



PEGA CLAIMS AUTOMATION SUITE

MAKE CLAIMS PROCESSING EFFICIENCY AND COMPLIANCE A COMPETITIVE ADVANTAGE

HEALTHCARE

AT A GLANCE

KEY CHALLENGE

Health plans must improve operational performance in a world of consumerism, reform mandates, increasingly complex risk-sharing agreements and incented health management strategies. In the reforming market, poor first pass rates and inefficient manual claims processing will thwart health plan competitive edge, growth and compliance.

THE SOLUTION

The Pega Claims Automation for Healthcare application suite provides unprecedented flexibility to rapidly automate claims repair and boost first pass rates. Leveraging the market's industry leading workflow, business rules and case management tools, the Pega claims workstation enables demonstrable improvements in operational efficiencies, complex processing and pend management.

AUTOMATING NEARLY 100% OF HSA CLAIMS PROCESSING

This 3 million-member Blues Plan optimized its Health Savings Account (HSA) claims processing with Pega. The Plan turned a two-day process of incorrect payments, customer complaints, re-work and high costs into a real-time process in which 97% of claims are processed without any staff intervention.

SURMOUNT LEGACY STRAIGHT-THROUGH PROCESSING CHALLENGES

The Pega Claims Automation suite provides modular applications that deliver the agility needed to optimize claims processing on legacy systems, reduce costs and respond rapidly to new products, reimbursement models and the changing regulatory mandates. Leveraging the power of the Pega 7 digital-ready platform, the suite delivers Pega's industry-leading workflow, case management and business rules capabilities.

Pega offers two solutions to streamline your claims processes:

Pega Claims Repair connects to legacy core administrative systems in either a pre- or post-adjudicated model and "repairs" the claims so that your existing system automatically processes exceptions, saving tens of millions of dollars per year.

Pega Claims Workstation harnesses and extends the power of legacy administrative systems with intelligent workflows that streamline processing, workflow and operational management of pended claims.

- **Simplify transaction complexity**
Identify and repair claim issues before they cause adjudication pends or inappropriate payment or denials. Increase straight-through processing rates with improved claim accuracy.
- **Become more customer responsive**
Improve consumer engagements using Pega's dynamic case management and intelligent, rules-driven processes to increase transaction efficiency, process transparency and customer responsiveness.
- **Rapidly respond to change**
Leverage Pega's agile technology, which directly captures business goals in flexible processes without writing any code. Business users can easily change and adapt claims rules and processes to respond immediately to changing regulations and business conditions.

PEGA CLAIMS AUTOMATION SUITE

THE PEGA DIFFERENCE

Improve First Pass Rates

- Pega Claims Repair automatically corrects claims using pre-packaged, best-practice processes and easy integration with core systems to automatically check, correct and translate common errors.
- Situational execution applies the right business rule at the right time based on pre-built and customer-defined best practice criteria to boost first pass rates and achieve unprecedented levels of efficiency.
- Pre-packaged, best-practice workflows, HIPAA-EDI interfaces, rules, data models and other core components accelerate implementation.

Automate Resolution and Management of Exception Processing and Pends

- Quick, easy integration presents all the data needed by claims processors in real time from imaging, membership eligibility, provider data, claims adjudication systems and other data repositories.
- Custom, role-based views of data for examiners, managers and systems administrators and automated guidance ensure examiners follow best practices.
- Skill-based routing routes work according to business rules and routing parameters such as line of business, claims and provider type, age and error/pend code.
- Automated customer queue management suits specific business needs and prevents cherry picking to cut response times and improve SLAs.

Increase Business Responsiveness

- Familiar workflow modeling tools let business users quickly and easily implement optimum workflows as well as customize Pega's pre-defined components to accommodate unique processes and policies while reducing dependency on external claims vendors.
- Standards-based integration and innovative data management solutions simplify complex data integration with enterprise systems, extending the value of existing investments and reducing data inconsistencies and replication.
- Pre-defined HIPAA, ICD-10 and XML standards comply with all healthcare format, data and integration mandates
- The digital-ready solution leverages the Pega 7 Digital Platform. Highlights include browser independence, tablet and smart device readiness, multi-tenancy and cloud deployment.



The Pega Claims Automation suite leverages core business process management workflow technology to drive extraordinary savings while improving accuracy, speed of processing, control and agility.