Are you digitizing paper claims today using an
antiquated OCR product, keying from image (KFI)
or outsourcing?

Are there still manual steps in your paper claims
process that block customer productivity and
lengthen the time it takes to process a claim?

Am I missing keying errors and re-working
correction/adjustments delays that reduce customer
satisfaction and increase processing cost?

Do your claims managers have difficulty monitoring
claim status, tracking work in progress (WIP), and
analyzing and addressing bottlenecks across your
claims process?

Is your organization anxious about serving the growing
health insurance market while simultaneously raising
premiums, affording the rising cost of regulatory compliance,
and remaining relevant and profitable?

Is your payer using an antiquated or new platform
that relies on manual keying across multiple payer
systems and stakeholders?

A majority of health plan leaders (73%) in a 2015
survey by OhioHealth, an organization dedicated to
advancing health and well-being, cited improving
claim processing as a top priority. In this economic
environment, payers must find ways to improve claim
processing in order to remain competitive.

Driving out unnecessary costs through automation enables
payers to avoid raising premiums and improve relationships
with providers and subscribers—while still maintaining
margin. And with a shift to analytics, the savings you
realize can also be used to advance strategic initiatives and
increase the value you provide to your customers.

A PRESCRIPTION FOR SUCCESS

A HEALTHY MEDICAL CLAIMS PROCESS SHOULD EMPOWE YOU TO:

Drive greater cost- and process-efficiencies by automating paper-based claims processing

Automate multichannel capture, extraction and validation of all data from paper-based medical forms

Eliminate sorting, routing and reviewing of paper

Improve accuracy by eliminating manual keying

Leverage pre-built business rules that enforce submission data and EDI requirements and route only true data errors for review

Facilitate capture of an EOB with the claim and automatically convert both to EDI, simplifying the matching, routing and adjudication of multi-payer/COB claims

Provide management visibility across operations and gain processing performance insights through business analytics

Enjoy earlier visibility into claim status, facilitate prompt payments and verify accurate, timely data to key stakeholders

Enable staff to quickly and accurately respond to provider, subscriber or regulator inquiries via immediate access to claim data

Identify necessary workflow improvements with predefined metrics, dynamic dashboards and near real-time reporting

Track and analyze throughout, operation performance and executed processes to optimize processing and ensure compliance

78% of medical claims processors cite improving their organization’s IT capabilities as a key component to success.

Researchers at the Milken Institute predict that healthcare providers will need to capture and analyze a staggering $2.30 trillion in claims within the next decade. The situation is dire:

The Congressional Budget Office expects the national health care budget to rise to payment status inquiries.

Health insurance companies face average costs of $151 per family, across all markets.

An average processing cost per claim higher than it should be? Don’t bother raising premiums.

Health care continues to assume a growing share of our gross domestic product, and is on track to exceed 18% in 2016.

Enroll in a 2014 data collection study by CAQH that helps to identify 45% of COB claims that were submitted electronically.

When you automate your medical claims process, you can:

• Avoid costly penalties through faster, repeatable and more accurate processing
• Provide proactive management visibility across operations and gain processing performance insights through business analytics
• Enjoy earlier visibility into claim status, facilitate prompt payments and verify accurate, timely data to key stakeholders
• Enable staff to quickly and accurately respond to provider, subscriber or regulator inquiries via immediate access to claim data
• Identify necessary workflow improvements with predefined metrics, dynamic dashboards and near real-time reporting
• Track and analyze throughout, operation performance and executed processes to optimize processing and ensure compliance

To learn more about deploying automation to improve speed, accuracy and visibility across your claims process, please visit

http://www.kofax.com/claims-agility

or call us at (949) 783-1402.

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A PRESCRIPTION FOR SUCCESS

High-performance claims processing is essential to success in the new health economy.

DOES YOUR MEDICAL CLAIMS PROCESS EXHIBIT ANY OF THESE RED FLAGS?

• Improperly enter keying errors or re-enter corrections, increasing costs and delays

• Examine your medical claims processing workflow to ensure that it’s on track to exceed 18% in 2016.

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