



Solution Overview

Healthcare Solution

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With growing concerns about how best to care for aging populations and ongoing health reform, healthcare organizations that can adjust quickly to changing dynamics will be best prepared to succeed in the short and long-terms. Regulatory requirements such as the U.S. Health Insurance Portability and Accountability Act (HIPAA) and Sarbanes-Oxley (SOX) have advertently made the monitoring of electronic health transactions extremely important.

CaseWare Analytics can help healthcare organizations derive insights from their data, that may help improve operations and better enforce and enhance internal controls. Internal Audit, Risk and Compliance and Business Operations can monitor their data sources in a holistic fashion, in a way that is collaborative, automated and repeatable. Healthcare providers can independently check transactions from multiple applications to identify errors, fraud and abuse.

CaseWare™ Analytics Capabilities

Used by numerous healthcare providers across the globe, CaseWare Analytics provides the following key benefits:

Identify and Resolve Anomalies

Proactively discover data integrity issues and transaction abnormalities and then take the necessary steps to resolve them across all entities.

Enhanced Monitoring of Controls

Monitor multiple systems concurrently and remove blind spots associated with assessing only a single application.

Improvement of Business Operations

Eliminate recurring issues by identifying root causes and using this intelligence to improve operations.

Every \$2 million invested in fighting health-care fraud returns \$17.3 million in recoveries, court ordered judgments, plus bogus claims that weren't paid and other anti-fraud savings.

National Health Care Anti-Fraud Association

CaseWare™ Analytics for Healthcare Providers

<p>Patient Billing</p>	<ul style="list-style-type: none"> ○ Identify unbilled accounts ○ Identify underpaid managed care accounts ○ Identify invalid billing codes ○ Identify procedures billed incorrectly (gender, age, timing or facility anomalies) ○ Identify missed stop-loss payments on managed care accounts ○ Recalculate bad debt and contractor allowance reserves ○ Summarize and age receivables by financial class, cost center or procedure code ○ Age service billing dates to assess timely collections and write-offs ○ Compare date-of-service to invoice date to identify opportunities to re-engineer charge processing
<p>Compliance</p>	<ul style="list-style-type: none"> ○ Analyze patient data access logs to identify possible HIPAA risks/violations ○ Identify frequent use of high risk organizations
<p>Physicians</p>	<ul style="list-style-type: none"> ○ Evaluate physician practice history by patient type, payer, etc. ○ Report on incomplete physician profiling information
<p>Medical Claims</p>	<ul style="list-style-type: none"> ○ Examine the timeliness of claims payments by comparing claim date, received date, and paid date ○ Highlight indicators of fraudulent claims practices
<p>Materials Management/ Inventory</p>	<ul style="list-style-type: none"> ○ Identify duplicate supply items on inventory master ○ Identify items with yearly volume under on-hand quantity ○ Physical inventory variance analysis ○ Profile supply usage by month, by department, etc. ○ Report on stock and high value balances using any selection criteria ○ Identify inventory quantity errors
<p>Accounts Payables</p>	<ul style="list-style-type: none"> ○ Extract invoices posted with duplicate purchase order numbers ○ Find duplicate invoice payments ○ Find freight and tax overcharges ○ Identify cash discounts not taken ○ List missing accounts payable check numbers ○ Match patient refund payments to accounts receivable records

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