SHIFT

Improper Payment Detection for Health Plans

Enhancing the Approach to Fraud, Waste and Abuse

The Challenge

Health care fraud, waste and abuse (FWA) is a massive issue, costing US health plans billions each year. And most FWA detection solutions fall short, with a narrow focus that lacks true automation and the ability to accurately identify and prioritize suspicious claims, providers and members for investigation and analysis.

Introducing: Shift Improper Payment Detection

Shift is revolutionizing the detection and management of fraud, waste and abuse, by delivering unparalleled AI-driven insights to help health plans take action with speed and accuracy.

With Shift, your plan can identify the highest value cases in the shortest amount of time and deliver on top priorities in areas such as:

Medical   **Dental**   **Vision**   **Pharmacy**

Prevent 2% Revenue Leakage

Detect 4x More FWA
100+ External Data Sources

Eliminate False Positives
AI-Powered Detection Models

Increase SIU Efficiency by 200%
Actionable alerts, integrated data and integrated case management

Stay Ahead of Emerging Schemes
200+ Data Science and Accredited Healthcare Experts

Shift's actionable insights enable your plan to identify:

Suspicious claims based on continually updated scenarios

Suspicious member behaviors

Suspicious relationships within provider networks

Anomalies in care delivery, billing and payment

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How It Works: A High-Impact Approach Powered by AI

Shift Improper Payment Detection provides an efficient, high-impact approach to identifying fraud, waste and abuse for health plans. By leveraging enhanced data and artificial intelligence, the solution provides the insights investigators need to maximize savings for health plans.

It gives users within a health plan the ability to analyze behaviors and actions across multiple lines of business—individual providers and provider networks, third parties, plan members, and more.

Great decisions take great data

Shift's Improper Payment Detection solution enhances the investigation process by integrating any internal and external data sources for the best view of the plan, providers and members. Shift's sophisticated data cleansing and mapping capabilities make it possible to bring any data source, in any form to ensure models are fueled by the best information available.

This empowers investigators to identify emerging schemes, expose suspicious relationships, and surface other previously unseen issues.

Bringing real-time intelligence at the pre and post payment level

Shift is able to identify, in real-time, suspicious claims by providers, alerting investigators to potential risks against the healthcare plan prior to payment. Shift incorporates investigative outcomes to help drive AI and machine learning capabilities, decreasing false positive rates and increasing accuracy in both the prepayment and post payment process.
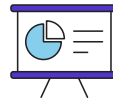
Supercharging the SIU

Shift provides prioritized alerts at the provider specialty and scheme-based level, providing investigators with the most impactful cases to maximize savings and return on investment for the plan. Shift's detailed provider report highlights the driving factors behind the alert all in one place, streamlining investigations.
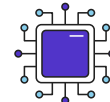
Internal/External Data Integration **+** Entity Resolution **+** Network Analytics **+** AI-Powered Prioritized Alert Queue

Learn more about Shift's Improper Payment Detection Solution at **shift-technology.com**

SHIFT

About Shift Technology

Shift Technology delivers the only AI-native decision automation and optimization solutions built specifically for the global insurance industry. Addressing several critical processes across the insurance policy lifecycle, the Shift Insurance Suite helps insurers achieve faster, more accurate claims and policy resolutions. Shift has analyzed billions of insurance transactions to date and was presented Frost & Sullivan's 2020 Global Claims Solutions for Insurance Market Leadership Award.

For more information, please visit **www.shift-technology.com**