

Advanced Analytics

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
- Complete IT services

Outlier patients are easily detected.

CGI combines SIU investigative experience with Advanced Analytics to provide healthcare payers a cost effective fraud fighting, reporting and training solution.

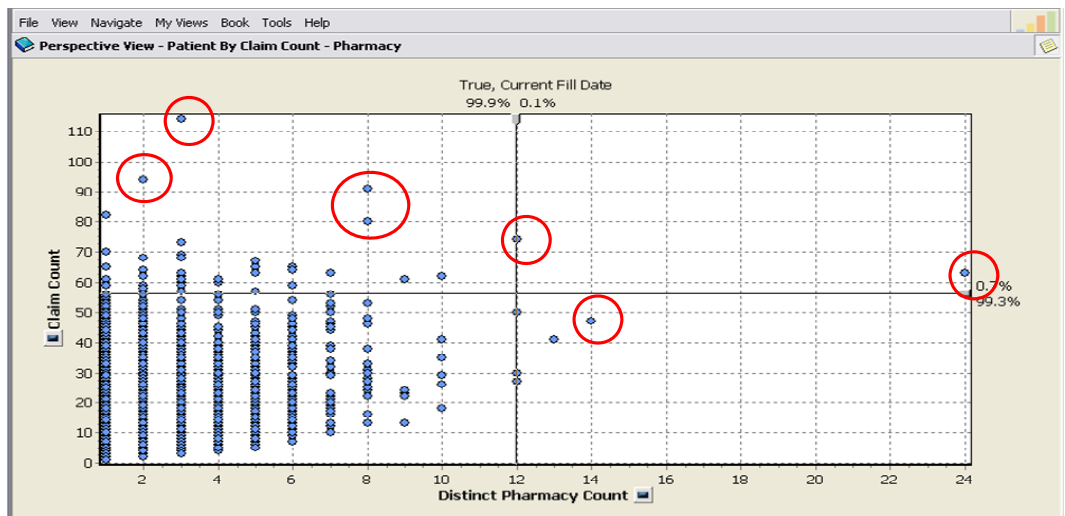
For public and private healthcare payers, acquiring data is not an issue. The critical issue is stopping healthcare fraud in the first place, saving billions of dollars each year. Payers already have at their disposal large volumes of medical and pharmacy data for providers, members and facilities. The challenge is to find a way to detect, prevent and recover fraudulent claims by transforming the data into actionable results producing cost savings or increased profitability.

Rather than using the data to identify what has happened in the past, payers should use the data to determine what will happen next. With CGI's Fraud Services solutions, which includes Advanced Analytic Services, as well as a full-service Special Investigations Unit (SIU), payers can predict future risk by taking full advantage of their claims data to find anomalies or outliers that had not been detected using conventional methods.

This transforms the investigator's primary role from finding fraud to investigating fraud, which will increase SIU efficiency and produce higher and more timely dollar recoveries.

Advanced Analytics Services

Our Advanced Analytic Services uses a variety of techniques, from statistics to data mining to visualization techniques to identify and predict trends or anomalies in your data. This service incorporates CGI's expertise and your specific business rules into advanced analytic algorithms to derive and capture fraud indicators, factors and behaviors. Based on this process, specific predictive models are built and applied to your data and evaluated for accuracy. Business rules are updated, as required, to continually refine these models to ensure the most accurate results. The output of these models, **specifically identified potential fraud instances**, is then presented to SIU investigators for evaluation and recovery opportunities.



Healthcare Payer Fraud Expertise

Advanced Analytics is provided by CGI's Healthcare Payer Fraud Consulting Services team through an outsourced business process services model. Our fraud investigative team is comprised of SIU professionals with experience in detecting, investigating, prosecuting, preventing and resolving fraud. They bring more than 95 combined years of investigative success from the fields of health insurance, law enforcement and the Office of the Inspector General. The investigators are supported by analysts, statisticians, clinicians and financial experts that have extensive healthcare payer analytic backgrounds.

Outsourced Fraud Detection for Medical and Pharmacy Claims

This service is for clients desiring the results produced by a proven fraud, waste and abuse identification software tool without the annual licensing fee. CGI's fraud analysts and investigators analyze 100% of the client's pharmacy, inpatient, outpatient and professional claims utilizing our Customized Audit System (CAS 5.0) to identify fraud, waste and abuse. Findings are reported to the client for further investigation or investigation by CGI.

Our Customized Audit System (CAS 5.0) identifies potential fraud, waste and abuse, directs investigator activities and sets the stage to discourage fraudulent activities in the future. All medical and pharmacy claims data is subjected to hundreds of standard as well as customized system edits. Investigators have many screen variables available in the system to allow them to filter and sort claims data. A sophisticated data mining module is integrated into the workflow, allowing the analysts/investigators to mine, not only the raw claims data imported for editing, but also the audit outcomes to identify new or emerging fraud schemes.

Company Profile

Founded in 1976, CGI Group Inc. is one of the largest independent information technology and business process services firms in the world. CGI and its affiliated companies have 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, Asia Pacific as well as from centers of excellence in North America, Europe and India. As at September 30, 2009, CGI's fiscal 2009 revenue was \$3.8 billion and our order backlog was \$10.9 billion. CGI shares are listed on the TSX (GIB.A) and the NYSE (GIB) and are included in the S&P/TSX Composite Index as well as the S&P/TSX Capped Information Technology and MidCap Indices.

For more information about CGI, please visit www.cgi.com/healthcare or contact us at HealthIT@cgi.com.