

CLAIMS SYSTEM WELLNESS CHECK

GeBBS Consulting Workforce Solutions provides the highest quality, most flexible, and highest value solution for your critical business needs. Wellness Checks are designed to evaluate existing system configuration and identify areas for improvements. The assessments will deliver recommended best practices and identify opportunities for optimization as well as recommendations to refine existing configuration in key areas of the Healthcare products (CAPS, Care Management, Payment Integrity). Some of the indicators an assessment may be warranted:



Indicators	Impact	Department Impacted	Impact on Health Plan
Decreased Auto-Adjudication Rates	<ul style="list-style-type: none"> Increased volumes of pends Increased call volumes to check status 	<ul style="list-style-type: none"> Member Services Claims 	<ul style="list-style-type: none"> Late fees/penalties Increase staffing or pay overtime
Increased Adjustment Rates	<ul style="list-style-type: none"> Cost of adjustments increases. Customer complaints increase 	<ul style="list-style-type: none"> Finance Member Services Claims 	<ul style="list-style-type: none"> Late fees/penalties Increase staffing or pay overtime
Slower than Expected Performance	<ul style="list-style-type: none"> Users complaining about latency. Elongated billing or payment cycles 	<ul style="list-style-type: none"> IT Finance Claims Customer Service 	<ul style="list-style-type: none"> Late fees/penalties Decrease in customer satisfaction (member/provider)
New Line of Business Roll-Out	<ul style="list-style-type: none"> Impacts and consideration to existing configuration 	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> SLAs affected
State or Federal Compliance issues	<ul style="list-style-type: none"> Late payment interests increase. Missed SLA claims payment durations 	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> Decrease auto-adjudication rate Integrations may be affected Potential loss of members/providers Late fees/penalties
Metro-active State Mandated Coverage Changes	<ul style="list-style-type: none"> Large volume adjustments indicated 	<ul style="list-style-type: none"> Finance IT Claims Member Service 	<ul style="list-style-type: none"> Late fees/penalties Increase staffing
Claims	<ul style="list-style-type: none"> Claim crosses benefit span Auto-reprocessing 3rd party editing and pricing 	<ul style="list-style-type: none"> Finance Member Services Claims 	<ul style="list-style-type: none"> Late fees/penalties Increased call volume
Providers	<ul style="list-style-type: none"> Claim to Provider record matching (TIN vs NPI) Providers demographics Contracts/Fee Schedules 	<ul style="list-style-type: none"> IT Finance Provider Relations 	<ul style="list-style-type: none"> Late fees/penalties
Authorizations	<ul style="list-style-type: none"> Claim to Auth matching rules Auth requirements within benefit plans 	<ul style="list-style-type: none"> Claims Medical Management 	<ul style="list-style-type: none"> Late fees/penalties
Coordination of Benefits	<ul style="list-style-type: none"> Methods of validating COB and updating enrollment Manual vs auto COB calculations 	<ul style="list-style-type: none"> Claims Member Services 	<ul style="list-style-type: none"> Late fees/penalties
Custom Code (Pre & Post Processing)	<ul style="list-style-type: none"> Data elements in code vs how claims are received 	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> Late fees/penalties Increased call volume

Let's Discuss Your Wellness Check Needs



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