Generating process impact for a diversified healthcare company

CHALLENGE
Potential profit leakage running into millions of dollars per day

A diversified managed healthcare company specializing in integrated care delivery, distribution of benefits, pharmacy and health financial services, and healthcare information technology was losing up to 10% of spend to fraud and abuse, with 20% of claims being paid inaccurately. The business processes intended to combat these issues were struggling with the magnitude of the task.

GENPACT
GENERATING IMPACT ℠

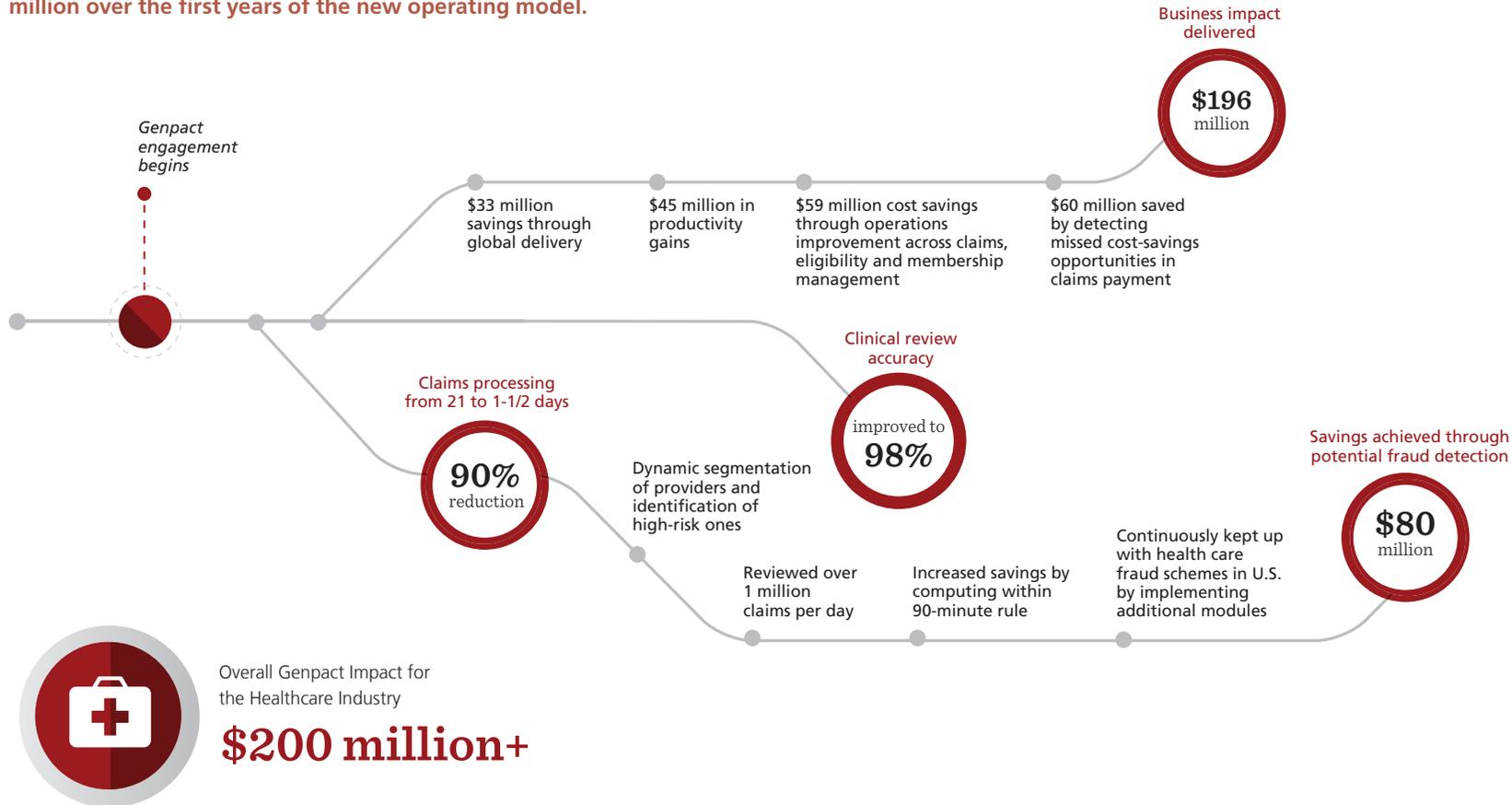# Solution

An improved business process platform

Both immediate and sustainable improvement of business processes were required. Three areas came into focus: integration of processes, analytics and technology to identify fraud, and end-to-end management of claims from investigation to settlement.

Business process reengineers and healthcare domain experts jointly redesigned operations to harness the potential of clinical process improvements and advanced analytics. In addition, a global process delivery footprint was more extensively leveraged after a delicate yet smooth knowledge transfer of highly complex processes. To ensure the global delivery network would continue to stay effective, a U.S. healthcare-focused training program was rolled out, including a "Healthcare Boot Camp" on reimbursement methodologies and American Health Information Management Association certification.

To ensure both immediate and post-deployment improvement, multiple process-focused Lean Six Sigma and re-engineering projects were executed across the enterprise, including end-to-end management of claims, from investigation to settlement. In addition, process technology, transactional and advanced analytics were integrated to better identify and stop fraud claims — at scale.

Impact

90% acceleration in claims processing, 98% accuracy in clinical reviews, and an overall business impact of $160 million over the first years of the new operating model.

Genpact engagement begins

Business impact delivered

$196 million

$33 million savings through global delivery

$45 million in productivity gains

$59 million cost savings through operations improvement across claims, eligibility and membership management

$60 million saved by detecting missed cost-savings opportunities in claims payment

Clinical review accuracy

improved to **98%**

Claims processing from 21 to 1-1/2 days

90% reduction

Dynamic segmentation of providers and identification of high-risk ones

Reviewed over 1 million claims per day

Increased savings by computing within 90-minute rule

Continuously kept up with health care fraud schemes in U.S. by implementing additional modules

Savings achieved through potential fraud detection

$80 million

Overall Genpact Impact for the Healthcare Industry

$200 million+

All figures in US dollars

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