



## Healthcare case study

# Intelligent automation spurs 8X ROI

Deploying bots via the cloud delivers immediate efficiency and offers a foundation for expanding automation to more sophisticated business transactions.

## The challenge

A major US health insurer operating more than 30 health plans for 30 million members wanted to digitally transform numerous business functions, including how they processed approximately 100,000 health insurance claims per day. Our client also wanted to increase member satisfaction and enhance quality ratings for its Medicare and Medicaid managed plans. Accomplishing this would require streamlining complex ancillary claims administrative functions, including the coordination of benefits, claims reclassification, payment integrity and claims analysis and pricing.

## The approach

The client turned to Cognizant, its long-time IT and business operations partner, for help. We responded by developing and implementing cloud-based intelligent process automation (IPA), effectively augmenting the client's workforce with more than 2,000 bots.

## At a glance

A major US health insurer wanted an enterprise-wide automation strategy that went beyond basic claims processing. Cognizant deployed more than 2,000 cloud-based bots to deliver the sophistication, analytics and scalability required by the client. Results include:

- 8X+ ROI through cloud-based automation
- 600% faster claims processing
- >43 million claims processed by 2,000+ bots in a year
- 95% of claims automated, with 99% success rate
- Increased Net Promoter Score

## Cloud-based bots automate complex tasks

Working with our client, we supported the creation of an automation center of excellence to help increase automation collaboration across business units, including payment integrity, Electronic Data Interchange, care management and membership.

While providers submit the majority of their claims electronically, many still require some manual intervention such as reclassifying a claim with a new procedure code. By creating an integration between the client's users and bots for automating the claims workflow, now with one automated workflow claims analysts submit claims to bots for processing. Another workflow supports automated intake, where a bot directly identifies pending claims to process without user involvement.

A digital workforce of bots in the cloud runs six days a week and 20 hours a day with self-healing properties that ensure high availability without manual intervention.

A continuous integration/continuous deployment (CI/CD) pipeline accelerates the bot deployment cycle. Our client now has the capacity to process 3.5 million claims each month, adjusting bot forces depending on its volumes.

In addition to claims adjudication, the Cognizant RPA solution encompasses other important functions, including:

- Coordination of benefits
- Payment integrity
- Reclassification of claims

## An opioid lock-in automation initiative

Because drug abuse and overdose prevention is a top priority health concern for the US Food and Drug Administration, insurers must be able to examine all facets of opioid abuse, misuse, addiction, overdose and death. In response, our client's Chief Medical Officer for member well-being is committed to adopting technology-based programs to administer controls.

Cognizant developed an opioid lock-in process that automates the end-to-end analysis, detection and prevention of opioid/narcotics (controlled) drug abuse. The solution analyzes prescription drugs, providers and ER consumption patterns and restricts members to specific pharmacy and drug controls for a defined period to support members' wellness by preventing addiction and death.



Cognizant implemented the robust RPA and data-driven automation solution in approximately five months to conceptualize, design, develop, deploy and enable our client to achieve greater control in this area and provide a head-start to compliance with federal mandates for years to come.

## Business outcomes

Better processes have resulted in a 5% increase in the claims auto adjudication rate. These greater efficiencies optimize operations costs and improve the plan member experience by settling claims quickly and accurately.

Cognizant supported the coding analytics team with their service lines split process. Because each claim can have multiple service lines

(up to 99 service lines per claim), each service line represents a line item charge in a claim, such as a sub-charge. In some scenarios, the bots must split a service line to properly price the claim and complete adjudication and payment. In this case, bots automate extracting batches of claims from a third-party prospective payment system to load to a pricing analyzer. Now, pricing analysts turn around claims pricing four times faster than with the previous process.

## Bots enable on-demand business flexibility

Cloud-based bots also enable our client to respond to emerging business needs and regulatory changes. One such project involved tackling a backlog of one million claims at a state Medicaid plan that required adjustment due to a new regulation. With a deadline of just three weeks, we proposed a collaborative solution that did not require rewriting the plan's entire claims system. Instead, we optimized and reengineered the existing claims intake systems using bots to deliver zero-touch processing to adjust and adjudicate the claims. We completed design, build and user acceptance testing on deadline, and the solution began delivering ROI in about six weeks.

Our bots also helped the client address the operational impact of COVID-19. In response to provider financial challenges, the Centers for Medicare and Medicaid Services (CMS) reversed its claims sequestration policy, which withholds 2% of each reimbursement to providers. To ensure it was in full compliance, our client had to adjust its reimbursements appropriately.

Within a four-week deadline, we configured bots to apply the new regulatory rule so the client could reverse the sequestration and ensure providers received accurate reimbursements.

## Enhanced transparency and reporting

A centralized bot transaction management database stores more than 200 million transaction records. Using Cognizant's bot analytics dashboard, the client can pull transaction data from the repository to provide daily and weekly reports and insights on the claims processed, ROI, bot utilization, and more. This helps deliver clear audit trails and supports fine-tuning of bot performance.

Additional benefits of the implementation include enhanced member experiences and regulatory compliance processes, as well as improved efficiencies and lower costs. Cognizant has helped the insurer save \$40M per year by processing 43+ million claims per year.

In addition, the client's net promoter score has improved 10 basis points with claims processed 600% faster with a 99% success rate achieved with claims processed by the bots.

Through the new automation center of excellence, we are working with our client to apply automation to other key areas of the business. With cloud-based RPA, our client has the resources to respond effectively to shifting market needs in the dynamic healthcare industry.



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### World Headquarters

300 Frank W. Burr Blvd.  
Suite 36, 6th Floor  
Teaneck, NJ 07666 USA  
Phone: +1 201 801 0233  
Fax: +1 201 801 0243  
Toll Free: +1 888 937 3277

### European Headquarters

1 Kingdom Street  
Paddington Central  
London W2 6BD England  
Phone: +44 (0) 20 7297 7600  
Fax: +44 (0) 20 7121 0102

### India Operations Headquarters

#5/535 Old Mahabalipuram Road  
Okkiyam Pettai, Thorajpakkam  
Chennai, 600 096 India  
Phone: +91 (0) 44 4209 6000  
Fax: +91 (0) 44 4209 6060

### APAC Headquarters

1 Changi Business Park Crescent  
Plaza 8@CBP # 07-04/05/06  
Tower A, Singapore 486025  
Phone: + 65 6812 4051  
Fax: + 65 6324 4051

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