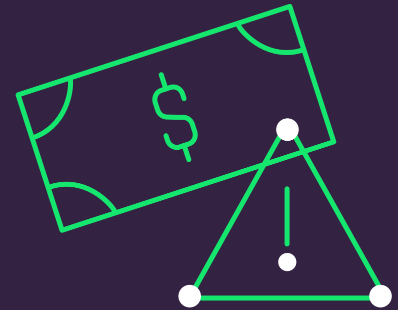
quantexa

Intelligent Healthcare Integrity Solutions

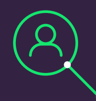
Prevent improper healthcare payments through a proactive data-driven approach



99% Entity resolution match accuracy

60x Faster data resolution for rapid time-to-value

Scaling proven to 60bn+ records



70+ Deployed across more than 70 countries

The challenge

Government healthcare programs provide critical services to many Americans. However, fraud waste and abuse within these programs constitute a significant risk to their financial viability over time. Current estimates for improper payments stand at over $200 billion annually.

A Gartner report from 2021 reveals that a staggering 3% to 8% of all paid claims' dollars have payment integrity problems.

The challenge here is twofold: the lack of visibility on knowing which providers and suppliers are legitimate and compliant, and the failure to detect improper claims before payments are made.

Onboarding and monitoring providers and suppliers

The Center for Medicare and Medicaid Services (CMS) manages as many as 2.5 million provider and supplier enrollments per year. States manage many more. The complex networks of affiliations allow for fraudulent suppliers to manipulate the systems and keep re-enrolling, thus making their activity almost undetectable. The main blocker is lack of a single view of a provider or supplier, missing the broader context around their historical behavior and corporate relationships. Therefore, current systems produce results with limited accuracy, allowing a lot of opportunities for abuse and fraudulent behavior.

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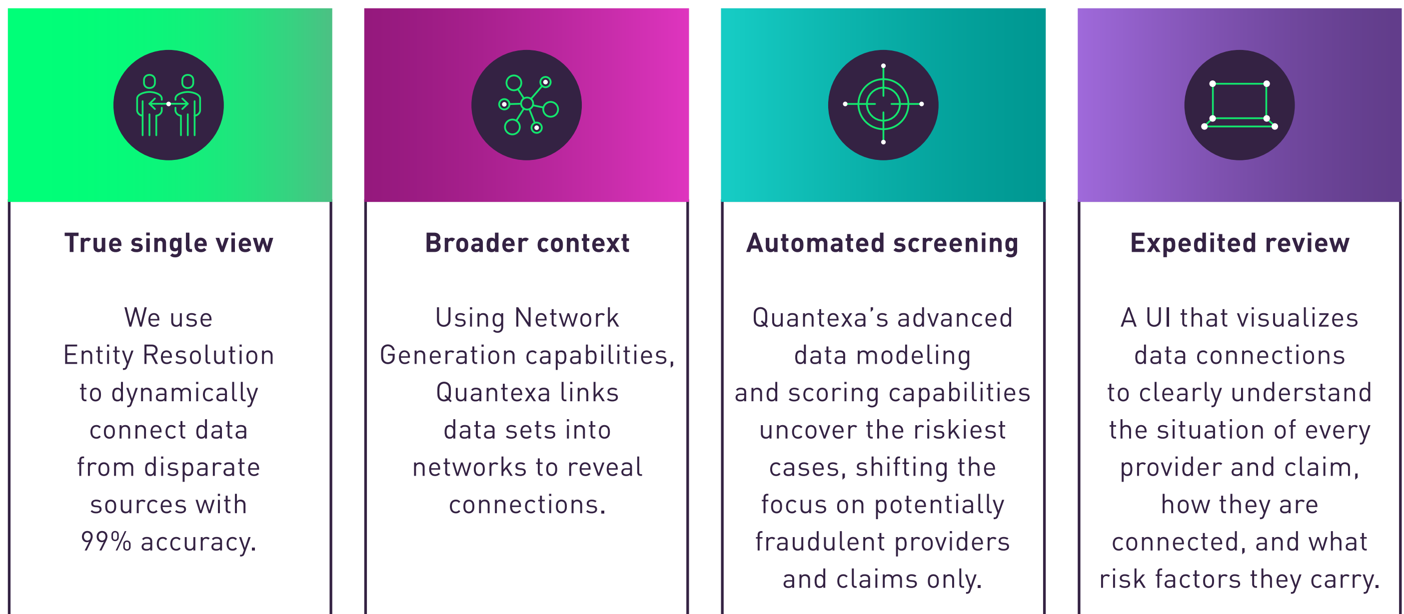
Screening claims

Government healthcare programs process more than 1 billion claims each year. In paying claims, stakeholder service has always been a priority with 99.7% of Medicare claims being paid in 17 days. Frequently, improper claims are chased retrospectively (post-payment). That results in a lengthy, expensive, and inefficient recovery process.

The reason for this is the vast number of disparate and disconnected legacy systems that carry valuable data which is underused. More sophisticated and advanced analytics such as peer-to-peer price and medical procedure comparisons, distance between patient and provider addresses, etc. are needed to make the right judgment and reject or review a claim before it is sent to payments.

The solution - use context to unlock the value of data

The key to overcoming Healthcare onboarding and payment integrity challenges lies in the ability to **unlock the value of data** and see the **wider context**.



What you will achieve

Provider and Supplier Screening	Claims Screening

- A single source of truth of providers, suppliers, and claims across both internal & external data.
- The power to evaluate providers before enrollment as well as monitor currently enrolled providers.
- Scoring and tasks that guide analysts to the riskiest providers.
- Reduction of improper payments through a real-time multi-dimensional view of claims, providers, and beneficiaries.
- Robust risk assessment capabilities that uncover hidden risks using AI.
- The ability to see discrepancies between data in various systems (NPI directory vs. business records) to solve data problems.
- A UI that visualizes otherwise hidden patterns between providers, claims, and external data.

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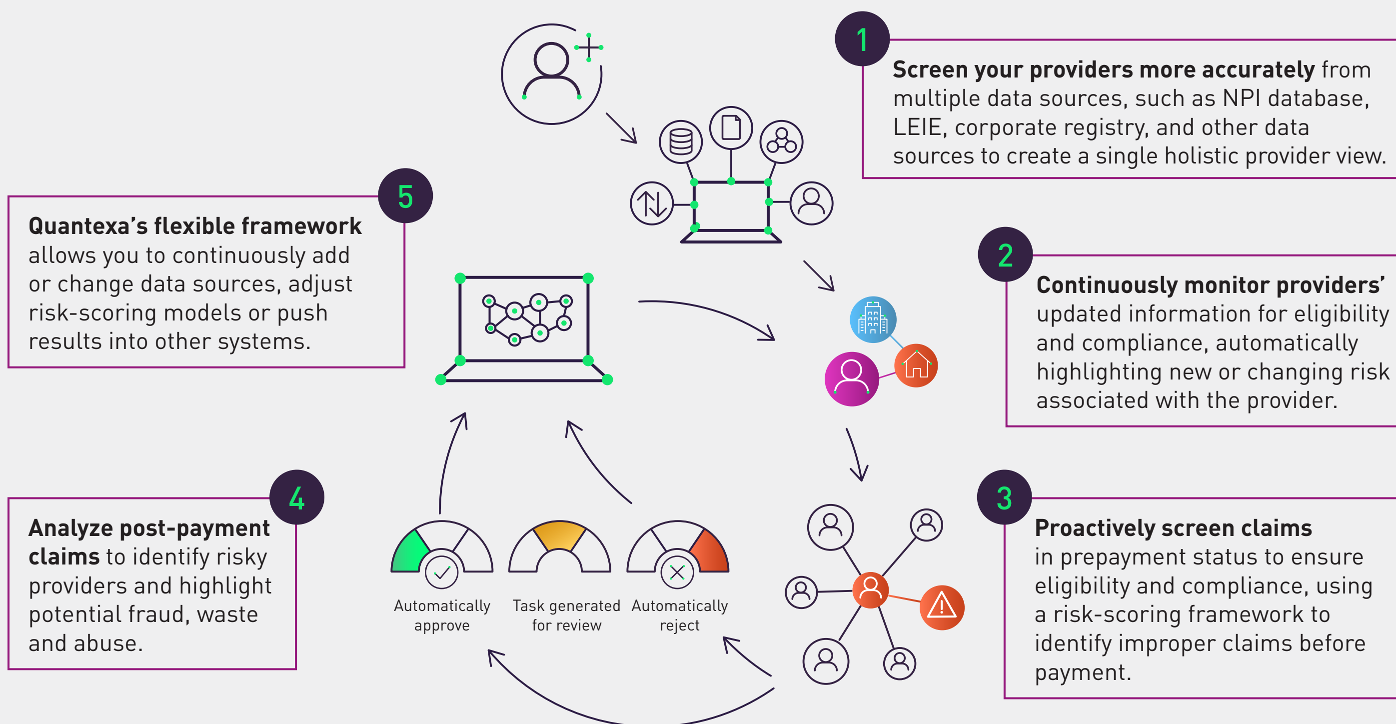
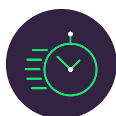
How it works



What makes Quantexa's Healthcare solution different?



Quicker time to value
Quantexa's modular platform can be deployed quickly within government cloud accounts or on-premise.

Easy to scale and integrate
Switch data providers in and out for multiple business needs, integrate seamlessly into your workflow and model via powerful APIs.

Better value from your data
Maximize the value from internal and external data sources. Let the platform consolidate and cleanse unstructured data in one place for increased operational efficiency.

[1] U.S. Healthcare Payer CIOs Must Adopt Prospective Payment Integrity to Thwart Improper Claims Payment and Fraud by Analysts Mandi Bishop, Bryan Cole Refreshed 8 July 2019, Published 13 February 2018 - ID G00350050
[2] Fight Healthcare Fraud With Enterprise Payment Integrity for U.S. Payer CIOs By Analysts Mandi Bishop Published 4 May 2021 - ID G00751859

About Quantexa

Quantexa's Contextual Decision Intelligence is a new approach to data that gives organizations the ability to connect internal and external data sets to provide a single view, enriched with intelligence about the relationships between people, places and organizations. Our platform dynamically generates the context needed to automate millions of operational decisions, at scale, across multiple business units, including Healthcare, Insurance, Banking and Government.

Quantexa is a global business with offices in London, New York, Boston, Brussels, Toronto, Singapore, Melbourne and Sydney. **For more information go to: www.quantexa.com**

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