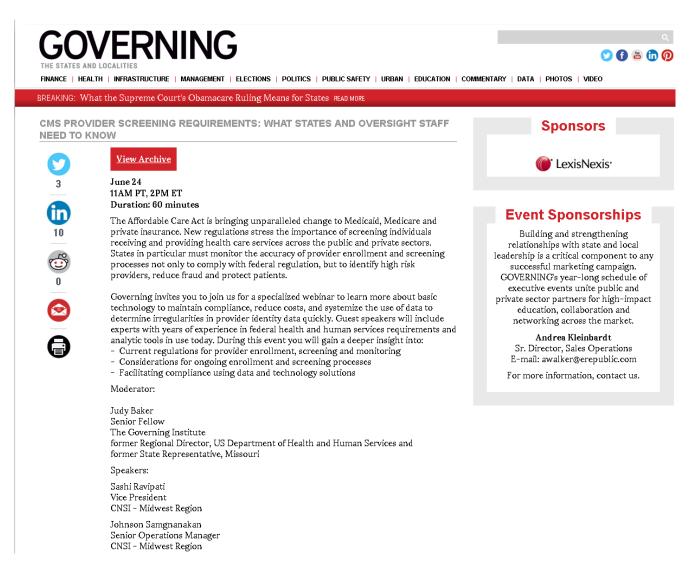
Technology that Improves CMS Provider Screening Requirements



The Centers

for Medicare and Medicaid Services(CMS) delivers an incredible service to millions of Americans: quality, affordable health care. That service is subsidizes by all Americans, for the greater good of public health. But lately, that cost has been rising at an alarming rate, and not due entirely to the cost of the care. Waste and fraud in Medicare and Medicaid are serious problems that drive up costs for everyone. CNSI and fellow tech companies are hard at work designing systems that root out these bad apples so the system can function more efficiently and everyone can save a buck.



Two CNSI executives were recently asked to participate in a webinar to help explain how technology can take on this threat. The webinar, titled: "CMS Provider Screening Requirements: What States and Oversight Staff Need to Know," addressed the government's efforts to root out abuse, especially through Affordable Care Act (ACA) compliance requirements, and how states can go beyond the ACA. The event, sponsored by both CNSI and LexisNexis, provided expert commentary from leaders in the field of Health IT solutions including CNSI Vice President Sashi Ravipati, CNSI Senior Operations Manager Johnson Samgnanakan, LexisNexis Market Planner Richard Grape and LexisNexis Solution Architect Bo Nowell.

The key takeaway was the use of Data Mining — an analysis of huge data sets like CMS records — and how that analysis will allow state governments and health insurance providers to

separate bad providers from the good providers, ensuring they cannot bill Medicare or Medicaid fraudulently. Elements of this data mining will include a single repository for the screening of all individuals, hospitals, clinics, and agencies. The approach will also streamline pre and postenrollment screening. Automated monitoring of providers will occur on a monthly basis with reduced manual intervention. Cleaning up these primary data sources will allow for an easier analysis of the data — like going from finding a needle in a haystack to spotting a hippo in a haystack.

Finally, by leveraging outside data sources, government databases and sourcing frequently, the system will be able to predict fraud and behavioral changes before they become a problem. Providers from nursing home assistants to cardiac surgeons will be held accountable, ensuring that levels of fraudulent billing are diminished. By using smart solutions developed by both CNSI and LexisNexus, the future of healthcare will mean better patient outcomes and more affordable care.

How else can technology help improve our Medicare and Medicaid services in the U.S.? Join the conversation by finding us on Twitter @CNSICorp.