



Medicaid Claims Data Analysis for Fraud Detection

Medicaid covers medical care for over 68 million Americans – more than 1 in every 5 – in 56 states and territories. Medicaid is the dominant payer for many important services, accounting for 40 percent of spending on long-term care services and supports and 48 percent of all births. The States and Federal government spend around \$415 billion on Medicaid annually, making it an attractive target for fraudulent providers.

Benefits vary across states and territories creating a complex program and increasing its vulnerability to fraud, waste, and abuse. Differing policies and claims processing systems unique to each Medicaid agency make identifying abuse and waste very challenging. IntegrityM's Medicaid Data Analytics services can help you identify and stop fraud, waste, and abuse in Medicaid.

Medicaid Data Analytics Services

IntegrityM has years of valuable experience analyzing claims to identify Medicaid waste, fraud, and abuse. Our team can research state-specific policies; identify benefits vulnerable to fraud, waste, and abuse; and quantify these vulnerabilities through innovative analyses.

Our analytic capabilities include:

- Proactive analyses to identify Medicaid fraud as early as possible
- Retroactive analyses to show past improper payments
- Targeted claims analysis in support of Medicaid fraud investigations
- Complex and widespread data mining
- Identification of spikes and aberrant billing
- Unusual service patterns and questionable provider practices
- Determine the quality of care provided
- Identify providers with poor quality indicators
- Develop analyses to assess access to care
- Measure health outcomes for specific benefits
- Identify overpayments and estimate their extent for an entire state or a single provider
- Select statistically valid random samples of claims to assist in recoupment

Our team has experience working with Medicaid programs in numerous states and can work with Medicaid programs throughout the country. Our Medicaid Data Analytics have resulted in successful Medicaid fraud investigations, overpayment recoupment, and identification of Medicaid benefits vulnerable to fraud, waste, and abuse.

Our Comprehensive Approach To Medicaid Claims Data Analysis

IntegrityM is innovative, accomplished, and passionate about stopping Medicaid fraud, waste, and abuse. Our team of highly qualified analysts, statisticians, specialists, and investigators provide a comprehensive approach to Medicaid Data Analytics, working closely with you to meet your organization's changing needs.

Our goal is not simply to identify Medicaid fraud, waste, or abuse, but to assist you in diagnosing problems, interpreting data, and developing solutions. We can assist your organization in implementing these solutions to prevent future fraud.



INTEGRITY MANAGEMENT SERVICES

Contact The Audit Experts At Integrity Management Services

[Click here to contact the Federal and local government audit experts at IntegrityM](#), or call **(703) 683-9600** to speak with someone now. We are happy to answer all of your questions.

View all [Integrity Management Consulting Services](#)

Return to the [Integrity Management Services Homepage](#)