



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 fraud, waste and abuse and to deploy technology-based tools to detect, prevent, and recover improper payments.

The FDaaS Solution

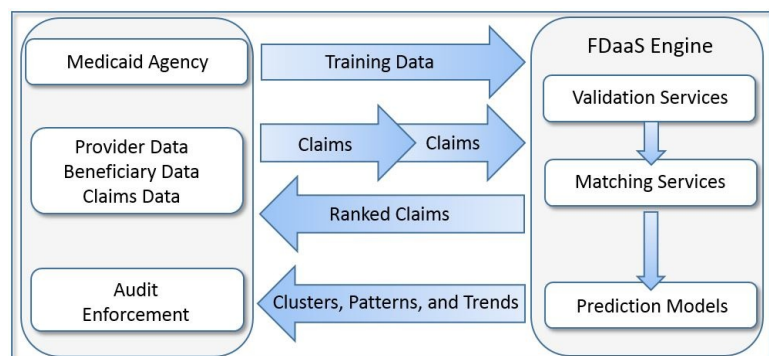
- Uses Google technology to predict and prevent Medicaid fee for service fraud
- Reduces costs with preventative analysis and payee validation
- Google's Prediction API trains, tunes, and updates prediction models
- Visualizes anomalies with Google maps
- Other Google technologies mine, match, track, and analyze data to prevent fraud

Fraud Detection as a Service *Medicaid - Fee for Service*

Fraud Detection as a Service (FDaaS®) by Pondera Solutions helps alleviate the challenges with program integrity in fee for service health programs by detecting potential fraud, waste and abuse before improper payments are made. FDaaS is a cloud-based, highly scalable solution that analyzes fee for service providers, beneficiaries, and claims data using Google's predictive modeling, data mining, matching and geospatial mapping technologies.

FDaaS Process Flow

FDaaS can be used to validate beneficiaries and providers, and detect anomalies in claims data. FDaaS can also be used to uncover previously undetected patterns, trends and clusters.



Reduces Costs

FDaaS reduces overall program costs by identifying problems with providers, beneficiaries and claims. FDaaS analyzes each individual program participant and each individual claim. The system then 'pushes' alerts to your dashboard when pre-configured thresholds are violated.

- 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. Because FDaaS is in the cloud, unexpected spikes in Medicaid claims 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 anomalies.

Google Earth

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

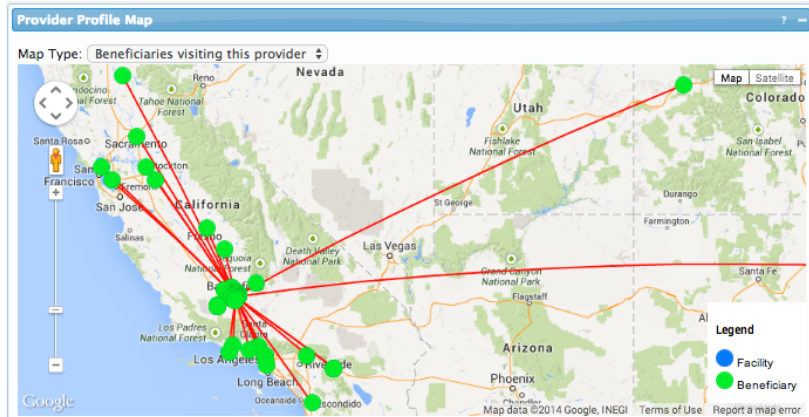
Google Glass

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

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Analyzes fraud in-depth

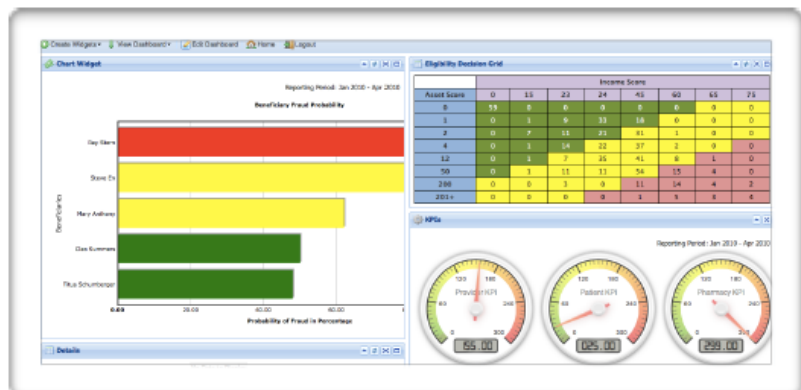
FDaaS incorporates information from trusted third-party commercial data providers, in conjunction with program data, to validate provider behavior, market activity, and program eligibility. Beneficiary validation verifies identity and eligibility attributes. Geospatial analysis visualizes relationships between program participants using pre-built, interactive maps designed specifically for fee for service programs.



Geospatial maps reveal the relationships between program participants

Protects State Medicaid 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 Medicaid payments, now is the time to investigate new solutions based on proven technologies and practices for preventing Medicaid fraud.



The dashboard includes performance indicators, decision grids, and alerts