

Real-time Claims Processing for Health Insurance Payers

TIBCO's Real-time Claims Processing solution enables Health Insurance Payers to more efficiently receive and process claims.



The vast majority of insurance claims today are processed using paper forms and manual processing. As a result, even the most straightforward claims require customers and agents to spend lots of time filling out, submitting, reviewing and routing paperwork.

This frustrates customers, keeps agents from getting to higher-value work such as analyzing more complicated claims and generating new business, and makes it difficult for customer service representatives to provide accurate and timely responses to customer inquiries and problems. It also makes it nearly impossible for managers to measure success or efficiency, perform accurate risk analysis, or respond to changing conditions.

TIBCO's Real-time Claims Processing solution enables Health Insurance Payers to more efficiently receive and process claims. TIBCO's solution does this by synchronizing account and claim data across their extended enterprise, automating the processes by which claims are processed, and giving customers and service representatives more convenient access to real-time information about claims.

Higher Customer Satisfaction and Retention

- Insurance companies that excel at claims processing have a clear competitive advantage. TIBCO's solution simplifies the process of submitting claims, accelerates the processing of claims while reducing errors, and gives members, providers and administrators real-time information about claims status throughout its cycle or process.

Better Regulatory Compliance

- Regulations such as HIPAA and HL7 are a critical element of claims processing, and they require that insurers process claims more quickly and with more control. TIBCO's solution lets insurers quickly bring their claims processing activities into conformance with regulations.

Better Agent Productivity and Performance

- By automating routine elements of straightforward claims, TIBCO's solution lets agents focus on activities such as analyzing the complex and suspicious claims that represent the highest probability of exceptional risk or reward, satisfying customers with time-efficient personal attention, and

Better Risk Management and Lower Liability

- TIBCO's solution helps health insurers better assess and address risk by giving their analysts the power to monitor and analyze real-time data about active claims in context of business objectives, past performance and trends, and external factors. This allows them to identify problems at the micro level (individual patient or doctor) or the macro level (geographic region or medical condition).

Better Operational Efficiency

- Another advantage of being able to more effectively analyze key performance indicators in context is the ability to identify operational aspects of their claim processing that are either inefficient or causing customer satisfaction problems. By analyzing and addressing these problems health insurance companies can improve the efficiency of their organization.

Capabilities and Attributes

Improves synchronization and accessibility of data across multiple systems

Processing a claim involves pieces of information and functions that are handled by many people who must work with incompatible systems and poorly defined processes. TIBCO's solution ensures that all information involved with processing a claim—from eligibility verification through payment—and providing claims status to customers is up-to-date, consistent, and available for use by the applications and people that need it.

Coordinates claims processing activities and exceptions

TIBCO's solution automates the acceptance, validation, transformation and adjudication of healthcare claims and payments, as well as eligibility, and status requests.

In the event of errors or exceptions, claims are automatically routed to appropriate personnel to be handled as part of predefined workflows that are defined and driven by established business rules and process flows.

For example, a TIBCO enabled claims processing environment can quickly and easily allow exceptions, such as additional justified medical tests, to be routed to the appropriate case management supervisor for review and approval. This efficiency results in more satisfied provider and member customers and reduces costs of claims exception handling.

Provides self-service access to information and services

In addition to improving the effectiveness of applications and employees by giving them better information and the ability to act on it, TIBCO's solution enables health plan members and providers to access appropriate information and services through a convenient portal interface. This can accelerate many elements of claims processing and improve the customer experience by letting them more quickly and easily file claims, check the status of claims and requests – all without putting any load on your call center.

Support for HIPAA and Other Relevant Data Formats

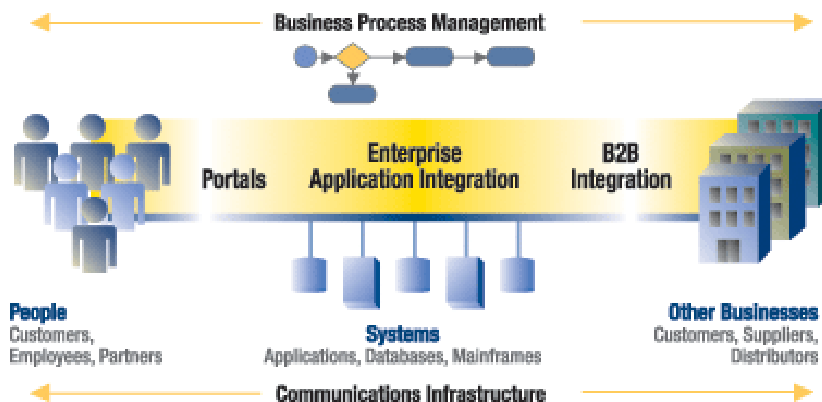
TIBCO's solution enables health insurance providers to rapidly bring their claims processing processes into conformance with the Health Insurance Portability and Accountability Act (HIPAA) with native support for the data formats and processes of HIPAA. TIBCO's solution also leverages the efforts of the Workgroup for Electronic Data Interchange (WEDI) and Strategic National Implementation Process (SNIP) to rapidly reduce the cost of implementing HIPAA. TIBCO's solution meets all seven levels of HIPAA validation, and all six levels of testing as recommended by SNIP.

Real-time Claims Processing for Health Insurance Providers

About TIBCO

TIBCO Software Inc. (Nasdaq:TIBX), a pioneer in business integration software, offers solutions for many industries and operates around the world. Today, TIBCO is the leading company specializing solely in business integration software. TIBCO's innovative technology enables its more than 1,800 customers to unlock the power of their people, systems and processes.

TIBCO's Business Integration Solutions



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