

Claims Management: PoE Applications & Auto Adjudication Tools

The Challenge

The client was struggling with a faulty claims processing tool that led to inconsistent and incomplete records for millions of its members. These inaccuracies affected processing time, adjudication rates, turnaround time, and ultimately, customer satisfaction.

Our Approach

We developed a technology-based solution to resolve the problems of inaccuracy and inefficiency. After a thorough assessment of the situation, the emids team proposed and created two distinct processes:

1. A redesigned point-of-enrollment application, as the current system did not have a standard process for capturing PoE data
2. A new auto adjudication process, which would eventually limit the need for manual interventions and resolve backlogged requests

The emids team first tackled the design of the PoE application, including development, testing and QA. The team established modules including demographics, additional insurance coverage, prior months of coverage, HIPAA privacy, contact notifications, and Medicare and Medicaid information. The team also integrated third-party tools to allow for secure digital signatures and bar code reading.

Next, the team implemented the auto adjudication tool, following a transaction-based pricing (solution as a service) model and increasing customer contact points.

Value Addition for the Customer

- Reduced enrollment time by over 40 percent by adding automatic data capture processes
- Achieved up to 96 percent accuracy in processing claims through the auto adjudication tool

Payer Capability

Claims management

Customer Profile

A large and fast-growing health plan serving mostly Medicare and Medicaid beneficiaries in the U.S.

Services and Solutions Rendered

Development of a redesigned point-of-enrollment application and a new auto adjudication process