

PRISM WORKFLOW SERIES

DENTAL FRAUD MANAGEMENT

PRISM — WORKFLOW SYSTEM

Healthcare management is compliance heavy, low margin, and operationally very intensive business. Moreover, this dynamic landscape is increasingly demanding population specific deliverables with distinct KPIs which necessitates an end-to-end process automation and workflow system. PRISM fills this gap.

PRISM is designed to be a Healthcare Compass — simplifying the Healthcare business. PRISM is the only complete solution guiding Healthcare organizations through processes while providing guidance on best practices in sync with strategic goals.

For example, here is how PRISM simplifies and automates many aspects of usually cumbersome process of Dental Fraud Management.

DENTAL FRAUD MANAGEMENT

CHALLENGES

Dental care insurance fraud, a pressing problem, increases costs and decreases quality of care - negatively impacting several KPIs. With the cost efficient availability of artificial intelligence, review and detection of individual claim at detailed most level is easy. Such implementation enables both pre-payment and post-payment analyses and control.

STRATEGIC IMPACT

Lower quality of delivery, high her costs of operations, hence, lower margins.

PRISM SOLUTION

Manage each dental claim as a possible unit of fraud, compare various slices of data against established benchmarks, generate live alerts for assigned teams to address the issue in a collaborative manner.

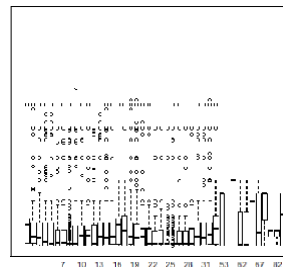
With back-end automation and subject matter experts' processes, any fraud outside of organization's fraud tolerance generates an alert and gets addressed — allowing a full control of claims being paid out. Several reports then demonstrate what has happened over a given period, providers can be flagged, and watched more carefully for cost efficiency and better quality.

PRISM transforms fraud management into a powerhouse with artificial intelligence — which is hard to beat.

SAMPLE DASHBOARD

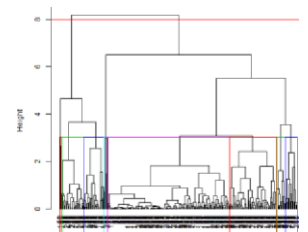
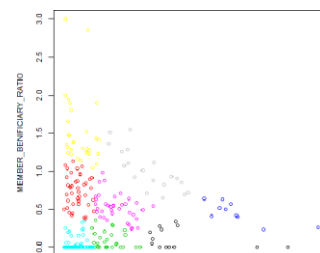
Tooth Number VS. Paid Amount

The sample chart exploits the idea that for a given tooth number, there is an upper threshold limit of amount per claim. Anything above the organizational historical value is a potential for fraud and resources must be invested to analyze the specifics.



Number of Dental Claims per Beneficiary

Another good measure to Here, screening % are down for the organization for a given measure. But this is accompanied with a significant decrease in the screenings from supplemental data.



PRISM DENTAL FRAUD ANALYSIS WORKFLOW

