HPA

RPA-as-a-Service

The Automation Opportunity in Healthcare

In a Cognizant study surveying 200 respondents across 10 unique payer organizations with 38 plan subsidiaries, it is clear that payers recognize automation as a valuable tool for improving processes and member care. Over 75% of respondents think automation is either important or critical to their organization and the future of the industry.

One of the greatest contributing factors to a health plan's administrative costs is manual intervention. In areas of the business such as Claims, Enrollment, and Provider Maintenance, where the average employee is doing the same tasks day in and day out, the cost of manual intervention can be felt deeply. Studies have shown that the average cost to rework a claim is $25. Payers must also consider regulatory compliance, securing and maintaining new lines of business, member ratings, and a variety of other factors that can be positively impacted by offsetting those robotic tasks from humans to robots.
Learn more about the automation potential in healthcare.

Case Study Highlight   Streamlining Operations for an HMO

Challenge
For a Health Maintenance Organization (HMO) who serves over 400,000 Medicaid members, taking on a new line of business without the aid of automation meant a 172% increase in staffing levels, an added cost of roughly $1 million annually. In addition to the staff increase, this new line of business created unique operational challenges. The plan is required to adapt to new requirements as they roll out, which can be problematic when modifications to their claims management system are required in order to comply. Additionally, processing accuracy of 99% has to be maintained or they risk financial penalties and a poor performance record, which puts its contract in jeopardy.

Solution
HPA has automated 16 processes for the client in Claims and Provider Maintenance. Processes include standard claims handling like edits, duplicates, and adding memos, as well as Medicaid-specific claims like Longterm Services & Support (LTSS) and LTSS electronic visit verification (EVV). HPA robots log into QNXT as any examiner would and processes the claims automatically, following the client's standard operating procedures.

Outcomes
- 45% cost savings
- 30,000 hours saved annually, the equivalent of 24 full-time employees (FTEs)
- Maintains 99% processing accuracy and continues to meet all requirements pertaining to their Medicaid business, which has kept their contract secure

Case Study Highlight   Full-scale Automation Initiative for a Blue Plan

Challenge
A Blue plan initially approached HPA to handle a large-scale claims adjustment with a tight deadline. It took five weeks for 25 examiners to clear 40,000 of the more than 100,000 claims. However, with the deadline approaching they knew they couldn't clear the remaining claims in time. With automation, the remaining 64,000 claims were processed in less than eight days with a 96% success rate.

Solution
HPA automation specialists capture the rules associated with claims adjustments, which HPA's robots follow exactly to process the claims adjustments automatically. HPA has automated six claims adjustments for this client, processing more than 340,000 items and saving the client 13,570 manual hours. In total, this client has 36 processes automated with HPA including corrected bills handling, Coordination of Benefits, commercial Medicaid, care coordination, and CMS HCPCS (Healthcare Common Procedure Coding System) coding.

Outcomes
- $6.6 million total cost savings (and counting)
- 250,000 total hours saved, the equivalent of 119 FTEs

Case Study Highlight   Reducing Manual Intervention in Claims for CareOregon

Challenge
CareOregon, a non-profit Managed Care Organization (MCO) reached out to HPA in 2015 to begin automating Coordination of Benefits (COB) claims. When manually processed by examiners, each COB took an average of 3 minutes. With an average monthly volume of around 5,600 COBs, CareOregon would have to spend more than $130,000 in overhead annually just to process this one claim type.

Solution
HPA robots follow the same process as a claims examiners, first checking for duplicates in the system before checking the member's plans, the corresponding reimbursement rates, the type of claim, and location of services rendered to determine which plan is responsible for payment. In total, this client has five automated claims processes in production, which has generated more than $1.6 million in cost savings and offset over 65,000 manual hours, the equivalent of 23 full-time examiners.

Outcomes
- $1.6 million manual cost savings
- 65,000 total hours saved, the equivalent of 23 FTEs
- 100% reduction in claims backlog
- Instant scalability to process any claim volume

Case Study Highlight   Simplifying Texas Medicaid Claims for Eight Payers

Challenge

The nature of Texas Medicaid claims prompted eight health plans to seek out robotic process automation to comply with the ever-evolving state and federal requirements while also ensuring their Medicaid business is secure. If MCOs don't meet state and federal standards, they not only risk losing their Medicaid business, but are also subject to hefty financial penalties. If these plans do not maintain 99% processing accuracy on these claims they risk being fined no less than $50,000.

Solution

HPA's automation specialists researched Texas Medicaid requirements and worked with the clients' subject matter experts to build out the process requirements, as well as address the configuration limitations within their claims management system. Claims processes included LTSS, LTSS EVV, STAR+PLUS nursing facility, diagnosis related groups (DRG), clinician adminstered drugs (CADs) pricing, and timely filing.
Read the Case Study.

Outcomes

- 13 million Medicaid-related claims processed to date
- 30,000 hours saved on LTSS alone
- 29.48% time savings and $120,000 in labor savings on nursing facility claims, within 18 months for one client
- Maintained 99% processing accuracy compliance, a 73% improvement, on drug codes updates within three months for one client
- Total auto-adjudication rate of 96% for one client

About HPA, A Cognizant Company

HPA is the leading RPA-as-a-Service provider for health plans seeking secure, reliable intelligent automation solutions. As a proven automation Center of Excellence, we utilize our proprietary technology and extensive reusable code library to deliver scalable RPA programs that accelerate ROI and reduce total cost of ownership. For more information, please visit hpa.services.

About Cognizant

Cognizant (Nasdaq-100: CTSH) is one of the world's leading professional services companies, transforming clients' business, operating and technology models for the digital era. Our unique industry-based, consultative approach helps clients envision, build and run more innovative and efficient businesses. Headquartered in the U.S., Cognizant is ranked 193 on the Fortune 500 and is consistently listed among the most admired companies in the world. Learn how Cognizant helps clients lead with digital at www.cognizant.com or follow us @Cognizant.

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