



FraudCapture[®]

Intelligence.
Investigation.
Impact.

Turning FWA Signals
Into Investigative Action

Get Started >



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Introduction

Stop Schemes Before They Repeat

A scheme rarely stops at one claim. It repeats, spreads to related providers, and resurfaces through new entities. The real cost is not the first improper payment. It’s the pattern that follows.

Program integrity teams know this. But investigator time is limited. Referral volumes climb, oversight demands expand, and investigative capacity struggles to keep pace. Investigators spend time managing referrals, gathering information from disconnected systems, documenting activities, and preparing compliance reporting rather than identifying emerging fraud schemes.

Give investigators that time back and the work changes. Teams can identify connected entities, abnormal billing behavior, and emerging schemes earlier — before the patterns repeat.

**Every scheme caught early is
a pattern that never forms.**



Stop Schemes Before
They Repeat

Six Solutions. One Platform.
Real Impact.

FraudCapture Analytics

Proven, Measurable Results

Selecting the Right Partner
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One Integrated Platform

Adapt Without Custom
Development

Designed for Investigators

A Portfolio Behind the Platform

Built for Medicaid,
Not Adapted to It

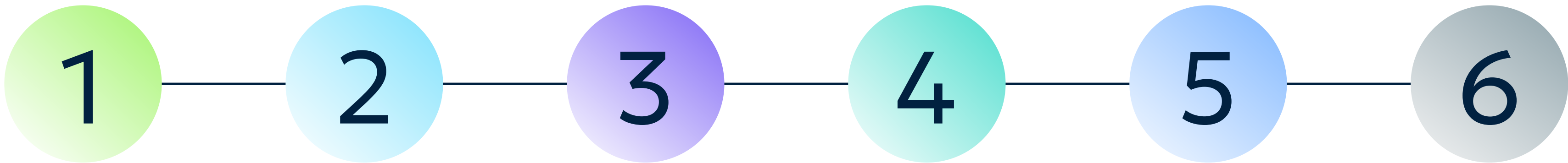
HMS Proven at Scale

Conclusion



Six Solutions. One Platform. Real Impact.

FraudCapture® is a modular, cloud-based SaaS platform purpose-built for Medicaid program integrity operations. Six integrated solutions work together in one configurable environment with each designed to support a specific outcome. **Click on a number below to show how each solution works.**



→ Deploy the full platform or start with the solution that addresses your most pressing need.

Solution 1

Referral and Complaint Intake

Referrals come from everywhere: providers, MCOs, vendors, and the public. Configurable portals standardize intake and start the workflow automatically.

HOW IT WORKS

- Configurable intake portals collect referrals from providers, MCOs, vendors, and the public
- Case Tracking ingests referral details and automatically initiates the workflow
- System-generated confirmation emails provide a searchable Reference ID
- Configurable rules automatically distribute the Intake Summary

The Outcome it Delivers

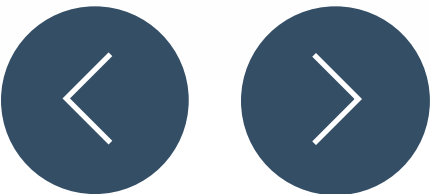
Accelerate Lead Triage

WHAT CHANGES FOR THE TEAM

- Configurable intake portals collect referrals from providers, MCOs, vendors, and the public
- Case Tracking ingests referral details and automatically initiates the workflow
- System-generated confirmation emails provide a searchable Reference ID
- Configurable rules automatically distribute the Intake Summary

IN PRACTICE

At one large Medicaid program: 18 MCOs and agencies submitting referrals, 24-hour automated ingestion, and 320+ hours of administrative effort eliminated every month.



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See the pattern before it becomes the problem.
FraudCapture Analytics helps Program Integrity teams identify emerging schemes, connected entities and abnormal billing behavior before patterns become recurring losses.

Spot the signal
Surface suspicious patterns through analytics, peer comparison and trend analysis, helping investigators identify activity that warrants a closer look.

See the connections
Reveal relationships across providers, members, organizations and other investigative entities through integrated link analysis, helping expose the broader pattern behind an individual finding.

Move intelligence into action
Bring analytic findings into the investigative environment, connecting discovery and investigation without moving between disconnected systems.

Proof in practice

DME Auto-Ship Scheme

Multi-model detection identified auto-ship behavior and expanded analysis to related providers.

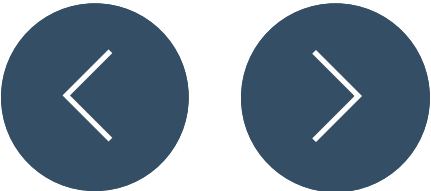
\$4M+
Recovery Opportunity

Related Phantom Laboratories

Analysis identified a multi-entity network spanning 16 corporations and four states.

\$1M+
Recovery Opportunity

Analytics finds the signal. Connected intelligence helps investigators see where it leads.



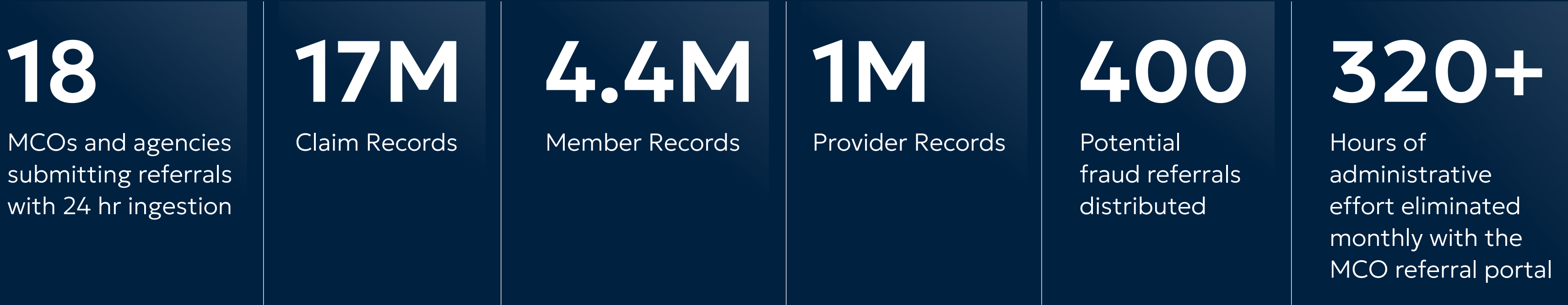


CASE STUDY

Proven, Measurable Results

FraudCapture is deployed at one of the nation’s largest Medicaid programs, with more than \$40 billion in annual expenditures.

Results from this deployment in just four months:



“Because referrals are immediately searchable in the system, we avoid duplicating work already performed by our MCO partners, while also gaining instant visibility into incoming referrals and partner contract compliance.”

Current client

Selecting the Right Partner for Fraud Prevention

Technology decisions in program integrity are long-term decisions. These six criteria can help agencies select a partner equipped to meet their needs.

- 1. A unified platform.** Bringing analytics, intake, investigations, audits, and case management together reduces the gaps where work and evidence can get lost.

[Read More](#)

- 4. A portfolio behind the platform.** One platform rarely addresses every need. Ask what additional capabilities the partner can bring to the program.

[Read More](#)

- 2. Configurability over customization.** Ask how the platform adapts when policy changes. Configuration can reduce the need for custom development.

[Read More](#)

- 5. Medicaid fluency.** Look for a partner who knows how Medicaid Program Integrity operations function.

[Read More](#)

- 3. Built for business users.** Investigators, auditors, and analysts should be able to use the system without leaning on IT for every question.

[Read More](#)

- 6. Proven at scale.** Ask for evidence of performance in large, complex Medicaid environments across states and managed care.

[Read More](#)

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Partner Criterion 1 | A Unified Platform

One Integrated Platform

Analytics, investigations, referral intake, audits, and case management operate in a single operational environment, supporting workflows from lead generation through case resolution.



One System of Record
Case Tracking, Referral Intake, Analytics, Link Analysis, Data Query & Extraction, and FileCapture operate together rather than as separate tools.



End-to-End Coverage
A referral becomes a lead, a lead becomes a documented case, and a case becomes program action within the same platform.



Fewer Disconnected Tools
Teams spend less time moving between systems to manage work, evidence, and case information.

Keep investigative work and evidence connected from referral through resolution.

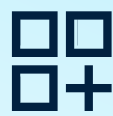
Back to Selecting the Right Partner



Partner Criterion 2 | Configurability Over Customization

Adapt Without Custom Development

Program requirements and policies change. The platform has to keep pace without requiring custom development or a new procurement cycle.



Configurable, Not Custom

Adapts to client workflows through configuration, reducing the need for custom development and code maintenance.



Aligned to Your Policy

Configurable workflows align with existing program integrity processes and CMS requirements and can be updated as regulatory and policy requirements change.

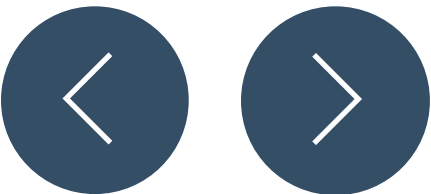


Innovation Included

Subscription pricing includes ongoing enhancements and security updates. The product roadmap evolves with industry and regulatory requirements.

Adapts to evolving program requirements without custom development.

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Partner Criterion 3 | Built for Business Users

Designed for Investigators

FraudCapture is built for the people who do the work: investigators, auditors, and analysts.



Built for Business Users

- Intuitive design that supports users without specialized technical expertise
- Automated workflows with role-based functionality
- Web-based, through a SaaS platform
- Dedicated product support from former healthcare FWA investigators and analytics leaders

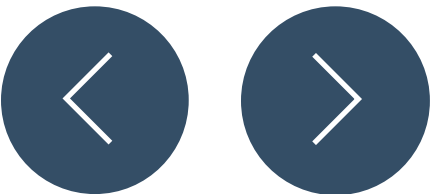


Self-Service Analytics for Business Users

- Access to Guided Analytics, Link Analysis and Data Query and Extraction
- Analysis of claims, provider, member, and case data
- Reduced dependence on IT and data science teams
- Exploration through logical drill-down paths and graphical output

Investigators bring the judgment and the instincts. The platform should keep up with them.

Back to Selecting the Right Partner





Partner Criterion 4 | A Portfolio Behind the Platform

A Portfolio Behind the Platform

FraudCapture sits inside the HMS Integrated FWA Lifecycle Portfolio. When a case points somewhere else, the answer may already be in the building.

» Data Mining and Investigations

FraudCapture® Platform, Fraud Identification (SIU) Services, Payment Analytics Recoveries

» Clinical Review / Audit

Clinical Claim Reviews, Itemized Bill Review, Pre-authorization, Quality Reviews, Long-term Care Audit, Credit Balance Audit

» Coordination of Benefits

Prepayment Cost Avoidance, Postpayment Commercial Billing and Recoveries, Provider Disallowances, Medicare Secondary Payer, COB Portal and API

» Verification Services

Community Engagement, SNAP Integrity, Dependent Eligibility, Pension Audits, Residency Verification, Provider Validation

» Subrogation

Case Management, Estate and Trust Recoveries, Casualty Recoveries

» Claims Editing

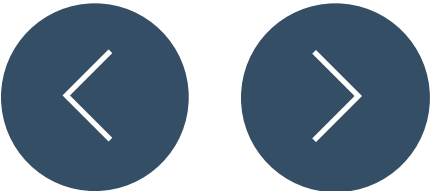
Policy-driven concepts, anomaly detection, rules, and overpayment identification across inpatient and outpatient

IN THE FIELD

In March 2026, HMS deployed a comprehensive FWA suite in New Mexico combining Coordination of Benefits, Payment Integrity, Recovery Audit Contractor, FraudCapture®, CMS Reporting, and HEDIS® quality measures.

Helping states move from fragmented activities to coordinated, end-to-end program integrity.

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Partner Criterion 5 | Medicaid Fluency

Built for Medicaid, Not Adapted to It

Medicaid has its own policies, oversight, and operational requirements. That fluency is the difference between software that fits and software you fight.



State Policy, Built In

Configurable workflows align to state-specific policies and CMS requirements, so the platform reflects how your program operates.



CMS Alignment

Supports Medicaid modernization initiatives and aligns with CMS modularity principles, with transparent and explainable methodologies suitable for CMS review.

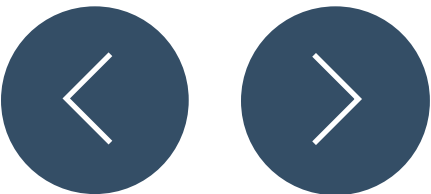


People Who Have Done the Work

Supported by a dedicated product team of former healthcare FWA investigations and analytics leaders, backed by decades of Medicaid payment integrity and clinical review experience.

A backbone of public health across 48 states and territories.

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Turning FWA Signals Into Investigative Action

Partner Criterion 6 | Proven at Scale

HMS Proven at Scale

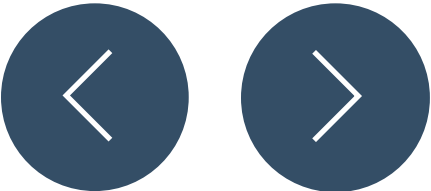
Our 2025 HMS client results show Program Integrity at scale.



- Deployed at one of the nation’s largest Medicaid programs, with more than \$40 billion in annual expenditures
- 48+ TB of managed claims, provider, and member data, with 27M+ claims analyzed monthly
- Proven ability to operate at scale across states and managed care environments

Ask any partner for evidence at this scale. We are glad to show ours.

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Turning FWA Signals Into Investigative Action

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Referrals keep coming and oversight keeps expanding. The opportunity is to give investigators time back to identify emerging schemes and act before they repeat.

FraudCapture® converts analytic findings into documented investigations, compliance reporting, and program action within a single system, with people in control at every step. Six solutions, one platform, and the full HMS FWA portfolio behind it.

Ready to turn FWA signals into investigative action?

Contact HMS



Health Management Systems, Inc. (HMS), a Gainwell company, provides a broad range of payment accuracy solutions that help move the healthcare system forward. Our experts, practitioners, and clinicians are uniquely positioned at the intersection of technology and healthcare—providing unmatched value through our suite of innovative products and solutions created to solve our clients’ most complex challenges. We are committed to delivering results beyond the expected. Learn more at gainwelltechnologies.com.

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