



EMERALD ISLE
CONSULTING

AI-Readiness Data Assessment Leadership read-out

Is the data ready for the fraud, waste & abuse model leadership has funded, and what has to be fixed first?

ILLUSTRATIVE SAMPLE · FICTIONAL HEALTH PLAN · NO CLIENT DATA

PREPARED FOR

Northfield Health Plan (fictional)

ASSESSMENT PERIOD

6 weeks from data access

SCOPE

5 source systems · 1 funded use case

The model isn't the risk. Provider Data is.

Leadership funded a fraud, waste & abuse (FWA) detection model to flag suspicious billing before claims are paid. We graded the five systems that use case depends on, using interviews and profiling on real extracts.

5

source systems graded on five readiness dimensions

2 F

in Provider Data and Utilization Mgmt, the systems FWA detection leans on

8

gaps ranked by impact on the funded use case

Key finding. Provider Data scores F on AI Consumability and D on three other dimensions. The same clinician appears under several NPIs, TINs and addresses, so billing patterns are split across records that never meet. A model trained on provider records cleaned by the special investigations unit will not see the networks it learned to find in live claims. Funded as scoped, the pilot is likely to stall after go-live.

Recommendations

1. **Don't build the model yet.** Fix the narrow path FWA detection needs first: one resolved identity per provider across NPI, TIN and address, original claim lines preserved through adjustments, and eligibility as of the date of service.
2. **Retest on live claims.** Rebuild the training and test sets from claims as they looked when they were paid, not as investigators cleaned them, and agree a written precision target that fits investigator capacity.
3. **Fund the 0–90 day horizon now.** It is low cost, unblocks the use case, and puts the first model into production inside 90 days of this read-out.

Data Foundation Report Card

Every system graded A–F on five readiness dimensions. Grades are evidence-backed and weighted toward the funded use case. The circled grade is where the FWA detection pilot dies.

System	Data Quality	Documentation	Lineage	Access & Security	AI Consumability	Overall
Claims Platform	B	C	D	B	C	C+
Member Eligibility	C	D	D	B	C	C
Provider Data	D	D	D	C	F	D
Utilization Mgmt	C	F	D	C	D	D
EDW	C	C	D	B	C	C+

A–B ready C remediate D–F blocks AI

How grades are set

Weeks 1–3: interviews with data, IT, and business leads, and every in-scope system mapped to the funded use case. Weeks 3–5: profiling on real extracts and scoring against a consistent rubric. Each grade cites the evidence behind it, summarized on the next page.

What we found, system by system

One line per grade. Full reports include the profiling results and interview notes behind each.

Claims Platform **Overall C+**

Data Quality	B	837 claims pass X12 validation; 3% are missing a rendering provider NPI.
Documentation	C	Standard adjustment reason codes documented; local codes are not.
Lineage	D	Paid amounts in finance reports can't be traced to adjudicated claim lines.
Access & Security	B	Role-based access in place; PHI masked in analytics views.
AI Consumability	C	Claim lines land daily, but adjustments overwrite the original line.

Member Eligibility **Overall C**

Data Quality	C	Duplicate member records for 4% of enrollees across product lines.
Documentation	D	Eligibility spans defined differently by the Medicare and commercial teams.
Lineage	D	Retroactive changes overwrite history; past eligibility can't be reconstructed.
Access & Security	B	Governed access with minimum-necessary views.
AI Consumability	C	Monthly snapshot only; no eligibility as of a given claim date.

Provider Data **Overall D**

Data Quality	D	14% of directory addresses fail verification.
Documentation	D	Specialty and taxonomy codes mapped differently across three source feeds.
Lineage	D	Credentialing updates arrive by spreadsheet, with no trace to their source.
Access & Security	C	Shared service accounts; access reviewed once a year.
AI Consumability	F	The same clinician appears under several NPIs, TINs and addresses. A fraud model can't see the networks it was built to find.

Utilization Mgmt Overall **D**

Data Quality	C	Prior authorization decisions recorded, but 20% lack a reason code.
Documentation	F	No data dictionary for the vendor UM platform.
Lineage	D	Authorizations matched to claims by hand.
Access & Security	C	Clinical notes hold PHI with no field-level classification.
AI Consumability	D	Clinical rationale lives in free-text notes and faxed PDFs.

EDW Overall **C+**

Data Quality	C	Nightly loads fail silently; 3 of the last 30 loads were incomplete.
Documentation	C	Data dictionary covers about 60% of tables and hasn't been updated in two years.
Lineage	D	No automated lineage; hundreds of stored procedures transform claims data.
Access & Security	B	Governed access through the BI layer; PHI columns masked.
AI Consumability	C	Analytics-ready aggregates, but too coarse for claim-level models.

Ranked by impact on FWA detection

Not by abstract best practice. A gap that blocks the funded use case ranks above a larger gap that doesn't.

#	System · dimension	Grade	Gap	Impact	Effort	Horizon
1	Provider Data AI Consumability	F	One clinician appears under several NPIs, TINs and addresses; no resolved provider identity.	Blocks use case	Medium	0–90 days
2	Provider Data Documentation	D	Specialty and taxonomy codes mapped three different ways; peer-group comparisons are unreliable.	Blocks use case	Low	0–90 days
3	Claims Platform AI Consumability	C	Adjustments overwrite the original claim line; the model can't see what was first billed.	Blocks use case	Medium	3–6 months
4	Member Eligibility Lineage	D	Retroactive changes overwrite history; eligibility on the date of service can't be reconstructed.	Degrades accuracy	Medium	3–6 months
5	Utilization Mgmt Documentation	F	No data dictionary for the vendor UM platform; authorization fields can't be mapped.	Degrades accuracy	Low	0–90 days
6	Provider Data Data Quality	D	14% of directory addresses fail verification.	Degrades accuracy	Medium	3–6 months
7	Utilization Mgmt Lineage	D	Authorizations matched to claims by hand.	Degrades accuracy	Medium	6–12 months
8	Claims Platform Lineage	D	Paid amounts in finance reports can't be traced to adjudicated claim lines.	Audit risk	Medium	6–12 months

Four horizons to the first use case and beyond

The first horizon puts FWA detection into production. Later horizons are engineering work, sized and sponsored here, and delivered by the plan's team or its partners.

0-90 DAYS

Quick wins

- Glossary adopted, data stewards named
- Provider identity resolved across NPI and TIN
- First AI use case scoped with a written precision target
- Remediation backlog funded by leadership

MONTHS 3-6

Fix what blocks the use case

- Provider golden-record pilot
- Point-in-time member eligibility
- Original claim lines preserved through adjustments
- Pipeline fixes for every system that scored D

MONTHS 6-12

Rebuild the plumbing

- Automated lineage from claims to finance reports
- Authorizations linked to claims automatically
- Clinical rationale structured from notes

12 MONTHS +

Hand over

- Same-day data for payment integrity
- Playbooks handed to the plan's own team
- Capacity that scales with the AI program

Ready to see your own report card?

The AI-Readiness Data Assessment takes six weeks from data access, for a fixed fee scoped by number of source systems (5, 10, or 15).

Start with the free scorecard at emisle.net/scorecard, or request an assessment at info@emisle.net.