



# Eliminating Insurance Fraud Pilot Program

Higher Education

## Requester Information

**Legislator Name:** Cullimore, Kirk A.

**Created Date:** January 29th 2026

**Submitted Date:** January 29th 2026

## Section 1: Requester Details

### Description:

This request supports a one-year pilot deployment of secure patient self check-in kiosks with high-assurance Identity verification, Including peri-ocular biometric functionality, at University of Utah Health. The pilot is designed to prevent healthcare fraud, improper payments, and identity misuse driven by patient impersonation, inaccurate identity verification, and manual front-desk processes. By standardizing patient intake using secure kiosks that directly integrate with advanced, non-generative, healthcare-specific analytical systems for claims and billing validation, along with digital compliant forms, the project strengthens fraud prevention at the earliest points of care and payment.

### Legislative designee contact information:

**Name:** Rick Resnick

**Organization:** LifeMed Gateway

**Position:** President

## Section 2: Funding Information

### How will the appropriation be used?

Category		One-time	Ongoing
Personnel Services	2026:	\$0.00	\$0.00
	2027:	\$0.00	
In-State Travel	2026:	\$0.00	\$0.00
	2027:	\$0.00	
Out-of-State Travel	2026:	\$0.00	\$0.00
	2027:	\$0.00	



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Category	One-time	Ongoing	
Supplies and Equipment	2026:	\$0.00	\$0.00
	2027:	\$0.00	
Technology Purchases	2026:	\$0.00	\$0.00
	2027:	\$1,037,000.00	
Infrastructure/Capital Investments	2026:	\$0.00	\$0.00
	2027:	\$0.00	
Other Charges/Pass Thru	2026:	\$0.00	\$0.00
	2027:	\$0.00	

## Expenditure Total

One-time 2026	One-time 2027	Ongoing 2027
\$0.00	\$1,037,000.00	\$0.00

## Funding Sources:

### General Fund

Amount Requested:

2026 (One-time)	\$0.00
2027 (One-time)	\$1,037,000.00
2027 (Ongoing)	\$0.00

## Revenue Total

One-time 2026	One-time 2027	Ongoing 2027
\$0.00	\$1,037,000.00	\$0.00

Is this a multi-year project?

No



**Is this project scalable if the Legislature does not fund the full requested amount?**

Yes

**A short explanation describing how the project might be scaled?**

If full funding is not provided, the full pilot can be scaled by limiting deployment to a subset of high-volume or higher-risk clinical locations within University of Utah health. Priority would be given to core fraud-prevention components, including high-assurance identity verification, compliant digital intake, and advanced analytical review of claims and billing data to detect improper payments. The pilot could also focus on specific service lines or workflows historically associated with higher error or fraud risk.

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## Section 3: Agency Information

**Subjects:**

Education and Research

02205

**Agency:**

512 / University of Utah

**Type of entity to receive pass-through funding:**

Government Not For Profit

**Grant recipient**

No

**Requested Direct Award Grant Recipient**

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## Section 4: Performance Outcome Measurement

**Who would benefit the most from this request (who is the target audience)?**

The Utah hospital system, PEHP, DHHS, Medicaid oversight



## **What is this project or program intended to accomplish?**

This project is intended to prevent healthcare fraud and reduce improper payments by strengthening identity verification at the point of intake and applying advanced analytical review across the revenue cycle. It will reduce opportunities for impersonation, duplicate records, and billing anomalies by replacing manual check-in processes with standardized kiosks, compliant digital forms, and healthcare-specific fraud detection analytics. The project will improve auditability and accountability by identifying abnormal patterns, inconsistencies, and risk indicators within claims and billing activity.

## **How will the Legislature know whether the project or program achieved its intended purpose?**

Success will be evaluated using defined, objective metrics collected during the one-year pilot period. Fraud-prevention indicators will include reductions in identity-related errors at check-in, decreases in improper or reworked claims, and identification of anomalous billing patterns or risk indicators through advanced analytics. Administrative metrics will track reductions in manual corrections, intake-related rework, and incomplete or non-compliant forms. Patient experience will be measured through existing satisfaction surveys focusing on wait times, ease of check-in, and perceived privacy.

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## **Section 5: Other Supporting Documents**

**Intent Language Documents**

**Previous Funding Documents**

**Full Time Employees**

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