

**2013 NAMPI**

**New Innovations to Combat Fraud and Abuse**

August 2013



# AGENDA

- Truven Health Analytics  
*formerly the healthcare business of Thomson Reuters*
- The Truven Health Program Integrity Enterprise Framework
- XL Health Case Study: Provider Surveillance
- PI Case Management

# Truven Health Analytics

Formerly the Healthcare Business of Thomson Reuters

**Our Singular Mission:** We integrate complex healthcare data and combine it with powerful analytics to measure performance and improve the efficiency and outcomes of healthcare services.

2,100 Employees  
in offices across the US

- Ann Arbor
- Denver/Greenwood Village
- Durham
- Chicago
- Boston
- Washington DC
- Baltimore
- Sacramento
- Santa Barbara
- St. Louis
- Philadelphia
- Nashville
- Milwaukee
- Atlanta
- Eagan/Minneapolis
- New York City



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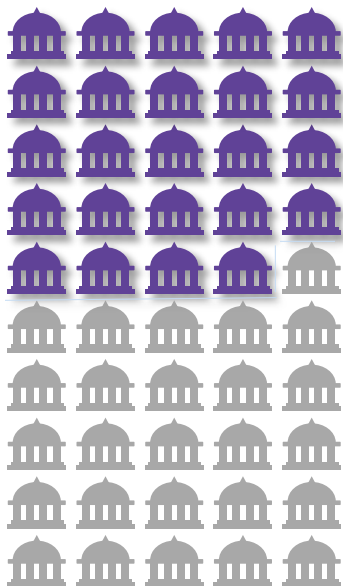
# TRUVEN HEALTH HELPS OUR GOVERNMENT CUSTOMERS ...

- Analyze state and national trends
- Manage Medicare-Medicaid “Dual Eligibles”
- **Combat fraud and abuse**
- Create Health Information Exchanges
- Manage Long Term Care
- Manage and enhance encounter data
- Profile provider performance
- Target and manage medical home programs
- Monitor and manage population health
- Improve clinical performance and outcomes
- Forecast, monitor, and manage healthcare costs
- Establish pay-for-performance programs
- Support disease management strategies
- Assess pharmaceutical costs and utilization
- Evaluate adequacy of provider networks
- Support managed care expansion and other cost-control strategies
- Support cost-effective preventative programs and service delivery



# Program Integrity Experience

## STATES

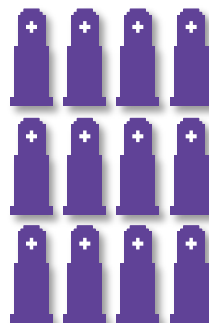
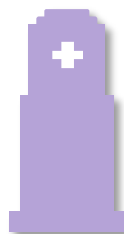


## FEDERAL

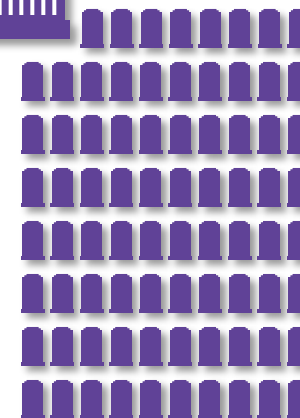


- HHS Centers for Medicare and Medicaid Services (CMS)
- HHS Office of Inspector General (HHS OIG)

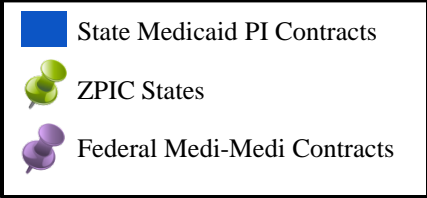
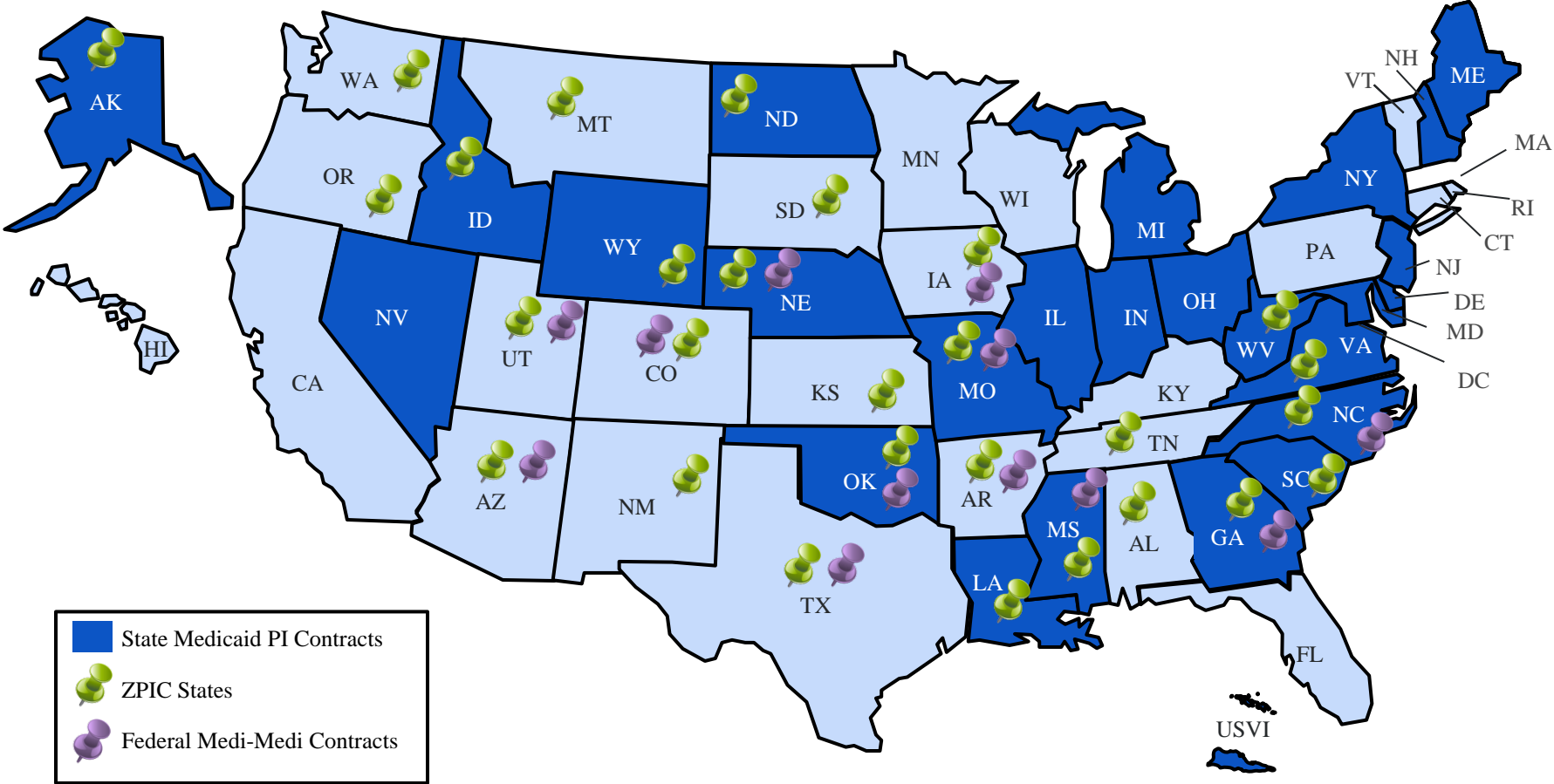
## HEALTH PLANS



## EMPLOYERS



# CURRENT GOVERNMENT PRESENCE

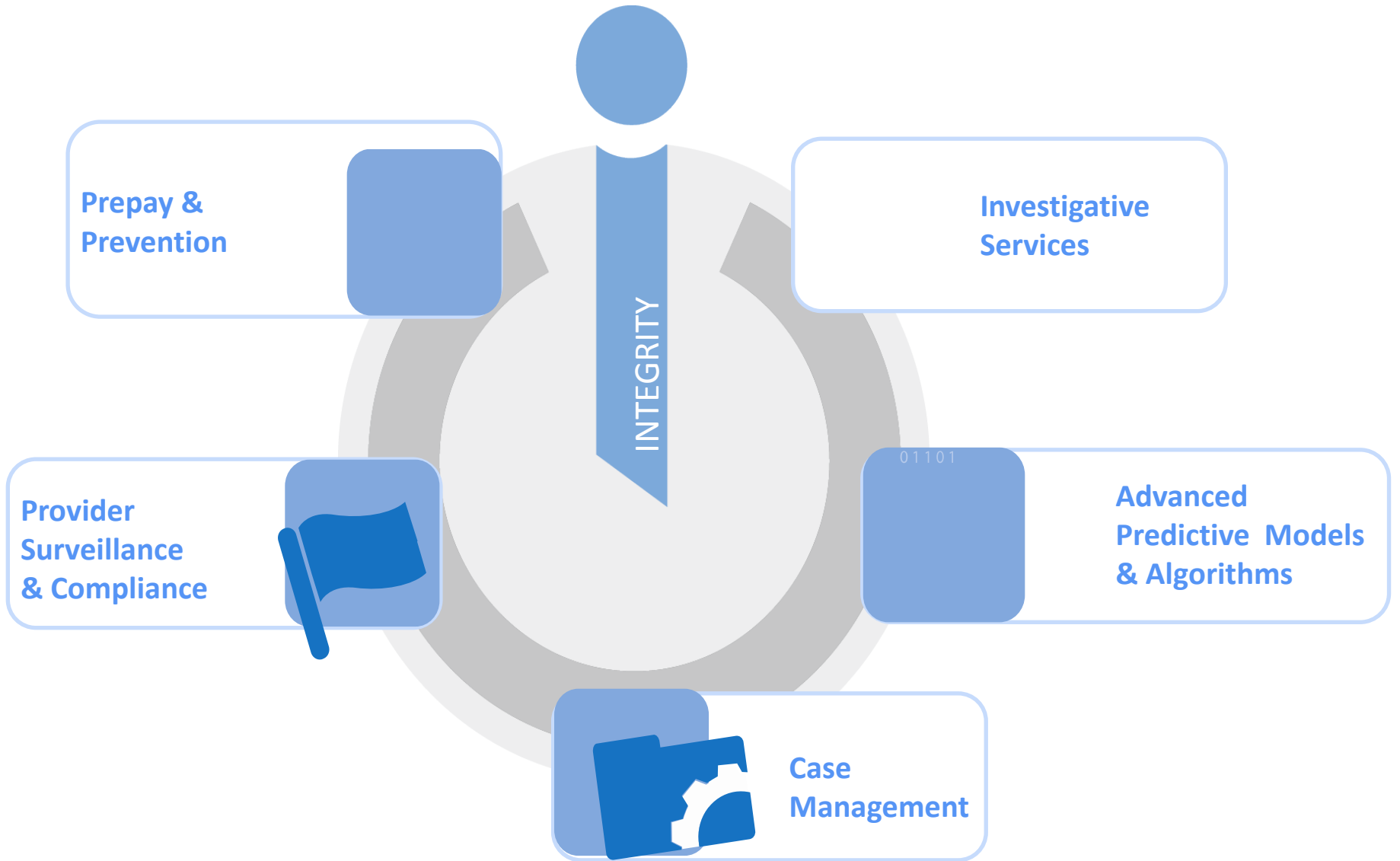


**2013 NAMPI**

**Program Integrity Enterprise Framework**

Mark Gillespie, Senior Director

# Truven Health Analytics Program Integrity Enterprise







# Advanced Predictive Models & Algorithms

- Fraud Algorithms
- Complex Analysis
- Predictive Analytics
- Cross-claim analyses
- Grouping and methods
- Embedded Clinical Intelligence

Trusted. Proven. Predictive Models & Algorithms.



# Prepay & Prevention

- Industry Standard Edits (e.g. NCCI)
- Fraud and Abuse Algorithms
- Predictive Analytics
- Risk Scoring
- Eligibility Checking
- Credentialing
- Surveillance Reporting

Trusted. Proven. Prepay & Prevention.



# Investigative Services

- Investigative Research
- Case Development
- Site visits
- Education
- Provider Self Audits
- Demand Letters
- Lock-ins
- Contract Negotiation
- Recoveries
- Watch Lists

Trusted. Proven. Investigation.



# Provider Surveillance & Compliance

- Risk-score providers
  - Federal and State Sanctions
  - Death Verification
  - License Status
  - Corporate Owners & Directors
  - Adverse Findings
- Vulnerability Assessment
- Contract Compliance
- Vendor Management

Trusted. Proven. Surveillance & Compliance.



# Case Management

- Easy-to-establish case files
- Single Data Repository
- Attachments
- Workflow Management Tool
- Flexible Reporting
- Secure Web-based Access
- Total SIU Success and Tracking
- ROI Calculation

Trusted. Proven. Case Management.

**2013 NAMPI**

# **XL Health: Provider Surveillance**

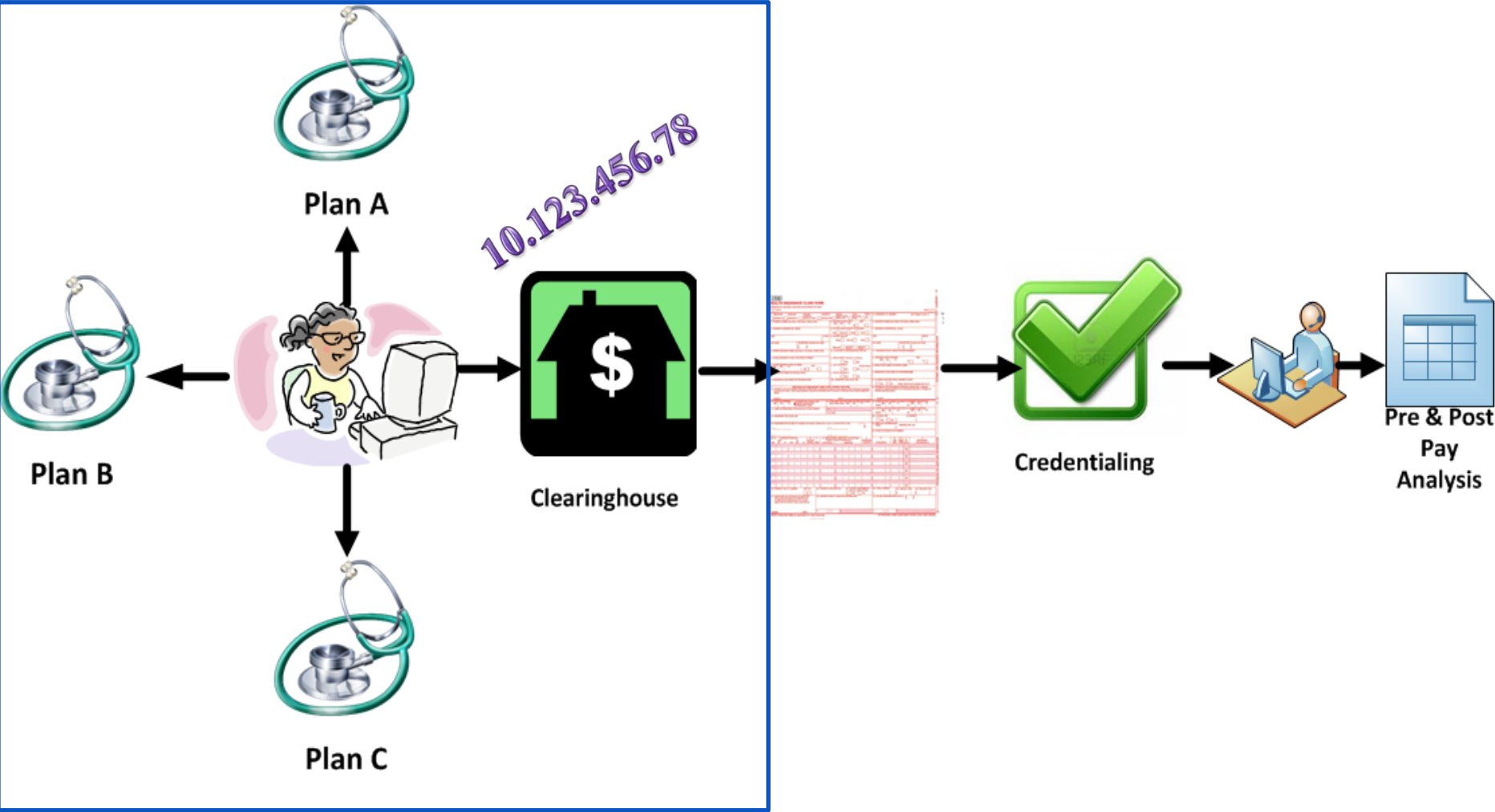
Kristin Valdes, VP, Operations & Technology

XL Health

# Then & Now

NOW

THEN



# Healthcare Data – Various Sources





# Provider Scorecard

Provider Tax ID	Provider Tax ID Name	Total Score	Three Year Amount Paid	Previous Amount Paid	Current Amount Paid	Change in Amount Paid	Previous Number of New Patients	Current Number of New Patients	Change in New Patients	Previous Services per Patient	Current Services per Patient	Change in Services per Patient
000000000	Primary Care	1025	\$1,537,506.13	\$257,006.56	\$1,537,506.13	49,824%	903	3,384	27,475%	5.42	7.29	3,454%
000000000	Primary Care	989	\$994,328.89	\$3,758.08	\$994,328.89	2,635,843%	34	1,268	362,941%	3.95	18.11	35,875%
000000000	Primary Care	725	\$731,786.06	\$3,348.96	\$731,786.06	2,175,114%	1	23	220,000%	4.00	9.46	13,646%
000000000	Primary Care	437	\$1,416,370.46	\$490,497.26	\$1,416,370.46	18,876%	1,287	3,960	20,769%	7.28	6.64	-885%
000000000	Primary Care	412	\$409,883.71	\$0.00	\$409,883.71		-	206	0%	-	7.01	0%
000000000	Primary Care	283	\$280,932.67	\$0.00	\$280,932.67		-	71	0%	-	6.00	0%
000000000	Primary Care	185	\$183,521.30	\$183.60	\$183,521.30	9,985,714%	1	951	9,500,000%	5.00	4.66	-676%
000000000	Primary Care	170	\$547,272.68	\$189,696.66	\$547,272.68	18,850%	532	1,461	17,462%	2.16	2.07	-419%
000000000	Primary Care	154	\$151,867.11	\$0.00	\$151,867.11		-	143	0%	-	1.43	0%
000000000	Primary Care	140	\$138,242.70	\$0.00	\$138,242.70		-	147	0%	-	2.12	0%
000000000	Primary Care	138	\$200,245.37	\$31,887.80	\$200,245.37	52,797%	35	198	46,571%	1.77	1.80	150%
000000000	Primary Care	113	\$111,315.71	\$0.00	\$111,315.71		-	120	0%	-	3.72	0%
000000000	Primary Care	108	\$105,743.22	\$0.00	\$105,743.22		-	46	0%	-	5.00	0%
000000000	Primary Care	103	\$101,072.59	\$0.00	\$101,072.59		-	93	0%	-	1.45	0%
000000000	Primary Care	95	\$93,018.36	\$0.00	\$93,018.36		-	328	0%	-	5.95	0%
000000000	Primary Care	91	\$234,013.86	\$72,691.09	\$234,013.86	22,193%	135	527	29,037%	3.94	3.96	28%
000000000	Primary Care	83	\$81,446.05	\$0.00	\$81,446.05		-	36	0%	-	5.11	0%
000000000	Primary Care	80	\$78,240.84	\$0.00	\$78,240.84		-	53	0%	-	2.09	0%
000000000	Primary Care	80	\$77,789.88	\$0.00	\$77,789.88		-	29	0%	-	1.00	0%
000000000	Primary Care	79	\$153,519.20	\$37,434.77	\$153,519.20	31,010%	13	67	41,538%	6.31	5.49	-1,301%
000000000	Primary Care	78	\$122,414.74	\$22,471.22	\$122,414.74	12,691%	22	160	28,182%	1.69	1.10	3,096%

- Total paid amount comparison
- New patient comparison
- Change in services per patient
- Change in visits per patient
- Change in PMPM
- Claim upcoding issues
- Distance (member & provider address)

**7 of the top 20 providers had fraud, waste & abuse findings!**

# Provider Scorecard

Provider Tax ID	Provider Tax ID Name	Total Score	Three Year Amount Paid	Previous Amount Paid	Current Amount Paid	Change in Amount Paid	Previous Number of New Patients	Current Number of New Patients	Change in New Patients	Previous Services per Patient	Current Services per Patient	Change in Services per Patient
1100000000	CHANGETIC INC	2	\$1,416,731.12	\$1,653,907.01	\$1,416,731.12	-1,434%	2,536	1,236	-5,126%	7.40	7.46	89%
1100000000	CHANGETIC INC	2	\$51,972.72	\$63,156.93	\$51,972.72	-1,771%	58	40	-3,103%	9.54	9.85	322%
1100000000	FRANCO ASS	2	\$67,804.09	\$83,495.25	\$67,804.09	-1,879%	15	20	3,333%	12.24	14.20	1,606%
1100000000	LAWRENCE	2	\$143,019.07	\$178,252.32	\$143,019.07	-1,977%	277	280	108%	4.56	5.27	1,540%
1100000000	RELANDIA	2	\$79,262.16	\$99,467.25	\$79,262.16	-2,031%	296	116	-6,081%	6.37	6.36	-23%
1100000000	STANBRO	2	\$286,553.01	\$362,765.58	\$286,553.01	-2,101%	-	1	0%	185.00	52.00	-7,189%
1100000000	PLUMMER	2	\$192,172.28	\$255,005.61	\$192,172.28	-2,464%	77	87	1,299%	4.74	4.57	-359%
1100000000	PREVIST	2	\$435,301.79	\$609,717.51	\$435,301.79	-2,861%	1,183	913	-2,282%	1.89	1.96	387%
1100000000	WEGA CLINIC	2	\$176,962.76	\$247,940.25	\$176,962.76	-2,863%	155	59	-6,194%	2.86	3.38	1,812%
1100000000	SOULTRON	2	\$103,943.40	\$149,509.62	\$103,943.40	-3,048%	116	119	259%	7.74	3.75	-5,156%
1100000000	HILLTOP	2	\$153,637.62	\$221,266.86	\$153,637.62	-3,056%	38	18	-5,263%	5.98	4.79	-1,985%
1100000000	HARTY PC	2	\$66,069.63	\$96,986.30	\$66,069.63	-3,188%	108	61	-4,352%	2.05	1.99	-305%
1100000000	MEDICAL S	2	\$187,349.56	\$276,213.95	\$187,349.56	-3,217%	58	58	0%	2.32	2.93	2,645%
1100000000	ALLEGRE	2	\$57,052.53	\$84,487.87	\$57,052.53	-3,247%	99	82	-1,717%	2.98	2.20	-2,626%
1100000000	LEFAYE PC	2	\$94,574.90	\$142,482.39	\$94,574.90	-3,362%	445	108	-7,573%	7.88	6.39	-1,882%
1100000000	ALLENBRO	2	\$147,329.93	\$225,509.24	\$147,329.93	-3,467%	16	17	625%	26.50	20.14	-2,399%
1100000000	ACE PHARM	2	\$61,147.25	\$96,891.51	\$61,147.25	-3,689%	231	92	-6,017%	3.10	2.68	-1,366%
1100000000	TRUCKARE	2	\$85,493.24	\$144,720.18	\$85,493.24	-4,093%	1	-	0%	10.00	14.00	4,000%
1100000000	PALMCO	2	\$84,017.00	\$151,432.92	\$84,017.00	-4,452%	87	48	-4,483%	12.48	9.14	-2,677%
1100000000	SHILOH	2	\$394,250.51	\$720,231.46	\$394,250.51	-4,526%	1,390	299	-7,849%	7.83	6.72	-1,421%
1100000000	SHILOH	2	\$133,330.40	\$264,083.08	\$133,330.40	-4,951%	703	119	-8,307%	4.39	5.90	3,439%
1100000000	CHRYSTOP	2	\$81,244.03	\$164,369.52	\$81,244.03	-5,057%	53	26	-5,094%	1.00	1.00	0%
1100000000	SHILOH	2	\$308,664.25	\$766,723.33	\$308,664.25	-5,974%	-	-	0%	16.00	7.00	-5,625%
1100000000	SHILOH	2	\$65,600.25	\$166,049.41	\$65,600.25	-6,049%	233	76	-6,738%	5.68	4.25	-2,514%
1100000000	ACE PHARM	2	\$154,294.52	\$328,466.60	\$154,294.52	-8,338%	9	1	-8,889%	20.58	7.00	-6,598%
1100000000	ALLENBRO	2	\$90,742.08	\$604,987.08	\$90,742.08	-8,500%	1,249	268	-7,854%	5.11	2.29	-5,523%

## Scorecard:

- Total paid amount comparison
- New patient comparison
- Change in services per patient
- Change in visits per patient
- Change in PMPM
- Claim upcoding issues
- Distance (member & provider address)

## Public Records:

- Tax Liens, Judgments and Bankruptcies
- Court Records
- Federal and State Sanctions
- State Licenses

Combining scoring data with public records data identifies additional providers that would otherwise not rank at the top.

Highlighted providers have been termed!

# Provider Surveillance

A comprehensive provider report that assigns each provider a risk score using public records data combined with medical claims data.

BNAME	STATE	CITY	NPI	TAX ID	TYPE	claims FFS	claims MC	claims	payments FFS	pay
					DME/Medical Supply Dealer	34	144	178	50088.87	144
					DME/Medical Supply Dealer	924	834	1758	1226158.62	817
					DME/Medical Supply Dealer	330	2210	2540	74861.72	228
					DME/Medical Supply Dealer	0	2183	2183		332
					Home Health Agency	3353	0	3353	2822926.34	
					DME/Medical Supply Dealer	0	314	314		291
					DME/Medical Supply Dealer	55	1059	1114	6908.19	301
					Hospice	501	0	501	1328357.27	
					DME/Medical Supply Dealer	562	0	562	1252877.52	
					Hospice	730	0	730	2098665.4	

query key	Total Score	Business Sanction Records	Person Sanction Records	Most Recent Sanction	Sanction Name	Sanction Match	Sanction Name	Search Name	Unique NPIs	Matching NPI	Oldest NPI	Newest NPI	NPI Name
84	1725	2	7	06/08/2012	1				1	Y	07/29/2005	07/29/2005	
10	1621	2	18	06/14/2012	0.93				1	Y	04/03/2006	04/03/2006	
107	1500		4	02/07/2012	1								
98	1325		31	06/08/2012	1				1	Y	11/15/2006	11/15/2006	
217	1315		20	01/31/2012	1				4	Y	07/15/2005	03/15/2006	
275	1170		11	09/02/2011	1				5	Y	01/19/2006	05/11/2011	
204	1080		1	05/17/2011	1				7	Y	08/23/2005	07/12/2011	
26	1025		8	08/12/2010	1				1	Y	08/31/2006	08/31/2006	
90	1025		1	03/30/2012	1				1	Y	02/09/2007	02/09/2007	
127	1025		2	06/08/2012	1				1	Y	05/17/2006	05/17/2006	

Unique Tax IDs	Matching TaxID	Owner Name	Associated Exec Records	Person Search Records	Business Lein Records	Business Dolan Records	Business Lein Mixed Records	Business Lower Court Records	Business Public Court Records	Person Criminal Records	Person Charges Records	Person Felony Records	Person Death Records
0	N		27	3	3					9	9	N	
1	Y		3	3	5		1	3					
7	Y		32	1	4		2	7	2				
0	N		4	3	1		1	2					
1	Y		6	3	1			2		1	1	N	
1	Y		35	3	96								
1	Y		3	2									
1	N		1	1									
0	N		1	1									
1	N		5	1									

# Provider Surveillance – Drill Down

query key	query BNAME	query CITY	query STATE	query SEARCH TYPE	Crt SancActn key	Crt Sanction Key	Crt SancActn ActionCode	Crt SancActn ActionStartDate	Crt SancActn ActionTerm	Crt SancActn TypeOfAction
8				B	1973	<a href="#">2593</a>		2007-04-23		
8				B	1974	<a href="#">2594</a>	1128a1			
8				B	1975	<a href="#">2595</a>	1128a1		10 YRS	
8				B	1976	<a href="#">2596</a>	1128a1			
8				B	1977	<a href="#">2597</a>		2002-02-20		1128b8
8				B	1978	<a href="#">2598</a>	R; Z1		Indef.	
8				B	1979	<a href="#">2599</a>	R; Z1		Indef.	
8				B	1980	<a href="#">2600</a>	Z1		Indef.	
8				B	1981	<a href="#">2601</a>	1128b8	2002-02-20		

Actions	Notes	Crt Sanction	Crt Sanction
Records	Records	CaseStatus	EmployeeOccupat
	Crt Sanction ActionSummary	Date	ionCategoryText
<a href="#">1</a>	Vendor Debarment		
<a href="#">1</a>	Exclusion: 1128a1 - Program-related conviction		
<a href="#">1</a>	Exclusion: 1128a1 -Program-related conviction		
<a href="#">1</a>	Program-related conviction		
<a href="#">1</a>	KY OIG Excluded Providers		
<a href="#">1</a>	TREATMENT R: Listed persons are excluded as participants or principals in all primary a		
<a href="#">1</a>	TREATMENT R: Listed persons are excluded as participants or principals in all primary a		
<a href="#">1</a>	TREATMENT Z1: For exclusions imposed prior to August 5, 1997, the scope is limited to		
<a href="#">1</a>	EXCLUSION: 1128(b)(8) Entities owned or controlled by a sanctioned individual.		

Out of the top 40 ranked providers, leads were open on 3 cases with a potential overpayment of **\$1.5M**

(Cases based on settlement agreements from public data combined with total dollars paid on medical claims by the plan)

## Other Case Outcomes

- ▶ Providers placed on Pre-payment Record Review
- ▶ Referrals to the MEDIC and OIG
- ▶ Education
- ▶ Termination from plan
- ▶ Legal action
- ▶ Overpayment Demands



## Case Management Insights

Zac Charlson, Sr. Consulting Manager

# Medicaid Program Integrity - Case Management

- Effectively managing workloads and minimizing duplication of effort across a wide variety of programs and processes requires a robust and highly customizable, collaborative case management system.
- A successful case management system supports prioritization, tracking, re-assigning, and reporting on all activities related to payment integrity; including reviewing claims, conducting investigations, audits and interviews, educating providers, sending demand letters, and, if necessary, supporting prosecutions.
- Truven Health Analytics offers a secure, highly configurable, user-friendly Web-based Case Management and tracking solution with flexible workflow and access controls.
- **Bottom Line:** Case Management improves quality of care, cost avoidance, overpayment recoveries, and better manages financial risk by reducing fraud and abuse through enhanced organization, communication, collaboration and information sharing.

# Case Management - Key Features

- Paper-free!
  - Manage large number of cases and tasks from a central system
  - Search historical cases, link related cases
  - Attach documents, case evidence, medical records, photos, etc
  - Record notes, calls, emails, activities, audits, dates and algorithms within case
- Dynamic web-based functions
  - Intuitive and user-friendly
  - Accessible from anywhere
  - Allows for cross-organization collaboration
- Role-based security
  - Limit editing or viewing cases
- Ad-hoc and dashboard reporting
  - Report status on the fly or by using previously created reports
  - Dashboard reporting allows a set of reports to be updated and run at each log-in
- Workflow
  - Create Notifications, Confirmations, Assignments, Reminders, Escalations, Notices & Approvals



# Case Types



## **Contact Log**

Allows users to log inquiries from members and providers regarding fraud cases and referrals. Includes standard information about the caller, reason for the call and final disposition of the contact log.

## **Referrals/Preliminary Investigation**

Allows users to capture more detailed information about fraud referrals and perform preliminary investigations to determine whether to open a case. Includes capabilities for tracking of referrals to and from the Medicaid Fraud Control Unit (MFCU).

## **Provider and Project Cases**

Allows the user to enter key information about a fraud investigation from initiation through recovery. A Provider Case includes only one provider while a Project Case can be used to track a common fraud case among multiple providers.

# Case Management – Quick Demonstration

i-Sight Case Management Menu

Records

Reports

Maintenance

## Case Entry

- Create New Contact Log
- Create New Preliminary Investigation Case
- Create New Provider Case
- Create New Project Case
- New Incoming Email

## My Responsibility

- My Cases (Open) **(4)**
- My Cases (Closed)
- My Actions
- My Audits/Risk Assessments

## Working Queues

- Case Closure Queue
- Providers Closure Queue
- Contact Logs Closure Queue **(1)**
- Recovery Queue **(38)**
- Preliminary Investigation Work Queue **(5)**
- New Project/Provider Case Work Queue **(18)**
- External/MFCU Hold Queues:
  - Preliminary Investigation Cases **(1)**
  - Project Cases **(1)**
  - Providers **(4)**
- Internal/OMPP Hold Queues:
  - Project Cases **(1)**
  - Providers

## Migration

- Provider Cases (Open)
- Preliminary Investigation Cases (Open)
- Contact Log Cases (Open)

## Quick Jump

Enter Case Number  **Go**

## Contact Log Cases

By Case Number

## Preliminary Investigation Cases

By Case Number

## Open Provider/Project Cases

- By Case Number
- By Case Type
- By Responsibility

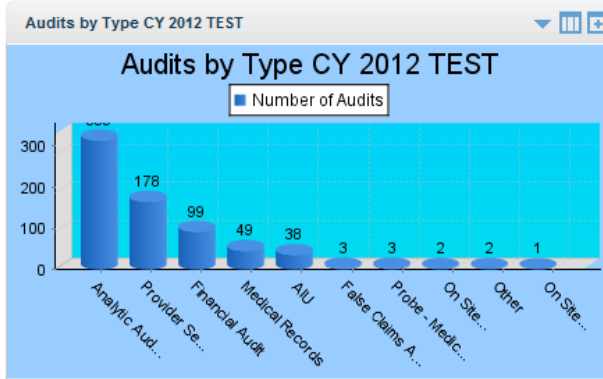
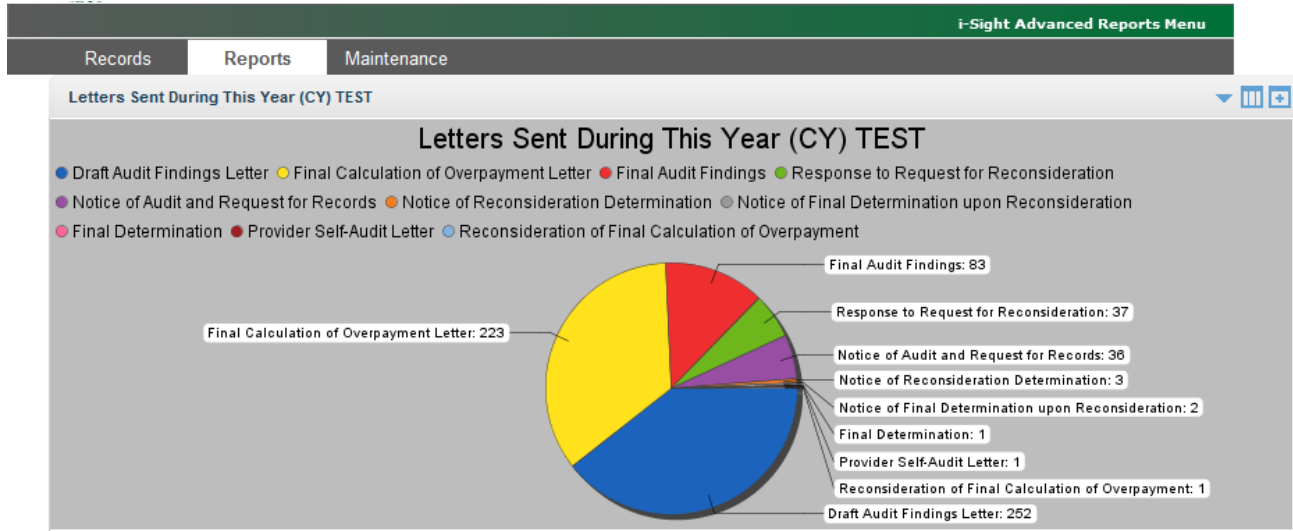
## All Provider/ProjectCases

- By Case Number
- By Date Recorded
- By Responsibility
- By Status
- By Case Type

Current User: Zachery Charlson (Beta-TR0141799)

i-Sight by Customer Expressions

# Reporting

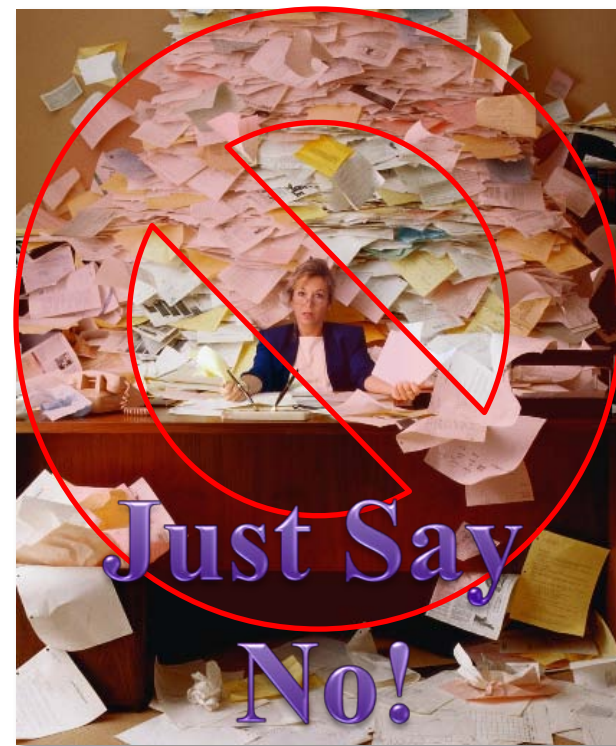


Pending FCO

Case_#	Item_#	Case_Name	Provider_Name	PROV_LPI	Letter_Type	Sent_Date	NumberOfDays	FinalDeterminationDate_PR
PRJ-2011-11-000001	007	In Home Services During In-Patient Stay	El and L Personal Services Inc	200909020	Preliminary Findings Letter	2011-10-03	619	
PRJ-2011-11-000001	008	In Home Services During In-Patient Stay	Public Partnerships LLC	200811880	Preliminary Findings Letter	2011-10-03	619	

# Case Management – Conclusion

- The Truven Health Analytics Case Management System:
  - Saves Time and Resources
    - Case Processing Time
    - Reduces Employee Workload
  - Strengthens Communication
    - Promotes Internal and External Teamwork
    - Produces Management Reports
  - Increases Case Organization
    - Secure, Paper-Free, Central Repository – Single Point of Record for External Audits
    - Searchable and Linkable - Current and Historical Cases
    - Reduces Potential for Duplicate Provider Audits





## Questions & Discussion



# Contacts

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