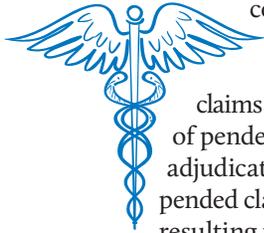


# Auto-adjudication of claims

## Doing more . . . with less.

**For a healthcare payer, that means processing more and more pended claims, yet with fewer resources.**

Every company wants to do more business and generate more revenue while spending as little as it can. A healthcare payer wants to accomplish this by cutting its cost-per-claim to the absolute minimum.



As the number of all claims rises, so does the number of pended claims. Manually adjudicating greater numbers of pended claims means more work, resulting in higher expenditures for more overtime and/or a higher headcount (whether on-site or remote), among other added expenses.

## Things get even trickier with highly complex claims.

Increasingly, adjudicating pended claims grows more complex, due to ongoing changes in medical procedures, regulations, benefits, and provider networks, to name just a few factors. This causes more work — and a higher cost-per-claim. And, as time passes, this problem will only get worse.



## So what can you do?

**You need a solution that gives you the highest possible auto-adjudication rate. And that means you need process automation.**



Of course, a healthcare payer focuses on increasing its auto-adjudication rate, but finds it harder to move the needle. And, yet, it must do just that. The math is simple: the higher the auto-adjudication rate, the lower the cost-per-claim. The industry's experience shows the best solution is found in the effective use of *process automation*.

**Some healthcare payers try doing this entirely in-house, but find the results just don't measure up — and, worse, it eats into your IT resources.**

An internal solution to improve auto-adjudication often takes the form of scripts, macros, “screen-scraping,” and the like. But it usually produces unsatisfactory results, particularly since these methods can overlook vital data. Also, it's one more endless project for an already hard-pressed IT team.



**Others try external solutions, but most are built for only simpler tasks. They also tend not to scale well, making it difficult to handle growing numbers of pended claims.**

As mentioned earlier, a major stumbling block in the adjudication process is the increasing complexity of pended claims. Most vendor-provided auto-adjudication solutions are built on process automation platforms designed to handle simple items, which they do very well. But complexity?



Not so much. In addition, many of these solutions “live” on individual PCs (i.e., one software robot per PC), which greatly complicates the process of scaling up to handle increasing workloads.

**So, you need a process automation solution that can auto-adjudicate claims — no matter how many and no matter how complex.**

AutoiQ™ from OpenConnect is just that. Its server-based architecture enables it to process ever-growing numbers of pended claims, regardless of complexity. Some of the largest healthcare payers depend on OpenConnect solutions 24 hours a day, seven days a week, to help them do more . . . with less.



## Find out more today.

To learn about OpenConnect solutions for organizations like yours, call 800.551.5881. Visit OpenConnect at [openconnect.com](http://openconnect.com).