



AI accurately tackles healthcare fraud, waste and abuse

Healthcare fraud by the numbers

Payers struggle to stay ahead of fraud, waste and abuse (FWA) amidst a complex claims system.

\$450b

Fraud, waste and abuse each year in U.S.¹

\$22.5–45b

Intercepted FWA²

12%

Average revenue loss resulting from FWA³

1 U.S. Department of Justice 2 NHCAA 3 PYMNTS.COM



Some of the fraud schemes AI can prevent:

- Billing for no-shows
- Upcoding
- Claiming for unused materials
- Providing and billing for unnecessary extra appointments
- Billing for services not performed, either with actual patient information or stolen credentials
- Performing unnecessary procedures, often diagnostic
- Waiving patient deductibles and passing cost to the payer
- Falsifying diagnoses or procedures to ensure insurance coverage
- Unbundling procedures
- Accepting kickbacks for referrals

The role of technology today

12%

Payers using AI to prevent FWA⁴

34.1%

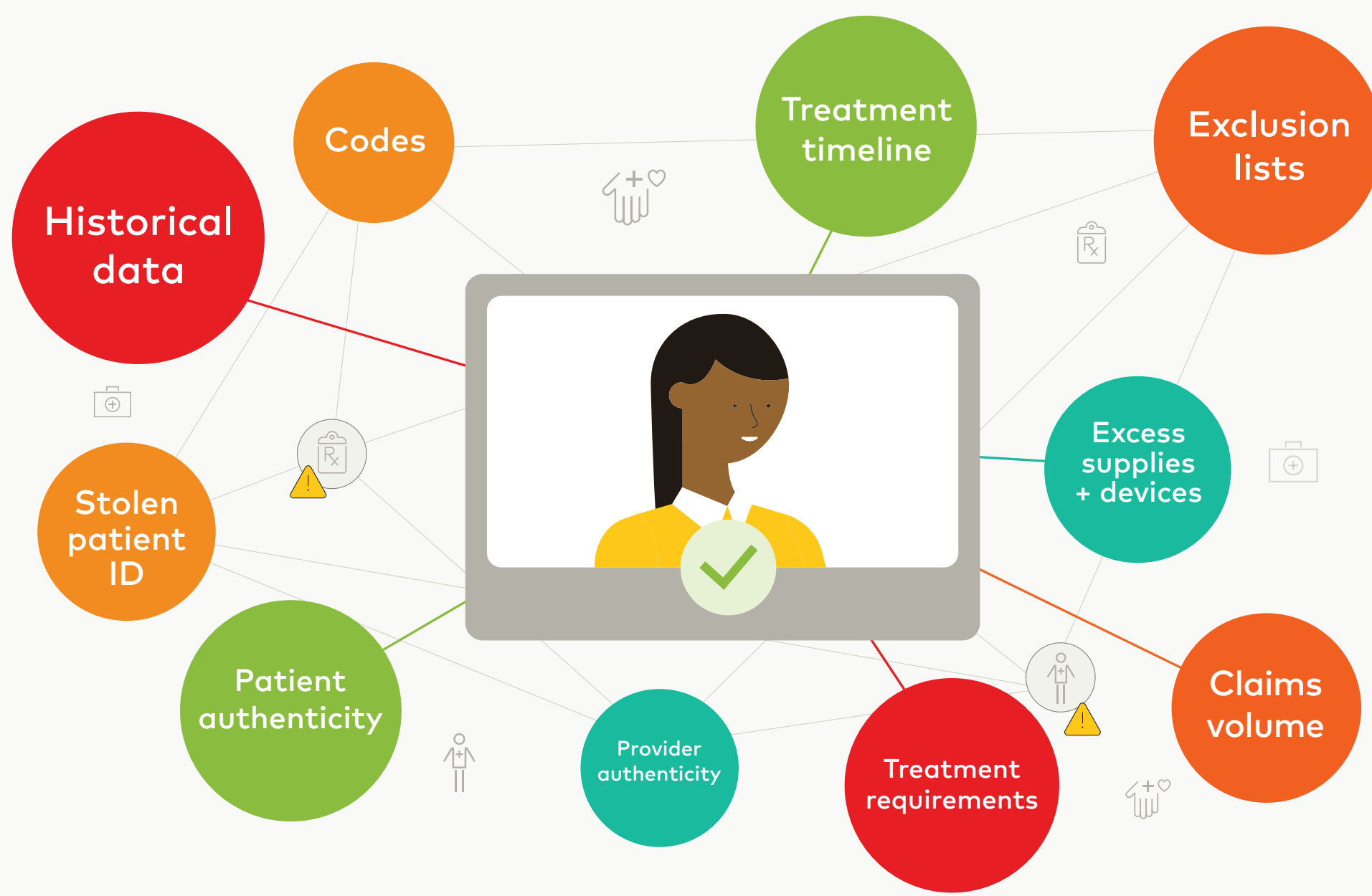
Payers interested in using AI⁵

66%

Interested in reducing false positives⁶

4, 5, 6 PYMNTS.COM

Artificial intelligence (AI) can process thousands of events per second, analyzing data points in real time to reveal fraud and other anomalous behavior.



Top five ways to supercharge your SIU

1

Fewer rules = Less maintenance

One client reduced rules from

50,000 to 12

2

Continuous learning = Accurate results

One client increased anomaly detection by

200%

3

Reduced false positives = Increased efficiencies

Mastercard AI reduced one client's false positives by

20x

4

Real-time detection = 24/7 protection

Lightning speed response times

10ms

5

One-to-one analysis = Holistic detection

Identifies patterns faster and more accurately than humans

100k

Transactions per second

Detect more fraud before reimbursing healthcare claims

Imagine being able to:



Assess new providers to reduce onboarding risk



Continuously monitor provider behavior and risk levels



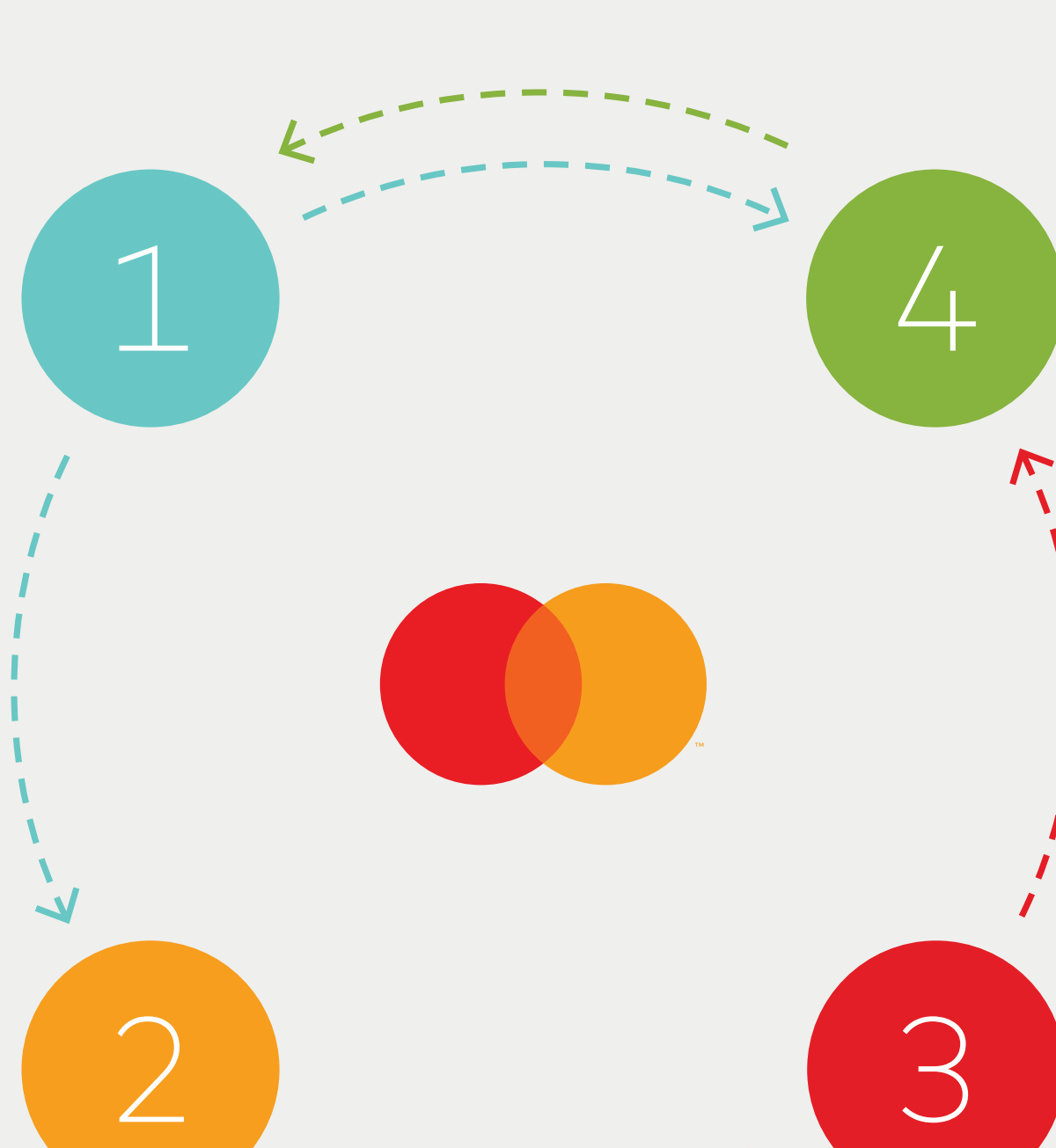
Address omnichannel fraud across vectors, channels, transactions



Manage daily transaction fraud risk in real time

How it works

1. Provider updates PMS, codes claim
2. Post-pay trend analysis
Mastercard AI analyzes 24 months of data, identifies suspicious claims and automatically creates new models to enhance both pre- and post-payment
3. Payer sends payment and claim file
4. "Prevent & Save" pre-pay analytics
Leveraging post-pay analytics, Mastercard AI applies new learnings to future claims before they are paid, resulting in even more savings



Mastercard's deep expertise in transaction fraud positions us for success in combating FWA

Mastercard approach to transaction fraud	Claims fraud	Payments fraud
Collect entity data	Patient/provider entities, provider specialty codes	Cards/merchants entities, merchant category codes
Enrich data using feature engineering	Analysis of procedure & DX codes, units, time ranges and location	Analysis of payment codes, units, time ranges and location
Develop a model to identify suspicious entity transactions	Claims/service lines	Card/product lines
Generate score for each entity transaction	Output model score	Output model score
Continuously adapt based on evolving entity patterns	Evolving billing behaviors	Evolving spend behaviors



To learn more contact one of our AI experts → Visit our website →