



Case Study: RPA-as-a-Service for Healthcare

Kern Health Systems Manages Rapid Growth with HPA's RPA-as-a-Service

Robotic Process Automation (RPA) is an ideal solution for the unique challenges facing many payers in the U.S. For Kern Health Systems (KHS), RPA was just what the health plan needed to keep up with rapid growth, both in claims volume and member services. KHS serves primarily low-income Medicaid members in California, and its broad provider network includes hospitals, facilities, primary care doctors, and specialists. KHS is dedicated to improving healthcare for its members through an integrated managed healthcare delivery system.

In 2015, KHS migrated from a legacy system to TriZetto's QNXT™ Enterprise Core Administration System. As the KHS team began evaluating processes for automation, they focused on specific pain points in the claims lifecycle that were time-consuming and resource-intensive. The health plan was also experiencing rapid growth in membership and utilization, which prompted the need for a solution that would reduce overhead while allowing it to maintain a superior level of care for members. HPA's healthcare automation experience and close relationship with TriZetto made the automation provider an ideal choice for KHS.

At a glance

HPA, A Cognizant Company, is the leading RPA-as-a-Service provider for health plans seeking secure, reliable intelligent automation solutions. Together, the KHS and HPA teams developed a world-class automation program to provide top-notch service to members and providers.

Outcomes

- 55% total cost savings.
- 14,500 manual hours offset by automation, the equivalent of 6 full-time examiners.
- Increased auto-adjudication rate from 48% to 82%.



**KERN HEALTH
SYSTEMS**

“Any business process that has a definitive path can be automated with HPA to gain operational efficiency,” said D’Ln Brown, KHS Configuration Analyst. “HPA’s automation has decreased processing times, allowing for faster payments to providers, denials, and consistent processing, removing the risk for human error.”

Improving client outcomes with RPA-as-a-Service

RPA is a perfect fit for health plans due to its efficacy in cutting costs, preventing errors, and scaling effortlessly to work volume. However, the RPA-as-a-Service model provides the added benefit of ensuring clients are paying for positive results, not licenses and additional support resources. For payers looking to reap all the benefits of RPA while avoiding the risk of building and maintaining a program in-house, RPA-as-a-Service (RPAaaS) can be a real game-changer.

For KHS, the RPAaaS offering made the experience as seamless as possible, from evaluation to go live. HPA’s automation specialists guided the health plan in evaluating process candidates and created an automation strategy that could scale to its growing business needs.

“HPA’s automation specialist took the time to understand our internal processes and was able to improve our automation outcomes,” said Brown. “The timeline from initial discussion to implementation was minimal, and we were able to improve our automation outcome.”

With HPA’s unique RPAaaS approach, automation specialists are very hands-on with the client team to make recommendations that improve current processes and success rates. According to Brown, this attention and dedication made a critical difference. As a result, KHS experienced a seamless implementation and was able to get its new robots up and running in the anticipated timeframe.

I Authorization Matching Robot Claims that require authorization prior to payment may be pended in the QNXT system until they can be processed. Health plans are challenged by processing claims like these because different authorization matching rules and exceptions apply to certain services, members, and contracts. This process is time-consuming and can lead to a backlog of claims that examiners must manually service. However, HPA’s robots are able to search for authorization matches for members in the system based on data like provider name, service location, dates of service, and codes. If a match is found anywhere in the system, the robots will attach it to the claim.

With an average monthly volume around 7,000 per month and an average manual handling time of 5 minutes, prior authorizations created a considerable strain on KHS’s resources. Immediately after deployment, KHS quickly decreased its overall pended claims inventory. To date, KHS has saved more than 9,000 manual hours and enjoyed an average cost savings of 74%.

I Birthday Comparison Robot The birthday comparison robot verifies date of birth of a member’s dependents to determine whether or not they should be on a member’s claim. The robot then verifies the member’s date of birth to determine if a membership should be created or sectioned from the original subscriber. Once a relationship is determined by date of birth (usually for newborn babies), this process determines what actions need to be taken. Robots are able to match care recipient names listed on the claim with information listed in the electronic claims data as they match primary IDs and subscriber IDs. If the IDs don’t match, the robots will attach dependents to the claim.

Automating this process has helped employees avoid lengthy, time-consuming tasks and use their time on higher value projects. Since implementation, KHS has been able to save more than 3,000 hours and a 33% cost savings compared to manual processing.

■ Edit 101 Robot Provider identifier data should be on all claims, but sometimes electronic data interchange (EDI) and QNXT don't align automatically. QNXT isn't able to systematically select providers based on incoming claim data. When provider identifier data is missing from a claim, it will pend in QNXT until a record is created and/or attached. This interruption in the claim cycle puts health plans at risk for significant backlog, and time-consuming manual intervention would be required. HPA's robots research and reconcile provider information within QNXT and the NPI registry to determine a match. If a match can be found, the provider will be attached to the claim. If not, the robot can build the provider profile and attach the profile to the claim, or the claim will be pended until the proper provider information is identified or added.

Automating Edit 101 has eliminated pended claims inventory and allowed for quicker payment to providers. KHS has also saved more than 1,400 hours in manual processing time, a welcome change for employees.

Since the first robot went live in 2015, KHS has raised its auto-adjudication rates from 48% to 82%. It has also saved more than 14,583 manual processing hours, and achieved an overall cost savings of 55%.

Looking Ahead

The client has experienced such excellent results that it has plans to expand its automation program each year as company buy-in increases. The next process targeted for automation is Duplicate Claims, since the health plan frequently experiences a high number of duplicate claims.

KHS outlined other key benefits of automating with HPA:

- Significantly reduced need for manual intervention, which allows employee allocation in other business areas
- Faster payments and final claim dispositions for providers due to accelerated claims processing
- Higher accuracy of data entry for providers
- Consistent and predictable processing of claims
- Reduced claims backlog due to higher output of claims processing



“HPA’s services have revolutionized the way we work, from accuracy and speed to employee allocation. We are now able to handle processes optimally instead of straining our resources. HPA’s robots help us achieve our business goals as we continue providing top-notch service for members and providers, which is huge for us.”

**> Victoria Hurtado, MBA, PMP
Director, Information Technology Operations
Kern Health Systems**

About Cognizant Healthcare

Cognizant's Healthcare Business Unit works with healthcare organizations to provide collaborative, innovative solutions that address the industry's most pressing IT and business challenges—from rethinking new business models, to optimizing operations and enabling technology innovation. A global leader in healthcare, our industry-specific services and solutions support leading payers, providers and pharmacy benefit managers worldwide. Visit us at <https://cognizant.com/trizetto>.

HPA, A Cognizant Company

HPA is the leading RPA-as-a-Service provider for health plans seeking secure, reliable intelligent automation solutions. As a proven automation Center of Excellence, we utilize our proprietary technology and extensive reusable code library to deliver scalable RPA programs that accelerate ROI and reduce total cost of ownership.. For more information, please visit hpa.services.

About Kern Health Systems

Kern Health Systems (KHS), the Local Initiative for Medi-Cal Managed Care, is the largest health plan in Kern County, California. KHS is committed to its mission of improving the health of our members with an emphasis on prevention and access to quality healthcare. KHS strives to be a leader in developing innovative partnerships with the safety net and community providers to elevate the health status of all community members.

About Cognizant

Cognizant (Nasdaq-100: CTSI) is one of the world's leading professional services companies, transforming clients' business, operating and technology models for the digital era. Our unique industry-based, consultative approach helps clients envision, build and run more innovative and efficient businesses. Headquartered in the U.S., Cognizant is ranked 193 on the Fortune 500 and is consistently listed among the most admired companies in the world. Learn how Cognizant helps clients lead with digital at www.cognizant.com or follow us [@Cognizant](https://twitter.com/Cognizant).



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