CERIS
A CORVEL COMPANY

CERIS Fraud, Waste, & Abuse Solutions Find Over $700 Million Of Suspicious Activity

The National Health Care Anti-Fraud Association estimates that the financial losses due to healthcare fraud are in the tens of billions of dollars each year. In response to these staggering numbers, CERIS has been developing and refining post pay fraud scanners to help our clients combat these losses.

Over the past 12 months, our focus has been on two distinct behavioral intelligence scans. The first being a sanction scanner with focus on deceased Providers, Office of Inspector General sanctioned, and multiple sanctioning boards per Provider. In addition, we built a Suspicious Actor Scanner based upon our behavioral data analysis and research.

In total, we analyzed over 1.1 billion claims, 1.6 million of them were flagged as suspicious, worth more than $700 million. Of course, within these findings, there are different categories of risk.

With these learnings, CERIS can inform our clients which specific suspicious actors they should prioritize and be aware of, helping combat the increasing cost of healthcare in the United States.

Healthcare fraud impacts all sectors of society and demands attention from government agencies, taxpayers, providers, payers, and patients alike. It presents a costly reality that none of us can afford to ignore. By proactively safeguarding ourselves against healthcare fraud, we can help preserve the integrity of our nation's healthcare system.
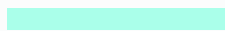
1.1B
Claims Analyzed
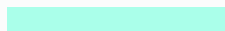
1.6M
Claims Flagged as Suspicious

$700M
Value of Suspicious Claims Identified