PostShield®

Catch What Slips Through, & Recoup with Confidence

Global Provider Dashboard
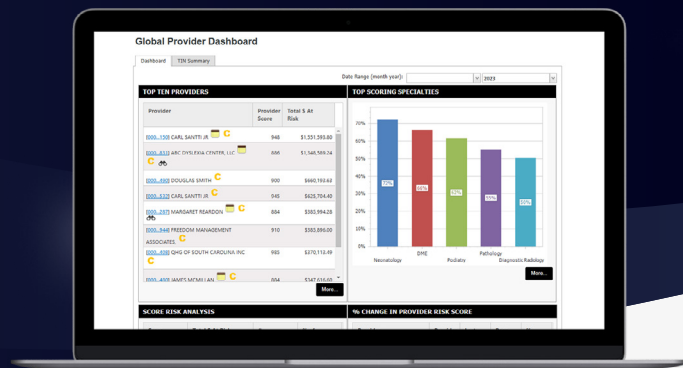
"In 2024, Medicare Fee-for-Service reported $31.7 billion in improper payments—mostly due to insufficient or unsupported documentation."[1]

OVERVIEW

Once claims are paid, the window to recover improper payments narrows quickly. Post-payment review is your final defense, and it needs to be fast, intelligent, and effective.

PostShield® by Healthcare Fraud Shield delivers exactly that. It combines robust post-payment analytics with intuitive design to help payers uncover fraud, waste, abuse, and error (FWAE) that evade front-end controls. Built into the HCFSPlatform™, PostShield® empowers teams of all technical levels to recover funds, improve accuracy, and continuously adapt to emerging threats.

WHAT MAKES IT DIFFERENT?

PostShield® applies a configurable rules engine and claims logic to evaluate paid claims for potential FWAE risks. It flags suspect activity such as duplicate billing, unbundling, policy violations, and excessive utilization. Designed for flexibility, PostShield® can be enhanced with optional modules like AIShield® and SharedAnalytics™ for broader pattern detection across payers. Results feed directly into integrated workflows for investigation, recovery, or provider action.

Whether you're focused on payment integrity, conducting audits, preparing SIU investigations, or validating suspect trends, PostShield® turns paid claims into actionable insights.

KEY BENEFITS

- **Improves ROI** by identifying real, recoverable fraud cases

- **Intuitive workflow** and interface, accessible to non-technical users

- **Combines paid claim data** across payers for stronger pattern detection

- **Flags** policy violations, ineligible providers and members, and coding issues

- **Fewer false positives** thanks to robust, AI-enhanced algorithms

- **Built-in tools** for letter generation, SIU referral, audit prep, and more

- **Fully integrated** with AISheild®, CaseShield®, FWA360Leads®, QueryShield® and RiskAdjustment™

CLIENT VALUE EXAMPLES

Challenge: High-dollar procedures are slipping through audits with insufficient documentation

Solution: PostShield® identifies mismatched codes and over-utilization trends, helping recover millions and inform pre-payment edits

Challenge: A health plan's staff struggles with complex tools and inconsistent output

Solution: PostShield® empowers analysts with easy-to-use workflows and intelligent alerts that prioritize real threats, not noise

Contact us to learn more!
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Healthcare **Fraud Shield**