

PreShield

REAL-TIME PRE-PAYMENT FRAUD DETECTION SYSTEM

PreShield

Individuals and companies in the healthcare industry are finding new and innovative ways to commit fraud, take public and private money and then disappear. While the traditional retrospective investigative approach is still an integral and necessary function, stopping fraudulent claims before they are paid is vital in impacting the growing fraud crisis. Healthcare Fraud Shield's pre-payment detection system, PreShield, is designed to:

- Focus resources on the most viable and prospective suspicious claims using real-time data
- Daily feeds that can be tailored based on claim attributes, staff availability, staff expertise, company initiative, and regulatory alerts and guidance
- Increase Return on Investment
- Reduce dollars lost by preventing fraudulent claims to be paid
- Reduce the level of effort needed by investigators/analysts to find the fraudulent claims by reducing the excessive false positives returned by other fraud systems, allowing the staff to focus on the tangible suspicious claims/cases
- Clear, concise and detailed alerts that provide reference points and helpful training on complex fraud topics and new schemes
- Increase the intelligence of the product over time based on prior results, strengthening the use and efficacy of predictive analytics
- Work seamlessly with your post-pay and case management system

