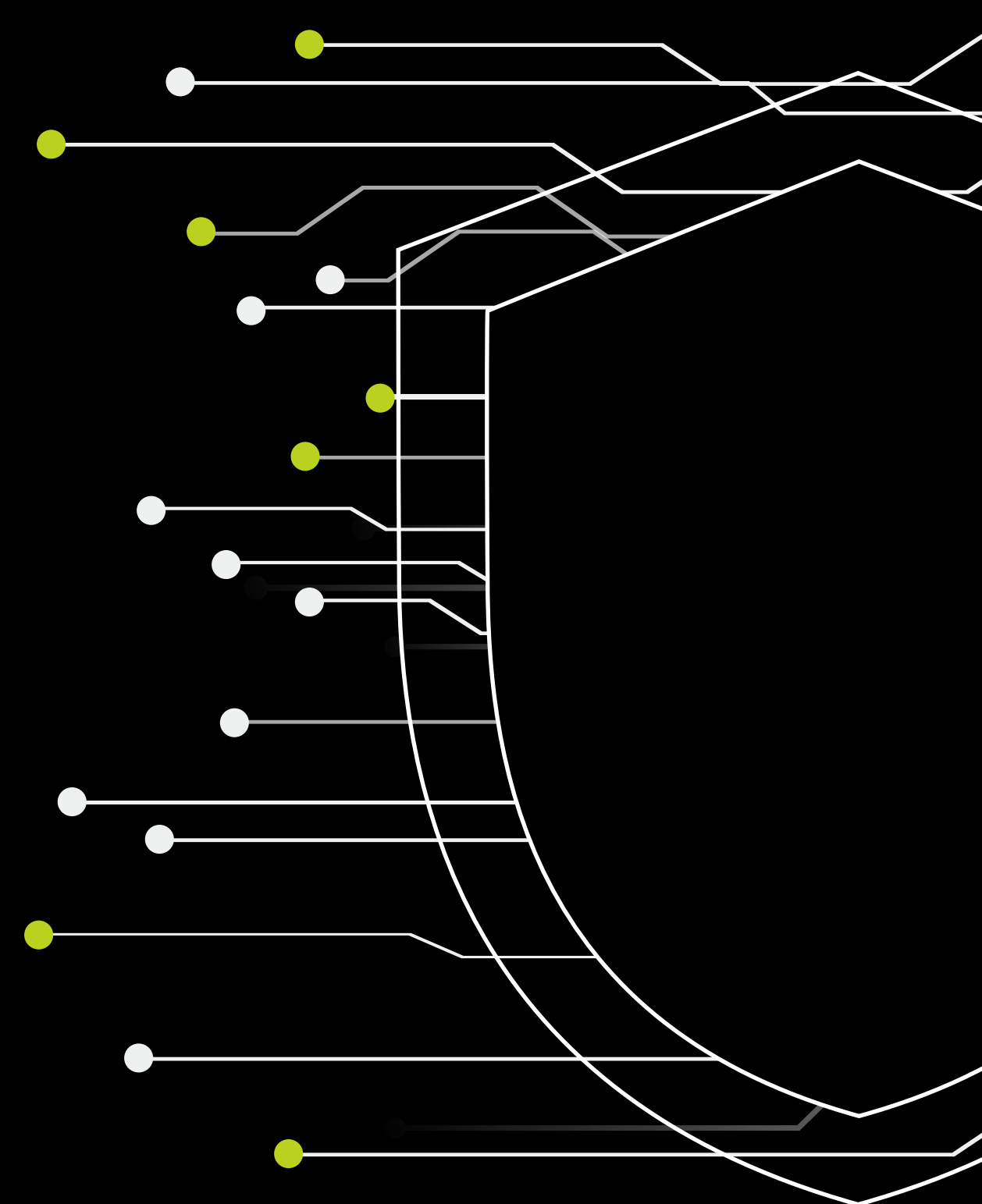


# Insurance company

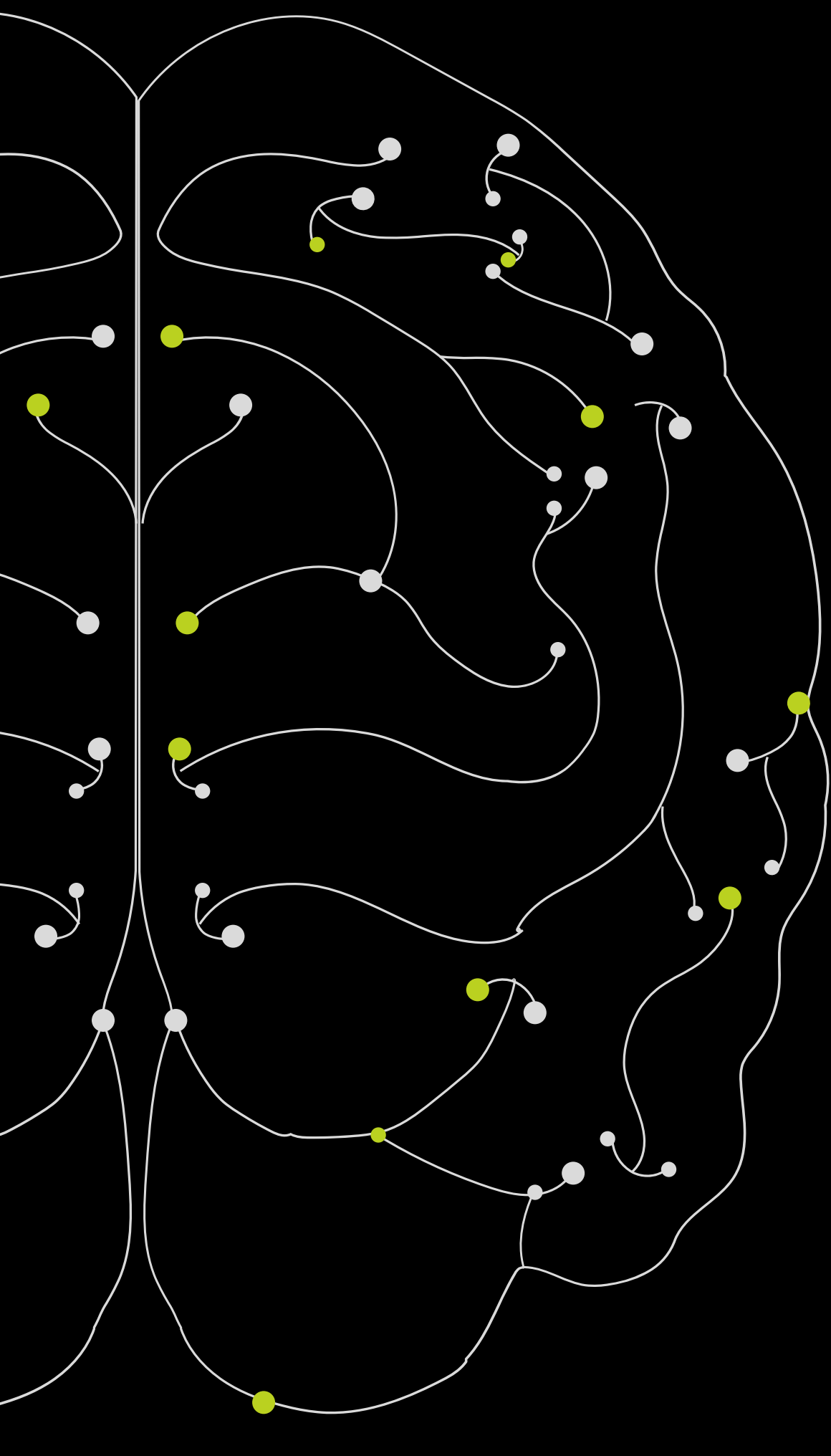
## Fraud Prediction Case Study

### Machine Learning Solution

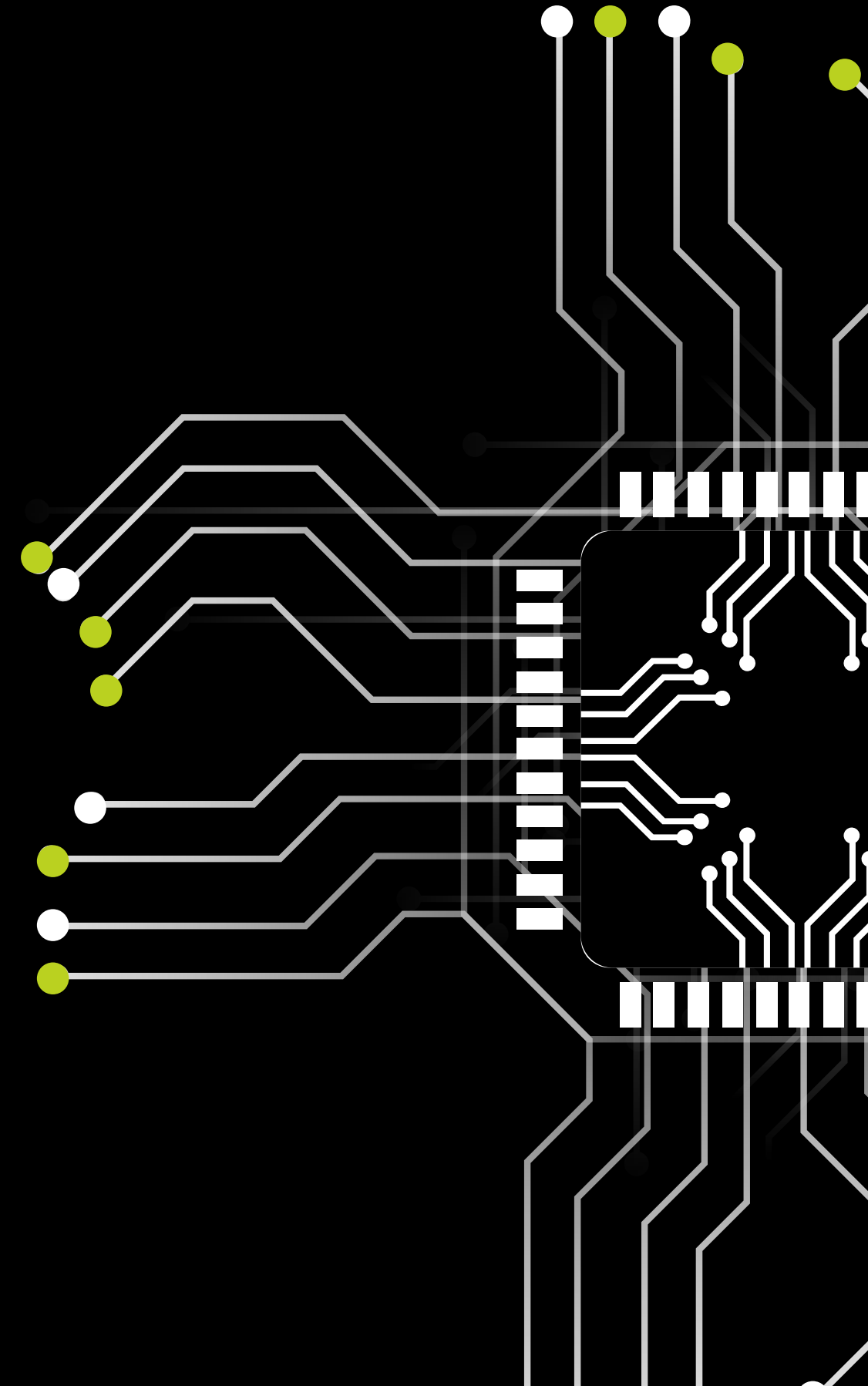
Insurance organizations are all exposed to fraud risks, whether dealing with false claims, false billings, unnecessary procedures, staged incidents, withholding of information or else. Employees manually go through each case and analyze it, this approach may take a lot of time. Moreover, cases that were falsely suspected as fraud essentially a waste of resources.



Hiring staff to conduct these manual audits is an expensive and inefficient option. Instead, we suggested optimizing team's work by using Machine Learning algorithms to detect fraudulent activity with a higher degree of accuracy. This means using data from multiple sources and analyzing them together so that the audit team looks only at the highest-risk cases to detect more fraud.



CHI Software developed a platform to help the manual audit team to identify fraud. The system automatically combines hundreds of variables from different datasets, including patient/prescriber history, interaction graphs, prescription characteristics, and other contextual data. The output is a degree of fraud possibility for each case.



### Results

This allowed the audit team to increase efficiency and detect 34% more fraudulent cases in just two months working with our platform.

### Contact Us

Want to know how Machine Learning can be useful for your business?