

Prescription Claims Analysis Services for Part D

A Partner of Choice

CGI is a leader in providing innovative business and technology solutions to the healthcare payer industry. Our clear vision and ability to deliver results has made CGI the partner of choice for many BlueCross BlueShield plans, commercial health insurance companies, government healthcare payers and Prescription Benefit Managers (PBMs). Solutions designed for healthcare payers include:

- CAS 5.0 software for comprehensive claims auditing and Fraud & Abuse detection
- Clinical and compliance auditing
- Prescription benefit claims auditing and analysis services
- Medicare Advantage and Part D services
- Member enrollment, billing and call centers
- Reimbursement consulting and pricing solutions
- Fraud investigation services including Special Investigative Unit Outsourcing & Co-Sourcing
- Complete IT services

In early 2006, CMS released the prescription drug manual in which the statutory and regulatory requirements for Medicare Advantage (MA) and Medicare Advantage Prescription Drug Plans (MA-PD) are outlined. Specifically, it calls for these entities to have in place a comprehensive fraud and abuse plan to detect, correct and prevent fraud, waste and abuse as an element of their compliance plan.

Prescription Claims Analysis to Ensure Proper Administration

CGI combines fraud and abuse business intelligence applications with the expertise of a diverse investigative support team—which includes licensed registered pharmacists, fraud investigators, coding experts, data analysts and clinical professionals—to detect and resolve fraud. CGI has been analyzing and auditing Medicare, Medicaid and private insurance inpatient, outpatient and physician and pharmacy data for 17 years to help them meet the challenges of external market forces, while controlling administrative costs. Organizations can now rely on CGI to assist them in analyzing their prescription claims data for the purposes of ensuring the correct administration of the prescription plan. This includes the following:

- All aspects of pharmacy benefit adherence
- Formulary adherence
- Contractual parameters adherence
- Payment adherence
- Fraud, waste and abuse detection

CGI's applications analyze 100 percent of electronic paid prescription claims activity to identify claims that do not adhere to the plan's specifications, as well as those that are suspect for fraudulent, abusive or wasteful activity.

Ensuring the accuracy of information reported to CMS is the entities' responsibility—not the contracted PBM. CGI provides a solution to meet these compliance requirements. We review and identify claims over retrospective periods and in near-real-time. This provides administrators with the ability to identify early potential problems and to take corrective action before these problems accumulate or accelerate.

CGI works closely with each entity's compliance officer to ensure that reporting and tracking needs are specifically tailored to meet the entity's needs. This allows CGI to meet clients' internal requirements for consistent, interdepartmental information and their external needs for documentation requested by CMS Medicare Drug Integrity Contractors (MEDICS).

Solutions to Detect, Investigate, Prosecute and Resolve Fraud

CGI also offers assistance with the special investigative unit (SIU) goals identified in the Part D Program. In addition to reducing or eliminating fraudulent or abusive claims paid for with federal dollars, SIU goals typically include, but are not limited to:

- Reducing or eliminating prescription drug costs due to fraud, waste and abuse
- Ensuring proper value of prescription drugs, including correct pricing, quantity and quality
- Using real-time systems that ensure accurate eligibility, benefits, refills and pricing at the point of sale, while identifying potential adverse drug interactions
- Preventing illegal activities
- Identifying members with drug addiction problems
- Identifying and recommending providers for exclusion, including physicians, pharmacists and PBMs who have defrauded or abused the system
- Referring potential cases of illegal drug activity to law enforcement
- Conducting case development and support activities for law enforcement investigations
- Assisting law enforcement by providing information needed to develop successful prosecutions

CGI's consultative approach honors the uniqueness of every client and strives to be complementary to the existing infrastructure, as well as to evolve as clients' needs evolve into the future.

Whether your organization needs to outsource these functions using CGI's clinical auditing and investigative staff or you are looking for an internal software product, CGI has a solution to meet your needs.

The Tool

Customized Auditing System (CAS) 5.0 – CGI has developed the CAS 5.0 system, a self-contained, turnkey system that provides the assistance and direction needed to conduct a comprehensive audit. CGI uses this system to administer audits or clients can license the software for internal use. You decide what edit system you would like built in, and the Windows-based, web-enabled system allows you to customize the system to your specific reimbursement methodologies.

Company Profile

CGI is in the business of satisfying clients. For 30 years, we've operated based upon the principles of sharing in our clients' challenges and delivering quality services to solve them. A leading IT and business process services provider, CGI has approximately 25,000 professionals operating in 100+ offices worldwide.

CGI has a solid track record of on-time, on-budget delivery and high-value repeat performance. Our methodologies and best practices ensure we deliver results and serve as an accountable, flexible and objective partner.

We define success by exceeding expectations and helping clients achieve results.

For more information about CGI, please visit www.cgi.com/usfederal or contact us at 216-687-1480 or healthcare.bps.hgov@cgifederal.com.