Reducing claims leakage and improving member satisfaction for healthcare payers through end-to-end claims operations

In an increasingly dynamic healthcare environment, healthcare payer organizations are busy accommodating changes such as those introduced by health reforms and migration to a model where consumers are exercising greater choice in their health coverage and care decisions. The resulting complexity necessitates fundamental changes in how front and back end processes are run. Genpact’s solutions combine deep domain and process expertise with effective technology and analytics harnessed using advanced organizational models to reduce administrative costs, enhance provider and member satisfaction and minimize claims leakage.
The challenge

The face of healthcare payer operations is rapidly changing. Evolving technology and payment models, abundant and complex data, multiple products, dispersed teams, legacy systems and regulatory complexity have severely impacted the industry (Figure 1).

Investments in claims management need to address four key imperatives in today’s changing environment:

- **Reduce costs** through the use of intelligent, rule-based pre-adjudication and routing logic, process performance benchmarking, claims automation robots and predictive analysis
- **Improve customer experience** through case management, loyalty management, multi-channel experience management and social media analytics
- **Maintain payment integrity** by performing retrospective recovery, prospective identification, provider education and process integration and using big data to drive meaningful insights
- **Be future ready** by anticipating changes such as ICD-10 implementation, HIX preparedness, and ACOs/payment innovations

Our solution

Genpact helps healthcare payers **design, transform** and **run** end-to-end claims operations to achieve greater efficiency in back- and front-office operations while reducing the administrative cost of claims and claims leakage and improving provider and member satisfaction.

Genpact provides an end-to-end claims processing solution using a virtual captive operating model consisting of on-shore and off-shore resources that will be responsible for all core claims processes as well as select upstream processes that directly impact claims efficiency. Our offerings include:

**Consulting and transformation services**

Smart Enterprise Processes (SEP℠) and Lean Six Sigma based approach to help improve the efficiency of front- and back-office processes and enable a superior customer experience across all touch point channels through services such as claims transformation, benchmarking, lean transformation, shared services design and setup and target operating model.

**Claims administration services**

Genpact increases claims handling effectiveness by reducing the inefficiencies that lead to errors in claims processing:

- Claims submissions and setup
- Adjudication and adjustments to enable determination of pre-benefit edits
- Pricing/benefit edits payment obligations
- Exception management
- Payment integrity and review

**Data-to-Action Analytics℠**

Genpact employs an arsenal of advanced analytics tools and algorithms, the industry’s largest analytics practice and an outstanding pool of experts in compliance and clinical services to deliver:

- **Eligibility analytics** to ensure reduction in cycle time and cost analysis (pre-authorization)
- **Claims receipt analytics** to optimize claims submissions and track/resolve appeals on denied claims

<table>
<thead>
<tr>
<th>Market trends</th>
<th>Customer imperatives</th>
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<td>Prevalence of statutory and wellness related benefits</td>
<td>Need to reduce their administratives loss ratio and claims leakage</td>
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<td>Trends in self-function, and the focus on payment integrity</td>
<td>Reduction in queries into customer service from members and providers due to slow or incorrect claims</td>
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<td>Increased complexity in terms of provider payment arrangement and provider network contracts</td>
<td>Need to improve provider and member satisfaction</td>
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*Figure 1: Market trends and customer imperatives in healthcare claims*
- **Claims setup and verification analytics** to track incomplete claims and improve mitigation strategies
- **Adjudication analytics** to predict the overall severity of a claim, identifying high-risk claims and using claims leakage analytics to identify other inefficiencies across the entire claims process
- **Risk analytics and actuarial services** for forecasting loss and calculating reserves
- **Recovery analytics** to ensure process optimization and medical management model to focus early intervention on high severity claims

**Effective technology solutions**

Genpact’s technology solutions **focus on what works** and are firmly **aligned to business outcomes**, compressing **time-to-results**. Our rapid automation tools mimic humans in repetitive tasks and rule-based decision making and support 24/7 operations to enhance cost savings, operational flexibility, compliance and security.

**Impact**

Genpact’s integrated healthcare claims solution helps healthcare providers impact key outcomes such as overall reduction in costs by up to **50%** by increasing front- and back-office efficiency, improving customer satisfaction and experience.

![Figure 2](image_url): Cost reduction in healthcare claims operations enabled by Intelligent OperationsSM

A top five US healthcare payer was able to identify nearly $3.5 billion in overpayments by utilizing Genpact’s overpayment identification engine to minimize revenue leakage due to suspicious and unwarranted billing by providers.

A US healthcare company generated $190 million in business impact by improving clients’ claims processes, utilizing state-of-the-art technology and enabling analytics interventions.

A US healthcare major generated $420 million in impact by designing future-state operating models, leading to improvements in operational efficiency.

A US healthcare payer generated $100 million in business impact through member experience transformation, claims predictive forecasting models and auto-adjudication through robots.

A top US healthcare payer generated $250 million in business impact through identification of overpaid claims and front-end compliance audits to detect incorrect provider payments.
Our suite of services, along with strong change management, operational excellence framework, domain expertise, effective technology and analytics harnessed with advanced organizational structures, ensures that the feedback from operations drives continuous improvement in upstream and downstream processes, the result is Intelligent OperationsSM.

**Why Genpact**

Our Smart Enterprise Processes (SEP℠) proprietary framework employs granular data analysis, sophisticated diagnostics and cross-functional benchmarks to break down organizational silos and improve process effectiveness. We integrate effective Systems of Engagement™, core information technology (IT) and Data-to-Action Analytics℠ as well as domain expertise, like claims auditors and compliance experts who interpret complex, high-volume data through sophisticated analytical models, to greatly enhance process effectiveness. Our solutions leverage state-of-the-art robots that drive intelligent automation, dramatically improving efficiency and accuracy.

Our solutions guarantee impact through outcome-based pricing with committed per member per month fees and gain share on reduction of claims leakage and improvements made to downstream processes (Figure 2).

**Genpact healthcare**

- We cater to over 35 clients in healthcare industry, including top 4 US national payers, 10+ blues, the top 3 US PBMs and the largest UK healthcare payer
- Proven delivery experience in over 30 standardized healthcare information systems, including NASCO and McKesson
- Over 8,000 healthcare professionals across 4 geographical locations for seamless delivery
- Process expertise in ISO 9001 and BS-7799 certified processes meeting HIPAA and OIG compliance guidelines

**About Genpact**

Genpact (NYSE: G) stands for “generating business impact.” We design, transform, and run intelligent business operations including those that are complex and specific to a set of chosen industries. The result is advanced operating models that support growth and manage cost, risk, and compliance across a range of functions such as finance and procurement, financial services account servicing, claims management, regulatory affairs, and industrial asset optimization. Our Smart Enterprise Processes (SEP℠) proprietary framework helps companies reimagine how they operate by integrating effective Systems of Engagement™, core IT, and Data-to-Action Analytics℠. Our hundreds of long-term clients include more than one-fourth of the Fortune Global 500. We have grown to over 70,000 people in 25 countries with key management and a corporate office in New York City. Behind our passion for process and operational excellence is the Lean and Six Sigma heritage of a former General Electric division that has served GE businesses for more than 16 years.

For more information, contact healthcare.solutions@genpact.com and visit www.genpact.com/home/industries/healthcare-payer

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