Rule for Fraud clim customer

1. changing the date (current valuable date check) cross check with hospital
2. expired insurance clim (clim id)
3. Age clim (DOB)
4. applied reject claim again we can identify with reject code(reject code/ reject reason)
5. document mismatch

Primary diagnosis code (the patient admitted for heart attack but clim for different disses)We have predefined code

Rule for Fraud clim Hospital

1. few hospitals already we know that fake one in certain cities
2. Without making a test/scan they are clim with insurance company
3. Date of admission and discharge scale with total benifit
4. Multiple clim for same patient

List cooperation with parameters

1. Member ID proof mismatch(Member ID)/Insured Identification
2. Insured DOB/member DOB
   Insured Name/Member Name

1. if check already reject is there (Claim Reject Code)
2. mismatch Rendering Provider State/Billing Provider State

Claim Process Status - if denied the customer maybe fraud
Total Charge /Total Benefit Amount

1. Multiple clim for same patient (Claim ID)