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## Customized Audit System (CAS 5.0)

### 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 and abuse detection
- Clinical and compliance auditing
- Prescription benefit claims auditing and analysis services
- Medicare Advantage and Part D services
- Advanced analytics
- Reimbursement consulting and pricing solutions
- Fraud investigation services including special investigative unit outsourcing and co-sourcing
- SIU training and compliance
- Complete IT services

### An enterprise-wide solution that helps you efficiently predict, identify, manage and analyze your medical and pharmacy claims.

Since 1990, healthcare payers of all sizes have identified, acted on and recovered millions of dollars with CGI's Customized Audit System (CAS). Now in its fifth release, CAS 5.0 has gone beyond its initial medical claims design to include comprehensive auditing functionality. It can help you predict hidden patterns and identify potential recoveries from inpatient, outpatient, professional and pharmacy claims.

Managing all audit activities through a comprehensive workflow, CAS 5.0 provides views that enable you to efficiently analyze and act upon the audit data. In addition, it can support your Medicare Risk auditing needs—helping you to identify claims and providing the necessary audit processes.

**Why select CAS 5.0?** This browser-based claims audit tool is unique to the industry because it is designed to your specific business rules and reimbursement methodologies. CAS 5.0 is an enterprise-wide solution that can help you:

- **Predict**—Uses advanced algorithms to predict potential hidden patterns and anomalies within the entire claims data universe.
- **Identify**—Identifies the claims that have the highest potential for revenue optimization through a series of edits, allowing you to easily work on these claims.
- **Manage**—Provides an efficient and comprehensive workflow that includes tracking the entire audit process, recording the findings and generating the associated letters and reports so you can spend more time on the review process and less time on administrative tasks.
- **Analyze**—Provides analytical tools that allow you to easily research claims and audit data through a series of views. This is accomplished at the user level, freeing up valuable IT resources.

### Robust and feature-rich modules

#### Claims Database

The center of the CAS 5.0 system is the Claims Database. Based on your business requirements, all of the applicable claims data is imported into the database. Each subsequent data extract is added, allowing for a comprehensive view of the overall history and providing a basis for trend analysis and predictive modeling.

### **Claims Workflow Module**

The Claims Workflow Module allows the auditor to focus on the various phases of the audit process, from the screening of claims to the audit itself. The auditor can review the claims and audits for further investigation using multiple methods. Once an audit has been started, CAS 5.0 tracks all of the documentation and notations relating to the audit and can also provide reference screens (for example, groupers). In addition, security levels and user roles are maintained in this module.

### **Business Intelligence Module**

The Business Intelligence Module (BIM) provides a systematic approach and expanded capabilities for auditors. Each auditor can easily drill down into the audit and claims data to investigate and analyze audit results. These results can be brought into the Claims Workflow Module, where they can be acted upon instantly. Whether you create individual views for analysis or create charts and graphs to display your results, the BIM allows you to analyze relationships and highlight exceptions within large volumes of data. Data can be exported into a variety of formats, including Excel, for additional analysis.

### **Letters Module**

You can choose from standard letter templates or customize your own by using Microsoft Word. CAS 5.0 handles the rest of the merge process, reducing the administrative burden of provider notification. Letters to request medical records or to provide notice of findings, adjustments or appeals are at your fingertips.

### **Reports Module**

A complete set of management reports including aging, inventory and tracking monitor all phases of the audit and workflow processes. Specific functions and reports support the various roles within the audit process—from administrative support to the auditor to the manager.

### **Medical Records Module**

Based on the auditor's claims selection, the Medical Records Module generates provider-friendly listings of medical records needed for the audit. Integration with the Claims Workflow, Letters and Reports Modules, lets you track the medical record request process from the original request through receipt and reorder. You can also create aging reports to highlight records that have not been submitted in a timely fashion, assuring that the audit process moves efficiently without stalling.

### **Fraud and Abuse Case Management Workflow**

Using functionality from the Claims Database and Claims Workflow Modules, this module allows you to investigate, create, manage and track cases, including support for criminal and civil resolutions. A case can be started manually from an allegation or automatically by using the CAS 5.0 Business Intelligence Module to identify the fraudulent claims. During the case process, clients can write a case report, addendums and investigative notes about the case or specific claims. They can also use statistical sample formulas to select claims and conduct medical records reviews. In addition, CAS 5.0 produces required documentation, such as allegation reports, case reports, addendums, case summary reports and financial loss summaries.

### **About CGI**

Founded in 1976, CGI is one of the largest independent information technology and business process services firms in the world. CGI and its affiliated companies employ approximately 26,000 professionals. CGI provides end-to-end IT and business process services to clients worldwide from offices in Canada, the United States, Europe and Asia Pacific as well as from centers of excellence in North America, Europe and India.

For more information about CGI, visit [www.cgi.com/healthcare](http://www.cgi.com/healthcare) or email us at [HealthIT@cgi.com](mailto:HealthIT@cgi.com).

