

Claims & Underwriting

CLAIMS STANDARDIZATION & AUTO ADJUDICATION

Who's doing it?

Why do it?

How can we do it?

What is the outcome?

ILTCI

16th Annual Intercompany Long Term Care Insurance Conference

Claims & Underwriting

Current Trends and Rules-Based Adjudication Opportunities

Shannon Perschy, LICSW, CCM, LTCP
Senior Business Consultant
John Hancock Insurance Operations Transformation Office



16th Annual Intercompany Long Term Care Insurance Conference



Rules-Based Auto-Adjudication

- Contract language or requirements is translated into a set of rules
- Claim specific data is entered (either manually or via data-feed) and compared to the rule-set.
- System renders a decision based on multiple criteria and determines level of human review needed

Straight-Through Processing

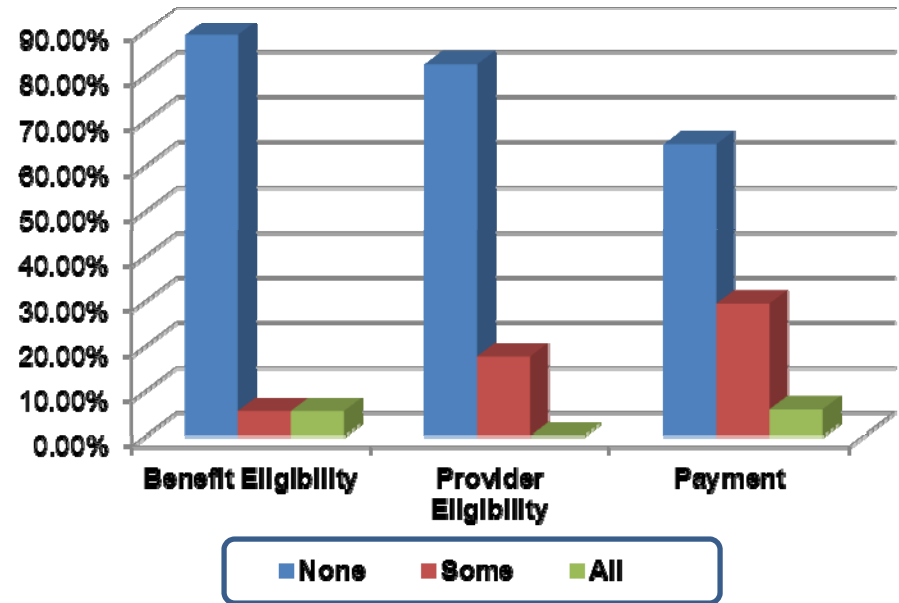
- Structured data-set is fed into a system and compared to the rule-set
- Task is processed by the system with minimal or no human interaction
- Auditing is developed by algorithm based criteria

Current Trends

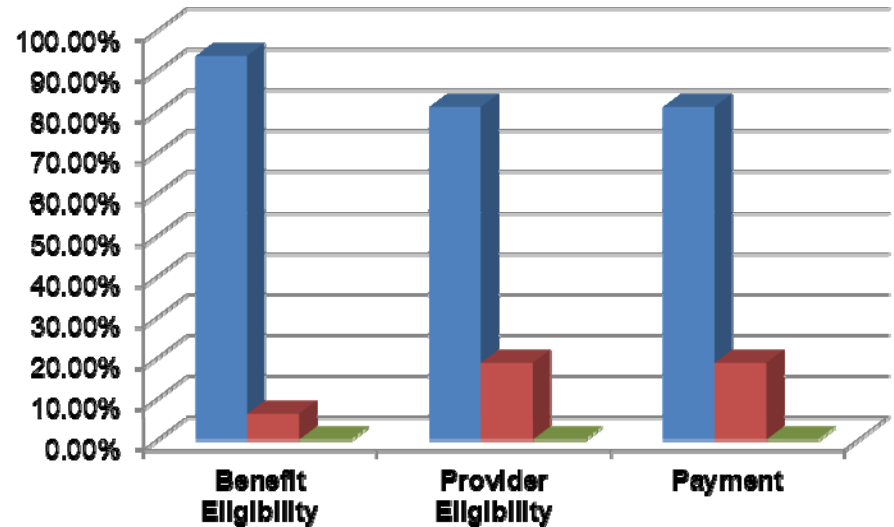
Based on results from "ILTCI conference session survey - rules-based auto adjudication and straight-through processing "



Do you currently include any rules-based auto-adjudication in your claims practices?



Do you currently perform any straight-through processing in your claims practices?

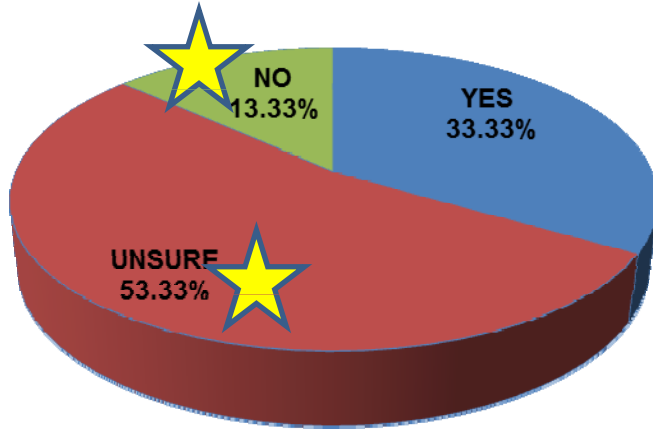


Current Trends

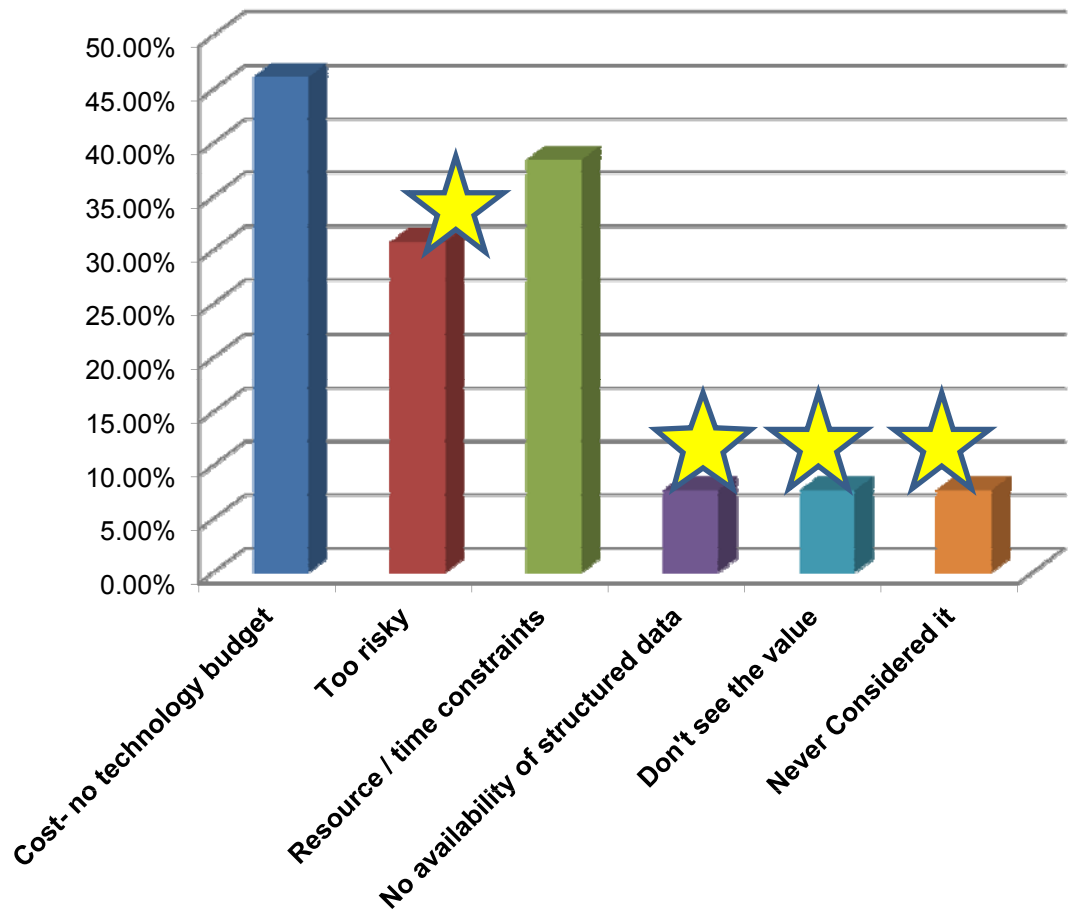
Based on results from "ILTCl conference session survey - rules-based auto adjudication and straight-through processing "



Do you have plans to incorporate any rules based auto-adjudication or straight through processing in the future?



If you DO NOT USE any rules based auto-adjudication or straight-through processing, what are your barriers?



IT'S POSSIBLE.....

Where do we start?



*****BARRIERS*****

**Large block of
variable
business**

**Variable text
within a single
product
(state variations)**

**System
Limitations**



**Build to lowest
risk population**

**Build to lowest
common
denominator**

**Build to
highest volume
of need**

*****OPPORTUNITIES*****

Benefit Eligibility Determination



You are eligible for benefits under this Policy if You are a Chronically Ill Individual.

You are a Chronically Ill Individual if You:

- ✓ are unable to perform without Substantial Assistance from another individual at least two Activities of Daily Living due to the loss of functional capacity for a period expected to last at least 90 days ; or
- ✓ require Substantial Supervision to protect Yourself from threats to health and safety due to the presence of a Cognitive Impairment

Benefit Eligibility Data Points



Assistance Types to Trigger	
Hands on Dependent	YES
Hands on Assist	YES
Stand-by Assist	YES
Stand-by Supervision	NO

ADL TRIGGER	
1	NO
2	YES
3	NO

ADLs	
Bathing	YES
Dressing	YES
Transferring	YES
Toileting	YES
Maintaining Continence	YES
Eating	YES
Ambulation	NO
Medication Management	NO

90 Day Certification	
Required	YES
Not Required	NO

Substantial Assistance + 2 + Defined ADLs + 90 Day Certification

You decide where the risk exists

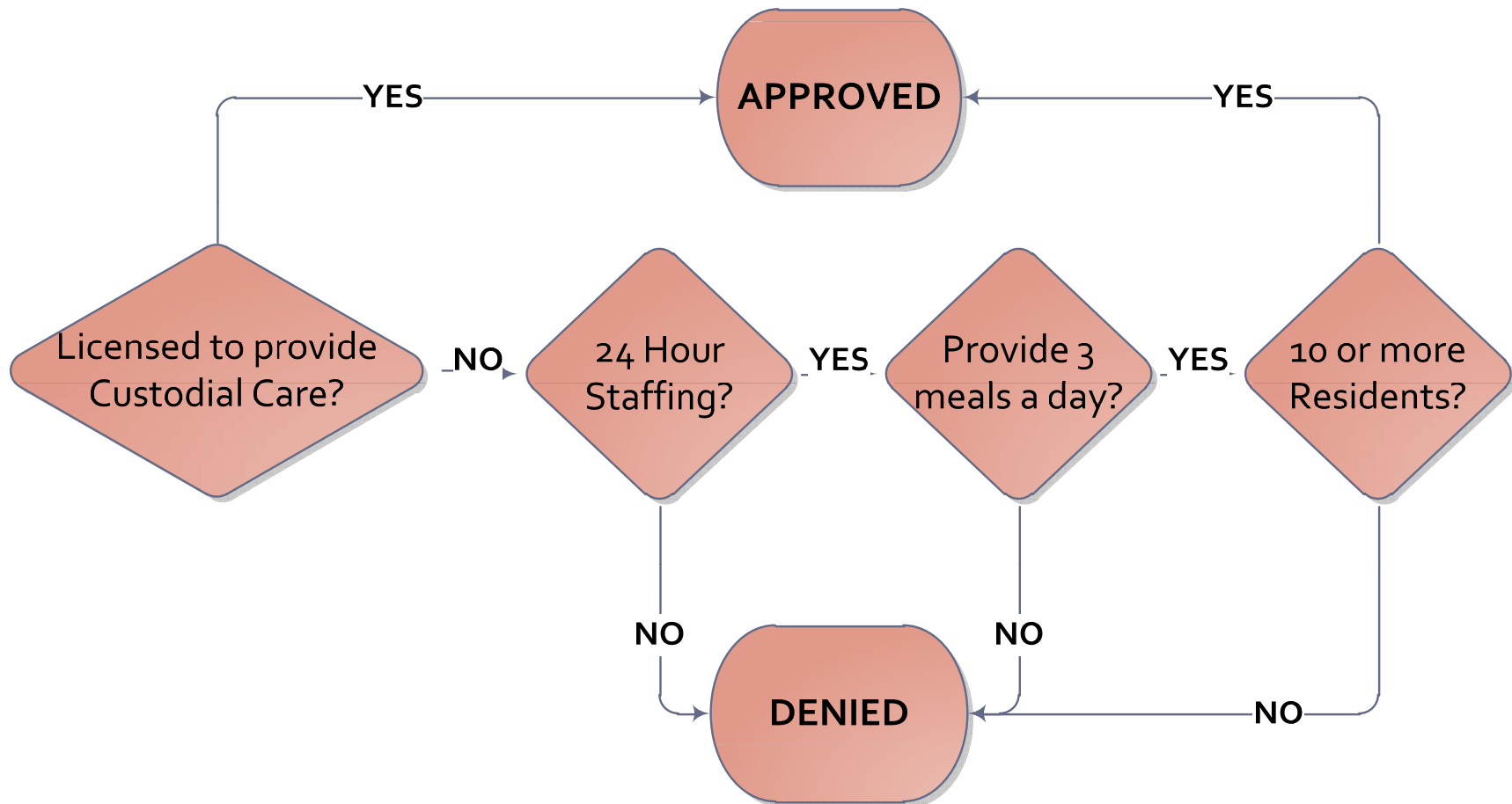
Provider Eligibility Determination



Assisted Living Facility means a facility which:

- is licensed to provide Custodial Care according to the laws of the jurisdiction in which it is located; or
- if licensing is not required, meets all of the following:
 - ✓ has a 24-hour on-site staff to provide Custodial Care;
 - ✓ provides Custodial Care services for a charge, including room and board;
 - ✓ provides 3 meals a day and can accommodate special dietary needs; and
 - ✓ provides Custodial Care services to 10 or more persons.

Provider Eligibility Data Points



Build to your lowest common denominator and decide where you want to apply human intervention

Claims & Underwriting

Why Consider Rules-based Auto-Adjudication?

Eric Bremberg
General Director, LTC Claims Operations
John Hancock US Insurance



16th Annual Intercompany Long Term Care Insurance Conference

Why Do it?



Improve Customer Experience



News Release

Office of Public Affairs
Media Relations
Washington, DC 20420
(202) 461-7600
www.va.gov

FOR IMMEDIATE RELEASE

July 14, 2014

Veterans Benefits Administration Processes One Millionth Claim in FY 2014 *Agency Expects to Process 1.3 Million by Year's End*

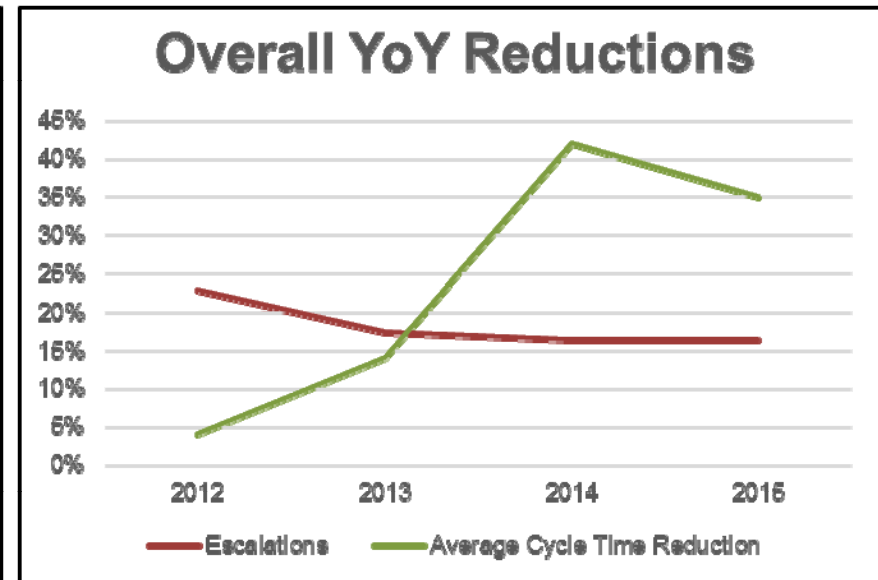
Morning Workload Report. These categories also have increased as more rating claims are completed, but VBA has not lost focus on non-rating work. VBA has taken the following actions to automate and improve the timeliness and accuracy of non-rating claim decisions:

- **Online Dependency Claims** – VBA developed a new Rules-Based Processing System (RBPS) to automate dependency claims. Since inception, self-service features in RBPS have enabled over 75,000 Veterans to add or change the status of their dependents online. Over 50 percent of the dependency claims filed through RBPS are now automatically processed and paid in 1-2 days.
- **Dependency Claims Contract** – VA recently awarded a contract for assistance in entering data from paper-based dependency claims into VA's electronic rules-based processing system. The contractor is entering the information from the paper-based

Improve Customer Experience



- Reduced Cycle Times
- Improved Accuracy
- Call Reduction/Avoidance



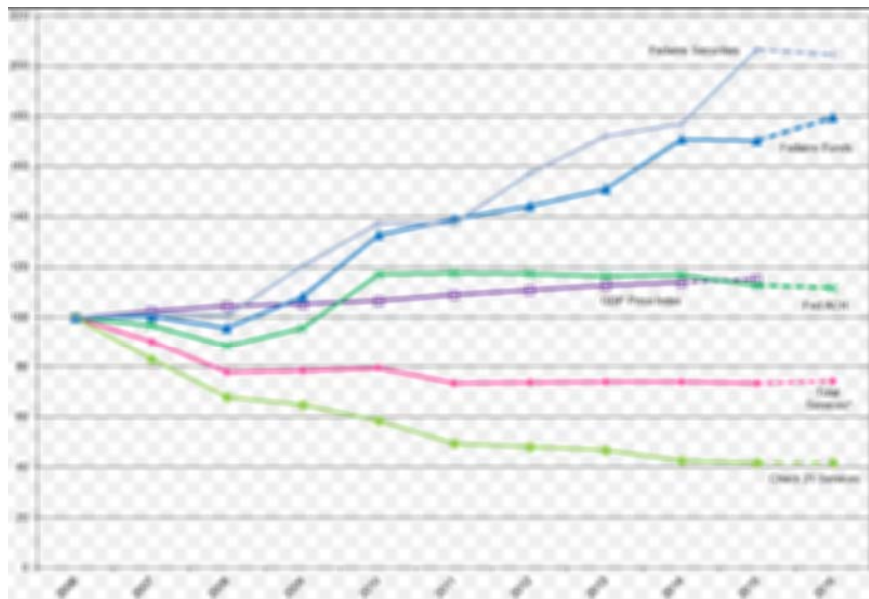
Improve Predictability & Consistency



Improve Predictability & Consistency



- Experience
- Reporting
- Fraud Detection



- **25% Reduction in Payment Recoveries**

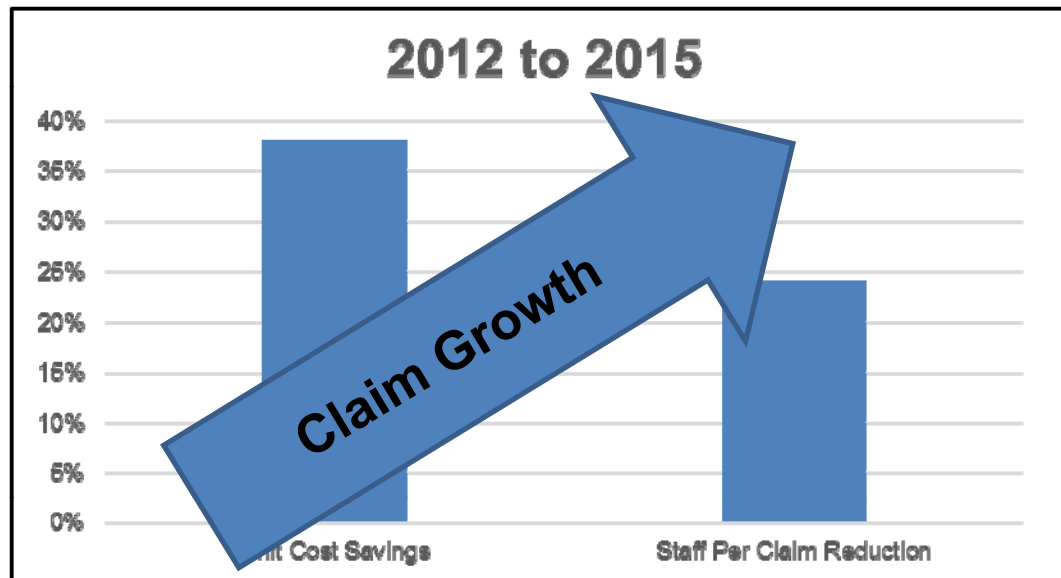
Reduce Expenses



Reduce Expenses



- Staff Levels
- Training Cost
- Unit Cost



Claims & Underwriting

Claim Standardization: Getting to the Data

Michael J. Gilbert
President
AssuriCare LLC



16th Annual Intercompany Long Term Care Insurance Conference

Why Claim Standardization?



Rules-Based Auto-Adjudication

- Contract language or requirements is translated into a set of rules
- Claim specific data is entered (either manually or via data-feed) and compared to the rule-set.
- System renders a decision based on multiple criteria and determines level of human review needed

Straight-Through Processing

- Structured data-set is fed into a system and compared to the rule-set
- Task is processed by the system with minimal or no human interaction
- Auditing is developed by algorithm based criteria

**STRUCTURED
DATA IS NEEDED!**

Why Focus on Claim Payments?



Payment is the biggest pain point because of the:

Volume,



Frequency,



and
Complexity of Data.



Common Issues



100 Hours
BUT ONLY
if it's
not
T

1-8
1-9
1-10
1-11
1-12
1-13
1-14
1-15

1-15-15

Completed Visit Report for [redacted]

Card Provider: [redacted] Visit Location Address: [redacted] Client Signature: [redacted]

Service Code: H2695
Start: 01/23/2015 4:00P
End: 01/23/2015 11:50P
Total Hours: 7.25
Missage: 0

Activities Worked

Required	Complete	Activity	Explanation Note
Yes	✓	A. Bathe Tub / Shower / Sponge / Bed Rest	
Yes	✓	A. Light Housekeeping - Vacuum/Sweep/Mop Floors	
Yes	+	A1. Clean Kitchen	
Yes	+	A2. Clean Bathroom	
Yes	+	A3. Clean Living Room	
Yes	+	A4. Clean Dining Room	
Yes	+	A5. Clean Bedroom	
Yes	✓	All time recorded on ERSP is true & accurate	
Yes	+	R. Empty Trash	
Yes	+	B. Hair Care: Shampoo	
Yes	+	C. Laundry (Sort, Wash, Fold, Put Away, Iron)	
Yes	+	C. Oral Care, Teeth / Denture / Swab	
Yes	+	C1. Change Bed Linens	
Yes	+	Client Experienced a Fall During Visit	
Yes	+	D. Assist with Meal Preparation	
Yes	+	D1. Diet Notes	
Yes	+	E. Companionship / Make TLC Calls	
Yes	+	E. Dress / Undress	
Yes	+	F. Organize Mail / Handle Money	
Yes	✓	F. Toilet, Bedside Commode / Bedpan / Urinal	
Yes	+	G. Assist with Recreational Activities	
Yes	✓	G. Change Protective Drifts	
Yes	+	H. Provide Transportation	
Yes	+	H1. MD Appts / Errands / Shopping	
Yes	+	I. Conduct Errands / Shopping	
Yes	+	I. Encourage Fluids / Intake & Output	
Yes	✓	J. Medication	
Yes	✓	K. Assist with Re-Positioning: Turn Every hrs	
Yes	+	K. Groom (i.e. help with buttons or tie shoes)	

1/27/2015 Page 31

Caregiver Documentation Log Sheet Client Name: [redacted] Policy / Claim #: [redacted]

Client Signature: [redacted] Date: 12/28/14

Service Date: 12/28/14 Time for: 8:00 am - 1:00 pm

Received Daily Visit Notes / Summary

Ed was awake when I arrived, he complained he was wet. Changed diapers, he had small BM. Cleaned up, took wet bedding out, gave ed a sponge bath, ed brushed teeth, combed Ed's hair. Started laundry. Ed ate oatmeal for breakfast, he sat in his room for a bit, assisted with laundry, and did ppi care. Took trash out. Made Ed's bed with fresh bedding. Made a fire load of laundry still in dryer did 4 loads of laundry - ed used Diaper X5, voided only 3 of the 5. Ed was eating lunch when I was getting ready to leave. transferred ed home to bed he really enjoyed sitting in his chair. ed ate loaf of cornbread in bed and had complete 1/4 a sandwich before I left. brought me ward in Good Shift!!

Pat year inside by the Caret

Bath/Shower Assist	Medication Reminder
Dressing Assist	Caregiver Assistance
Transferring Assist	Supervisory Monitoring
Continence Assist	Meal Manage
Toileting Assist	Feeding Assist

Check Activities During Visit

Companionship Meal Plan / Preparation Kitchen / Diaper Vacuum / Sweep Bathrooms Make Bed/ Tidy Bedroom Pet Care Take out trash Laundry & Linen Errands / Shop Other: Urinal, used x 1111

Did client have any falls or injuries this week? Yes No Details: [redacted]

Did the client's care needs change this week? Yes No Details: [redacted]

Has client seen a health care professional this week? Yes No Details: [redacted]

Common issues include:

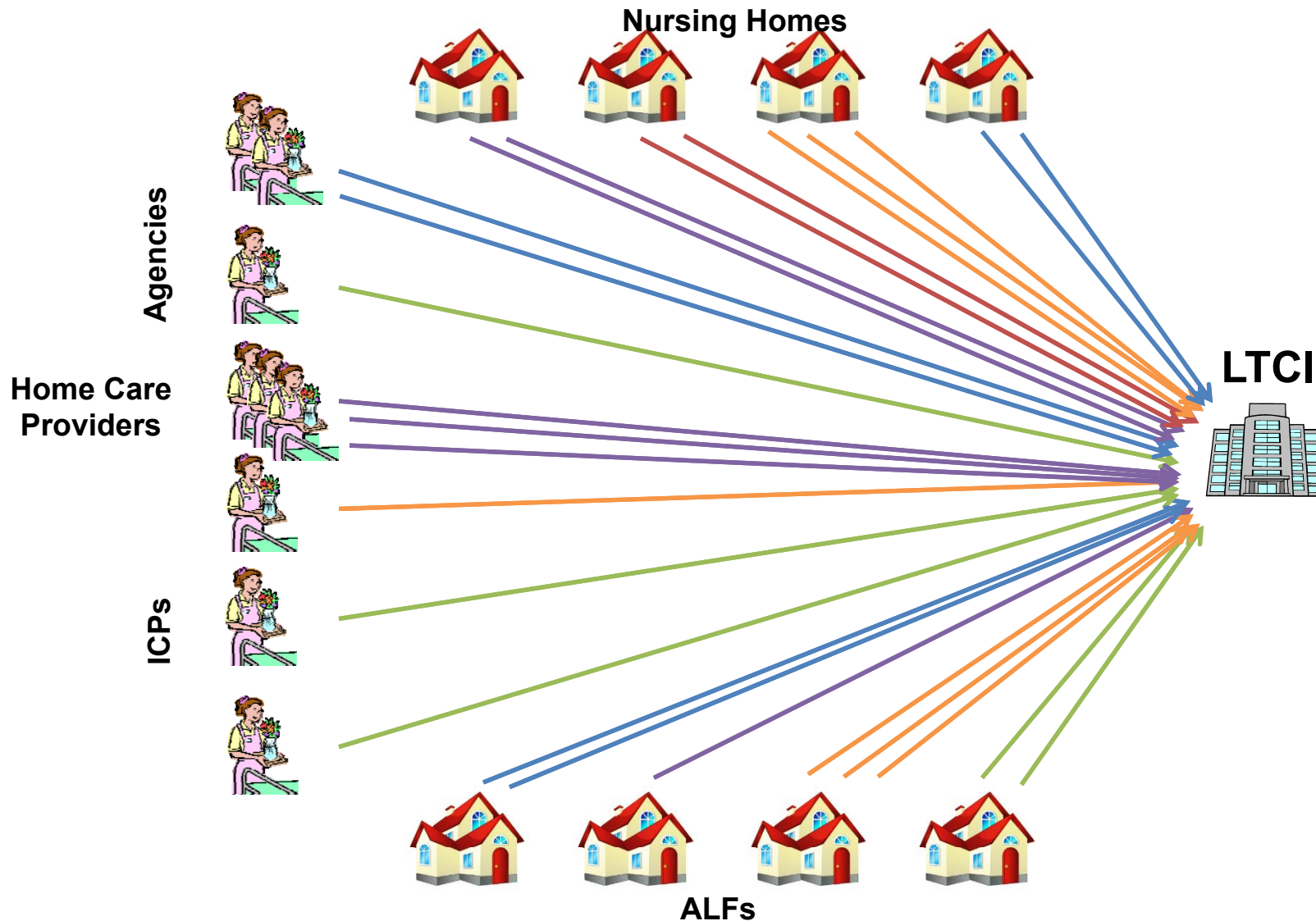
- Receiving images, not data
- Non-Standardized forms
- Missing information needed to adjudicate payment
- Legibility of hand-written notes
- Difficult to adjudicate against covered services
- Weekly receipt of service invoices
- Hidden charges and fees included in service invoices

Completed Tasks By Date

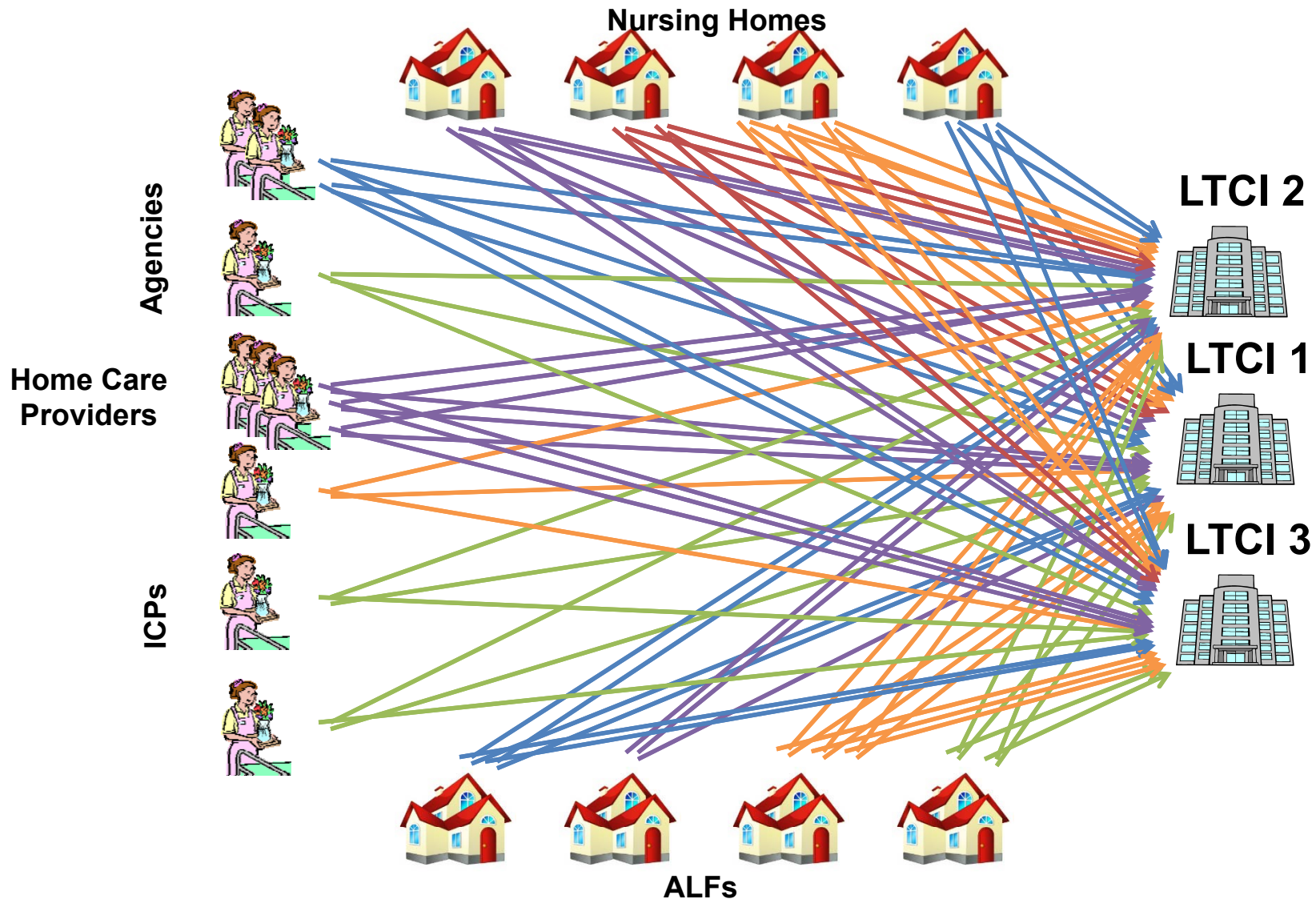
Task	Completed	Updated By	Last Updated	Required
320 - Laundry and or Change bed linen	1	Telephony	11/05/2014 8:40 pm	No
360 - Care of loose dentures	1	Telephony	11/05/2014 8:40 pm	No
401 - Companionship and Conversation	1	Telephony	11/05/2014 8:40 pm	No
406 - Manage mail and home deliveries	1	Telephony	11/05/2014 8:40 pm	No
409 - Answer the door	1	Telephony	11/05/2014 8:40 pm	No
400 - Pet Care	1	Telephony	11/05/2014 8:40 pm	Yes
490 - Recup Care or Relief for Family	1	Telephony	11/05/2014 8:41 pm	No
501 - Errands for basic needs and groceries	1	Telephony	11/05/2014 8:41 pm	No
502 - Pharmacy Assistance	1	Telephony	11/05/2014 8:41 pm	No
505 - Incidental Transportation	1	Telephony	11/05/2014 8:41 pm	No
510 - Transport to and/or from appointments	1	Telephony	11/05/2014 8:41 pm	No
620 - Medication Reminder - HSA	1	Telephony	11/05/2014 8:41 pm	Yes
626 - Toileatory and Visc Care - Nebulizer Treatment	1	Telephony	11/05/2014 8:41 pm	Yes
636 - Tracheotomy and Vent Care - Dressing and Monitoring	1	Telephony	11/05/2014 8:42 pm	Yes
638 - Gaiting/Tube Care - Dressing and Monitoring	1	Telephony	11/05/2014 8:42 pm	Yes
701 - Assessment of Care Needs	1	Telephony	11/05/2014 8:42 pm	No
730 - Reassessment - for identification	1	Telephony	11/05/2014 8:42 pm	No
Additional Housekeeping Notes: Client has Dog or Dogs - Indicate Quantity, Size, and Breed	1	Telephony	11/05/2014 8:42 pm	Yes
Food Lines	1	Telephony	11/05/2014 8:42 pm	Yes
Run errands in caregiver's car	1	Telephony	11/05/2014 8:42 pm	No
11/9/2014 8:30 pm - 8:30 pm (Vernie Beth Anne)				
103 - Personal Hygiene: set up and/or assist	1	Telephony	11/05/2014 8:43 pm	No
104 - Skin Care: Moisturize and Monitor	1	Telephony	11/05/2014 8:43 pm	No
128 - Gaiting/guidance and or assistance	1	Telephony	11/05/2014 8:43 pm	No
130 - Toileting transfer: supervision and/or assist	1	Telephony	11/05/2014 8:44 pm	No
133 - Toileting Hygiene: supervision or assist	1	Telephony	11/05/2014 8:44 pm	No

11/27/2015 Page 16 of 17

Uncontrollable mix of Invoices/Forms/Relationships



Uncontrollable mix of Invoices/Forms/Relationships



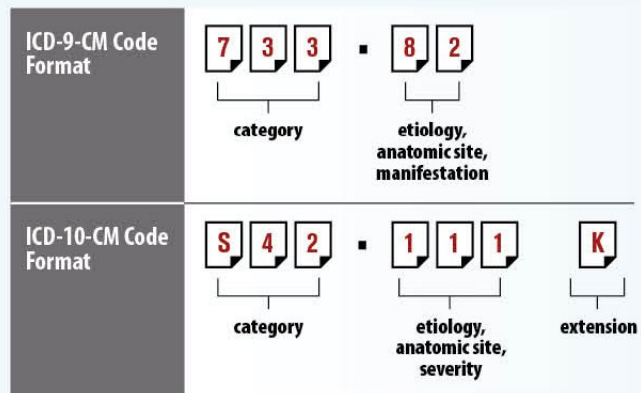
A view to Healthcare: ICD codes



- Standardized billing event-based codes
- EDI communication standards and protocols

ICD-9 versus ICD-10: Code structure changes

ICD-9-CM codes are three to five digits while ICD-10-CM codes can be from three to seven characters, with the seventh character extensions representing visit encounter, subsequent, or sequelae for injuries and external causes, etc.



Source: Renee Stantz, CPC, billing and coding consultant with VEI Consulting Services.

Injectable	Index
<p>Injectable</p> <p>allograft, Q4112-Q4113</p> <p>bulking agent, urinary tract, L8606</p> <p>flowable wound matrix, Q4114</p> <p>Injection -- see also Table of Drugs and contrast material, during MRI, A9576-A9579, G9953</p> <p>dental service, D9610, D9630</p> <p>sacroiliac joint, G0259-G0260</p> <p>supplies for self-administered, A4211</p> <p>Injection adjustment, bariatric band, S2053</p> <p>Inject, dental</p> <p>fixed partial denture retainers metallic, D6545-D6615</p> <p>porcelain/ceramic, D6548-D6609</p> <p>metallic, D2510-D2530</p> <p>porcelain/ceramic, D2610-D2630</p> <p>recentral inlay, D2910</p> <p>intentional replacement, D3470, D7270</p> <p>resin-based composite, D2650-D2920</p> <p>titanium, D6624</p> <p>Innovar, J1810</p> <p>Insert</p> <p>convex, for ostomy, A5093</p> <p>diabetic, for shoe, A5512-A5513</p> <p>implant</p> <p>soft palate, C9727</p> <p>vaginal cylinder for brachytherapy, S2270</p> <p>Inertias</p> <p>tray, A4310-A4316</p> <p>vaginal cylinder, S2270</p> <p>In-situ tissue hybridization, D0479</p> <p>Insulin, J1815, J1817</p> <p>delivery device, A9274, E0784, S5545-S5571</p> <p>home infusion administration, S9353</p> <p>intermediate acting, S5552</p> <p>long acting, S5553</p> <p>HPH, J1815, S5552</p> <p>rapid onset, S5550-S5551</p> <p>Intal, J7631</p> <p>Integra</p> <p>bilayer matrix wound dressing, Q4104</p> <p>dermal regeneration template, Q4105</p> <p>flowable wound matrix, Q4114</p> <p>matrix, Q4108</p> <p>meshed bilayer wound matrix, C9363</p> <p>osteoconductive scaffold putty, C9359</p> <p>osteoconductive scaffold strip, C9302</p> <p>Interferon</p> <p>Alfa, J9212-J9215</p> <p>Alfacon-1, J9212</p> <p>Beta-1a, J1825, G3025-G3026</p> <p>Beta-1b, J1829</p> <p>Gamma, J9216</p> <p>home injection, S9659</p> <p>Intergluta injection, J1327</p> <p>Intermittent</p> <p>limb compression device, E0676</p> <p>peritoneal dialysis system, E1592</p> <p>positive pressure breathing (PPB) machine, E0500</p> <p>Intervention</p> <p>alcohol and/or drug, H0050</p> <p>Intrafallopian transfer</p> <p>complete cycle, gamete, S4013</p> <p>complete cycle, egg, S4014</p> <p>donor egg cycle, S4023</p> <p>incomplete cycle, S4017</p> <p>Intraocular lenses, C1780, Q1003-Q1005, V2630-V2632</p> <p>new technology category 3, Q1003</p>	<p>Index</p> <p>J</p> <p>Jace trbrace, L1832</p> <p>Jacket</p> <p>scholosis, L1300, L1310</p> <p>J-cell battery, replacement for blood glucose monitor, A4234</p> <p>Jejunostomy tube, B4087-B4088</p> <p>Jenaminin, C11776</p> <p>Joint device, C11776</p> <p>transcutaneous electrical stimulation, E0762</p> <p>K</p> <p>Kabikinas, J2995</p> <p>Kalcinate, J0610</p> <p>Kaitostat, alginate dressing, A6196-A6199</p> <p>Kanamycin sulfate, J1840, J1850</p> <p>Kantrax, J1840, J1850</p> <p>Kartop Patient Lift, toilet or bathroom (see also Lift), E0625</p> <p>Ketlin, J1890</p> <p>Keturox, J0667</p> <p>Ketzol, J0690</p> <p>Kenject-40, J3301</p> <p>Kenalog (10-, 40-, J3301)</p> <p>Keratotomy photorefractive, S0810</p> <p>Keratoprosthesis, C1818</p> <p>Keystone-S, J1435</p> <p>Keto-Diastix, box of 100 glucose/ ketone urine test strips, A4250</p> <p>Ketorolac (thromethamine), J1885</p> <p>Key-Flex</p> <p>-25-, S0, J2650</p> <p>K-Flex, J2360</p> <p>Kidney</p> <p>ESRD supply, A4651-A4913</p> <p>system, E1510</p> <p>wearable artificial, E1632</p> <p>Kingley gloves, above hands, L6890</p> <p>Kits</p> <p>central feeding supply (eyetage) (pump) (gravity), B4034-B4036</p> <p>distal cannulation (set), A4730</p> <p>parenteral nutrition, B4220-B4224</p> <p>surgical dressing (tray), A4550</p> <p>tracheostomy, A4625</p> <p>Kleibell, J1840, J1850</p> <p>Knee</p> <p>Adjustabrace 3, L2999</p> <p>disarticulation, prosthesis, L1510-L1510</p> <p>extension flexion device, E1812</p> <p>immobilizer, L1830</p> <p>joint, miniature, L5826</p> <p>Knee-O-Prene Hinged Wraparound Knee Support, L1810</p> <p>locks, L2405-L2425</p> <p>Masterbrace 3, L2999</p> <p>Masterhinge Adjustabrace 3, L2999</p> <p>orthotic (KO), E1810, L1810, L1820, L1830-L1860</p> <p>Knee-O-Prene Hinged Knee Sleeve, L1810</p> <p>Knee-O-Prene Hinged Wraparound Knee Support, L1810</p> <p>Knee Support, L2000-L2038, L2126-L2136</p> <p>KnitRite</p> <p>prosthetic</p> <p>sheath, L8400-L8415</p> <p>sock, L8420-L8435</p> <p>stump sock, L8470-L8485</p> <p>Kodol clavicle splint, L3690</p> <p>Kogenate, J7192</p> <p>Konaktion, J3430</p> <p>Konyac-HT, J7194</p> <p>KRAS mutation analysis, S3713</p> <p>Konyac-HT, J7194</p> <p>K-Y Lubricating Jelly, A4332, A4402</p> <p>Rhyphol pad, L1020, L1025</p> <p>Kyrlin, J1626</p> <p>L</p> <p>Laboratory tests</p> <p>chemistry, P2028-P2038</p> <p>microbiology, P7001</p> <p>miscellaneous, P9010-P9615, Q0111-Q0115</p> <p>toxicology, P3000-P3001, Q0091</p> <p>Labor care (not resulting in delivery), S4005</p> <p>Lacrimal duct implant</p> <p>permanent, A4253</p> <p>temporary, A4252</p> <p>Lactated Ringer's Infusion, J7120</p> <p>LAE 20, J0970, J1380, J1390</p> <p>Lactril, J3570</p> <p>Lactin, A4258, A4259</p> <p>Lansin, J1160</p> <p>Laparoscopy, surgical</p> <p>esophagomyotomy, S2079</p> <p>repair</p> <p>Laroldase, J1931</p> <p>Laryngectomy</p> <p>tube, A7520-A7522</p> <p>Larynx, artificial, L8500</p> <p>Laser</p> <p>application, S8948</p> <p>assisted uvulopalatoplasty (LAUP), S2080</p> <p>in situ keratomeleus, S0900</p> <p>myringotomy, S2225</p> <p>Laser skin piercing device, for blood collecting, S2225</p> <p>replacement lens, A4257</p> <p>Lasix, J1940</p> <p>LAUF, S2080</p> <p>Lead</p> <p>adaptor</p> <p>neurostimulator, C1883</p> <p>padding, C1883</p> <p>cardioverter, defibrillator, C1777, C1895, C1896</p> <p>environmental, home evaluation, T1029</p> <p>neurostimulator, C1778</p> <p>neurostimulator/test kit, C1897</p> <p>pacemaker, C1779, C1898, C1899</p> <p>Lederle, S9610</p> <p>LeFort</p> <p>I osteotomy, D7946-D7947</p> <p>II osteotomy, D7948-D7949</p> <p>III osteotomy, D7948-D7949</p> <p>Leg</p> <p>bag, A4358, A5112</p> <p>excursions for walker, E0188</p> <p>Nextep Contour Lower Leg Walker, L2999</p> <p>Nextep Low Silhouette Lower Leg Walker, L2999</p> <p>rest, dressing, K0185</p> <p>rest, wheelchair, E0990</p> <p>strap, A5113, A5114, K0038, K0039</p> <p>Leg Prolife orthotic, A4565, L4700-L1755</p> <p>Lens</p> <p>antibacterial, V2118, V2318</p> <p>contact, V2500-V2599</p> <p>deluxe feature, V2702</p> <p>eye, S0504-S0508, S0580-S0590, V2100-V2105, V2700-V2799</p> <p>intraocular, C1780, V2630-V2632</p> <p>low vision, V2600-V2615</p> <p>mirror coating, V2781</p> <p>occupational multifocal, V2786</p> <p>polarization, V2762</p> <p>polycarbonate, V2784</p> <p>progressive, V2781</p> <p>skin piercing device, replacement, A4257</p> <p>tint, V2744</p> <p>addition, V2745</p> <p>Lente Insulin, J1815, S5550</p> <p>Lenticular lens</p> <p>bifocal, V2221</p> <p>single vision, V2121</p> <p>trifocal, V2221</p> <p>Leptudin, J1945</p>

10 -- Index

2010 HCPCS

Another example: Banking industry



- Scanning checks
- Government-standardized check format
 - Data types
 - Data formats
 - Locations on form
- Enables scanning, optical character recognition (OCR) and structured data retrieval

The diagram illustrates a check form with various data fields and a MICR line at the bottom. The fields are as follows:

- NAME**: Located at the top left.
- ADDRESS**: Located below the name, with sub-fields for CITY, STATE, and ZIP.
- 0123**: A small number located at the top right.
- 01-2345/6789**: A small number located below the address.
- DATE**: A line for entering the date, located to the right of the address.
- PAY TO THE ORDER OF**: A line for the payee's name, located below the date.
- \$**: A dollar sign followed by a box for the amount, located to the right of the payee line.
- DOLLARS**: A label located to the right of the amount box.
- BANK NAME**: Located below the payee line.
- ADDRESS**: Located below the bank name, with sub-fields for CITY, STATE, and ZIP.
- FOR**: A line for the purpose of the check, located below the bank address.
- MICR Line**: A line of numbers at the bottom of the check, used for automated processing. The numbers are: `⑆0 2345678⑆ 0 234567890 23⑆ 0 23`.

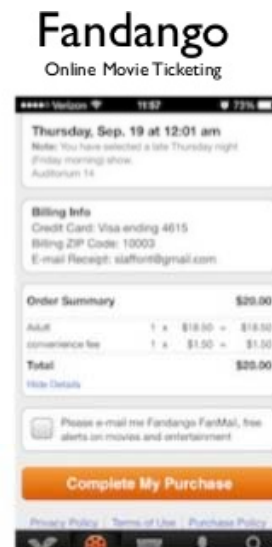
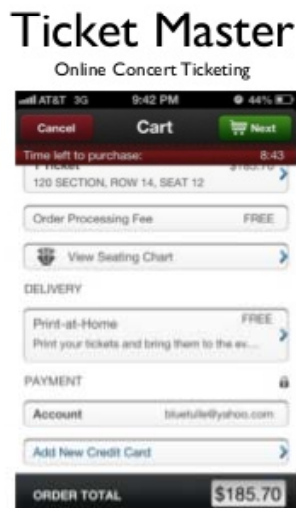
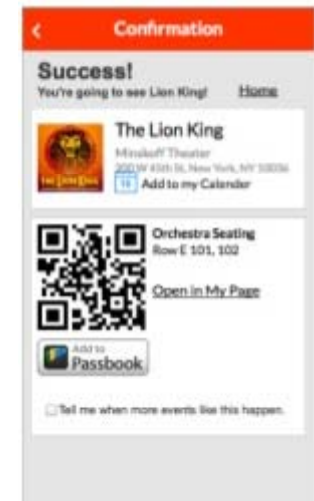
Labels below the MICR line identify the segments:

- Bank Routing Number**: Points to the first segment (0 2345678).
- Bank Account Number**: Points to the second segment (0 234567890).
- Check Number**: Points to the third segment (0 23).

Another example: On-Line Ticketing



- 3rd-party “de-facto data standardization”
- Consumers use a “clearinghouse” to buy different types of tickets from different types of venues
- Consumer/user sees a consistent interface and experience regardless of the venue
- Venue receives payment and customer information regardless of where the customer made the transaction
- All data received by venue as a single data stream



Data Standardization in LTCI



Past efforts to standardize – why haven't they worked?

- Carriers didn't agree on BE criteria
- Carriers didn't agree on covered services
- Carriers had different administrative procedures

Would top-down standardization work in LTCI? Difficult.

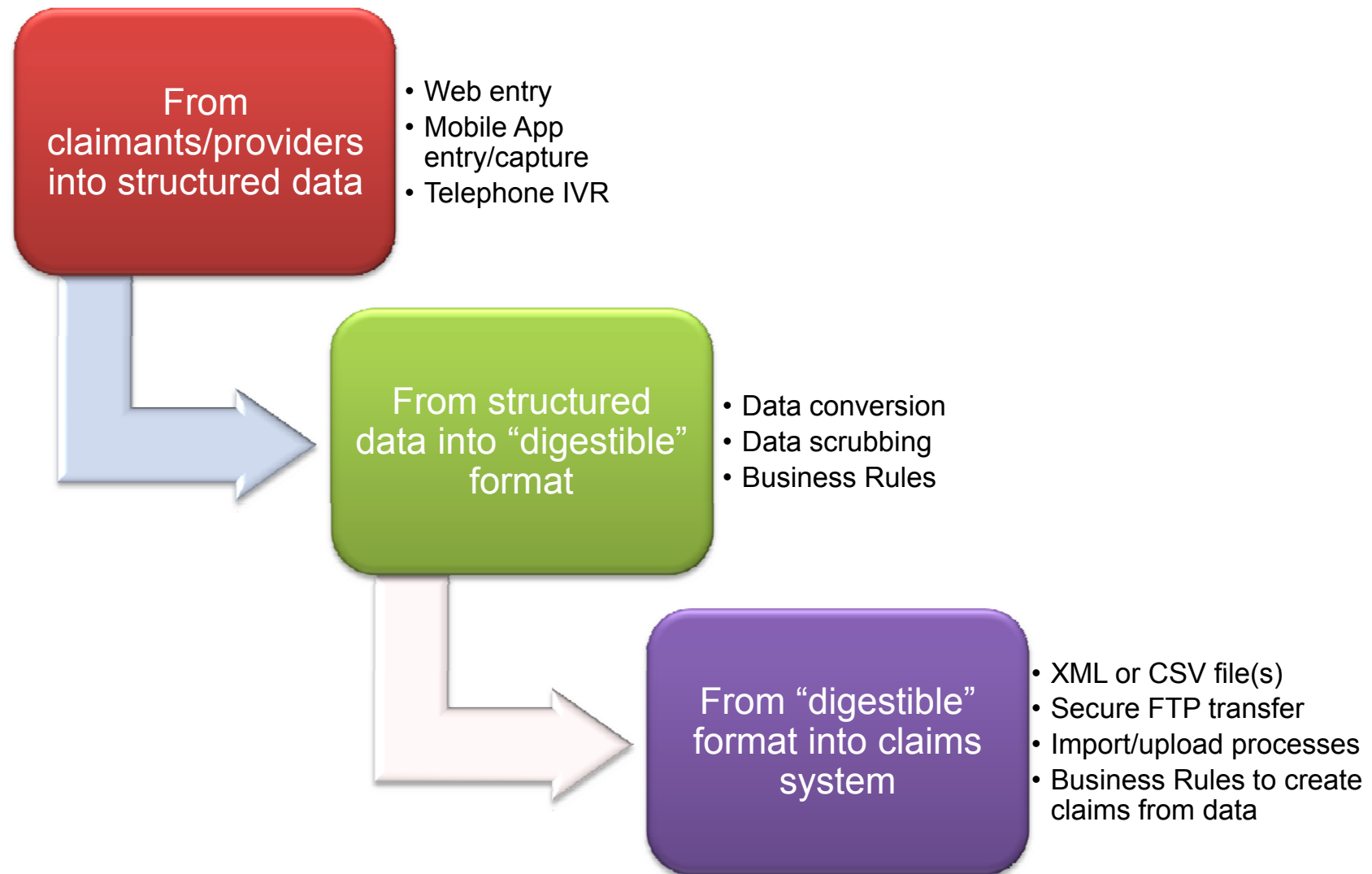
- No standardized policy language
- TQ and NTQ and medical necessity policies
- Covered services and covered providers change based on carrier and policy type
- Carriers would have to agree on codes and usage
- Enormous non-partisan investment would be needed

So what would work? Or what is working?

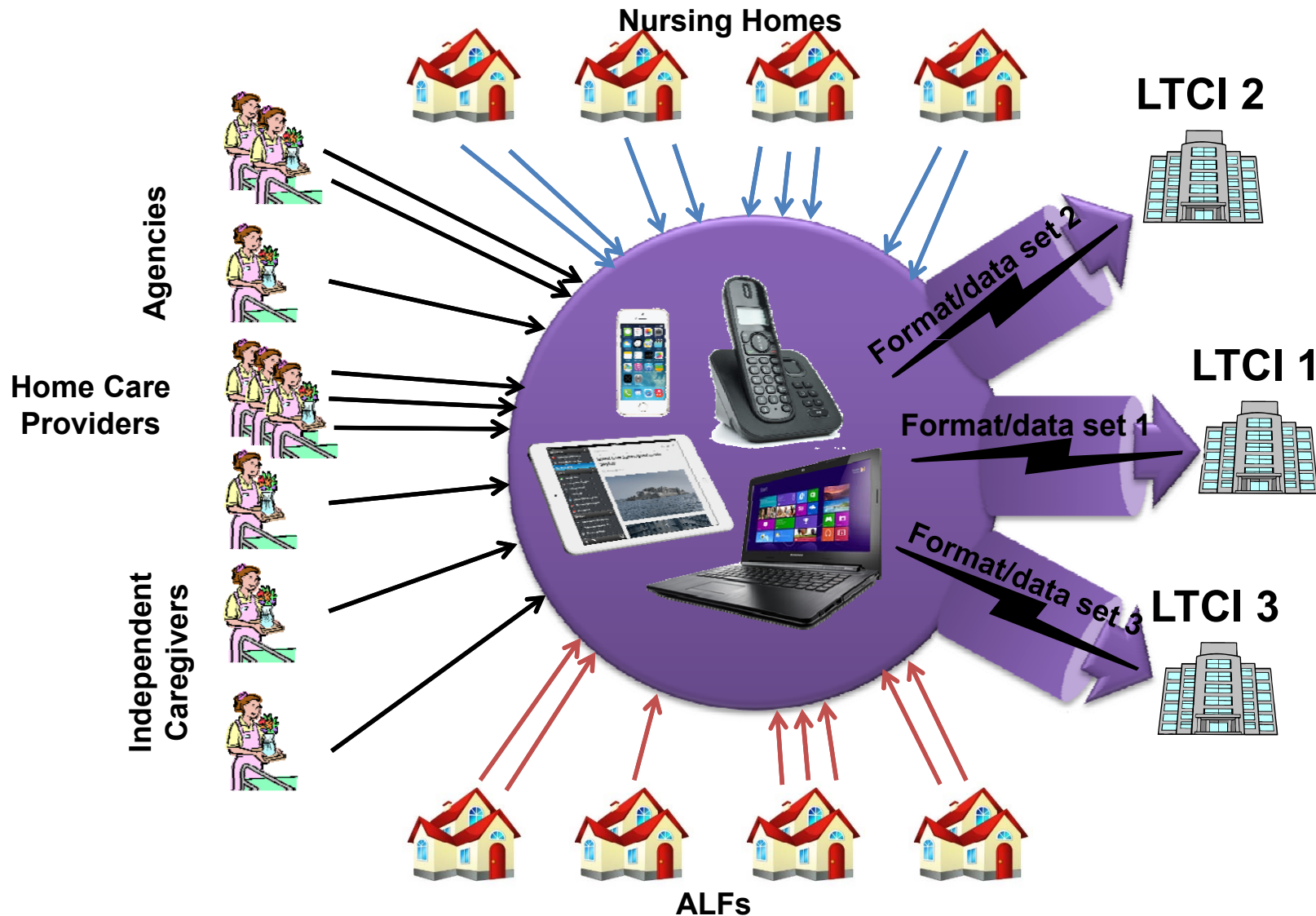


- Currently using structured data
 - Acquired directly from providers/claimants using technology
- De-facto Standardization
 - Clearinghouse model
 - Common structured data in: “super set”
 - Service/invoice information customized by provider type
 - Simple customized data set out to LTCI carrier
 - Business rules-based claim creation from data file

How are we getting the data in?



End Result: Standardized, Structured Data



Claims & Underwriting

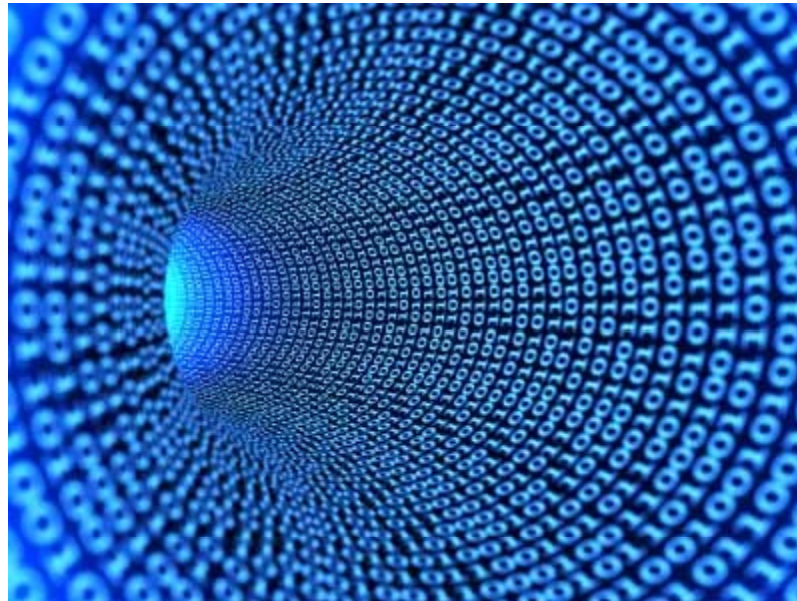
Application and Outcome of Straight-through Payment Processing

Jim DuEst
Chief Information Officer
TriPlus Services, Inc



16th Annual Intercompany Long Term Care Insurance Conference

How to make this work?



Data is the key!

Objectives



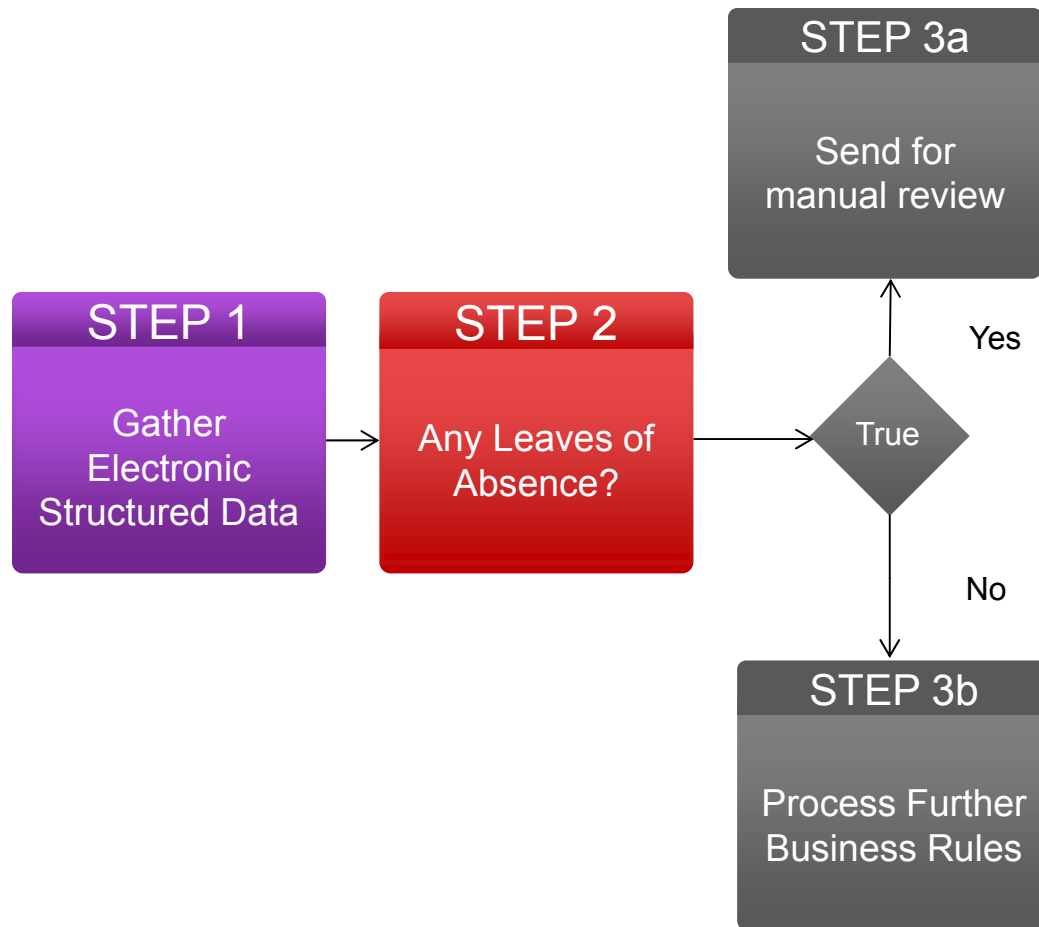
- Mission: Find ways to scale our claim payment operation, leveraging our existing system of extensive, automated claim payment validation to allow us to pay an increasing number of claimants efficiently.
- Goals:
 - Decrease Cycle Time without sacrificing payment accuracy or increasing payment leakage
 - Improve Customer Service
 - Decrease Costs

How to get started?

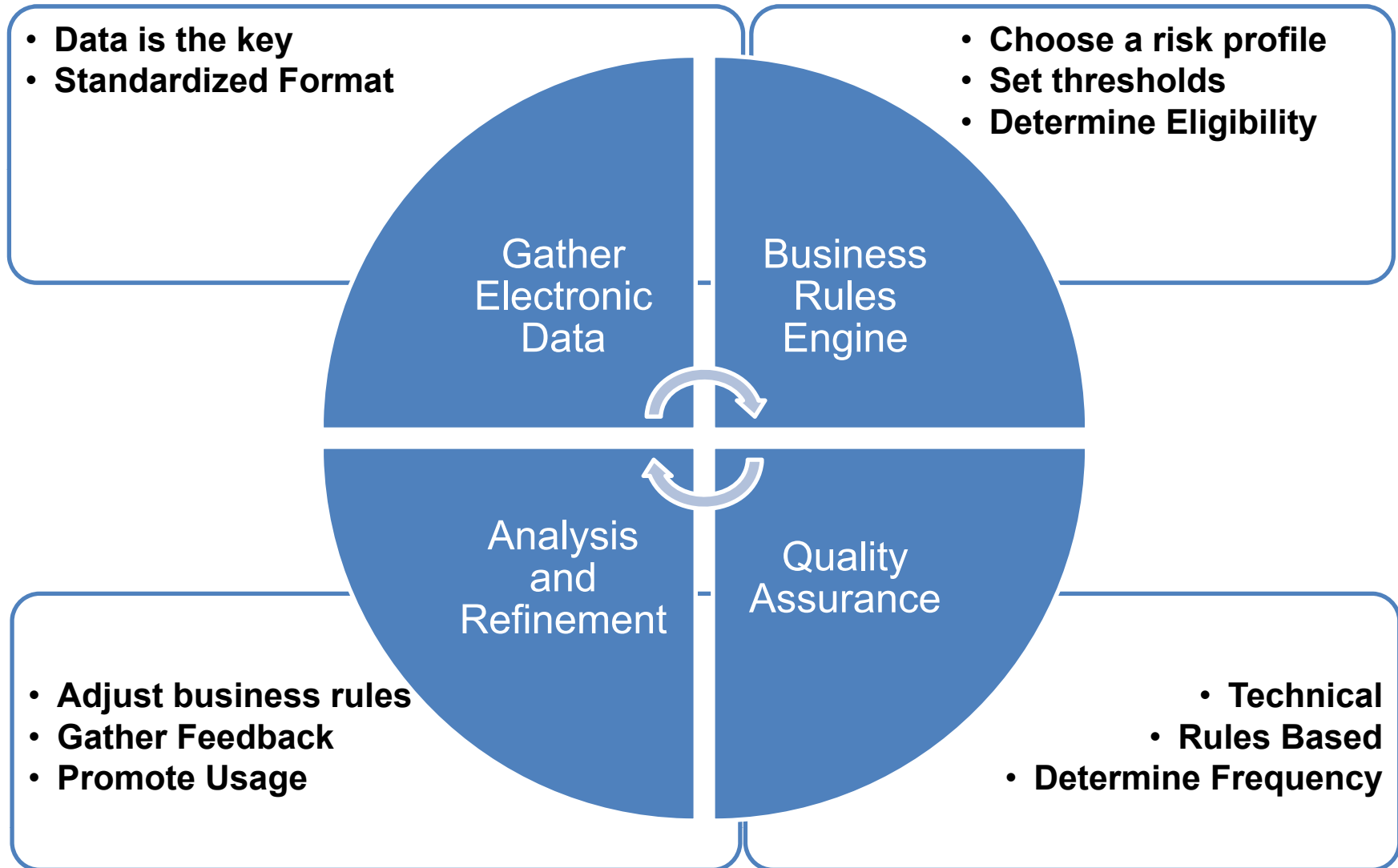


- Define: Target a specific set of low risk claims
- Plan and Implement: Create a pilot program for targeted claims
- Monitor: Run quality assurance checks on payments
- Analyze: Gather results from the data to improve business rules

Business Rule Example



How is it working today?





- Electronic data transmission grew by 10% in the first six months
- Accuracy rate of 99.0%
- Expansion of the program allowed for more growth
- Communication is key

Claims & Underwriting

THANK YOU!

Any Questions?



16th Annual Intercompany Long Term Care Insurance Conference