

# CLAIMS PROCESSING

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## CASE STUDY

# Claims Process Overview

## Claims Life Cycle involves the following 4 steps:

- Generating a Claim
- Filing a Claim
- Administrating a Claim
- Reporting a Claim

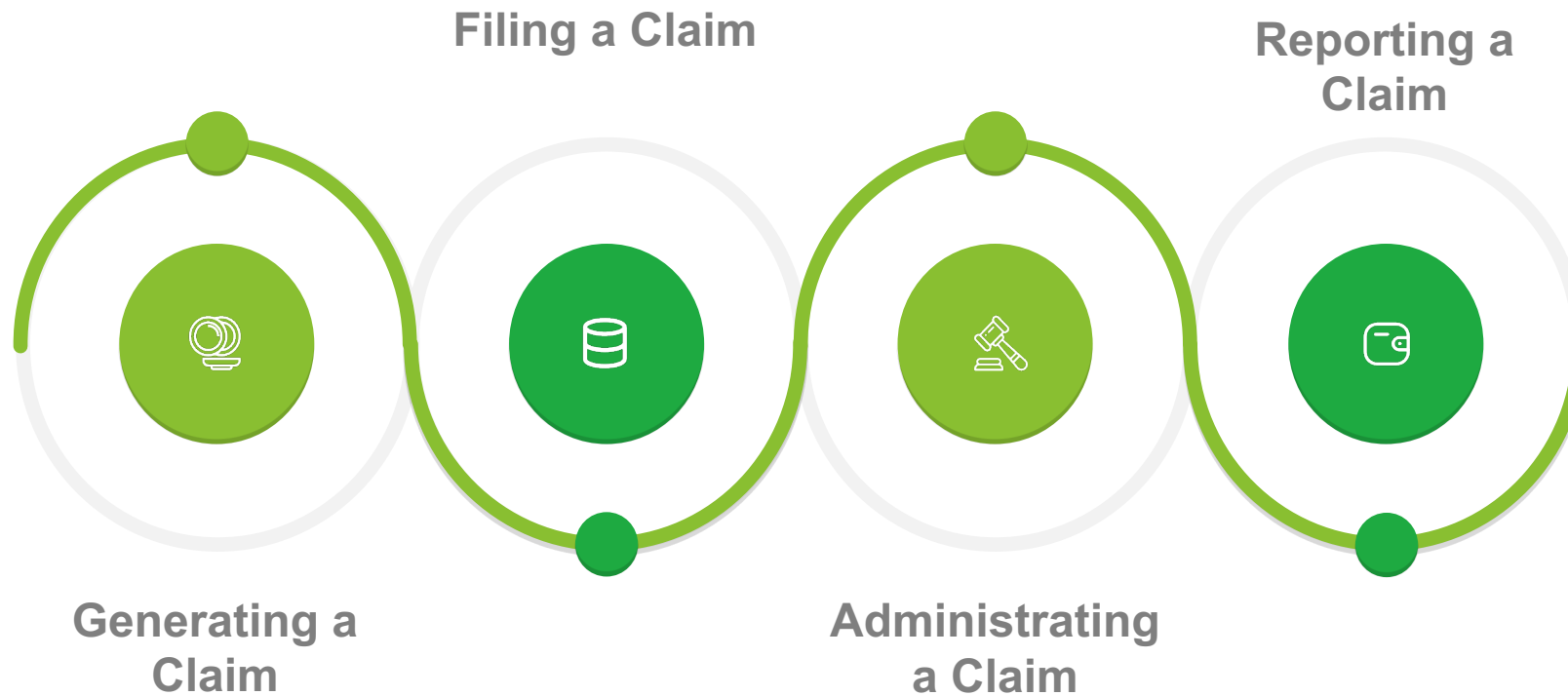


## Claims processing/administration involves 3 major sub-processes:

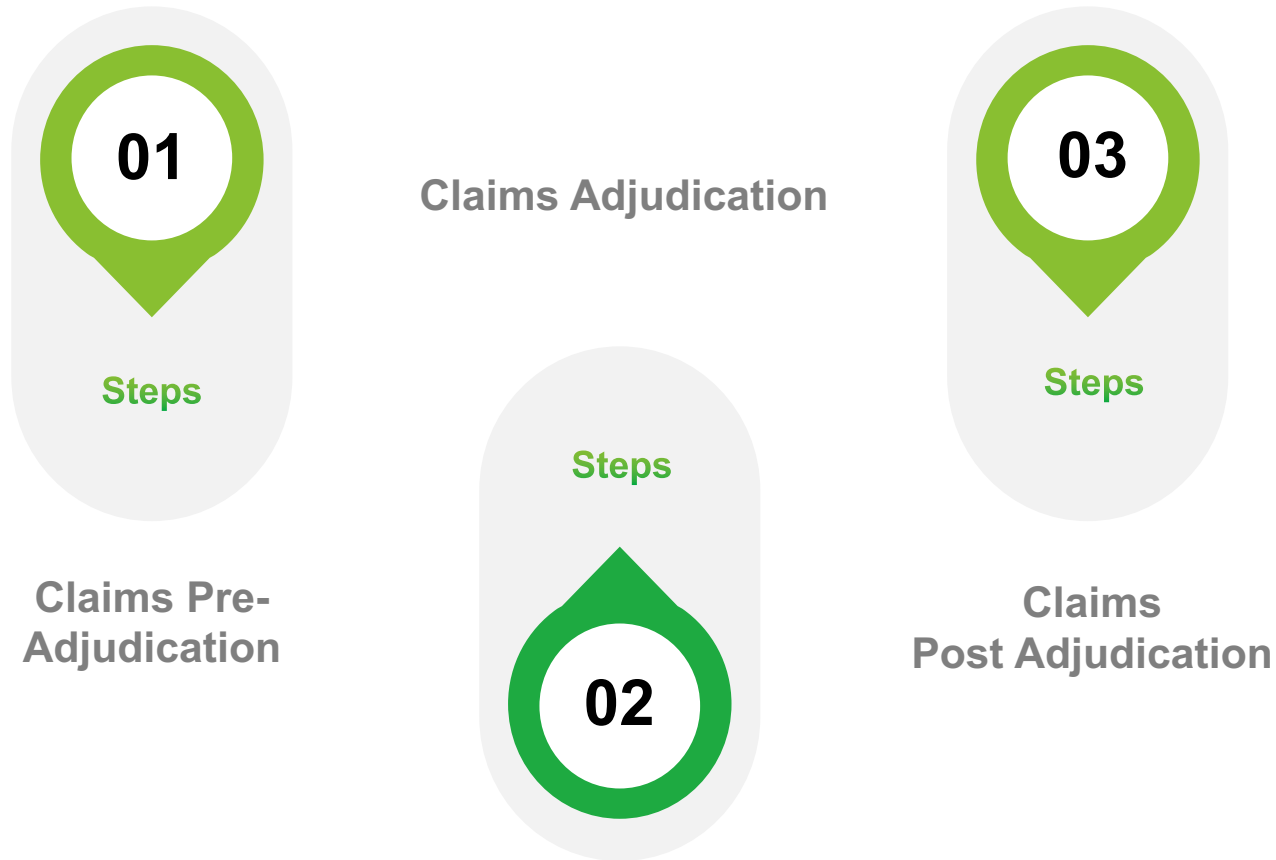
- Claims Pre-Adjudication
- Claims Adjudication
- Claims Post Adjudication



# Claims Life Cycle involves the following 4 steps



# Claims Processing/Administration involves 3 major sub-processes



# Claims Processing

Claims Pre-Adjudication	Claims Adjudication	Claims Post Adjudication
<ul style="list-style-type: none"><li>• Claims Intake</li></ul>	<ul style="list-style-type: none"><li>• Determining Eligibility</li></ul>	<ul style="list-style-type: none"><li>• Pay/Pend/Deny a Claim</li></ul>
<ul style="list-style-type: none"><li>• Data Validation</li></ul>	<ul style="list-style-type: none"><li>• Applying Benefits</li></ul>	<ul style="list-style-type: none"><li>• Claims Payments</li></ul>
<ul style="list-style-type: none"><li>• Prior Authorization Check</li></ul>	<ul style="list-style-type: none"><li>• Identifying Payment Terms</li></ul>	<ul style="list-style-type: none"><li>• Claim Update</li></ul>
<ul style="list-style-type: none"><li>• Duplication Claims Check</li></ul>		<ul style="list-style-type: none"><li>• Send EOBs to the member</li></ul>
<ul style="list-style-type: none"><li>• Timely Filing Check</li></ul>		<ul style="list-style-type: none"><li>• Send EOPs to the provider</li></ul>
<ul style="list-style-type: none"><li>• Coding Verification</li></ul>		

# Claims Processing Automation



## PROCESS

Healthcare claims process starts when a patient visits a healthcare provider for a consultation, service, or treatment. Once the treatment is complete, a claim is filed. The journey of a claim from the time a patient has an appointment, to the time the bill is paid to the provider is a lengthy one. There are at least a dozen steps to go through that are mostly outdated and highly manual to get the bill to the payer and paid back to the provider accurately.



## CHALLENGE

Healthcare claims processing includes claims intake, validation, adjudication and payment which is highly manual that makes the process highly time consuming and prone to errors. Disparate input media, legacy systems, onboarding and training the workforce to meet varying claims volumes makes this even more challenging resulting in increased operational costs, reduced speed and accuracy.



## CLIENT

Small Payer  
(\$500M annual revenue)



## LOCATION

US – Southeast



## INDUSTRY

Healthcare



## DEPARTMENT

Claims Operations



## TECHNOLOGY

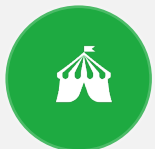
Automation (RPA)

# Claims Processing Automation



## SOLUTION

Automated claims process by leveraging Robotics Process Automation to automate different stages in claims pipeline that resulted in expedition of claims processing, increased accuracy and reduced cost.



## ART OF THE POSSIBLE

- Claims data collected by bots can be modeled to generate insights and provide recommendations to the claim's processors upfront on future claims likely to be denied thus reducing/avoiding the manual intervention.
- Provide insights to providers on most likely reasons for a claim to be denied that can be proactively addressed prior to submission.

## RESULTS



**66%**  
Hours Saved



**70 %**  
SLA Reduction



**24X7**  
Availability Increased



Processing Cost Per Claim  
From **\$4.08 To \$0.12**



Annual Savings **\$2.47M**



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**Thank You.**

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