



Claim Management

A TPA Perspective



COMPANY PROFILE



Health eConnex Pvt Ltd is a subsidiary of **MDI** (Manhattan Data Incorporated) based out of US

MDI:

- has over 15 years of experience of US health care market
- manages approx three million claims a year

HEC:

- formed in 2013
- Pakistan's first TPA
- has managed approximately 100,000 lives
- tie ups with seven UAE based TPAs for direct billing services and claims processing
- working with international assistance companies
- providing medical second opinion services for patients



Why work with a TPA?

- A to Z claim management for insurance companies/self managed schemes
- Policy administration and implementation
- Quality Human Resources
- Healthcare data capture inline with international data coding practices (ICD-9/10 and CPT)
- Specialized MIS reporting
- 24 Hours In-house Customer Services
- Paperless Processing Environment
- Technology combined with efficient human resource for best results
- Appropriate Utilization management
- Constantly evolving provider network

Current Challenges in claims handling:

- Speedy and timely pre-authorization
- Round the clock follow up/customer services
- Case management
- Accurate and up to date information of lives
- Handling exceptions
- Timely claims processing
- Network Developement

DATA CAPTURE AND MIS REPORTING

- State of the art software for:
- specialized MIS reports
- triggers for case management and case verifications
- Data captured and coded in ICD 9 and 10 and CPT codes.
- Standard and specialized reports

Value addition for Client

- Speedy and efficient handling of claims
- State of the art technology and quality human resource
- Improved accuracy of claims payment
- Lower operation costs
- Scalability
- Reinsurance

Service level metrics



Customer Service	Benchmark	Actual
Call answering	Within 3 ringing bells	95% compliance
Preauthorizations		
Entered into system	Within 15 minutes	10 minutes
* Approval/Rejection/Requirement	Within 10 minutes during working hours	10 minutes
Claims		
** Turnaround Time	7 working days	2 days
Financial Accuracy Rate	>99%	99.9%
Procedural Accuracy Rate	>97%	98.6%
Audit Department		
*** Percentage Claims Audited	5%	10%
Addition/Deletion of lives	Within 30 minutes	25 minutes

* *These stats are for the normal cases with no requirements.*

** *TAT specifies the process of receiving the claim, its scanning and entry into the system, evaluation and verification by the claims team and a doctor and then its final settlement for payment.*

*** *The Audit is our internal working as per the international standards of Auditing, in which the audit should be done for 5% of the cases where as in our internal working we are taking up 10%. The claims are selected on the basis of the reports generated by our soft ware giving us triggers for cost of treatment, length of stay in various hospitals, length of stay for various cases and by the effective case management of the doctors highlighting fraudulent activity.*

Thank You