HGS™ HINDUJA GLOBAL SOLUTIONS | HealthCARE™ Partnering for Better Outcomes

HGS Claims Benefits Management

Driving Transformation with Reductions in Denials and Turnaround Time

In the post-reform marketplace, healthcare payers are focused on gaining efficiencies by improving claims accuracy, reducing turnaround times, and more efficiently managing processing. Claims operations leadership struggles to effectively transform operations to perform at the highest level of compliance and quality standards while also focusing on cost-containment. As the ACA continues to take effect, these particular challenges and opportunities will be more prevalent.

HGS can provide payers the required support—employing our more than 15 years of payer experience and proven success in member/provider services, back-office processes, and sales capabilities. At HGS, we pride ourselves in working closely with our payer clients to enhance their competitive position, improve client satisfaction, facilitate communication across multiple channels, and deliver positive and sustainable results.

HGS Capabilities

Our claims administration services comprise adjudication, research, and overpayment recovery and denial management. These solutions include:

- Interface with clients' auto adjudication to effectively provide manual adjudication by industry professionals with experience in re-pricing/network review, edit resolution, and pre-paid and other audits
- Review of any flagged historical claims for accuracy and investigation of claims for potential overpayments
- Scanning of fulfillment services documents
- Claims re-pricing focuses on claims adjustments when working with non-par or out-of-network providers
- Financial recovery, processing of claims overpayments
- Researching of claims for medical appropriateness

Along with our Claims Benefits Management Operations, HGS also provides extensive Clinical Operations, Benefit Configuration, Enrollment, and Fulfillment processes among other services.

"The ACA has spurred activity in both the public and private sectors, contributing to the accelerated pace of state and local innovations across the country. There is widespread agreement that fee-for-service health care should no longer be the norm, and that fundamental shifts are needed to produce affordable, high-quality, value-based care."

"The Affordable Care Act's Payment and Delivery System Reforms: A Progress Report at Five Years"

The Commonwealth Fund

According to **Black Book Market Research**, 83% of payers surveyed confirmed improved claims processing and modernized claims system capabilities top organizational strategies with project start dates before Q2 2016. Additionally a total of 68% surveyed indicated they are considering outsourcing among the best solutions for claims modernization.

Tangible and Measurable Results

99.50% Financial Accuracy

90 Processes

400+ Sub-Processes

4,000+ Healthcare Professionals

Our solution presents these outcomes for our clients:

- Impact to operational metrics, with 99.50% claims accuracy (above industry average of 92.9%, according to the American Medical Association [AMA])
- Impact to efficiencies, such as significant reductions across three critical metrics: claims denials, handle time, and turnaround time
- Cost containment
- Customer care focus
- Vast resources including more than 90 processes and 400+ sub processes

Proof Point

HGS Provides Significant Reductions in Claims Denials and Rework

For one Fortune 300 health insurer, claims denial is one of the top call drivers. To address, we provided:

- A deep-dive analysis of denials
- Root cause analysis
- Provider behavior analysis on billing practices
- Integration with back-office functions to correct denial
- Rework related calibration and reducing claims rework task

The result? We drove significant efficiencies to affect bottom-line results for this client, to:

- Reduce denials by 3%
- Reduce claims rework by 5%

25% Reduced Cycle

99.98% Claims Accuracy

5% Reduction in Claims Re-Work

3% Reduction in Denials

About HGS

A global leader in business process management (BPM) and optimizing the customer experience lifecycle, HGS is helping make its clients more competitive every day. HGS combines technology-powered services in automation, analytics and digital with domain expertise focusing on back office processing, contact centers and HRO solutions to deliver transformational impact to clients. Part of the multi-billion dollar conglomerate Hinduja Group, HGS takes a true "globally local" approach, with over 46,000 employees across 69 delivery centers in seven countries making a difference to some of the world's leading brands across nine key verticals. For the year ended 31st March 2017, HGS had revenues of Rs. 3,711 crore (US$ 555 million).

Log in to www.teamhgs.com to know how we can help make you more competitive.

Hinduja Global Solutions Limited (HGS) was ranked as a "Leader" in the NelsonHall Vendor Evaluation and Assessment Tool (NEAT) for Customer Management Services (CMS) in Healthcare under both Payer and Provider categories. Vicki Jenkins, CMS Industry Analyst with NelsonHall, said, "HGS currently provides a wide portfolio of offerings and is looking to the future, as it supports its healthcare payer and provider clients."

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