

SHIFT

Shift Fraud Waste and Abuse Detection

Prevent incorrect payments before they impact the bottom line

Empowers both member and provider payments and investigation teams to detect more incorrect payments before the bill is settled. Manage and investigate cases more efficiently, change unwanted behaviours straight away and stay ahead of altering patterns of fraud, waste and abuse.

The Situation

Health Insurers are under increasing pressure to provide excellent claims service. Fast, excellent patient care is of paramount importance and often means paying specialist and hospital bills as soon as possible, investigating anything unusual much later.

The high volume, low value nature of claims and payments in healthcare make it difficult to prioritise investigations or to spot fraud waste and abuse until it has been causing a leakage for a long period.

As almost all healthcare data is siloed and unstructured, both internally and externally gathering and investigation is manual and long, gaining consent, checking treatments and drug prices, verifying medical notes. This is just the start of the process.

Every condition and corresponding treatment is different and expert medical knowledge is often required to ascertain if the claim and/or invoice is as expected.

To add to these already significant challenges, there has been a distinct rise in people buying private health insurance across Europe (half a million new members in the UK alone due to covid and a reluctance to rely on stretched national health care). This results in an increase in policies, in turn an increase in claims, fraud and therefore provider and member bills to check.

It becomes harder and harder to improve behaviour the longer it goes on and especially after multiple payments have been made.

Savings can only be projected for the future rather than delivered as cash savings to the bottom line today leaving investigation teams in a difficult place but there is an answer!

500K

New UK health insurance customers in 2022¹

£2B

Estimate cost of healthcare insurance in the UK²

50M

Typical number of health claims dealt with by health insurers per annum³

4%

of all health claims thought to be fraudulent⁴

30K+

Number of specialists and hospitals health insurers manage payments with⁵

1. [The Telegraph](#) Jan 2023

4. Shift customer data

2. [The ABI Fraud Report](#)

5. Shift customer data

3. Shift customer data

The Solution

Shift Fraud Waste and Abuse Detection uses AI, ML, workflow and data integrations to fully automate a complete set of configurable checks and analysis across member and provider claims and invoices. Shift FWA can consume data in any format from anywhere to deliver investigators prioritised alerts with full context to cut investigation time and prevent fraud waste and abuse before it occurs.

Shift FWA Detection



AI FWA detection in pre payment

Prevent leakage and remove cost immediately from the bottom line as Shift scenarios automate checks on every claim and invoice alerting investigators before incorrect payments are made.



Data extraction

Save teams days of manual inspection and fact gathering with the Shift platform data extraction of key facts from unstructured data.



Trained intelligence

Remove reliance on medical experience, basic rules, gut feel and rudimentary prioritisation by leveraging pre trained ML scenarios to match conditions/treatments and prices.



Alert context in a single UI

Reduce investigation cycle time as the Shift platform and UI integrates and unites multiple structured and unstructured data sources, delivering full context directly to investigations.



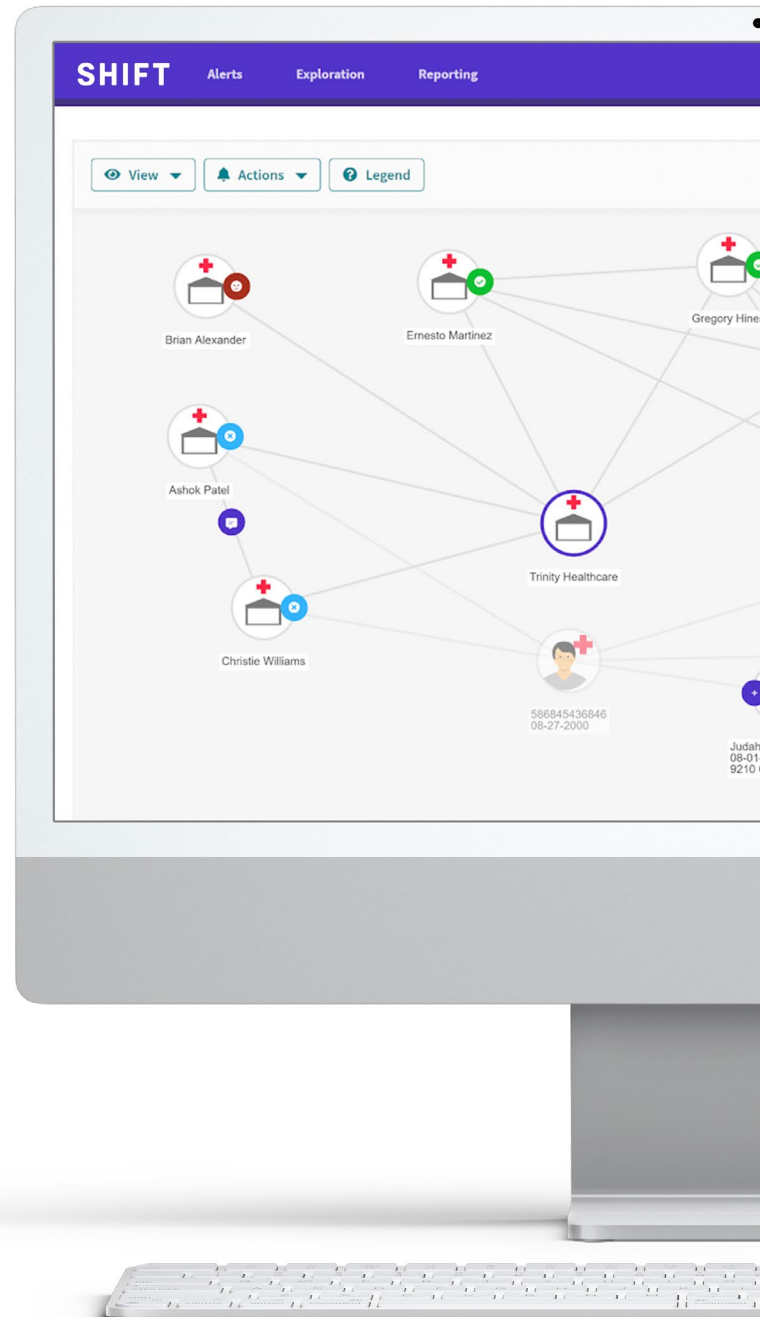
Member and provider analysis with graphical visualisation

Stop more leakage and get instant insights across all transactions covering both member and provider cases, illuminating networks, relationships and collusions.



Case management and automation

Accelerate case management and increase team efficiency with Shift Case management to automate consent and recovery tasks.



SHIFT

About Shift Technology

Shift Technology delivers AI decisioning solutions to benefit the global insurance industry and its customers. Our products enable insurers to automate and optimise decisions from underwriting to claims, resulting in superior customer experiences, increased operational efficiency, and reduced costs. The future of insurance starts with Decisions Made Better.

Learn more at www.shift-technology.com/en-gb