



Crowe Proactive Detection

Comprehensive Compliance
Analysis and Insights

Crowe Proactive Detection software monitors claims and payment data in real time, helping healthcare providers detect issues and mitigate risk. The added visibility provided by Crowe Proactive Detection software can help you take preemptive action to manage compliance more efficiently, improve performance, and reduce the risk of regulatory penalties and fines.

Compliance Risk for Healthcare Providers Has Increased Significantly

The Centers for Medicare & Medicaid Services has more ways than ever to identify improper payments, fraud, and abuse. The stakes are high: In 2013, government enforcement activity brought in approximately \$3.8 billion in recoveries, more than two-thirds of which came from healthcare and pharmaceutical companies.*

Even for inadvertent errors, penalties under the *False Claims Act* can reach \$50,000 per claim. Healthcare organizations that don't make strategic investments in compliance can find themselves at higher risk of serious financial loss.

Organizations Without a Robust Compliance Capability Put Themselves at Higher Risk

Providers often don't have the internal systems, time, or resources to sift through records and spot high-risk claims. They also lack access to data that can provide a more comprehensive and accurate assessment of risk.

The typical organization must often choose between two equally unattractive options:

- Pick out records at random and hope to understand risk
- Wait until issues arise and then work to address them

Instead, healthcare providers should establish and integrate a proactive, "real-time" approach to regulatory compliance.

Issue	Solution
Low claim quality	Drawing on our industry experience, Crowe Proactive Detection software helps organizations identify the high-risk areas they should focus on to improve overall claim quality.
Low process transparency	Crowe Proactive Detection software enables organizations to focus on the right regulatory target areas, leading to more timely claims corrections and process improvement opportunities.
Recurring errors	By grouping similar claims more efficiently, Crowe Proactive Detection software helps organizations find process breakdowns and prevent future errors.
Inefficient time management	By automating the review and analysis of 100 percent of claims, Crowe Proactive Detection software can help organizations complete more audits and free staff to focus on other high-value tasks.

Crowe Proactive Detection Software Runs Comprehensive Analyses to Help Organizations Anticipate Risk

Crowe Proactive Detection software is a risk mitigation tool that proactively analyzes claim and billing data to help detect issues before they can escalate into costly errors. By managing this task seamlessly, Crowe Proactive Detection software can free skilled employees to focus on higher-value tasks.

How it Works

Crowe Proactive Detection software provides a comprehensive view of risk by analyzing 100 percent of your inpatient and outpatient claims data. The software runs 837 claims and 835 payment data through a series of sophisticated tests to diagnose potential coding and billing vulnerabilities. Crowe Proactive Detection software also features a customizable dashboard, trending reports, and access to specific claims as well as workflows that enable targeted tracking of activity on specific accounts.

Help Reduce Risk Exposure and Improve Performance

We developed Crowe Proactive Detection software to help healthcare organizations improve performance by detecting potential issues and help simplify the chaos that can be created by the maze of rules and regulations.

Gain Greater Insight Into Organizational Performance

Crowe healthcare comprises professionals with extensive expertise in healthcare audit and compliance, including a specialized team dedicated to system development and data analytics. Crowe Healthcare continually scans the healthcare regulatory environment to detect emerging risk areas to help organizations identify risk and develop effective strategies to improve performance.

* "False Claims Act: 2013 Year-in-Review," WilmerHale, Jan. 7, 2014.



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