

Kofax Claims Agility

AUTOMATE MEDICAL CLAIMS PROCESSING

The single largest operational cost for health and injury insurers is claims processing. Inefficiencies, processing errors, leakage and fraud drive costs up and drain resources. But there is good news. Many routine claims processes can now be automated with Kofax Claims Agility®, saving time and money while improving accuracy, compliance and transparency.

Medical claim forms are complex and can contain hundreds of fields that are historically keyed into systems manually. This introduces errors that ultimately lead to higher processing costs. Kofax Claims Agility eliminates these problems by automatically and accurately capturing, extracting and rigorously validating all subscriber, patient, provider and service line data from medical claims. Using intuitive interfaces and workflows, validation workers can quickly review or correct errors and accept, escalate or reject claims as appropriate. Automating medical claim forms processing speeds the process, and empowers your claims processors to make smarter, better-informed decisions about claims. “Clean claims” are converted to standard EDI files and directed into downstream adjudication processes, increasing operational efficiency, improving accuracy, reducing cycle times and costs, while also enabling you to avoid missed SLA penalties ensure compliance and improve customer service.

With Kofax Claims Agility, your organization can process more claims, more accurately and with fewer people. Kofax Claims Agility was purpose-built to extract all data present on medical forms, and greatly improve the efficiency of your staff. If you currently outsource processing of paper-based claims, bringing it in-house reduces risk by providing greater control, process visibility and auditability over the entire process.

KOFAX



HOW KOFAX CLAIMS AGILITY WORKS

Kofax Claims Agility runs on the Kofax TotalAgility® platform. It can be purchased directly or added to any existing Kofax TotalAgility platform to support automated processing of standard CMS 1500 and UB-04 claims forms.

Document classification

Kofax Claims Agility automatically detects and classifies professional (CMS-1500) and institutional (UB-04) claims, associates and tracks supporting documents with each claim to form a “claim case file” and trains the system to identify and classify other claim types. Digitizing these documents minimizes the manual separation burden, and enables authorized individuals to quickly access each claim case file to support inquiries, corrections and follow-ups internally and with subscribers, providers and other submitters.

Data extraction

Kofax Claims Agility uses a variety of image registration techniques, OCR engines and data locators to automatically read and extract data from up to 170 fields on the CMS 1500 and 400 fields on the UB-04 form. Extracted data is then automatically validated against a comprehensive rule set and marked for review within the Kofax Claims Agility user interface.

Data validation

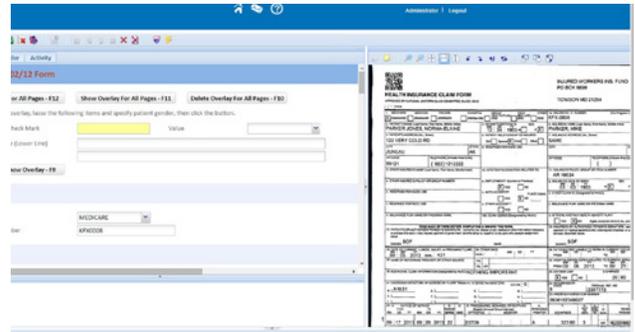
Kofax Claims Agility applies preconfigured rules to extracted data to enforce the NUBC (institutional), NUCC (professional) and ANSI X12 (EDI) specifications, and to also enforce insurer-specific rules that are implemented, and provides visibility to all fields that violate any of these rules. Claims with business rule errors or low extraction confidence issues are presented to validation workers for review or correction. Automating extraction and validation of claims greatly increases processing speed, identifies exceptions faster and improves data accuracy before the claim is transferred to downstream processes.

Data export/interchange

Claims that pass validations or are corrected by an operator are automatically converted into EDI and routed to the next processing step. The Kofax Claims Agility EDI Export Connector generates ANSI X12 compliant 837I/P v5010 files, enabling a seamless hand-off to the adjudication process.

FEATURES

- ◆ Preconfigured Kofax transformation project files and documentation
- ◆ Preconfigured support for UB-04 (institutional, black and red dropout) and CMS 1500 (professional, black and red dropout, versions 08/05 and 02/12) claim forms



Kofax Claims Agility was purpose-built to extract all data present on medical insurance claims forms, and greatly improves the efficiency of your staff.

- ◆ Pre-configured and comprehensive rule set that validates all extracted data per the NUBC, NUCC and ANSI X12 specifications
- ◆ Contains up-to-date ICD-9 and ICD-10 code databases (CM, PCS), CPT codes, HCPCS level1 & 2 codes and HIPPS codes used in validation
- ◆ Validation user interface and workflow to review, correct or move claims with errors into work queues for review by an examiner
- ◆ Standard capture and rejection workflows and an exception handling framework that is adaptable as needed
- ◆ Examiner user interface to review, add comments, route to a provider for correction or approval
- ◆ Provider email notifications for rejected claims
- ◆ Provider web portal details rejection reason, examiner comments, all prior submitted forms, and enables collaboration with and resubmission to the payer
- ◆ Integrates with any system of engagement (e.g. MFP, email, fax) and any system of record (e.g., member and provider data stores, claims systems and other legacy systems and data)
- ◆ EDI Export Connector that complies with the current 837I/P v5010 EDI Errata and Addenda
- ◆ Facilitated EOB capture process with automatic inclusion into EDI
- ◆ Documentation for configuring and customizing the solution, and detailed documentation defining the mapping of CMS-1500 & UB-04 data elements to the 837I/P v5010 EDI files



BENEFITS

Remove paper, improve access and security

Halt the flow of paper in medical claims and make crisp, clear claims images available to every authorized individual, preserving the value of “seeing the claim”, while eliminating unauthorized access to PHI.

Accelerate the path to more efficient operations

With hundreds of engineering hours invested to research, design and build Claims Agility—including best practice capture and rejection workflows and user interfaces, adherence to medical claims rules and guidelines and automatic conversion to EDI—your organization can greatly accelerate the delivery of your claims automation project and quickly achieve a highly efficient operation.

Reduce data entry, increase productivity and data accuracy

Leverage smart claims data capture and validation against included medical code sets, NUBC, NUCC and EDI rules and other custom business rules. Experience fast identification and return of claims containing provider initiated errors and automatic conversion to EDI. Benefit from an entire process that’s more efficient, more accurate and less costly, and one that empowers fewer workers to each process a far greater number of claims.

Reduce or eliminate inaccurate payments

You can’t control the rising cost of health care, but you can take control of your claims processing operation and reduce the number of cycles it takes to process each claim correctly. With a more rigorous and thorough pre-adjudication process, only ‘clean’ claims are converted to EDI and directed to the downstream adjudication process, enabling faster, more accurate reimbursement and denial processing.

Stay productive as regulations change

Stay productive and current with changing regulations—before they impact your operations—by implementing a scalable solution that is supported by the cognitive capture market leader and the leading innovator of intelligent automation solutions.

Extend claims processing to the point of origination

The Kofax platform offers game-changing options, including the ability to push the entry point for claims processing out to where it begins, at the care provider’s location. Support for remote web and mobile capture enables submitters to start the process at the point of origination, gaining greater visibility into the process and enabling faster initiation of the claims process.

Gain meaningful insights with business analytics

Dashboards can tell the real story of how your business is performing in an intuitive and insightful way. Gain a clearer understanding of the best options for operational improvement for the complex claims process through the use of intuitive and detailed business analytics.

Enable ease of use and quick changes

Browser-independent user interfaces simplify implementation and engage workers productively. Built-in visual design of workflows, business controls and user screens enable rapid customization to meet all business requirements, implement desired process improvements and make required compliance changes.

Discover more about Claims Agility at kofax.com

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