

INGENIX[®]

Retrospective Investigation and Recovery Services

Augment your current internal efforts or choose a full outsourcing solution.

Executive Summary

According to industry estimates¹, health care fraud accounts for three to seven percent of our nation's health care costs. To better manage and prevent suspected fraud and abuse, Ingenix provides retrospective fraud investigation and recovery services on a post-payment basis.

- Detect claims overpayments resulting from fraud and abuse
- Develop cases with a high potential for recovery
- Successfully negotiate and recover overpayments

Overview

Ingenix provides comprehensive retrospective case development and recovery services that include all aspects of the process—from initial referral to final recovery. With a retrospective approach, historical claims are analyzed to detect patterns and trends that signify fraudulent activity. Ingenix investigates the cases and sends those that progress into a recovery stage to an experienced team of professionals who then investigate and coordinate recovery on a contingency basis.

Ingenix Retrospective Investigation and Recovery Services components are structured in a way that allows you to select the features that most effectively serve your needs, whether that is an augmentation of your internal efforts or a full outsourcing solution.



Detection

During the detection phase, all referrals are analyzed and evaluated. Ingenix also identifies and flags suspicious activity through a rigorous analysis of historical claims. This process catches hidden patterns and trends such as improper coding, double billing, or billing for services outside of a practice area that could signify fraudulent activity.

¹ National Health Care Anti-Fraud Association, www.nhcaa.org.

An established leader, Ingenix has reviewed abberancies and/or referral allegations associated with 20 million members on more than 200 million claims.

Investigation

Once a potentially fraudulent or abusive claim is flagged, it is investigated by an Ingenix team of experts. Services such as a medical record audit, background check, trending, financial loss quantification, and data analysis are performed during this part of the process. If allegations appear to be substantiated, Ingenix will recommend a resolution strategy that may include education, recovery efforts, and/or law enforcement referral.

Recovery

Following case development, an evaluation is performed on each case to determine the strategies for further overpayment recovery actions. We develop strategies based upon various factors including the opportunity for financial recovery, law enforcement actions already in progress, and other factors specific to each case. An experienced team of professionals coordinates recovery negotiations, arranges settlement agreements, recovers dollars, and finally, presents a check to you.

A Diverse Team of Experts

Ingenix employs a diverse team of experts with the unique skills needed to discover ever-complex schemes. We have more than 220 dedicated employees including biostatisticians, data analysts, application development consultants, criminal investigators, and clinical analysts.

Key Features

Ingenix Retrospective Investigation and Recovery Services help you identify the cases with the greatest potential for recovery so you can focus your resources appropriately and secure an economically attractive resolution. Our experts help you:

- Evaluate allegations and determine if a case should be opened
- Analyze providers' claim billing patterns to identify aberrancies
- Develop audit samples via the use of statistical sampling methodologies
- Use clinical investigators to review medical records
- Determine appropriate resolution strategy
- Package case for Department of Insurance and/or other law enforcement handling case
- Present case to license and/or medical board
- Initiate recovery efforts
- Disburse funds to appropriate entities

Ingenix | Intelligence for Health Care | www.ingenix.com

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