

GOVERNING

I N S T I T U T E

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With nearly 67 million enrollees, Medicaid is large and unwieldy. A diverse and expanding population of enrollees and providers, large overall payment sums, complex billing and coding systems, and fragmented federal and state policies and regulations are some of the reasons Medicaid is ripe for improper payments due to fraud, waste and abuse. In fact, with an overall improper payment rate of 6.7 percent in 2014, Medicaid lost more than \$34 billion — and states bore the burden for about half that amount.

Since states are responsible for most of the fiscal oversight with the Medicaid program, many are looking to take their program integrity (PI) game to the next level by integrating cost avoidance activities — based on predictive analytics — into their fraud, waste and abuse strategies.

This Governing Institute handbook, “Identify, Predict, Recover: A Handbook for Medicaid Program Integrity,” underwritten by Optum, recommends a more integrated and comprehensive approach to tackling fraud, waste and abuse by:

- Offering an overview of Medicaid PI and discussing the challenges of traditional approaches
- Introducing the concept of cost avoidance using predictive analytics
- Discussing required technologies, costs, funding and return on investment
- Offering best practices for integrating predictive analytics into Medicaid PI initiatives

Read the full handbook to learn how you can re-invent and re-invigorate your Medicaid PI initiatives and processes with predictive analytics approaches and tools. To download a complimentary PDF, please visit www.governing.com/Medicaid-Program-Integrity-Handbook.

Sincerely,



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