

Unprecedented Accuracy, Agility, and Transparency: CHANGING THE RULES FOR MEDICAL CLAIMS CLEARINGHOUSES



INRULE CUSTOMER USE CASE:

A claims clearinghouse that deployed InRule reduced cycle time from change to production when analysts began writing business rules

Empowering analysts to author rules freed-up developers to focus on integration, processing speed and architecture. Logic changes now take minutes and the organization has realized significant, measurable cost- and time-savings.

Real World Applications for Rule Technology in a Rapidly Growing Market

Roughly 9.8 billion medical claim transactions took place in the US in 2015. This number represents only the commercial side; government-related medical claim transactions may have accounted for as much as [720 million](#) more.

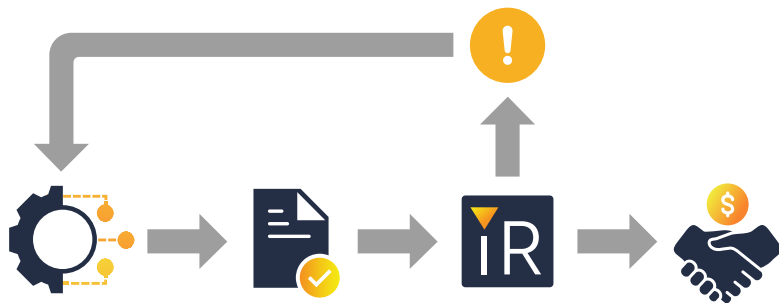
We can safely assume that number of transactions has increased since 2015—and will continue to do so in the coming years due to greater incidences of chronic diseases and the growing population of senior citizens who require more frequent and advanced medical care. The result? A complex confluence of factors fueling demand for outsourced, specialized claims processing.

Challenges for Outsourced Claims Processing

While claims clearinghouses provide valuable cost-containment services to commercial, state, and federal healthcare payers, they are faced with myriad challenges that can have a significant impact on the business.

In addition to the ever-growing volume of ANSI-X12 837 files to process, government regulations regarding coverage and eligibility, data privacy, and more are constantly evolving. Non-compliance leads to fines and penalties that can have a huge impact on profits and the credibility of the business.

Further, varying standards and software systems between insurance providers create an opportunity for errors during the claims scrubbing process. Lastly, the growing incidence of fraud, waste, and abuse add even more complexity to a fast-paced, high-stakes business.



The InRule rules engine scrubs claims and flags errors or potentially fraudulent activity and returns them to the practice or submitting organization. The rule engine can also review claims for missed revenue opportunities and provide notifications. If a claim is clean, InRule can move it through the workflow to the payer for processing.

The Solution

From pharmacy and dental claims to DME, in-patient facility, and out-patient medical professional claims, [medical claims clearinghouses trust InRule](#) to manage business rules and calculations throughout the medical claims processing lifecycle.

Claims clearinghouses rely on InRule® to ensure that the claims billed are accurate and that the correct party pays a healthcare claim. Additionally, InRule reduces waste and abuse by increasing the likelihood that fraudulent activity will be recognized and flagged. Finally, InRule provides transparency into the business rules and calculations that are in use, making it easy to ensure compliance with regulations and reduce erroneous payments.

InRule can be integrated with big data platforms, such as Hadoop, to provide valuable insights into existing logic and calculations to uncover potential missed revenue. Additionally, claims clearinghouses also integrate InRule with process automation tools to create and modify workflows, forms, and rules. [InRule integrates with a variety of tools and platforms](#) to provide responsiveness and flexibility and foster the ROI of existing systems.

Real-World Applications: InRule Customer Use Cases

U.S.-BASED HEALTHCARE CLAIMS CLEARINGHOUSE #1

U.S.-based claims clearinghouse uncovers lost revenue by detecting problem claims and resubmitting them for payment. The solution relies on InRule to reason across thousands of rules, large data models and a billion claims per run. The previous mainframe system was expensive to maintain, while the new solution operates against commodity hardware and improved processing times from three days to several hours. The improvement in processing cycles directly impacted revenue and cash flow.

Cycle time (from change to production) improved significantly when business analysts began writing their own rules rather than translating the logic into requirements. Development teams turned their attention away from logic and now focus on integration, processing speed, and architecture. Logic change is possible within minutes and entire “what-if” scenarios can be compared to previous runs, measuring value to the business in the form of potential revenue.

The solution relies on Hadoop for persisted data and Cloudera reporting tools after each run. It is now possible to collect metrics and KPIs during execution without impact to the linear scalability of the solution using custom utilities.

U.S.-BASED HEALTHCARE CLAIMS CLEARINGHOUSE #2

A U.S.-based claims clearinghouse uses InRule to cleanse and validate claims that pass between provider groups and payers. As part of the organization’s revenue cycle management platform, InRule automates the creation of payer files from claim files to streamline the claims process. The platform processes more than 250 million claims each year and approximately two million batch records are processed in under ten seconds.

U.K.-BASED SUPPLEMENTAL INSURANCE PROVIDER

As part of a legacy modernization initiative, a large, UK-based private health insurance provider turned to InRule to manage the business rules and calculations associated with claims processing. In addition to implementing InRule, the modernization effort included deployment of Microsoft Dynamics® CRM Online and Microsoft Azure. The project went live in less than five months and has empowered the organization to make informed decisions about how claim logic changes will affect future payouts to customers.

The system allows the organization to aggregate and pinpoint nuances in reimbursement amounts by rule. The claims solution can handle a large volume of claims, currently processing more than 45,000 per day. The new system provides the scalability to meet the demands of the future as the organization’s customer base grows.

By taking custom programming out of the equation, InRule has made it easy for business users to update reimbursement rules.

InRule has also provided the organization with a competitive advantage. By using the BRMS, the organization’s first pass claim rate yielded 98 percent as opposed to the industry average of 90-92 percent.

Ready to Learn More? [Read more](#) about InRule, or [request a free trial](#) of InRule’s cloud-based rules engine.