



Features

Our comprehensive, user-friendly system features:

- Detection, investigation, case management and analysis tools
- Flexible, scalable architecture that integrates with other enterprise initiatives
- Sophisticated data mining, rules-based logic and state-of-the-art neural network predictive modeling techniques that identify unknown schemes
- Customized data warehouse, created from multiple sources and integrated for each client's specific use
- Tool that enables immediate desktop access to data through data queries and viewing results from predictive models and targeted-detection queries

The EDS 360-Degree Healthcare Continuum

The Continuum is a framework for how solutions and assets can be connected and organized to drive change and address critical healthcare system goals. The solution described in this document addresses the Streamlined Business Processes, Knowledge Distribution and Performance Improvement priorities of the Continuum.

DETECT AND PREVENT MEDICAID FRAUD AND ABUSE

EDS MEDICAID FRAUD AND ABUSE DETECTION SYSTEM

The Medicaid Fraud and Abuse Detection System is one of several fraud and abuse prevention tools and solutions developed by EDS, an HP company.

We provide desktop access to information and analysis through a full range of sophisticated tools, technologies and capabilities that detect, prevent and recover monies lost to fraud, abuse and waste.

Identify the issues draining healthcare dollars

Today's healthcare organizations understand that each dollar lost to inappropriate utilization and fraud is a dollar not directed to improving their clients' healthcare. And although inappropriate utilization and fraud can be difficult to detect, it is essential that publicly funded programs use resources effectively and be accountable to both taxpayers and legislatures, building and securing public trust. A comprehensive fraud and abuse program can also help identify issues, whether from fraud or program misutilization before they negatively affect limited financial resources.

Maximize program resources

Start protecting and recovering dollars with the EDS Medicaid Fraud and Abuse Detection System. EDS' integrated approach features a robust data warehouse, predictive modeling technology, and focused, targeted detection queries and ad hoc analysis capabilities to detect and deter inappropriate behaviors. By combining some of today's most advanced analytical tools with the knowledge of healthcare experts who can interpret the most complex data, EDS can help you get more from your health program resources.

Spot aberrant behavior and recover - fast

- EDS' predictive modeling techniques help to spot aberrant behavior earlier and to pursue suspects and recover inappropriately paid funds. "Learning technologies" enable systems to adapt to evolving schemes and to identify previously unrecognized aberrant behavior. And EDS' predictive modeling partner Fair Isaac is a leader in predictive analytics.
- Focused, targeted detection queries hone in on known or suspected areas of fraud, abuse and waste in programs, enabling the quick recovery of funds paid in error.
- A case management tool enables staff to open, assign and track cases and case activities - even to track dollars recovered from waste or abuse cases. Case management data integrates with the ad hoc tool to enable immediate reporting on all case management activities logged in the system.



TEXAS DECLARES WAR ON FRAUD AND ABUSE

To help prevent the flow of dollars down the drain, the Texas Health and Human Services Commission (HHSC) awarded the contract to EDS. Along with a specialized project affiliate, EDS provides Texas with the most technologically advanced Medicaid Fraud and Abuse Detection System (MFADS) of its kind - a highly successful system.

MFADS went live in December 1997. As of the end of state fiscal year 2007, the system helped HHSC identify a total of 19,000 suspects and recover more than \$19 million. Texas has implemented a state-of-the-art solution for a major national healthcare problem.

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A proactive approach to deterring fraud, abuse and waste

- Identifying fraudulent, abusive or wasteful providers improves program integrity and financial health and enables more funds to be directed toward valid services.
- EDS' predictive modeling techniques keep fraud, abuse and waste under better control and protect resources by proactively detecting aberrant behavior and identifying abusers and criminals earlier.
- EDS "learning technologies" help clients adapt to evolving and emerging schemes and identify previously unforeseen or unknown aberrant behavior.
- Responsive, customizable and user-friendly system gives easy and immediate access to database information and enables mining of needed information.
- Case management enables better control of fraud-, abuse- and waste-detection efforts, including case initiation, assignment, tracking and immediate reporting.
- Automation and information access improve staff productivity and efficiency.

EDS has proven track record with CMS and Medicaid

- As the largest provider of Medicaid fiscal agent services, EDS is committed to addressing state governments' emphasis on reducing fraud, abuse and waste.
- EDS was the first vendor in the Medicaid market to apply predictive modeling for detecting fraud and abuse.
- We currently provide fraud, abuse and waste protection services in the United States for several states, including California, Kansas, Pennsylvania and Texas.
- Since 1999, EDS has served as a Program Safeguard Contractor for the U.S. Centers for Medicare and Medicaid Services (CMS) to promote the integrity of Medicare Part D, the retiree drug subsidy and Medicare Advantage (MA) programs by identifying, preventing and stopping fraud and abuse.
- EDS was selected to support the CMS One Program Integrity initiative, consolidating all data warehousing and analytics for contractors and others responsible for detecting fraud and abuse related to CMS programs. We provide CMS regional contractors who ensure that Medicaid and Medicare payments are made appropriately, with easier access to information to make data comparisons through the single data repository that we developed and implemented.
- EDS provides CMS with analytics solutions and a Web portal to present data to users and to allow convenient, one-stop, secure data access.
- EDS supports CMS audit, oversight and anti-fraud and abuse efforts associated with Medicare prescription drug programs in 25 states, the District of Columbia and the U.S. Virgin Islands. We serve as a contractor to CMS, fighting fraud and abuse related to benefits for inpatient/outpatient healthcare services, durable medical equipment, and regional home health intermediary services.