CGI Precision for insurers

CGI

The medical injuries benefits system faces a percentage of waste, abuse, and claims, in some cases potentially fraudulent, that may be left unrecovered. When not addressed, the organization risks profit loss and increased costs. Payers need a scalable solution to support the magnitude of improper payments.

CGI Precision quickly identifies and prevents waste and abuse occurrences for health, property, casualty, and workers' compensation insurers. CGI Precision brings together payment integrity, advanced analytics, artificial intelligence (AI), and waste and abuse data. This new-to-market comprehensive solution takes identification to the next level by providing operational intelligence and alerting for improved operations decision-making utilizing precise data analysis. CGI has the history, insight, and capability to impact an insurer's claims costs, underwriting effectiveness, and reserves with this new-to-market comprehensive solution.

CGI Precision core capabilities

Payment integrity - The claims recovery feature offers a comprehensive approach to identify, prevent and recover improper payments made by payers.

Analytics and visualization - CGI Precision provides operational intelligence and alerting for more informed decision-making. Features including interactive data analytics and visualization, alerting, publishing, and reporting transcend industry standards and enable innovation across entire lifecycles.

Anti-fraud database - Sophisticated algorithms and intelligent self-learning help reduce false claims and identify bad actors. The solution allows users to analyze structured and unstructured data to ensure compliance and proactive identification.

Our approach

CGI is a partner of choice for property, casualty, and life insurers, brokers, and agents across the globe, including 7 of the top 10 global insurers and 200+ clients worldwide. Our 3,500 insurance professionals deliver end-to-end services and solutions that help insurers become digital organizations across all areas of their business.

Provider alert – Shared waste and abuse data helps reduce further risk of claims leakage through CGI's real-time data sharing ecosystem.

Value delivered

- **Better control of operations:** Improve your business processes with a proven claims process aligned with industry standards.
- **Fiscal confidence:** Build your bottom line with fund recovery. Mitigate impact to your reserves and increase profitability.
- **Operational efficiencies:** Improve your insights, alerting, and automated workflows.
- **Visibility**: Proactively identify bad actors and develop a secure data management, data scanning, and machine learning solution to put your organization in the driver's seat of your payment ecosystem. Gain an integrated identification, scanning, and recovery process.
- **Better decision-making:** Predict fraudulent activity by learning from trends and applying insights. Share knowledge with community participants to improve waste and abuse prevention rates and hold providers accountable for frequent occurrences.

Why CGI?

With more than 30 years of experience in Medicare, Medicaid, and commercial plans, CGI knows what our clients value. Our solutions have helped clients recover over $3 billion in improperly paid claims and have resulted in savings found in 60 percent of claims audited.

Our approach has set the standard with an industry-leading 96 percent appeal uphold rate. Comprehensive logic and business rules are built into our solution and leverage AI, machine learning, and algorithms aimed at delivering the maximum results for clients.

About CGI

Insights you can act on

Founded in 1976, CGI is among the largest IT and business consulting services firms in the world.

We are insights-driven and outcomes-based to help accelerate returns on your investments. Across hundreds of locations worldwide, we provide comprehensive, scalable and sustainable IT and business consulting services that are informed globally and delivered locally.

For more information
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