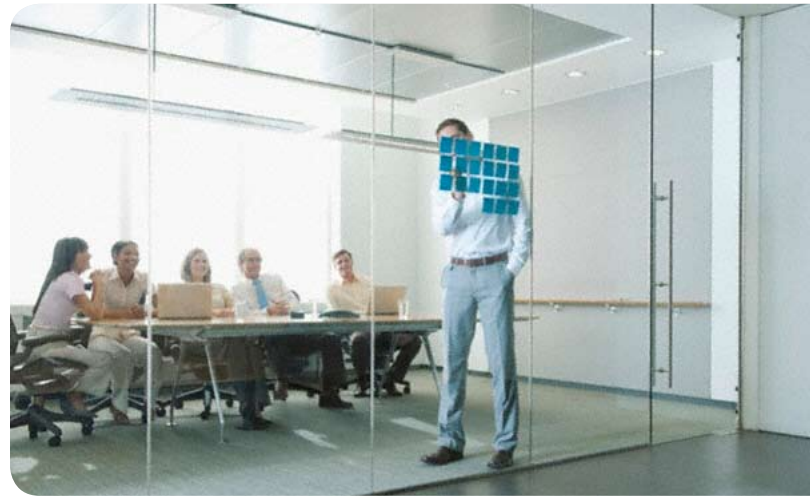


A health insurer needed more-intelligent claims processing. We brought our IQ to the table.

After an aggressive 75-day ramp-up, we reduced cycle time by 75 percent, from an average of 10 days to just 60 hours.



With a smart system to auto-adjudicate claims, we accelerated processing cycle time by 75 percent, from 10 days to 60 hours.

The Challenge

When a major health insurer decided to overhaul its less-than-efficient claims processing system, the initiative came with a steep challenge: an aggressive 75-day ramp-up to full data capture services of over 250,000 claims per week. There was one more goal, too: further streamline claims processing by increasing the number of claims that auto-adjudicate upon data entering the customer systems.

The Solution

We took on the task, and immediately established a new facility in Lexington, Kentucky. There, we implemented state-of-the-art technology to perform all claims processing services, including full mailroom services, data entry, storage and retrieval, digital imaging, x-ray processing, online updating and Intelligence Queue/Data Cleansing.

We also developed an Intelligent Queue (IQ) process in coordination with the client. Using highly skilled personnel to perform online investigation into missing claim information, IQ applies requirements logic to resolve incomplete claims before submitting them

to the client. This robust solution effectively cleanses data – eliminating the need for the client to rework documents – and dramatically increases the number of documents that auto-adjudicate.

The Results

The benefits of our IQ process are readily quantifiable:

- Annual cost savings of nearly 50 percent
- Auto-adjudication improved from 30 percent to 80 percent
- Approximate 50 percent reduction in turnaround time
- Cycle time reduced by 75 percent, to an average of 2 ½ days

Our Web-based solution integrated the insurer's geographically dispersed offices throughout the U.S., and our microfilm solution created a paperless (image-only) environment. A relationship that began in 1999 has grown into a strategic partnership that now encompasses the entire claims processing cycle.

You can learn more about us at www.acs-inc.com.



Sector: Healthcare Payer

Solution: Intelligent Claims Processing

Client: Full-Service Insurance Provider

Challenge: Ramp up fast and automate

Results: Reduced end-to-end claims processing cycle time by 75 percent

The Bottom Line

A major health insurer was overhauling its claims processing system. The challenge: an aggressive 75-day ramp-up to full data capture services of over 250,000 claims per week. We took on

the task, and increased the number of auto-adjudicating claims. The result was a 75 percent reduction in processing cycle time, from an average of 10 days to just 60 hours.