#### Problem

In late December, a Blue Cross Blue Shield plan located in the Midwest contacted us with a critical problem. They were experiencing a backlog of 10,000 overpayment claims and needed to resolve it by March 30. With only three months to clean up the backlog, the client needed a team to research each claim to determine where the overpayment occurred. Additionally, they required assistance deciding if the funds needed to be paid back or if charges should be directed to another party. As a requisite, a 97 percent quality goal needed to be maintained by the project team.

## Response

After a thorough evaluation of the client's specific requirements, we assembled a team of 13 professionals with an average of ten years of experience in claims processing, adjustments and recoveries. Within six business days, the team reported to the project ready to work.

### $\hat{\mathbb{I}}$ $\hat{\mathbb{S}}$ Solution

Our team surpassed the client's goal and successfully corrected 10,642 claims.

#### Claims



**Client Type**: Blue Cross Blue Shield Plan

**Project Scope**: Claims Adjudication

**Duration**: 13 Weeks



**Team Size**: 13 Full-time Employees

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