solution

The OpenConnect *Comprehend* solution provides detailed event-based intelligence around the complete claims process. OpenConnect *Comprehend* does the following:

- *Comprehend* captures every keystroke providing playback of a users complete experience
- *Comprehend* Process intelligence provides a complete view on the end-to-end process (from claim submission through payment) to quickly pinpoint only the changes to claims
- *Comprehend* Process intelligence provides the details around who, what, and when changes were made to the claim



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## ***Customer Challenge—Audit Profile***

- Not-for-profit plan struggling to reduce costs and improve quality
- Hundreds of auditors struggling to compare hundreds of claims fields on dozens of claims a day
- Auditors with no access to the actual work process used by processors, only the results

## **Results**

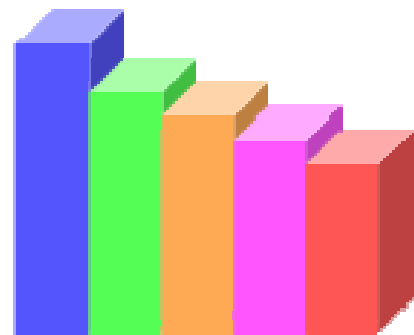
- Increased claims audit rate by 20% in first year
- Reduced the number of auditors by 25% in first year
- Reduced adjustments by 10%
- Identified an additional \$5 Million in overpaid claims

## ***Customer Challenge—Fraud Profile***

- Large payer struggling to ensure that HIPAA protected information is not subject to employee abuse
- Multiple systems provide employees ability to view HIPAA protected data
- Impossible to prove or monitor employee abuse of systems and information

## **Results**

- Implemented 100% tracking of all employee access to HIPAA data
- Captured screen details of all HIPAA data inquiry



**FTE Auditors**

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