NHCAA
ANTI-FRAUD
Solutions
Guide

NHCAA
National Health Care Anti-Fraud Association®

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Founded in 1985 by several private health insurers and federal and state government officials, the **National Health Care Anti-Fraud Association** (NHCAA) is the leading national organization focused exclusively on the fight against health care fraud. We are a private-public partnership—our members comprise over 90 private health insurers and those public-sector law enforcement and regulatory agencies having jurisdiction over health care fraud committed against both private payers and public programs.

Featured in the Anti-Fraud Solutions Handbook are NHCAA's Platinum and Premier Supporting Members; leading providers of products & services to the health care anti-fraud industry. They are valued partners who support our mission, and have demonstrated outstanding commitment to the fight against health care fraud.

For more information on NHCAA, our members, and our Educational Programs, please visit **www.nhcaa.org**.

NHCAA
National Health Care Anti-Fraud Association®

Alivia Analytics

Alivia Analytics is the industry leader providing solutions that are revolutionizing healthcare payment integrity. Boasting the lowest false positive rates in the industry, Alivia Analytics delivers unprecedented speed, accuracy and usability. Integrated case management, user-friendly dashboards, simple data ingestion and flexible workflows put new power in the customers' hands. By designing technology that adapts to existing business processes, healthcare payers can rapidly generate more confident outcomes and realize greater ROI. Let's achieve healthcare payment integrity, finally. Achieve more with Alivia Analytics.

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info@aliviaanalytics.com

400 TradeCenter
Suite 5900
Woburn, MA 01801

ALIVIA ANALYTICS™

Achieve Healthcare Payment Integrity, Finally™

" In a matter of seconds, I could put myself in the shoes of an investigator, auditor or business executive and see the ability to access the right data quickly.

Dale Carr - Director, Missouri Medicaid Audit & Compliance (MMAC)

Alivia Analytics Healthcare Payment Integrity Platform™

FWA FINDER™	CASE MANAGER™	OUTCOME SIMULATOR™
Quickly identify the precise FWA to pursue	Efficiently track and manage cases	Simulate future business scenarios

Visit aliviaanalytics.com to schedule a demo.

Codoxo

Codoxo's mission is to make healthcare more affordable and effective for everyone and serves as the premier provider of artificial intelligence-driven solutions and services that help healthcare companies and agencies proactively detect and reduce risks from fraud, waste, and abuse and ensure payment integrity. Codoxo's Unified Cost Containment Platform helps clients manage costs across network management, clinical care, provider coding and billing, payment integrity, and special investigation units. Our software-as-a-service applications are built on our proven Forensic AI Engine, which uses patented AI-based technology to identify problems and suspicious behavior far faster and earlier than traditional techniques. Our solutions are HIPAA- compliant and operate in a HITRUST-certified environment. For additional information, visit www.codoxo.com.

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Duluth, GA 30096

Seeing Tomorrow, Today

Leading a movement to reimagine healthcare cost containment through our innate ability to see what the future looks like tomorrow and get there today.

CODOXO

Helping Healthcare Payers and Agencies Achieve Unified Cost Containment

Codoxo's Healthcare Integrity Suite is delivered on an all-in-one AI platform, enabling cost containment departments to collaborate and gain visibility all on the same claims data and across the entire payment spectrum, including:

- Payment Integrity (PI)
- Fraud, Waste, & Abuse (FWA)
- Integrated FWA Case Management
- Provider Coding & Billing Education
- Prior Authorization Acceleration
- Network Integrity & Contract Management
- Outsourced Virtual Services
- Automated Audit Workflow

Protect your limited healthcare dollars with the most powerful, effective AI in the industry.

Deep Academic Roots

The most Effective AI

Constant Innovation

Proven Performance

Speed to Implementation

Cotiviti, Inc.

Payment integrity leadership requires experience, scalability, innovation, and proven value. Cotiviti has spent 20+ years honing our solutions specifically to drive exceptional value for our clients all along the claim payment life cycle — from prospective payment policy management and clinical coding review to both pre-and post-pay chart review and FWA pattern detection. We help clients work more effectively across their payment accuracy siloes by deploying the right approach at the right time, driven by a full-service model and the deepest industry expertise.

CONTACT:

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Unit 200
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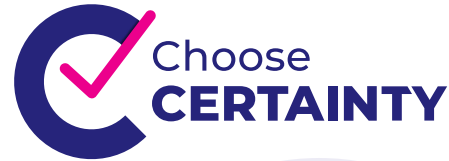
Choose
CERTAINTY

As claim volumes grow, the opportunity for fraud, waste, and abuse (FWA) to slip through the cracks grows, too.

Choose Certainty that comes from Cotiviti's deep experience in detecting and preventing FWA for >100 clients. With our portfolio of interconnected FWA management and claim pattern review solutions, helmed by our SIU of 60+ credentialed experts, we referred $13 billion in suspect paid claims to our clients in 2021.

COTIVITI

Take the next step and request a demo at **cotiviti.com**.

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EXL

With 20+ years of experience executing payment integrity programs, we drive value-based outcomes to ensure payment accuracy and reduce fraud, waste, and abuse. Our payment integrity services provide actionable insights at every touch-point along the payment continuum to help control costs, reduce claim expenditure, optimize revenue opportunities, and improve provider experiences.

CONTACT:

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New York, NY 10022

EXL

Let's partner your way to ensure payment accuracy

At EXL Health, our modular approach to payment integrity allows our customers access to the right software, analytics, people, and processes to transparently identify and address overpayments, trends, and unique business challenges, resulting in reduced costs, improved payment operations, and accelerated savings recognition.

| Pre-payment & post-payment audit solutions | Payment analytics & data mining | Payment capacity services | Digital transformation services |

Healthcare Fraud Shield

Healthcare Fraud Shield was founded in 2011 to offer innovative fraud, waste, and abuse (FWA) detection, cost containment, and payment integrity solutions to the health-care insurance industry. Healthcare Fraud Shield's software as a service platform – FWAShield™ – is an integrated solution consisting of PreShield™ (pre-payment), AIShield™ (AI), PostShield™ (post-payment), RxShield™ (pharmacy analytics), Shared Analytics™, QueryShield (ad hoc query and reporting tool) and CaseShield™ (case management). FWAShield™ was developed by industry leading healthcare subject matter experts with the latest technology available today to provide the most affordable, flexible, transparent, efficient, and effective solution in the marketplace.

CONTACT:

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FWAShield®

www.hcfraudshield.com

A FULLY INTEGRATED FRAUD, WASTE & ABUSE SOFTWARE SYSTEM

- Prepayment, Postpayment, AI, Rx, Case Management, Ad Hoc Querying
- Complete End-to-End Solution
- Shared Analytics with Data Blending Across Clients
- Custom Reporting for Compliance, Management, Executives, Regulatory Agencies
- Live Customer Service and Access to Subject Matter Experts
- Fully Customizable Case Management, Reporting and data needs

Healthcare Fraud Shield

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MultiPlan

MultiPlan is committed to helping healthcare payors manage the cost of care, improve their competitiveness and inspire positive change. Leveraging sophisticated technology, data analytics, and a team rich with industry experience, MultiPlan interprets clients' needs and customizes innovative solutions that combine its payment and revenue integrity, network-based and analytics-based services. MultiPlan is a trusted partner to over 700 healthcare payors in the commercial health, government and property and casualty markets, and saves these companies more than $19 billion annually. For more information, visit www.multiplan.com.

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Optum

Optum is a leading information and technology-enabled health services business dedicated to helping make the health system work better for everyone. With more than 215,000 people worldwide, Optum delivers intelligent, integrated solutions that help to modernize the health system and improve overall population health. For more information, visit www.Optum.com.

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Eden Prairie, MN 55344

Optum

Solutions for every part of the Health Plan Ecosystem

Advisory services consulting

Risk and quality

Member health

Data and analytics enablement

Payment integrity

Pharmacy care

Targeted cost of care management

SAS Institute

SAS is the leader in advanced analytics software and services, and the largest independent vendor in the business intelligence market. With SAS® payment integrity solutions, health care organizations can detect suspicious activity, prevent improper payments, and uncover collusion and multiparty fraud schemes. Since 1976, SAS has given customers around the world THE POWER TO KNOW®. www.sas.com/fraud.

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SAS® DETECTS AND PREVENTS FRAUD, WASTE AND ABUSE IN HEALTH CARE

Control costs and protect patients with faster investigation and detection of key risk indicators at every stage of the process.

sas.com/fwa

§sas.

Shift Technology

Shift Technology enables health plans to make fast, accurate, high-impact decisions with enhanced data and powerful AI that detects fraud, waste and abuse to maximize savings and recoveries. Our products enable health plans to automate and optimize decisions resulting in increased operational efficiency, and reduced costs. The future of health insurance starts with Decisions Made Better. Learn more at www.shift-technology.com.

CONTACT:

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contact@shift-technology.com

321 Summer Street
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SHIFT
Decisions Made Better

Fraudsters don't play by the rules.

Neither should you.

Go beyond rules-based detection with Shift AI

Find 4x more fraud

Increase detection accuracy by 3x

Accelerate efficiency by 80%

www.shift-technology.com

NATIONAL HEALTH CARE ANTI-FRAUD ASSOCIATION

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