

Customer Story

Intelligent Automation: Conquering the
Challenges of Claims Processing Complexity



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OBJECTIVES

- + Automate the processing of IC/ID claims
- + Reduce the manual effort and repetitive work involved in processing claims
- + Minimize the time spent processing claims

RESULTS

- + Achieved 80% of process automation
- + Saved 2,900 labor hours
- + Obtained annual savings of \$98,800



This healthcare payer faced significant challenges in claims processing due to manual, repetitive work caused by AMISYS' inability to "line-item link" claims.

About

Claims reviews are a critical component of any payer organization. This process helps minimize claim denials, catch mistakes before submission, and ensure compliance with insurance policies and regulations. However, depending on complexity and type, this process can take 15 to 60 minutes per claim.

The Challenge

This healthcare payer faced significant challenges in claims processing due to manual, repetitive work caused by AMISYS' inability to "line-item link" claims. This limitation results in thousands of hours spent annually on manual reviews, involving multiple systems and approximately 4,000 claims monthly requiring manual disposition creation.

The Solution

Amitech, a Naviant Company, partnered with this payer to create an automation solution for IC/ID claims processing. A bot streamlines repetitive tasks across POWER, AMISYS, and Blue2/CADF systems. Focusing on customers with a high volume of claims, the bot performs daily claim retrieval, disposition checks, status evaluations, and handles exceptions. Operating Monday through Saturday, this solution reduces manual effort, improves efficiency, and ensures timely processing of claims.





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Implementation

The process for implementation is as follows:

- + **POWER (Queuing/Work Assignment System):** The bot accesses POWER and selects a record from the IC/ID queue.
- + **Blue2 CADF:** The bot searches the organization's internal platform to determine if the claim has a recorded disposition.
- + **AMISYS (Healthcare Management System):** The bot checks AMISYS for claim information and reconciles with the data in Blue2.
- + **Review, Evaluate, and Determine:** The bot reviews pend codes, evaluates claims for processing or manual exceptions, and determines dispositions as Full Approval, Partial Denial, or Full Denial.



WHO WE ARE

Naviant helps customers reimagine work and harness intelligence to deliver exceptional outcomes.

