



Take 3

Head off HHS overpayments
before they happen

Take three minutes for a crash course on analytics.

Lessons from Health and Human Services leaders

A small nudge can make a big difference

Health and Human Services organizations have tried many tactics to combat incorrect payments. But mistakes still occur, and it's next to impossible to retrieve overpayments. Now there's a better way.

While great strides have been made toward increasing program accuracy and timeliness, current solutions generally focus on audits and investigations, error-prone profiling, and workload management—not prevention. With the rise of electronic communications, fewer personal interactions take place between state agencies, clients, and third parties. Electronic interactions have simplified processing efforts like automated renewals, but without personal interaction, accuracy can suffer. Strategically placed communication prompts and reminders can go a long way in helping both clients and providers deliver more accurate information to state agencies.



HHS disposition analytics can provide structured guidance to help prevent errors that create additional work and delay benefits and services.

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A better way to combat incorrect payments

Influence accuracy and timeliness

During application or recertification of benefits and services, clients and providers may not know what information to provide and when to provide it. A reminder can help improve accuracy and timeliness. A client who has a history of reporting job changes only at redetermination may receive a text reminder to report promptly. Another client who often forgets to report unearned income during recertification may receive a real-time, in-line reminder when using the self-service portal.

Aid in decision-making

Agency staff rarely have time to research historical case data to pick up on patterns or inconsistencies. Analytics can help staff members make smarter decisions by highlighting past behaviors—such as frequent job changes or moves—as they process cases to identify those that may be prone to errors or abuse.

Guide with prompts

Communication prompts with information about individual clients and providers can help reduce errors during authorization of benefits. For example, a worker may receive a prompt to review expenses and household composition if a client has a history of moving frequently. Or the worker may receive notification that a provider has a history of extending the stay for clients needing emergency shelter assistance. A customer service rep may also receive guided questions designed to get current, accurate information when the client calls to report an update.

Mitigate potential errors before they happen

State agencies want to deter errors, but they also want to make sure eligible people receive benefits. It's challenging to keep up with the latest regulations whether you are a client or a worker. This could easily lead to the wrong conclusion or incorrect interpretation. Often, there is subjectivity that is based on a client's history or a worker's experience that can lead to variability in providing and processing case information. The right processes and mechanisms can help to separate high-risk cases from the low-risk cases to help mitigate potential errors before they happen.

Should we talk?

If your goal is to prevent errors before they happen, let's talk.

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A case in action

The New Mexico Department of Workforce Solutions (DWS), like so many others, had historically combated improper payments with policy changes, training initiatives, and the latest tools and modules. Despite some technological gains and reductions in errors, overpayments continued to be a challenge.

By leveraging predictive modeling and behavioral analytics, the New Mexico DWS was able to substantially influence claimants' behavior and reduce high instances of "small" errors with smart, subtle changes in how the agency communicates. Strategically placed nudges to do the right thing went a long way.