

The background of the slide features a close-up of a doctor's hand holding a silver stethoscope. In the background, a tablet screen displays a 'Brain analysis' report with a human figure and various data points. A glowing brain with red nodes and connecting lines is superimposed over the tablet. The overall color scheme is blue and white, with orange and purple geometric shapes at the bottom.

CASE STUDY

Automation of Coordination of Benefits

2023

Business Impact

>33,795

claims reviewed
monthly

>57%

automated
reviews

<3.3

FTE savings
delivered



About the Customer:

Founded by a group of business, health care, and community leaders, Lateetud's client is a state-licensed non-profit, tax-paying, private health insurance company, known to be an innovative leader in value-based care. Today, the company is standing strong; it's rated among the nation's best health plans for member satisfaction and quality and serves nearly three million members with their rock-solid commitment to the relentless pursuit of quality, affordable health care for individuals, families, and businesses with an unparalleled consumer experience.

Challenge

The customer processes large volumes of claims, out of which a considerable percentage of these are suspended for multiple reasons. When a claim is suspended, the customer must manually review the information and determine if additional information is required to process the claim. Post review, the associate submits the Other Injury (OI) data. The COB information is returned and the associate checks for updates in the database reports. Once this is completed, the request is submitted, and the claim is processed.

Lateetud conducted process analysis to estimate that about 33,975 claims are suspended monthly resulting in overheads of time and man hours expenditure.



The Solution

Lateetud developed a process solution to automate the review of suspended claims for the Coordination of Benefits (COB) for dental, local and InterPlan claims. The steps followed for automation are:

- The RPA bot retrieves all affected claims
- The Bot then captures all associated data including
 - Patient details
 - Group determination
 - Payment information
 - Procedure costs
- The Bot determines the process scenario to be followed to adjudicate claim
- Finally, the request is closed, and claim is processed

Through the automation process, the bot creates a data matching algorithm for patient names and carrier information. It also creates managed data tables that allow for rapid and continuous update of carrier information.

Benefits:

- Data matching algorithm created for patient and carrier information.
- Managed data tables allow for rapid and continuous data updating.

- Eliminated manual review and research of claims information.
- Simplified process with increased efficiency for associates.
- Completely automated system to avoid human error.
- Multiple enhancements added to the process.
- Time saved for user to do more meaningful work.

Business Impact

- Over 33,975 claims processed per month
- 57% of eligible claims automated
- 3.3 FTEs of lift delivered
- Delivered capability for easy integration with existing systems and API for future customization



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