



For immediate release

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Andrew Asher Joins Bull Services to Lead Program Integrity Practice

Former head of State of Illinois Medicaid Fraud Science Team is nationally recognized expert in Health and Human Services (HHS) fraud and abuse detection and enforcement

BILLERICA, Mass., October 3, 2007 – Andrew Asher, a nationally recognized expert in Medicaid/Health & Human Services (HHS) fraud and abuse detection and enforcement, has joined Bull Services, the leading Business Intelligence company in the Medicaid/HHS space, to head the company’s growing Program Integrity practice.

Asher brings to Bull Services a wealth of experience in developing leading-edge, actionable strategies for the detection and prevention of Medicaid and HHS fraud, as well as developing programs for recoveries. He has nearly 20 years of professional experience in developing innovative analytical solutions in HHS, with the last 12 years focused on developing best practices in Medicaid program integrity.

“As the nation’s leading BI company serving HHS agencies, we recognize the importance of offering broad-based and comprehensive Program Integrity solutions,” said Jonathan Burbank, President and CEO of Bull Services in the U.S. “Andrew Asher’s recognized leadership in this area will enable us to offer state HHS agencies the best Program Integrity expertise in the marketplace.”

Asher comes to Bull Services from the Office of Inspector General (OIG) of the Illinois Department of Healthcare and Family Services (HFS), the Medicaid program integrity office for Illinois. At HFS OIG, he served as part of the management team and led the Office’s Fraud Science Team (FST), a multidisciplinary team of professionals who detect and prevent Medicaid fraud and overpayments using advanced analytics, clinical coding skills, and domain expertise. FST and its work have been featured both in the trade press and in best practice reviews prepared by the U.S. GAO and CMS.

On the Human Services side of HHS, Asher has provided thought leadership on welfare eligibility fraud issues and developed welfare eligibility fraud predictive models to improve targeting efforts; examined trends in the food stamp program and contributed to the development of a sophisticated simulation model used to assess the impact of policy changes on program outcomes; and helped launch Illinois’ Long Term Care Asset Discovery Initiative, which as served as a national model for uncovering recipient eligibility fraud.

In addition, Asher has led the development of a broad range of data- and policy-driven anti-fraud innovations:

(more)

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- He has developed and directed the development of numerous highly scalable fraud detection algorithms, data mining and statistical modeling efforts, computerized desk and self audits, and administrative reviews that are optimized to maximize recoveries and terminations while minimizing field resource requirements.
- His data analyses have critically aided law enforcement in the development of proactive reviews and leads, as well as identified key vulnerabilities and prevention strategies for program management.
- He led the development of research-based policy reviews that have resulted in policy and legislative changes that have reduced Illinois' exposure to fraud and overpayments.

An expert who understands the link between programmatic and integrity considerations, Asher has developed innovative, advanced analytical solutions to examine a wide range of health policy questions, including: sophisticated resource allocation models for the delivery of health and human services; predictive models of infant mortality; and analyses of drug expenditures.

Asher has served in national leadership roles on numerous initiatives and has represented Illinois on the Medicaid Fraud and Abuse Technical Advisory Group (the TAG), the Region V program integrity workgroup, the Medicaid Partnership Initiative, the Medi Steering Committee, and presentations before the U.S. GAO and at nation meetings. He is a contributing author of Illinois' landmark payment accuracy review, and had a key role in the design and implementation of this study.

Prior to his state service, Asher was a member of the healthcare policy practice at Mathematica Policy Research in Washington, D.C.

About Bull Services

Bull Services is a leading end-to-end Business Intelligence solutions company dedicated to state and local government, with a presence in 30 states and 150 agencies. The company delivers its solutions through an open, fast, flexible, and scalable information management infrastructure, the Bull Services **Knowledge**™ Framework, which consists of the industry's most robust combination of people, products, processes, tools, and technologies dedicated to public sector agencies. Bull Services' leading focus is the Health and Human Services market, where its solutions have helped clients save more than \$2.5 billion, improve health care and human service outcomes, and enhance program efficiency.

In the Medicaid market, Bull Services' solutions now help manage 1 of 3 Medicaid dollars (\$110 billion of \$330 billion) and 1 of 4 Medicaid beneficiaries (15 million of 60 million).* Bull Services' solutions have been recognized by the National Governors Association (NGA), the National Association of State CIOs, and The Data Warehousing Institute (TDWI). Bull Services, headquartered in Billerica, Mass., is part of Bull, a \$1.3 billion worldwide information solutions company. More information about Bull Services can be found at www.bull.com/us.

** Sources: Kaiser Commission on Medicaid and the Uninsured and U.S. Centers for Medicare and Medicaid Services (CMS)*