

Problem

The client is the leading health plan in the U.S., serving approximately 34 million members nationwide. They are a Blue Cross and/or Blue Cross Blue Shield licensee in 14 states: California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, and Wisconsin. The client also is included in the S&P 500 index.

Response

The client was experiencing a large volume of enrollment discrepancies between the in-house enrollment database and CMS. As a result of these discrepancies, the client was faced with rejected claims, zero reimbursement from Medicare for claims already paid on behalf of the member and lost revenue for missing CMS enrollment deadlines. **This extremely large volume of discrepancies was having a severe financial impact on the client, while also exposing them to compliance issues with CMS.** The primary need was to reconcile these discrepancies in a timely manner to increase revenue.

Solution

Our teams' strict adherence to a tedious workflow and CMS guidelines provided the client with the desired reduction in discrepancies, timely reimbursement from Medicare and increased member (beneficiary) satisfaction. As a result of a dedicated and aggressive team, the discrepancies dropped from a staggering 22 percent to under three percent during the span of the project.

Enrollment

Enrollment Reconciliation

Client Type: Blue Cross Blue Shield Plan

Project Scope: CMS Guidelines Compliance

Duration: 20 Weeks

Team Size: 25 Full-time Employees (from 15)

