

A growing TPA located in Wisconsin.

Challenges

- Higher administrative costs
- Limited control on Possible over payments
- Improper documentation & challenges in knowledge management
- Late turnaround times

Engagement

The engagement involves the review of claims that are either rejected by the auto-adjudication system or deemed to be in the need for manual adjudication. As part of the manual review, analysts perform 360o review in accordance with group specific payment rules, while also keeping a check on inconsistent/fraudulent billing practices before releasing for payment.

Solution

- Created the knowledge pool of resources through the extensive training on Claims adjudication rules.
- Documented the processing guidelines, while revising & sharing with client in regular intervals.
- Employed the insights gathered from cross-functional knowledge of payer & provider sector.
- Assigned employer groups to the Claims analysts for the complete accountability & tracking
- Planned & prioritized the group activities coinciding with scheduled check runs to ensure the quicker reimbursement.



Results

- 15% reduction of PMPY, through utilization of inputs received from Dependent Eligibility Audit.
- 18% reduction in no. of claim appeals through the efficient handling of claims at adjudication level, supported by cross functional knowledge from Claims reconsideration process
- Operational cost savings in the range of 30-50%, on existing costs
- Claims are handled at an accuracy of 99.5% Financial Accuracy & 99% of Procedural Accuracy
- Well protected TAT & Zero penalties from end client. Client has remarked that 99.88% of claims are paid within 30 days.
- Prevention of possible overpayments & first level claim appeals, based on the inputs gained from payer & provider processes.



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