



Grow your fraud identification, detection and investigation capabilities with virtual SIU services

Health care fraud, waste and abuse hurt the bottom line of every health plan. With today's increasingly limited resources, opportunities to identify, prevent and investigate the right opportunities are often missed

The reality is, special investigation units often have an abundance of valid leads, but are not able to develop and pursue them due to a lack of resources. To solve this challenge, LexisNexis has developed a virtual investigative team with clinical backgrounds to help health care payers scale and their internal special investigations unit.

The LexisNexis Virtual SIU helps:

- Reduce exposure to health care fraud and increase actual recoveries.
- Streamline complex management processes
- Help ensure compliance with regulatory guidelines
- Save time and money utilizing proven data mining and case tracking methods that deliver resolution results that matter.

LexisNexis tools combine with our best-in-class team of analytic experts to uncover, analyze, evaluate and rank potential cases of fraud, waste and abuse and disclose relevant trends.



Our services include: :

Case Identification:

- Providing up to three years of data for retrospective runs in the post-pay environment.
- Analyzing all claims by professional and facility providers.
- Profiling the Top 10 providers within the Top 10 specialties, reporting trends and patterns of submissions based on multiple attributes, such as procedure codes and modifier usage.
- Utilizing a Composite Lead Indicator to rank and score providers based on an index of potential savings and probable recovery.
- Generating case leads and developing special investigations.
- Evaluating, on request, referrals received for investigation.
- Collaborating and advising on investigation plans developed for each particular type of inquiry.

Development of Cases for Client Review:

- Investigating cases and developing summary reports of findings and associated claims detail for each.
- Developing appropriate correspondence, collaborating to create letter templates for contacting providers and requesting medical records.
- Collaborating on fraud, waste and abuse findings, conducting regularly scheduled bi-monthly calls to review open and prospective cases and recommending next steps.

Filtering of Providers and Cases:

- Detecting anomalies in data using thousands of statistics, rules and patterns.
- Identifying instances in which values fall outside or in excess of norms utilizing built-in rules based on objective, industry-recognized sources.
- Uncovering potentially aberrant patterns or trends within claims data, including medical, pharmacy and behavioral health claims.
- Profiling providers and patients against applicable norms and thresholds.
- Analyzing billing patterns of all providers compared to self, peers and all billers.

Request and Review of Medical Records:

- Generating and sending medical record request letters as appropriate for case development and resolution.
- Evaluating medical records for appropriate documentation of services, correct coding and medical necessity. (For such review, Letters of Non-Reviewability may lead to the use of qualified outside medical review vendors.)



Pursuit of Recovery and Assistance in Appeals:

- Assisting in the recovery of identified overpayments.
- Incorporating efforts that include notification of findings, request and receipt of payment from providers and subsequent proper allocation and disbursement of those amounts in a compliant manner.

Periodic Reporting:

- Creating required periodic reporting to Government entities or others.
- Assisting in the assembly and submission of necessary data, statistics and case findings for mandatory program filings with local, state and federal agencies as needed.

Provider Data Validation:

- Verifying identities of providers.
- Validating professional licenses of health care providers nationwide, with in-depth information on board certifications, DEA licensing, legal standing and criminal records.



For more information about LexisNexis®
Virtual SIU™

Call 800.869.0751 or visit
www.lexisnexis.com/risk/healthcare

About LexisNexis® Risk Solutions

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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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