

Salient Corporation's Performance Management Solution Helps NY State Counties Identify Medicaid Fraud, Waste, and Abuse

Chautauqua County continues Medicaid investigation after efforts uncover system abuse

Horseheads, NY, May 1, 2008 – Medicaid eligibility topped more than 4 million in New York State in 2007. With so many recipients and providers involved, the New York State Department of Health is committed to eliminating any cases of fraud, waste, and abuse.

Over the last two years, Salient Corporation, provider of the World's most advanced performance management technology, has helped seven New York State counties uncover thousands of cases of Medicaid fraud, waste, and abuse. Two additional counties are also in the process of contracting and implementing the solution.

Chautauqua County was the seventh New York County to contract for Salient's performance management solution to manage Medicaid. In just eight months since it implemented its Medicaid investigation, it has identified several potential instances of provider fraud, validating this project's continued existence.

Other statewide counties using the system include: Albany, Chemung, Monroe, Onondaga, Broome, and Ulster; and will soon be implemented and running in the New York City-Long Island counties of Nassau and Suffolk.

The Salient solution provides counties with near real-time, interrogative access to transactional as well as select non-transactional program data, enabling them to immediately identify opportunities for cost savings and operation efficiency, and to detect questionable activity. In addition, for the first time, it has enabled these counties to have a complete view of activities of all of its providers and recipients so that it can identify behavior patterns and work with the providers and recipients to improve the quality of service while reducing costs.

“We use the Salient system to identify and track providers who may be audited based on questionable activities,” said Greg Edwards, Chautauqua County Executive. “With it, our Medicaid specialist has passed along several potential targets to the State Office of Medicaid Inspector General for further investigation. We also have expanded on our current responsibilities around recipient fraud, as we now have an easy-to-use continuous monitoring solution for reviewing Medicaid cases.”

Under the Medicaid program, taxpayer dollars are used to provide health care to low-income individuals. According to the State Department of Health, these dollars must be effectively spent to help those in need; however, a small percentage of providers and recipients engage in various forms of fraud and abuse. This affects everyone – the recipients of care, the taxpayers who pay for it, and the vast majority of providers who deliver quality care.

“The Salient system provides complete information on every individual and case in the system and it allows for instantaneous investigation into anomalies,” said Guy Amisano, president and founder, Salient. “We expect more activity—both at the federal and national levels—as government looks to create more accountability in existing systems, discover cost savings, and improve overall efficiency.”

For more information, please visit www.salient.com.

About Salient

Salient Corporation makes very large scale in-memory intelligence technology for ad hoc data interrogation, visualization and root cause analysis. The company provides continuous audit, performance monitoring and forensic applications for business, health care, education and government.

