

# Electronic Claim and Member Management for Health Management Office

## The Task

To enhance efficiency of the claim processing process and aid in growth plans through increased throughput and scalability.

## The Challenges

To integrate processes related to primary care physician, the HMO and the government funding bodies (CMS / ACHA)

To comply with regulations on various plans including Medicare, Medicaid, and type of claims ranging from Professional, Institutional, and Dental Claims

To support various claim submission and processing mechanisms

To comply with EDI and reporting mechanisms of the various Government agencies involved

## The Solution

Binary Spectrum developed a robust platform that automates electronic claims, remittances, member enrollment, eligibility and disenrollment processes for a large HMO.

## The following are some of the features of solution:

Support for multiple integration mechanisms for Vendor interactions

Compliance checks and acknowledgement generation

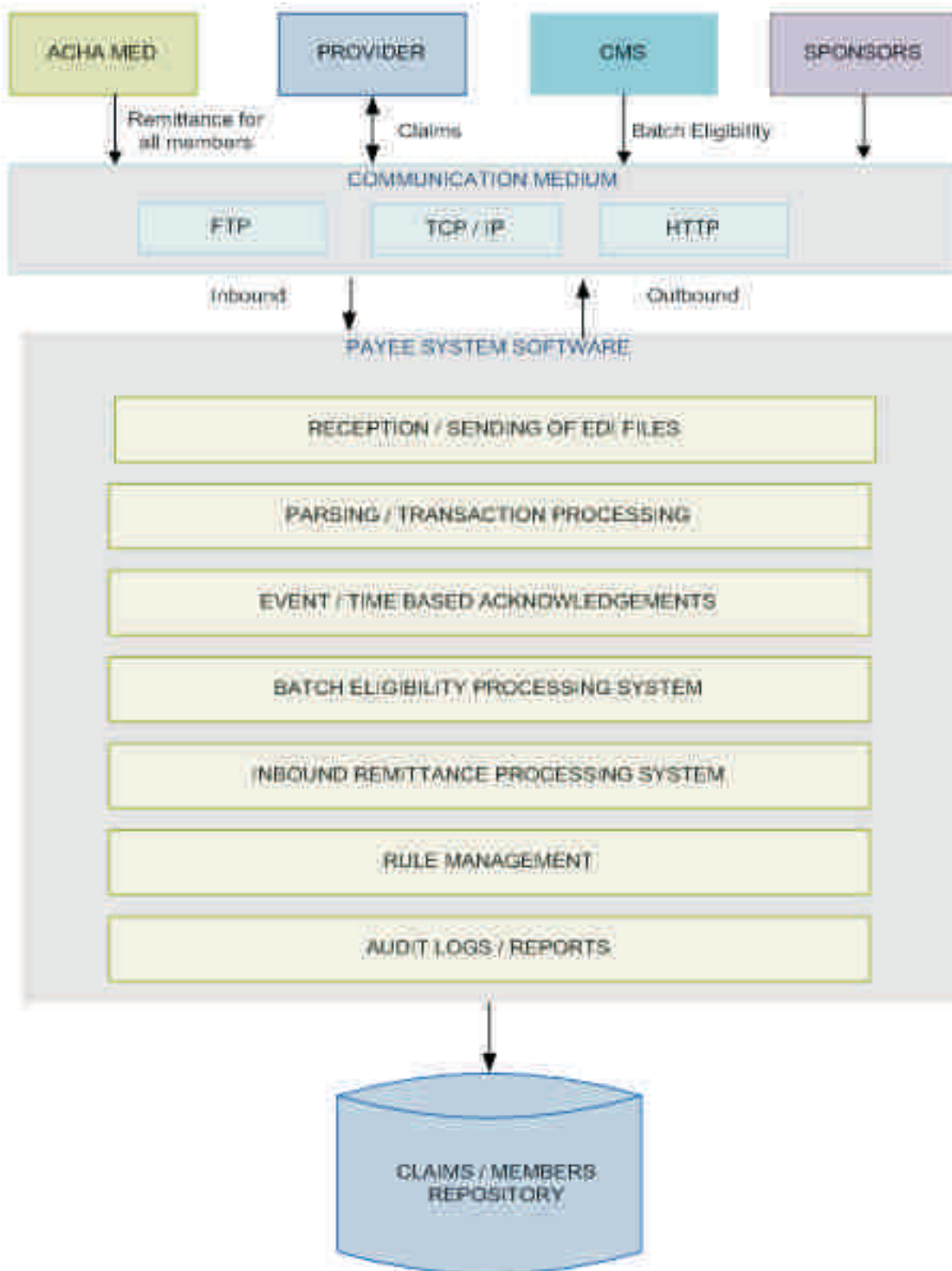
Parsing and Validation mechanisms

Automated Workflow and Rule Management

Support for Real-time Messages

Loads the claims into HMO's database (No claim will be loaded into it, until all errors are fixed).

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## EDI Messages Supported:

### For Batch transactions:

837 P/I (professional / institutional) – Electronic Claim files

835 – Healthcare electronic Remittance advice request form

834 – Enrollment and disenrollment for Medicaid eligibility

820 – Electronic response files for premium Payments to insurer

### For Real time transactions:

271 / 272 – Member eligibility request / response

276 / 277 – Claim status request / response

278 – Authorization and Referrals

## The Result:

The client has scaled up the claims processing capability, and is able to do so in a timely manner while being able to deal with a variety of vendors.