

Case Study

Lovelace Health Plan Looks to Make Significant Recoveries From Fraud, Waste and Abuse Activities with LexisNexis® Anti-Fraud Services and Technology



Overview

The Albuquerque-based Lovelace Health Plan provides insurance coverage for more than 210,000 members in communities across New Mexico. It is part of the Lovelace Health System, which includes six hospitals. Lovelace offers a broad range of health plan options and programs, as well as coverage with a continually expanding network of providers and health care centers.

The Challenge

To meet the rising threat of health care fraud, Lovelace sought a robust solution to maximize its detection abilities.

The Solution

The SIU Compliance Officer, Paul Peoples, teamed up with LexisNexis® to understand how to optimize the use of the company's Virtual SIU™ investigative services and Intelligent Investigator™ advanced fraud detection system.

Virtual SIU gathers, analyzes and manages fraud-related data. It streamlines complex management processes and ensures SIU activities are compliant with regulatory guidelines. Fully scalable, this service is designed to work as a completely outsourced solution or to augment overburdened internal SIU units.

Built exclusively for health care, Intelligent Investigator pinpoints patterns of suspicious behavior across all health care claim types, including medical, facility, pharmaceutical and dental. With its easy-to-use interface, Intelligent Investigator effortlessly walks users at all levels through potential fraudulent cases.

Taking advantage of the customizable education platform and training offered by LexisNexis, Lovelace completed a two-day program in which Peoples and other key staff members were familiarized with the solutions' use and capabilities.

Results

Initially, the Virtual SIU was charged with looking at Evaluation and Management (E/M) Coding to uncover outliers among various procedures. The unit found a large number of potentially fraudulent activities quickly, Peoples said, adding that LexisNexis began sending "great provider utilization reports."

Among the findings were a number of potentially "egregious billers," and LexisNexis helped with the probe review of sample cases to validate the identified questionable claims, Peoples said.

In addition to setting the stage for significant recoveries from possible fraudulent and abusive activities, the information acquired also has been helpful in educating providers who have made errors with no intent to defraud. In such cases, the Compliance Officer said, the Plan can alert the provider, fostering a positive working relationship.

Speaking to the quality of reports, Peoples said he previously had experience working with an in-house data mining team that operated “just like Virtual SIU; both would have produced the same reports.” The similarity ends there, however, he continued, as outsourcing has proven to be a faster way to the answer for Lovelace.

“When you’re reaching out to different teams to do your reviews, you have to fit into their workloads.” In contrast, he said, “I can’t speak highly enough about the turnaround time” with Virtual SIU. “They always get right on top of it for us.”

Time savings is also a key benefit of Intelligent Investigator, which enables users to create customized reports instantly without burdening internal departments.

“Intelligent Investigator is user-friendly and especially great if you don’t have a data background,” Peoples said. “It gives you all the information you need to get a full picture” rapidly and easily.

In the world of fraud, he noted, “you have to work quickly. Any time we can identify questionable billing trends, it will help us in the long run.”

Looking Ahead

With most all Lovelace Health Plan’s active E/M investigations moving along at a fast pace, Peoples will soon be broadening anti-fraud efforts to encompass other areas, including pain management and pharmacy. He is especially interested in the pharmacy data, looking to see what the LexisNexis solutions can tell the organization about drug usage patterns among its membership and working to detect inappropriate and costly drug utilization.

For More Information

Call 800.869.0751 or visit
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Our health care solutions assist payers, providers and integrators with ensuring appropriate access to health care data and programs, enhancing disease management contact ratios, improving operational processes and proactively combating fraud, waste and abuse across the continuum.



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