

FALSE CLAIMS INVESTIGATION

CLIENT PROFILE

Vertical: Healthcare

Matter Type: Internal Investigation

H5 Offering: Key Document Identification

CASE STUDY

SITUATION: A Fortune 100 health insurance provider was pursuing an internal investigation involving potentially improper diagnosis practices undertaken by a wholly-owned provider group. The scope of the investigation included analysis of reimbursements processed across 20+ disease categories potentially triggering False Claims Act violations. With approximately 850k documents to review, and that volume set to triple in the near-term, it was unclear how the internal investigation would be completed within a constrained budget and timeline.

H5'S VALUE: H5 experts in Key Document Identification worked with counsel to understand the specific allegations at issue as well as catalogue the various sources of data that needed to be investigated. Subsequently, H5 experts designed and executed a battery of complex searches tailored to find instances of fraud or wrongdoing related to the allegations at hand. The H5 team stayed in close communication with counsel throughout the course of the engagement ensuring new search requirements and data sources were efficiently and quickly integrated into the workstream to support fact development.

On a weekly basis, H5 delivered a streamlined set of documents responding to counsel's evolving theory of the case. These deliveries consisted of a detailed breakdown summary of the categories of documents identified each week, descriptions of relevant internal processes and policies unearthed by H5 in the course of searching, and included additional notes to flag high-priority documents of particular interest to counsel. Each delivery was distilled down to include only the most inclusive, non-redundant versions of relevant documents in order to avoid counsel's review being bogged down by a slew of duplicative sets of documents.

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In addition to keeping pace with ongoing requests and deliverables, the H5 team re-executed previous searches to address waves of new data rolling in midway through the engagement over the course of the five month engagement. In total, H5 delivered a targeted set of approximately 4,500 documents from a total of 2.3 million documents in the review set. This dramatic reduction and pinpointing of relevant documents was enabled through the H5 team's effective subject matter acquisition of the relevant issues at play, ongoing tight communication and reporting with counsel, expert topic-based searching, as well as additional proprietary data analytics removing unnecessary duplicative content from deliverables.

UPSHOT: H5 provided the case team weekly targeted deliveries related to a variety of specific diagnosis and reimbursement issues under investigation. These deliveries were curated according to the case team's evolving understanding of the case while also carefully integrated into their overall schedule for fact development. By the end of the engagement, through review of H5 deliveries, counsel was confident they had developed a comprehensive enough understanding of the pertinent risk areas subsequently completing their investigation of potential fraud and wrongdoing.