Pondera

Google™

Fraud Detection as a Service
Medicaid - Managed Care

Fraud Detection as a Service (FDaaS®) by Pondera Solutions helps alleviate the challenges with program integrity in managed care organization (MCO) health programs. FDaaS analyzes fee for service organizations, providers, beneficiaries, and encounter data using Google's predictive modeling, data mining and matching and search technologies.

The Problem

When the U.S. Congress passed the Deficit Reduction Act of 2005, it led to the creation of the Medicaid Integrity Program. Yet, in 2010, the Office of Management and Budget estimated that 9.4 percent of Medicare and Medicaid benefits payments were improper. Nationally, this represents over $90 billion in improper benefit payments. As the size of the Medicaid program continues to grow, states are accelerating actions to reduce improper payment rates and to deploy technology-based tools to prevent, detect, and recover improper payments. FDaaS is a powerful, cost-effective tool for addressing this serious issue.

FDaaS Process Flow

FDaaS can be used to validate beneficiaries and providers, detect anomalies in encounter data. FDaaS can also be used to examine provider activity across multiple providers, a common requirement in managed care programs.
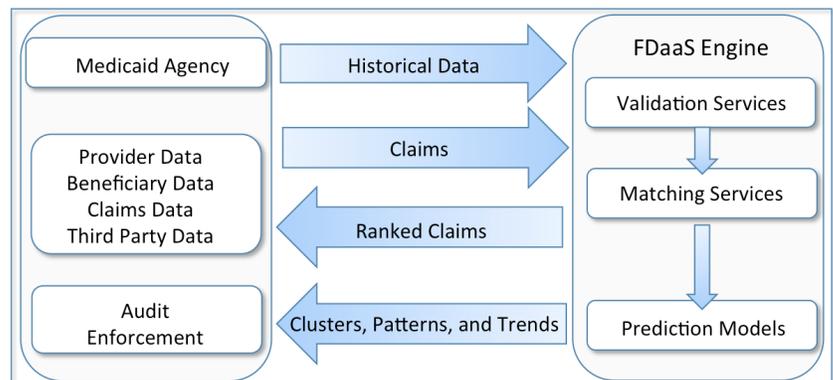

The FDaaS Solution

- Uses Google technology to predict and prevent Medicaid managed care fraud

- Reduces costs with preventative analysis and payee validation

- Google's Prediction API trains tunes and updates prediction models

- Visualizes anomalies with Google maps

- Other Google technologies mine, match, track and analyze data to prevent fraud

Reduce Costs

FDaaS reduces overall program costs by identifying provider issues that some fee for service organizations may be unable or unwilling to address. This can help improve care and increase competition in managed care programs - leading to lower and more accurate capitation rates.

- No purchase of expensive hardware or software

- No long term contracts. FDaaS is a monthly service.

- Full implementation in 90 days from receipt of data

- Works with existing IT infrastructure and MIS systems

- Minimal integration process thus reducing staff load

Google Technology

FDaaS is based on state of the art Google technologies, including:

Google Data Centers

Allows massive scalability without the need to purchase on-premise hardware or software. FDaaS is in the cloud, and unexpected spikes can be handled without system failure or processing time lags.

Google Prediction-API Engine

Prediction-API Engine trains, tunes and updates prediction models that check individual claims for anomalies or suspicious activities. Google discovers and report trends, patterns, clusters, and other variables.

Google Earth

Google Earth maps program actors, relationships between them, and any shared attributes to identify potential collusive behaviors.

Google Glass

Investigators can now receive secure mobile alerts on Google Glass that identify breaches, flags, triggers and suspicious activities.

Analyzes fraud in-depth

FDaaS incorporates data from trusted third-party commercial data providers, in conjunction with program data, to validate provider behavior, market activity, and program eligibility. Beneficiary validation verifies identity and program eligibility. Encounter analysis is done by detecting clusters, patterns, trends, and suspicious collusive activities. Geospatial analysis visualizes relationships between program participants using pre-built, interactive maps designed specifically for managed care.
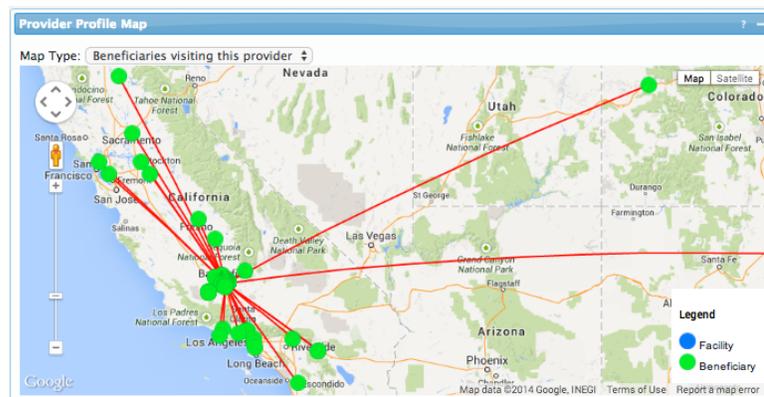
Protects Managed Care Organization Funds

Medicaid fraud detection is a vital way to safeguard state Medicaid funds and ensure their lawful distribution. In light of the push to prevent, detect, and recover improper managed care payments, now is the time to investigate new solutions based on proven technologies and practices for preventing managed care fraud, waste and abuse.