



2022

CASE STUDY

Automated Duplicate Claims Process for
Medicare Payor

Business Impact

>7,000

hours saved
per year

>75%

duplicate pends
processed

>4

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, 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 pandemic caused unprecedented stress on healthcare payers and providers alike. Along with a huge increase in claims volumes, the customer faced a large challenge in reviewing and marking duplicate claims. This elaborate process required extensive man-hour investments where dedicated employees had to gather all relevant data from several sources systems. They then had to compare, correct, and utilize data to route and adjudicate the claim. As a final step, the user had to update the claim in the system of record. The Medicare payer approached Lateetud to review, automate and optimize this process. Lateetud's initial review identified that the customer spent 7,000 hours annually to process 75% of pending duplicate claims.

The Solution

Lateetud developed a Healthcare automation solution, powered by RPA (Robotic Process Automation), to handle duplicate claims. The solution comprised of data matching algorithms for modifiers, names, HCPCS, revenue codes and Facility patient status codes. Data extraction methods were created for large datasets. Lateetud also created a complex line-level review process for select scenarios.



Benefits:

- Completely automated system avoids human error.
- Time saved for user to do more meaningful work.
- Simplified process with multiple enhancements added to the process.
- Backlog cleared with real-time data updates.

- Over 7,000 man-hours saved annually
- 75% of all duplicate pending claims processed by automation
- 4 FTEs of lift delivered
- Zero human-error solution



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