



Healthcare Self-Insurance and Consulting Group

"We help you Self-Insure"

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GROUP 6

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MEETING – Tuesday, 2PM to 3PM





CONTEXT

Our repricing system has been functional since past several months. We have decided to improve it's performance further based on information collected so far in database. We have various use cases where we collect multiple data:

- 1) Data Verification
- 2) Discount Verification
- 3) Repricing Claims
- 4) Compliance and Auditing
- 5) Report Generation

In this document, I have made Business Data Mapping, Business Intelligence Requirements, and Operations Performance Metrics.

Business Data Mapping – In this, we have collected all data clusters for different use cases and create composite clusters

Business Intelligence Requirements – In this, we have further discussed various possible analysis that can be obtained from composite cluster

Operations Performance Metrics – In this, we have identified business intelligence, IT system, predictive analysis, feedback loop analysis, and strategic analysis.

Business Intelligence – Any data that can be used for some business performance improvement

IT System – Quantifying the data for performance

Predictive Analysis – Possible refinements of data cluster to get more performance metrics in future

Feedback Loop – Possible environmental changes in-order to keep the system adaptable

Strategic Analysis – Strategic changes that could be done to improve the system or organization as a whole





BUSINESS DATA MAPPING

COMPOSITE DATA CLUSTERS

- 1) **Success Claims** – Claims that get repriced successfully after passing through data verification, discount verification and repricing.
- 2) **Failed Claims** – Claims that fail at repricing are failed claims
- 3) **Co-Relation between Claims & Provider Network** – Analyzing number of claims that come from provider networks
- 4) **Highest Discount Details** – Sources that give higher discount details
- 5) **Provider network & Contracts** – Analyzing number of contracts per provider network
- 6) **Relation between pharmacies, labs, hospitals and discounts** – To analyze trend of discounts across different sources
- 7) **Accuracy and Reliability of system** – To analyze how reliable the system is in terms of repricing based on audit results
- 8) **New Reports** – Generate new reports based on above results and existing report

	SUCCESS CLAIMS	FAILED CLAIMS	CO-RELATION BETWEEN CLAIMS & PROVIDER NETWORK	HIGHEST DISCOUNT DETAILS	PROVIDER NETWORK & CONTRACTS	RELATION BETWEEN PHARMACIES, LABS, HOSPITALS & DISCOUNT	ACCURACY AND RELIABILITY OF SYSTEM	NEW REPORTS GENERATION
Claims processed by Claims department	I	I						
Claims processed by repricing department	I	I			I			
Repriced claims processed successfully	O		I					
Failed claims		O						I
Contract Details				I	I	I		
Network provider details			I		I	I		
Re-pricing claims &			O		I	I		I





provider network								
Highest discount details				O				I
Provider network & contracts					O			I
Hospitals or pharmacies or labs & discounts						O		I
Claims processed in repricing department							I	
Claims failed in audit							I	
Claims appropriately repriced by system							O	I
Reports generated								I
New reports that can be generated								O

Claims audited	I
Claims that passed audit	I
Claims that didn't pass audit & reason	O

BUSINESS INTELLIGENCE REQUIREMENTS

SUCCESS CLAIMS

- 1) The system will give all the success claims that were re-priced successfully.
- 2) The system will give details regarding preferred network.
- 3) The system will give details regarding claims for each employer that were a success.





FAILED CLAIMS

- 1) The system will give information on reason for failure of re-pricing claims processing.
- 2) The system will give details on at which point the system failed in processing claims.
- 3) The system shall provide a weekly failed claims report to all stakeholders.

CO-RELATION BETWEEN CLAIMS AND PROVIDER NETWORK

- 1) The system will give number of re-priced claims processed for each provider network.
- 2) The system will give which employer's employees visit the provider network for processed re-priced claims.
- 3) The system will provide what's the source from each of provider's network.
- 4) The system will give average number of re-priced claims for each provider network.

DISCOUNT DETAILS

- 1) The system will give contract details and their respective discounts.
- 2) The system will give top 20 discounts applied for re-pricing.
- 3) The system will provide which source has maximum discounts from each provider network.
- 4) The system will provide which provider network has highest discounts.
- 5) The system will provide which provider network has most number of discounts.

PROVIDER NETWORK & CONTRACTS

- 1) The system will give details on which provider network has maximum contracts.
- 2) The system will give details on which sources in each provider network has maximum number of contracts.
- 3) The system will give details on number of absolute and percentage discount for each provider network.
- 4) The system will give details on validity of each contract per source.

RELATION BETWEEN PHARMACIES, LABS, HOSPITALS and DISCOUNTS

- 1) The system will give details Discounts given by each pharmacies, labs and hospitals.
- 2) The system will give details on Maximum discounts given by each pharmacies, labs and hospitals.
- 3) The system will give details on Validity of each discount.
- 4) The system will give details on frequency of discounts given by each pharmacy, labs and hospitals.

ACCURACY AND RELIABILITY OF SYSTEM





- 1) The system will give details on repriced claims weekly.
- 2) The system will give details on number of failed repriced claims during audit.
- 3) The system will give details on number of processed repriced claims weekly.

NEW REPORTS GENERATION

- 1) The system will give details on each report generated.
- 2) The system will generate reports on SUCCESS CLAIMS.
- 3) The system will generate reports on FAILED CLAIMS.
- 4) The system will generate reports on CO-RELATION BETWEEN CLAIMS AND PROVIDER NETWORK.
- 5) The system will generate reports on DISCOUNT DETAILS.
- 6) The system will generate reports on PROVIDER NETWORKS & CONTRACTS.
- 7) The system will generate reports on RELATION BETWEEN PHARMACIES, LABS, HOSPITALS and DISCOUNTS
- 8) The system will generate reports on ACCURACY AND RELIABILITY of system.

CLAIMS AUDIT FAILED

- 1) The system will generate reports on claims that failed audit
- 2) The system will generate reports details on departments lagging behind in compliance

OPERATIONAL PERFORMANCE METRICS

USE CASE	DATA CLUSTER	MEASURABLE?	BI	IT	PREDICTIVE ANALYSIS	FEEDBACK LOOP	STRATEGIC ANALYSIS
Data Verification	Repriced claims processed successfully	Yes	Preferred networks by patients	Can process the data cluster in a day and automatically create dashboard and send mails to stakeholders	Percentage increase in patients from provider networks	Are hospitals, labs and pharmacies interested in continuing the tie-up with our group	Tie-up with more provider networks and insurance companies to improve on getting more claims
	Failed claims	Yes	Reason for failure of claims	Can analyze 1000 failed claims to generate	Can find out possible failures and escaped defects in system	Are there system related failures	Bring in new software that can





				one final report on reason for failure			significantly process claims accurately and reduce failures
Discount Verification	Re-pricing claims & provider network	Yes	Which provider network is most preferred for better discounts	Can perform statistical analysis on preferred networks based on discounts	Are patents preferring same provider networks with a particular discount details	Other insurance companies are capturing more hospitals, pharmacies and labs into their provider networks	Tie-up with other insurance companies to enable a uniform provider network across companies
	Highest discount details	Yes	Which provider network has more discounts	Maximum discount per provider network	Discount trends across all provider networks	Discounts changing pattern	Increase sales people to interact more with clients and get higher discounts
	Provider network & contracts	Yes	Which provider network is willing to have more contracts	Number of contracts per provider network	Number of contracts per provider network	Provider networks are willing to have contracts with only some	As validity of contracts nears its end, sales team should renew the same immediately
	Hospitals or pharmacies or labs & discounts	Yes	Which source has highest discounts, that can help in getting more customers	Maximum discount offered per source	Are hospitals/pharmacies/l abs going to give more discount	People are preferring higher discount to reprice the claims	Create provider networks based on discounts that source provide and





							maintain better relationship with prime provider networks
Repricing Claims	Claims appropriately repriced by system	Yes	Whether system needs improvement in terms of appropriate calculation for repricing	Number of claims processed successfully and passed auditing	Possible complex calculations while repricing such as percentage or absolute discount	Regulations regarding calculations of repricing is changing and hence, system needs to react accordingly	Regularly update developers and project managers regarding changing rules and regulations with respect to repricing so that extension point can be created for the same
Report Generation	Repriced claims processed successfully, Failed claims, Repricing claims & provider network, Highest discount details, Provider network & contracts, Hospitals or pharmacies	Yes	More reports could be generated based on repricing claims, provider network, source, contract and discount details	Number of reports generated by IT system	Various reports could be generated based on the available cluster	Stakeholders are preferring easy to understand and quick understandable reports	Use updated data visualization tools to create better reports.





	or labs & discounts & Claims appropriately repriced by system						
Compliance and Auditing	Claims that didn't pass audit & reason	Yes	Can help improve complying with rules and regulations	Number of claims failing per week per audit	Could help reduce number of audits	Regulations are changing continuously	Tie-up with consulting company which can help keep system comply with up-to-date rules and regulations

