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FRAUD DETECTION IN THE HEALTH INSURANCE SECTOR: PROPOSAL FOR AN INTELLIGENT FRAUD DETECTION TOOL BASED ON ARTIFICIAL INTELLIGENCE

Communication Info

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Abstract

Insurers use traditional methods, such as red flags [1], to detect fraudulent claims. However, this traditional method requires defining thresholds for the fraud indicators used [2]. Furthermore, an arbitrary weighting must be assigned to each indicator in the final decision, which affects the model's performance [3]. To address these shortcomings and improve the performance of models based on indicators instead of real fraud history, we propose integrating artificial intelligence into simple scoring. Indeed, we apply artificial intelligence algorithms specifically designed for anomaly detection [4] to the developed fraud indicators, rather than proceeding with arbitrary weighting. The results of this study demonstrate the significant impact of integrating artificial intelligence into the health insurance fraud management process.

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