

Claims Excellence

The Client

The client in this case is a large health insurance payor responsible for adjudicating claims in a timely and accurate manner. The carrier also acts as a third-party administrator of claims for other organizations. As such, claims are adjudicated by the company from numerous environments: across sites of service, product types, commercial and government contracts, and other factors.

The Challenge

The client spends a considerable amount of time generating and vetting algorithms around its Claims Excellence program. This program looks for specific instances where, due to complicated or rare adjustment rules, claims may be paid incorrectly in the claims system. This program has yielded the company a significant ROI over the past several years.

As the Claims Excellence team continues to pursue opportunities, it is simultaneously examining ways to make its own operations more efficient. Areas for improvement included:

- Decrease the time it takes to create a report that validates the existence of an opportunity
- Allow more flexibility for the Claims Excellence team to “tweak” their algorithms without having to wait for another reporting cycle to see the impact
- Establish an environment that monitors previously engaged opportunities to continuously confirm that the previous issue has not re-surfaced.

The Solution

Intelimedix worked with the client to implement three Claims Excellence algorithms into the Health Information Gateway® (HIG). With these algorithms created in the HIG, the client was able to verify that operational fixes implemented, in some cases, years previously were still operating effectively. The project also confirmed that Claims Excellence algorithms could be implemented into the HIG to deliver timely, appropriate information to the business user.

As such, Intelimedix is now working with the client to use the HIG as an investigational tool for operational opportunities. Since the HIG gives the business user the power to create and run his or her own assessment and validation reports, weeks are eliminated from the opportunity cycle that are spent creating specs for coders and waiting for reports to be created by a report development shop in another part of the company. This effort cuts down on the wait time for the Claims Excellence team to verify and implement opportunities.