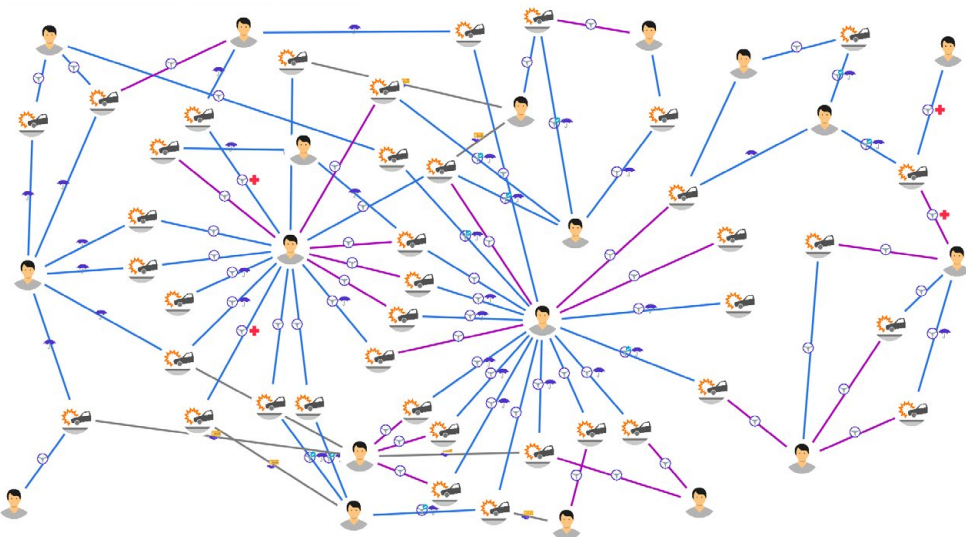# SHIFT

Customer Story: French Health Insurer

Shift Technology helps a leading French Health Insurer detect and prevent fraud, waste and abuse cases

The Situation: Fighting evolving fraud schemes with outdated technology

A leading French health insurance company, the result of a merger between five mutual insurance companies, protects more than 4.3 million people. The company's size enables it to support its members throughout their lives and help them address a range of different life situations and insurance needs.

Cases of fraud, waste and abuse have long been difficult to identity. This health insurer needed a solution that not only detected fraud before a payment was made, thereby eliminating the need to seek reimbursement, but also a solution that would discover fraud following a payment, increasing the potential to achieve reimbursement.

The answer? Force, Shift's AI-native fraud detection solution.

Force's intuitive UI enables claims handlers to effectively investigate suspected individual and provider fraud

At a glance

Situation
• A leading French Health Insurer needed a new approach to tackle fraud, waste and abuse

Solution
• Shift Technology Force for Health

Results
• 80% hit rate of suspicious claims

• Hundreds of organized fraud networks identified & defeated

• Millions of Euros in savings each year

Customer Story: French Health Insurer

The Solution: Identify Fraud, Waste and Abuse cases with Force

The partnership between this health insurer and Shift Technology began several years ago. Using Force, Shift's AI-native fraud detection solution, has enabled the insurer to position itself as a leader in the fight against health insurance fraud. A dedicated Shift Data Scientist extracted and consolidated the carrier's raw claims data into a health insurance-specific data model using Force. Force denoising algorithms cleansed the data, reconstructed claims and identified hidden individuals or entities.

Force applies AI to assign a suspicion score to each claim. Based on this score, the solution generates not only alerts related to suspicious claims but also detailed explanations as to why the claim was flagged. This enables claims professionals to have significant visibility into suspicious claims, including those involving extremely complex cases. Delivered via a Software-as-a-Service (SaaS) model, Force uses AI to detect fraud and other non-meritorious claims such as billing abuse, falsified invoices and organized fraud schemes. The solution's advanced visualization tools enable this carrier to discover organized fraud networks, such as collusion between the insured and a practitioner.

The Result: Force brings fast, accurate fraud detection to a high volume of claims

Force provides the health insurer's claims professionals with the ability to analyze and investigate large volumes of suspicious claims. Automating the fraud detection process and delivering decision support tools in the resolution of suspicious activities has enabled it to save tens of thousands of Euros for each case resolved.

Since the adoption of Force, the health insurer has optimized its fight against fraud, generated a positive return on investment, and benefitted from the AI expertise of Shift's Data Scientists. This has resulted in:

- An 80% hit rate on alerts that justify investigation by an anti-fraud manager – well above the industry standard of 30%
- Identification of hundreds of organized fraud networks annually
- Cost savings of millions of Euros per year on fraud, waste and abuse

What's Next: A Growing Relationship

A strong and trusted relationship between Shift Technology and this leading French insurance carrier is helping in the fight against fraud, benefitting not only the bottom line, but also serving the health insurance industry by improving the quality of healthcare to its patients.

> "
> **It's a cat and mouse game. Fraud evolves very quickly and can take very different forms to which insurers must adapt and, above all, to show that they act.** "
>
> Head of Investigation Unit

SHIFT

About Shift Technology

Shift Technology delivers the only AI-native fraud detection and claims automation solutions built specifically for the global insurance industry. Our SaaS solutions identify individual and network fraud with double the accuracy of competing offerings, and provide contextual guidance to help insurers achieve faster, more accurate claim resolutions. Shift has analyzed billions of claims to date, and is the Frost & Sullivan 2020 Best Practices Award Winner for Global Claims Solutions for the Insurance Industry.

Learn more at **www.shift-technology.com**