



*Resultant*

 **Kepro**

## **Data Solution Helps CMS Organization Combat Medicare Fraud**

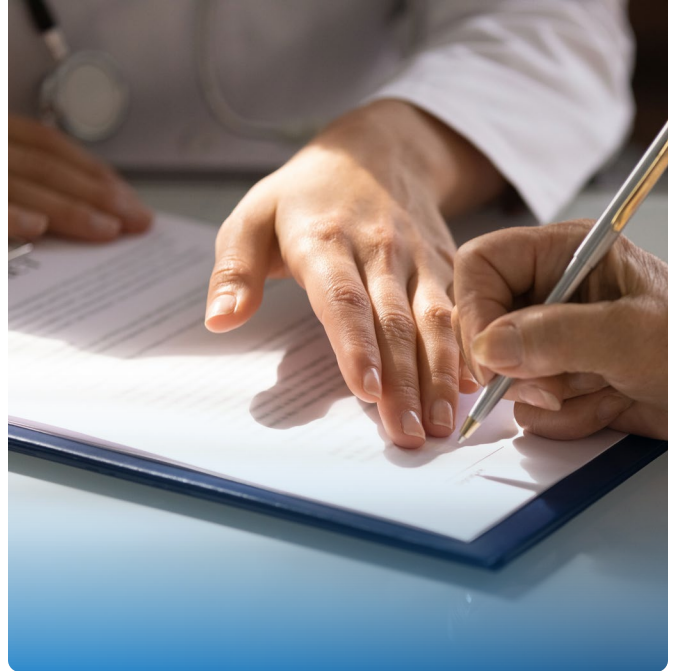
Kepro, the nation's largest CMS-designated quality improvement and care management organization, had a problem with Medicare fraud in Florida. Over a five-year period, home healthcare costs charged to Medicare in the Miami area rose 20 times the national average. This same statistic that prompted a federal investigation prompted Kepro to implement a new data solution.

## THE PROBLEM

Fraudulent claims from medical providers made up a great percentage of Medicare costs in Florida. Kepro needed to create a remote workforce application that would deliver relevant case information to the field, collect data through interviews, and synchronize remote data with a server for centralized management and reporting. The deadline to plan and deploy the application was very aggressive.

## SOLUTION

After a thorough, accelerated discovery phase, Resultant designed and developed an integrated application enabling staff to quickly access information and make informed decisions on flagged cases. Case information used for the application was stored in a legacy data warehouse, requiring us to establish with Kepro an extraction process for the necessary data. We gathered requirements, designed, tested, and deployed the application to end users in six weeks.



## OUTCOMES

- Full development lifecycle from discovery phase through successful launch in six weeks
- 100% automation of all forms, increasing personnel efficiency, data quality, and accuracy
- Data synchronized between the remote application and the central server allows nurses to perform reviews regardless of internet availability
- Server administrator component of application allows for efficient administration of nurses and cases
- Fax files and other attachments can be added to cases
- Assigned case data is securely synchronized to only the assigned nurse, including fax images and other related documents that might be needed in the field