## CUSTOM SOLUTIONS HEALTHCARE

### TECHNOLOGY

- >> TIBCO Technology
- >> HIPAA Standards
- >> UltimoSoft Methodology

#### Client

# A MAJOR HEALTH INSURANCE PROVIDER

Client is the largest health care insurer in the Mid-Atlantic region, serving nearly 3 million members. Customers include more than 80 percent of all of the region's health care providers participating in one or more of its provider networks.

## CLIENT'S GOALS (Enterprise Transformation):

- Verify that every received claim or other HIPAA transaction was appropriately acknowledged, or that it met the required levels of service.
- Efficiently track all entering EDI transactions and improve visibility into EDI operations.
- Increase consistency, accuracy, and quality of processing claims.
- Increase compliance with SLAs in claim adjudication and reduce fines and associated finance charges.
- Increase claims processing productivity (shared through inter-departmental workbaskets).
- Achieve real-time and dynamic reporting for detailed visibility into Operations Management control and work distribution.
- > Optimize resource utilization and reduce idle work time of workforce involved in claim

info@ultimosoft.com

www.ultimosoft.com

ese materials are provided by UltimoSoft and its affiliated companies for information only. without representation or warranty of any kind, and UltimoSoft will not be liable for errors or omissions with respect to materials. All other product and services mentioned are the trademarks of their respective companies. Data contained in this document ves as information purposes only. These materials are subject to channe without notice. Ref. HC CS-V108/041 Copyright © 2008. Ultimo Software Solutions. Inc. All Rights Reserved.

# UltimoSoft Solution:

- Developed B2B solution (utilizing TIBCO BusinessConnect, TIBCO BusinessWorks and TIBCO Adapters and Edifecs products). Achieved complete integration with clearing houses, billing agents with insurance companies or payers, and exchanges of EDI-HIPAA documents relating to:
  - Institutional, Professional, and Dental claims
  - Remittance advice documents
  - Eligibility and Benefits
  - Claims Status inquiry
- Evolved a BAM solution for reporting:
  - Exceptional claims exceeding dollar amounts
  - Fraud or Exceptional Claims mismatching dollar amounts for a given service line or illness
- Set up Error-handling processes for:
  - Error Trending Providers with highest percentage of errors
  - Error Trending per Provider Top-Ten Errors per Provider
- Developed Report-generation services:
  - Daily Acceptance Reports listing Accepted and Rejected Claims
  - Reconciliation reports
- Developed Workflow solution for claim-adjudication process





