

Clear MED/PIP™

Results

- Eliminates at least 50% of the mundane manual tasks and repetitive decisions made during the the Med/PIP claims process
- Increased efficiency enables existing staff to process 2 to 3 times the current claim volume
- Minimizes error costs for improper coverage analysis, medical coding and calculation of reserves
- Reduces process cycle times by up to 80%

Challenges with Med/PIP Claims

Typically, processing Med/PIP claims requires large numbers of employees to analyze and evaluate complex medical bills and make critical decisions against a constantly changing set of circumstances or events.

Many attempts have been made to automate these complex business decisions and labor-intensive activities using workflow and process-based systems. Despite this hundreds of people still perform time-consuming manual, repetitive tasks and decision making activities.

The Clear Technology Med/PIP™ solution addresses these challenges head on. Like a car navigation system, it guides employees down a predetermined road. One paved with operational best practices to ensure your employees process claims consistently and accurately.

The Med/PIP™ application automates and eliminates 50 percent or more of the manual, repetitive work consuming 50–70 percent of an adjuster's day. Overall productivity soars by 200 to 300 percent. Consequently, process cycle times are reduced by up to 80 percent. Moreover, by encoding processes, and automating low-value tasks, Med/PIP adjusters are free to concentrate on higher-value items. In this way, their performance is elevated to that of a claims strategist.

Unlike other third party technology, the solution gives insurers control over their application. It is housed and managed internally and utilizes existing infrastructure and core systems as the primary information source. Our software is easily configured and modified, enabling managers to nimbly respond to changing business requirements and market conditions.

Features

- Automates all required legacy claims and bill review system lookups and updates
- Automatically associates each bill with the appropriate claim within existing claims and bill review systems
- Enables straight-through payment of certain bills, such as ambulance and simple prescriptions
- Verifies bundling and up-coding within existing medical bill review systems
- Automatically produces scores related to sophisticated fraud review
- Automatically matches bill totals against eligible coverage
- Guides bill processing activities triggered by bill review system results
- Automates line-item-level determination of actions to be performed
- Automatically tracking bill status from entry to payment or denial
- Automates bill review, including structured review of medical records
- Automates requests for required medical records
- Automates bill payment processing activities, including printing

Benefits

Automating the low-value, repetitive, manual work associated with Med/PIP claims empowers insurance companies to decrease cycle time, reduce errors and improve consistency and productivity. The result is a dramatic reduction of operational costs, a marked increase in employee performance and the delivery of improved customer service.

- ✓ **Reduces Operating Costs:** Clear Med/PIP reduces repetitive processing tasks by 50 percent or more resulting in reduced claim cycle times. The intelligent interface is so easy to learn and use that training costs drop dramatically — from weeks to days. Employees are now able to spend more time evaluating claims for subrogation opportunities or identifying fraudulent claims and referring them to the special investigations unit.
- ✓ **Enhances Employee Performance:** Clear Med/PIP embeds the strategies used by the best employees and creates a navigation system that guides every employee through the Med/PIP process. This approach ensures best practices are followed by every employee regardless of their experience. This leads to increased accuracy of coverage analysis, care coding, apportionment and limits. The automation of many tasks noticeably increases the employee caseload capacity. And comprehensive audit trails provide management transparency into the process and a tool to identify areas of improvement.
- ✓ **Improves Customer Satisfaction:** Clear Med/PIP delivers higher productivity through faster response times and ultimately a decrease in the average claim cycle time. Mandatory process work flow reduces rework and call backs to claimants. Faster, more responsive service translates to higher customer satisfaction.

To maximize the human potential of your Med/PIP operations, email Solutions@clear-technology.com, call 303.583.4100 or visit www.clear-technology.com.

