



Solution overview

COTIVITI

SIU Services

Investigative and clinical support for health payers

Leveraging more than 20 years of experience, Cotiviti provides program integrity expertise to better manage anti-fraud programs and investigative costs, comply with regulatory requirements, and augment staff expertise, supporting recoveries and safeguarding health payers against emerging threats. Our clinical and regulatory experts provide industry thought leadership, deliver training sessions, and advise payers on the latest schemes and anti-fraud approaches. Our extensive clinical and investigative experience and industry-leading solutions deliver an end-to-end fraud, waste, and abuse solution, including improved program compliance and documented positive return on investment.

Providing comprehensive program integrity services to protect health payers

Program integrity services can be costly to maintain, requiring intensive recruitment and retention of a staff with high-value skills and continuous training to stay ahead of sophisticated fraud schemes. Whether you're in need of a complete outsourced solution or help augmenting in-house capabilities, Cotiviti provides a wide range of program integrity services that enable organizations to detect, reduce, and deter complex fraud schemes; reduce associated costs; increase efficiencies; and achieve regulatory compliance.

Investigative support

Our expertise in Medicaid and Medicare supports a variety of claim investigations, including facility, professional, and pharmacy. Our investigative support services help organizations increase efficiency through a triage of hotline tips and external leads; assess the need for further investigation; conduct initial investigative analyses, including research and statistical sampling; review code; and create workflows to standardize and document processes.

Clinical review services

- **Medical review for post-payment and pre-payment Investigations:** Cotiviti's skilled coders, nurses, and auditors help ensure coding practices remain appropriate and consistent with state and federal guidelines.
- **Appeals support:** Our experts strengthen the appeals process through clinical perspectives and an in-depth understanding of FWA investigations.
- **Pharmacy lock-in initiatives:** Our clinicians provide detailed data analysis of member behavior that may indicate abuse and document recommendations to better deter fraud, waste, and abuse to protect beneficiary populations.

Claims verification services

Cotiviti's investigators and analysts compile verification results to support regulatory compliance, and identify overlap and aberrant billing practices for states with Medicaid managed care organizations that require verification of services.

Consultative support

Our service offerings include compliance audit support, policies and procedures refinement, staff development planning, investigative skills training, and best practices consulting.

- **Audit Preparation:** Our experts' preparedness and compliance support meet evolving and regular state and federal program audits.
- **Policies and Procedures Documentation:** Cotiviti helps organizations improve policies and documentation by reviewing

procedures to maximize outcomes, institute safeguards, prevent process deficiencies, improve work plans, and meet evolving regulatory requirements. Our investigative and clinical staff conduct gap analyses of medical policies and payment guidelines to close the loop on wasteful providers, as well as identify state legislation that would impact a health plan's use of statistical sampling and overpayment recovery periods.

- **Reporting:** Our industry experts assist health plans with generating complete and accurate reports to state and federal regulatory agencies.

Lead generation and assessment

Our adaptive, FWA software generates provider and member summaries, including overall scoring against known fraud schemes.



Our investigative and clinical support staff credentials include:

- ✓ Accredited Healthcare Fraud Investigators (AHFI)
- ✓ Certified Professional Coders (CPC)
- ✓ Certified Fraud Examiners (CFE)
- ✓ Certified Fraud Specialists (CFS)
- ✓ Certified in Healthcare Compliance (CHC)
- ✓ Certified Professional Medical Auditors (CPMA)
- ✓ Certified Pharmacy Technician (CPhT)
- ✓ Registered Nurses (RN)
- ✓ Juris Doctorates (JD)
- ✓ Medical Directors (MD)

As an industry leader, Cotiviti helps define premier program integrity solutions based on:

- ✓ Depth of industry and healthcare fraud knowledge
- ✓ Understanding of regulatory and compliance requirements and trends
- ✓ Reputable staff and responsive customer service
- ✓ Skill in tracking, measuring, and quantifying program impact
- ✓ Quality of investigative output

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