



# ARTICLE

## FRAUD AND WASTE MITIGATION: REDUCING UNSTRUCTURED DATA RISKS BY 50% VIA AI ANALYSIS

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The financial integrity of healthcare payers is perpetually challenged by fraud, waste, and abuse (FWA), a significant driver of unnecessary healthcare spending. A primary obstacle to mitigating these losses is the prevalence of unstructured medical records within legacy electronic health record (EHR) systems. When clinical documentation is fragmented or poorly organized, it becomes difficult to verify whether risk-adjustment codes accurately reflect the patient's true clinical state, leading to systemic inaccuracies in reimbursement and audit failures.

## THE AUDITING DEFICIT IN UNSTRUCTURED DATA

Payers rely on risk adjustment to ensure that payments are aligned with the health status of their members. However, when these adjustments are based on unstructured data, the lack of transparency creates several operational risks:

- **Documentation Gaps:** Incomplete records often fail to provide the necessary clinical evidence to support high-acuity risk codes.
- **Manual Audit Strain:** The labor-intensive process of manually reviewing unstructured notes for compliance is slow, expensive, and prone to oversight.
- **Reimbursement Inaccuracy:** Inaccurate coding results in either overpayment (waste) or underpayment (loss), both of which destabilize the Medical Loss Ratio (MLR).

## THE CIRCLE DATASET INTERVENTION: AI-DRIVEN DOCUMENTATION VERIFICATION

A primary feature of Circle Datasets is the integration of AI-driven analysis directly into the clinical documentation process to ensure risk-adjustment accuracy. Unlike traditional retrospective audits, the platform utilizes artificial intelligence to analyze unstructured medical records within the RegenMed ecosystem in real-time.

By cross-referencing clinical notes with the deterministic evidence captured through the **Observational Protocol**, the system ensures that every risk-adjustment code is fully supported by corresponding clinical documentation. This structural approach has been shown to:

- **Reduce FWA by 50%:** Providing a foundation of verifiable truth that identifies inconsistencies before they result in fraudulent claims or wasteful spending.
- **Automate Compliance:** Reducing the need for manual audits by ensuring that data is "regulatory-ready" and fully auditable from the moment of entry.
- **Stabilize Financial Projections:** Improving the accuracy of risk-adjustment codes, which allows payers to manage their MLR with greater precision.

Download RegenMed white paper "[Bridging The 17 Years Evidence to Practice Gap](#)" to go deeper.

## GET INVOLVED OR LEARN MORE – CONTACT US TODAY!

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