

# McKesson Fraud and Abuse Services

## Introduction

The impact of healthcare fraud and abuse costs for federal, state and commercial health payors is acute: according to federal estimates, over \$95 billion dollars is spent annually, equivalent to 3 to 10 percent of the total claims submitted. These figures are more than double any other consumer fraud area, including credit card fraud and identity theft. With this in mind, it's clear why addressing fraud and abuse is a priority for payors.

McKesson offers a range of services that address the financial implications of healthcare claim fraud and abuse and support compliance with government regulations. These services are designed to help payors advance their programs to the next level, ensuring they have a well-designed, well-defined framework to help detect and prevent fraud and abuse.

## A Complex Problem

Medical technology, practices and procedures evolve rapidly. Fraudulent schemes emerge and change just as rapidly, making it difficult for payors to keep up with the changes. In addition, most states have instituted prompt pay laws making it easier for providers to file suits against health plans for delayed reimbursements. Payors are obliged to quickly process and pay claims, limiting their opportunity to identify fraudulent schemes before payment, compounding an already difficult problem.

An effective fraud and abuse initiative requires strong internal coordination. Fraud and abuse detection and prevention requires communication among several departments: special investigations, claims, finance, recovery, contract management, and legal. Unfortunately, it is common for payors to have limited resources assigned to coordinate these departments in order to solve complex fraud and abuse issues.

## The Power To Drive Results

Dedicated to both public and private health payors, McKesson Health Solutions, has provided software, services and support to payors for twenty-five years. The Business Services group—focused on consulting, training and support—includes over 100 healthcare professionals, with on average 10 years experience. This dedicated fraud and abuse team has extensive experience working for payors and government investigation agencies. This group understands the issues associated with operating an effective fraud and abuse program and can provide definitive recommendations on ways to resolve those issues—giving you the power to drive results.

## Services Components

### Analytical Assessment

Whether you are considering a fraud and abuse program, have a young un-integrated one or even a mature, fully-developed program, you will derive tremendous value from the McKesson Fraud and Abuse Analytical Assessment.

Using paid claim extracts, the team establishes a fraud and abuse history, structures the data to create analytical data-sets and compares your results to McKesson's proprietary fraud and abuse detection algorithms. The comparison identifies your likely categories of fraud and abuse violations at both the claim and provider level, and ranks them in the following order:

- Frequency
- Likelihood
- Cost

Highly trained and experienced consultants complete an investigation of the most common and costly issues and provide recommendations for identifying and preventing occurrences in the future. This

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information helps clearly define the expectations of a fraud and abuse program, justify needed investment(s), determine ROI, and prioritize future goals and objectives.

### **Program Design and Program Assessment**

When developing a fraud and abuse program, the expertise of the McKesson Business Services team can guide and advise you every step of the way. The Program Design and Program Assessment offerings help clients determine where their programs are achieving their goals and provide a roadmap for implementing an efficient, effective program that is in compliance with applicable regulations.

The Program Design offering is targeted for clients who do not have a fraud and abuse program or are in the early stages of developing one. Program Design focuses on the appropriate vision and documentation for a fraud program, and provides a comprehensive overview of critical components.

The Program Assessment evaluates existing fraud and abuse programs, providing valuable insights into opportunities for enhanced medical and administrative savings. Additional assistance in defining and supporting defensible policies, along with heightened attention to compliance issues is provided.

The analysis phase looks at data and the edit system's effect on that data. In addition, McKesson explores the way fraudulent activity is identified, investigated and pursued. To determine the effectiveness of current fraud activities, McKesson interviews key personnel and examines recent investigations and outcomes including any recoveries, prosecutions and restitutions.

This background data provides the team what they need to design and recommend

a specific fraud and abuse program tailored to your organization including:

- Program goals and objectives
- Workflow and system interaction
- Intake and referral mechanisms
- Required skill set for resources
- Expected ROI and measurement metrics

With the design established, the McKesson Business Services team is ready to facilitate implementation of your new fraud and abuse program. This includes training personnel, setting up the preliminary reporting environment and establishing the mechanisms needed for internal communications.

Payers with a fraud and abuse program in place will benefit from an assessment of their current programs to ensure they are meeting stated goals and achieving the best possible results. Starting with an analysis of the current program—including its structure, process and outcomes—the Program Assessment moves on to report risks, define opportunities and recommend new initiatives.

### **Deployment Options**

McKesson's fraud and abuse workshops provide your workforce with knowledge and skills they need at several levels. Whether you want to create awareness with high-level information on fraud and abuse, delve into investigative workflow and processes, or focus on best practice concepts, the Business Services team can meet your needs.

### **For More Information**

You can count on McKesson for superior execution and delivery of the fraud and abuse services you need. When you work with McKesson, your representative is personally responsible for your project management, ensuring a high quality, state-of-the-art experience and expertise. For additional information please contact your McKesson account manager or call 800-782-1334 option 3.