

HOW WE HELPED
A LEADING HEALTH INSURER
HIT HIGH NOTES THROUGH
AUTO-ADJUDICATION OF CLAIMS



Our client, a prominent multi-state managed health insurer in the US, offers an ensemble of individual and group insurance plans to their members. They receive about 200 million claims yearly for medical (including vision and hearing), hospital, and dental services. And managing them in an accurate, timely manner plays a key role in reducing the cost of care while improving provider and member satisfaction levels.



Key Challenge

Learning the Rhythm

With high volumes of claims that require manual processing, our client was looking for ways to expedite the adjudication of claims. Specifically, claims that exceeded six lines for medical, 18 lines for hospital, and eight lines for dental, as well as claims that exceeded a maximum amount of \$99,999, required manual intervention. As a result, these claims were put on hold until they could be manually reviewed and processed.

The Solution

Synchronizing Possibilities

Infosys conducted an impact assessment of claims intake, adjudication, payment, and downstream systems. We accounted for the regulatory requirements of claim segmentation in specific cases and took note of the cost-benefits of automating all claims versus automating specific types. The second option, which offered a more favorable ROI, was accepted and implemented as per our recommendation.

Fine-Tuning Auto Adjudication of Claims



Amplified Operations

Automated claims intake for up to 99 lines per claim after customer concurrence, effectively addressing 80% of the previously pending claims



Strategic Rollout Plan

Executed a gated rollout strategy to scale claim lines, beginning with dental, then extending to medical and hospital claims



Performance Assurance

Ensured that the performance of the claims adjudication system did not deteriorate

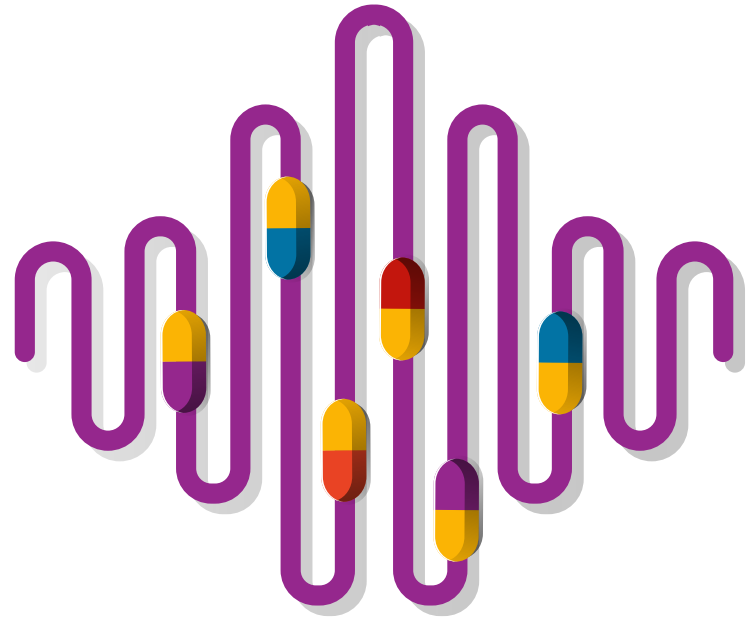
Benefits

Orchestrating Value

Through incremental automation, we helped the client set the stage for streamlined operations:

- **3.88% improvement**
in auto adjudication
- **21,000 additional claims**
adjudicated automatically every day
- **One claim - one remittance**
process simplified transactions for the provider
- **Reduced MIPS consumption**
through lesser interfacing calls

Infosys' expertise and innovative approach were instrumental in helping the client achieve a harmonized claims management process. By orchestrating new levels of efficiency and accuracy, Infosys paved the way for improved reimbursement levels, higher stakeholder satisfaction, and optimized operational outcomes for the client.



Infosys Healthcare Practice

Infosys empowers healthcare organizations to streamline intricate ecosystems, uniting processes, data and core systems. By forging seamless connections across the value chain, we pave the way for harmonized healthcare journeys that enhance connectivity between members and patients, fine-tune operational costs and orchestrate speed-to-market.

Learn more about how we enable organizations to amplify their possibilities and drive transformative growth.

www.infosys.com/healthcare



For more information, contact askus@infosys.com



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