

Claims

Benefits Configuration

Client Type:

Managed Care Organization

Project Scope:

Benefits and Pricing Configuration

Duration:

52+ Weeks

Team Size:

28 Full-Time Employees



Problem

The client is one of the largest publicly -traded managed care organizations in the country, providing health benefits to more than 5 million individuals in 15 states through group, individual, Medicare, Medicaid, and TRICARE programs. The client has revenues of more than \$10 billion.



Response

When the client contacted us, they were in the beginning stages of a major reorganization. The plan called for the consolidation of three claims payment systems, the centralization of claims and customer service functions, and the closure of an operational unit located in the southwest. The challenge was two-fold: 1) Develop a work plan and help design an efficient process for configuring almost 4,000 unique plans from the west and southwestern regions on the centralized MC-400 system; and 2) Assemble and train a team of 28 experienced plan building consultants to manually configure and test the system over the course of 14 months.



Solution

We sent a total of 28 resources and separated them into two tactical teams. The pricing team created pricing tables by applying regional discounts to Medicare RBRVS values. The benefits team loaded and configured benefits, cost sharing information, and adjudication rules for each of the almost 4,000 unique plans.

