



# Quick Wins

How HMS helped a multi-state Managed Care Organization start winning the war on fraud

## The Problem

Fraud costs the nation's healthcare payers more than \$80 billion every year.

Committing to win back some of that lost revenue, a large Medicaid Managed Care Organization (MCO) approached HMS in 2015. Specifically, its Special Investigations Unit (SIU) requested ways to make better use of our tools and simultaneously develop analytic and investigative expertise across

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their Medicaid book of business in 13 states.

Acquiring that kind of experience and

technology can be very difficult, especially for SIUs managing a complex, multi-state operation. When fraud schemes become more sophisticated – and they do – then the challenge becomes even greater.

## The Process

HMS developed a two-fold solution. First, we used the power of our advanced detection system and analytical expertise to deliver results. Then we trained our customer's SIU team to better find fraud themselves.

Our highly experienced analysts/investigators utilized our state-of-the-art fraud, waste,

and abuse (FWA) data system across multiple states data sets, to identify potential high value, investigative targets. We then provided TRAP (Target, Review, Assess, Pursue) reports detailing the potential fraud targets, methods, and recommendations for each case. We delivered 20 TRAP reports over the next two quarters.

## The Results

HMS found more than \$12.2 million in actionable FWA cases in multiple states in just six months. Our investigations were so revealing, our customer immediately passed along a significant case to the state attorney's Medicaid Fraud Control Unit.

What's more, our customer's analysts can now replicate the investigative processes and pathways used in those cases to identify other cases in other states' data sets, further magnifying the value received. In fact, the return on investment of HMS fraud solutions can increase exponentially when you consider that an MCO can gain millions in recovered losses and then go on to prevent as much or more in future losses.

Because of the results we achieved, our customer plans to dramatically expand its SIU to take the battle to the fraudsters.

**Contact HMS and find out about fraud solutions that are right for you.**

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Enterprising healthcare

HMS provides the broadest range of cost containment solutions in healthcare to help payers and at-risk providers improve performance. Using innovative and time-tested technology and analytics, we prevent and recover improper payments related to fraud, waste, and abuse. As a result of our services, customers recoup billions of dollars every year and save billions more through the prevention of erroneous payments.