blueprism®   Red Hat   **big** **Bits In Glass** Unlock Your Potential

Accelerating Crisis Claims Management: Speed & Efficiency

In the months since COVID-19 hit the U.S., millions of Americans lost jobs, along with health care benefits, prompting a surge in Medicaid claims as newly uninsured patients needed to be tested or hospitalized amid the Coronavirus pandemic. States and local agencies are overwhelmed, faced with antiquated systems and ever-changing coding requirements. As a result, few claims are processed quickly or efficiently.

Background

As the pandemic reached American households, the need for medical care for the uninsured increased, prompting the Department of Health and Human Services (HHS) to release funding—$25 billion from the Coronavirus Aid, Relief and Economic Security (CARES) Act. The plan was to support health care providers and facilities with testing and treating the uninsured, reimbursing doctors and health care providers for COVID-19 Medicaid claims.

As the number of patients increased, so did the need for more providers. New doctors and hospitals enrolled and sought certification, creating a surge in not just patient claims, but new healthcare providers too.

The Challenge

While funding is available, many claims are incorrectly coded, and patients and providers face lengthy delays. With claims rejected or denied, backlog is insurmountable, preventing doctors from being compensated and requiring patients to pay out-of-pocket, submitting hand written forms to Medicaid for reimbursement.

The number of claims presented by Medicaid patients & providers for hospital stays, lab tests, testing kits, ventilator services, ICU services and more is unprecedented, resulting in two problems:

- **Patient claims** related to COVID-19 visits, stays, and testing are being returned to the provider as denied, "patient responsibility".

- **Provider claims** related to COVID-19 testing kits, supplies, ventilators, treatment stays, etc. are being denied.
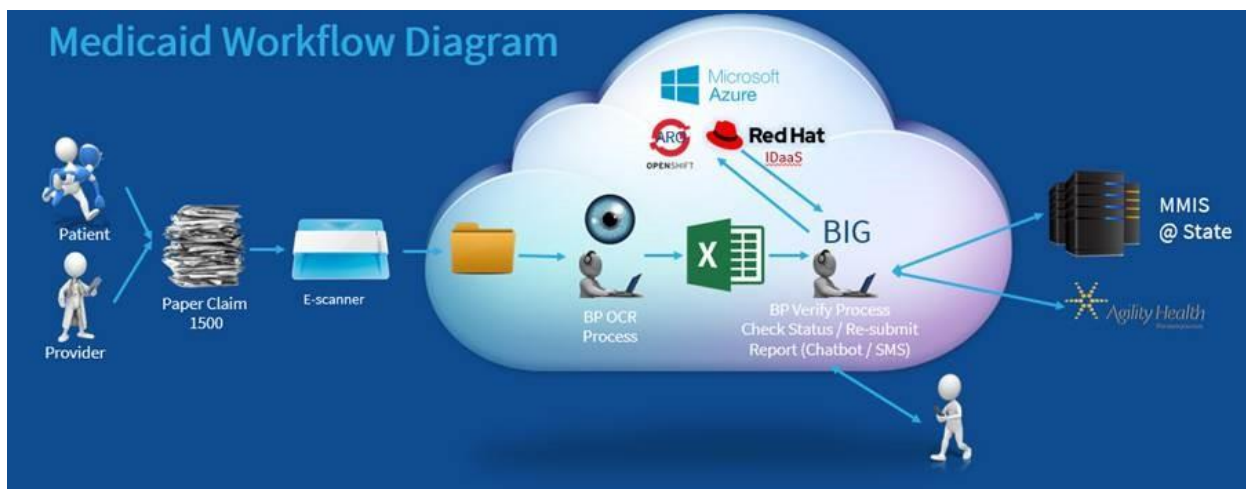
The Solution

Blue Prism, in partnership with Bits in Glass and Red Hat delivers a better way—a digital workforce that can augment and assist human staff in completing tasks expeditiously and with accuracy. A fully integrated, secure, automated claims processing solution helps patients and providers execute faster and more efficiently.

The joint claims management solution empowers a digital workforce to:

- Flag improperly coded COVID-19 claims from providers and verify ICD10 codes are correct and related to services performed/ for provider reimbursement.
- Verify patient enrollment status and benefits availability.
- Verify patient/provider enrollment completion in MMIS (even if non par provider status).
- Re-route incorrectly coded COVID-19 claims to the appropriate API for payment coverage.
- Scan forms and submit patient claim for reimbursement (form 1500)/ provider reimbursement to proper payment channels.

Here's how it works

- Medicaid paper claims are scanned to PDF and saved to a file on Microsoft Azure Cloud.
- A Blue Prism process monitors the location and loads new files to a queue.
- Using OCR, Blue Prism reads the data, extracts it and sends to RedHat via OpenShift.
- RedHat applies interoperability standards as per CMS.gov guidelines for COVID-19 Claims.
- Completed claims are submitted to Medicaid for payment.
- Blue Prism checks for *Claims Paid* status. If modifications or corrections are needed, the file is sent back through claims for re-submit.
- Once claim shows paid, patient receives text update of status and system is updated.

Summary

With the implementation of Blue Prism, states and local agencies can **process thousands of claims in a matter of hours instead of weeks**, giving much needed assistance to patients and providers in this time of crisis. Claim error identification for exception handling integrates easily with availability for claims data/status and evaluates standard CMS-1500 claim forms, resulting in **fewer unpaid claims** and **decreased handling time.**

Learn More

About Bits In Glass

Bits In Glass is an award-winning software consulting firm that helps companies outpace the competition, drive rapid growth, and deliver superior customer value through the use of technology. Our expert consultants find the most innovative solutions to solve complex business transformation, automation, and connectivity problems across multiple industries and verticals. With hundreds of years of in-house experience, we are the partner of choice for many digital transformation projects, working with market leaders who are disrupting and driving transformation across every aspect of modern business. Learn more at bitsinglass.com and follow us on LinkedIn, Twitter, or Instagram.

About Red Hat

Red Hat's Intelligent Data-as-a-Service (IDaaS) solution provides inbound connectors, message consumption, a business rules engine, an action engine, federated access to data sources, caching, and outbound connectors. Red Hat's IDaaS emerged from a large community of experts who are passionate about solving 21st-century healthcare problems and making them less costly. Red Hat's IDaaS is useful in a number of healthcare scenarios:

• Identifying patients for integrated-care programs
• Creating a patient finder to identify patients with potential diseases
• Evaluating drug efficacy based on real-world data
• Reporting misuse of drugs
• Integrating personal health records
• Benchmarking for risk-adjusted hospital productivity
• Stratifying risk

About Blue Prism

Blue Prism is the global leader in intelligent automation for the enterprise, transforming the way work is done. At Blue Prism, we have users in over 170 countries in more than 1,800 businesses, including Fortune 500 and public sector organizations, that are creating value with new ways of working, unlocking efficiencies, and returning millions of hours of work back into their businesses. Our intelligent digital workforce is smart, secure, scalable and accessible to all; freeing up humans to re-imagine work. To learn more visit www.blueprism.com and follow us on Twitter @blue_prism and on LinkedIn.