



Claims Processing

The Client

A premier health insurance company in the Midwestern U.S. with membership over 1,000,000

The Issues

- Costs per claim processed exceeds those of competitors
- Turn-around time exceeds 72 hours. Providers complain or withdraw from the group due to slow payment processing
- State regulators monitor payment policies
- Department management is afraid to lose control of the claims and is concerned about the security risks
- Claims data accuracy rate is below 90%
- Increases in new group contracts threaten to exceed claims processing capacity
- Added volume signals added cost overruns

The Requirements

- Reduce cost per claim processed despite forecast of volume increases
- Reduce claims processing departmental headcount
- Outsourcing vendor proof of scalability to 10,000+ claims per day; proof of performance / quality
- Serious quality improvements were needed to achieve claims consistent customer satisfaction

The Solution

CompuPacific provides local scanning and builds a secure, fast telecommunication network between the client site and its processing centers in China. The processing staff receives claims twice daily from the client. Claims are processed in our production center using OCR and industry-proven double entry verification. After completing detailed consultations, development of a field edit and validation program, and comprehensive testing, CompuPacific is able to convert the data to a format that imports directly into the client's database.

This entire claim data capture process is now completed within 12 hours of receipt.

The Results

- Cost per adjudicated claim is reduced by 60%
- 42 FTEs are redeployed to core business positions, resulting in \$1.3 million in annual savings
- Reduced turn-around time from 72 hours to 12 hours
- Data quality is improved from 92% to 99.9% accuracy
- Customer satisfaction is dramatically improved
- 14% improvement on claims settled within 30 days

For further information, please contact:

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