# Fraud**Ai**

by Electrif**Ai**

FraudAi is the intelligent layer that sits on top of your program integrity workflow and data streams that will create actionable insights. FraudAi will flag potential instances of medically unnecessary procedures and coding abnormalities.

Our FraudAi product automates the claims review process and displays high probability instances leveraging multi-dimensional analytics.

Ensure integrity within the continuum of care:

- Over utilization trend and wasteful patterns

- Audit effectiveness and efficiency

- Identify medical necessity and coding abnormalities
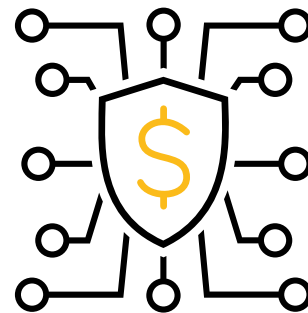
"Improper claims payment and fraud contribute more than $200 billion to the annual cost of U.S. healthcare"

– Gartner, Inc. 2018

Utilizing advanced Ai and ML will enhance and compliment your current resource intensive program integrity workflows. FraudAi is continually learning and evolving with each claim processed -significantly reducing "pay and chase" and ensuring integrity within the program. Purpose built for health plans we unlock the value of data and provide insights into the overutilization of health services with the intent to defraud the payer.

Source: Gartner, Inc. U.S. Healthcare Payer CIOs Must Adopt Prospective Payment Integrity to Thwart
Improper Claims Payment and Fraud, 2018.