

Stop Fraud Before It **Drains Your Claims.**



Smarter oversight through assisted detection—combining machine learning with human-guided insights to reduce fraud, waste, and abuse in workers' compensation claims.

APS brings together advanced analytics, healthcare domain expertise, and configurable fraud detection models tailored specifically for workers' compensation. Unlike generic solutions, APS understands the nuances of claim behavior, provider patterns, and regulatory requirements—enabling earlier detection of fraud, waste, and abuse while integrating seamlessly into your existing claims workflow.

THE COST IN ACTION

Workers' compensation fraud drains **\$30 to \$44 billion** every year, according to the Coalition Against Insurance Fraud and NICB.

Although fraud appears in only **3-5% of claims**, according to the NCCI, that still translates into millions in avoidable losses each year.

Employer-side premium fraud alone costs **\$25 billion annually**, and claimant-side fraud adds about \$9 billion, according to the Coalition Against Insurance Fraud.

Fraudulent claims inflate average medical costs by **30-50%**, increase claim durations, and drive litigation rates higher, per industry analysts.

THE APS DIFFERENCE

APS Guardian attacks fraud at the source and helps stop revenue leakage early.



Assisted AI Scoring – APS Guardian combines machine-trained models with human oversight, continuously learning from claims data and behavior markers.



Configurable Risk Scoring – Over 30 weighted risk indicators tuned to your organization, focusing on high-impact fraud patterns like late reporting, PO Box abuse, and provider behavior anomalies.



Seamless Claims Integration – Real-time fraud scores flow directly into your adjuster's workflow—no extra steps, no added friction.



Immediate Actionability – APS Guardian prioritizes high-risk claims for SIU teams and helps adjusters focus on the right claims faster.



Customizable by Design – Risk scores, weighting, and reporting are fully tailored to your data and claims process, evolving with your program.

APS Guardian directly addresses the root causes of inflated costs, giving you an immediate tool to reduce leakage and take back control of claim outcomes.

Catch fraud early. Control your costs. Strengthen your claims process.

THE APS ADVANTAGE:

Human-Assisted Detection Technology

Combining machine learning with real-world claims expertise.

Flexible Delivery Models

Available as a stand-alone or integrated within ClaimExpert Direct.

Proven Claims Efficiency

APS services are built to reduce costs, improve adjuster accuracy, and simplify claims management.

HOW IT WORKS:

1 Analyze

APS ingests claim narratives, demographics, payment behavior, and adjuster notes.

2 Score

Proprietary algorithms generate a fraud risk score based on 30+ behavioral triggers.

3 Flag

High-risk claims are flagged for focused adjuster review or SIU escalation.

4 Refine

Scores evolve with human training, making your detection strategy smarter over time.

COMMON FRAUD TRIGGERS:

APS Guardian identifies high-risk claims by detecting behavioral and billing patterns commonly linked to fraud, waste, and abuse. Key indicators include:

- ▶ **Late Reporting:** Friday injuries, Monday reporting
- ▶ **Claimant Red Flags:** New hire, disciplinary issues, resignation near injury date
- ▶ **Provider Patterns:** PO Box billing addresses, frequent provider changes
- ▶ **Claim Complexity:** Multiple open claims, subjective injury reporting, missing witness accounts

APS Guardian actively scans for more than 30 fraud risk indicators and can be configured to address emerging risks specific to your claims population.

SOLUTION BENEFITS:

- ▶ Reduce preventable payouts by flagging high-risk claims earlier.
- ▶ Prioritize adjuster time by focusing attention where it matters most.
Direct SIU resources to the highest-value cases, improving investigation ROI.
- ▶ Improve claim outcomes with faster interventions—all without adding workflow complexity.

SOLUTION OPTIONS:

APS Guardian for Fraud, Waste, and Abuse:

Pair with your current claims or bill review system for dedicated fraud scoring and reporting with a standalone version of the service.

Add-On to ClaimExpert Direct:

Enhance your full-service claims solution with integrated fraud detection and scoring.

Flexible Configuration:

Tailor risk scoring models, trigger thresholds, and reporting views to match your claim strategy and operational goals.

GUARDIAN

FOR FRAUD, WASTE, AND ABUSE

Fraudulent claims increase costs and reduce efficiency across every part of the claims process. APS Guardian for Fraud, Waste, and Abuse helps you take control earlier with human-assisted detection, real-time risk scoring, and actionable claim insights.

By identifying high-risk claims sooner, APS Guardian reduces unnecessary payouts, improves adjuster focus, supports more targeted investigations, and strengthens overall claim performance.

Let's uncover what you're missing.

Connect with APS to learn more about APS Guardian for Fraud, Waste, and Abuse and how earlier fraud detection can strengthen your claims program.

APS ADAPTIVE
PROCESSING
SOLUTIONS
The Experts in Casualty Claim Management