

Claims & Underwriting

Claims Quality Review Who, What, When, Why...and How Much?



17th Annual Intercompany Long Term Care Insurance Conference



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Objectives



Explain:

The Importance of a Claims Quality Review Program

Provide:

Ideas on Who and What should be Reviewed

Review:

The Various Ways a Quality Program Can Be Set Up

Discuss:

The Necessary Depth of a Quality Review Program

The Importance of a Quality Review Program



A key tool in a highly functioning Claim Operation is a systematic, purposeful and effective Quality Review Program. Quality Review has many benefits within a Claim Operation that enhance not only the quality of associates' output but overall operational rhythm.



Who to Consider for Quality Review



- Customer Service
- Claim assistants
- Decision makers
 - Clinical
 - Non-clinical
- Payment processors
- Quality Reviewer

What do you review?



- Eligibility decisions
- Plan of care decisions
- Payment accuracy
- Complex decisions
 - Alternative plan of care
 - Date of loss > one year
 - Family member providers

Eligibility Review: What do you want to know?



Customer Service (CSR)

- Are SOPs being followed?
- Is CSR appropriately communicating policy language and customer expectations
- How is external Interaction being handled?
- Did the CSR listen with empathy and check for understanding?
- What issues are trending?

Claim Assistants (CA)

- Are SOPs being followed?
- Are the correct materials being requested?
- Is the CA clarifying what services claimant is claiming for?
- Is there a cognitive condition present?
- Are all actions in compliance with regulatory requirements?

Decision Makers (DM)

- Are SOPs being followed?
- Are the correct decisions being made: Benefit/Provider Eligibility, Plan of Care, Home Mod, etc.?
- Are all actions in compliance with regulatory requirements?
- Did the DM listen with empathy and check for understanding?
- What issues are trending?

Payment Review: What do you want to know?



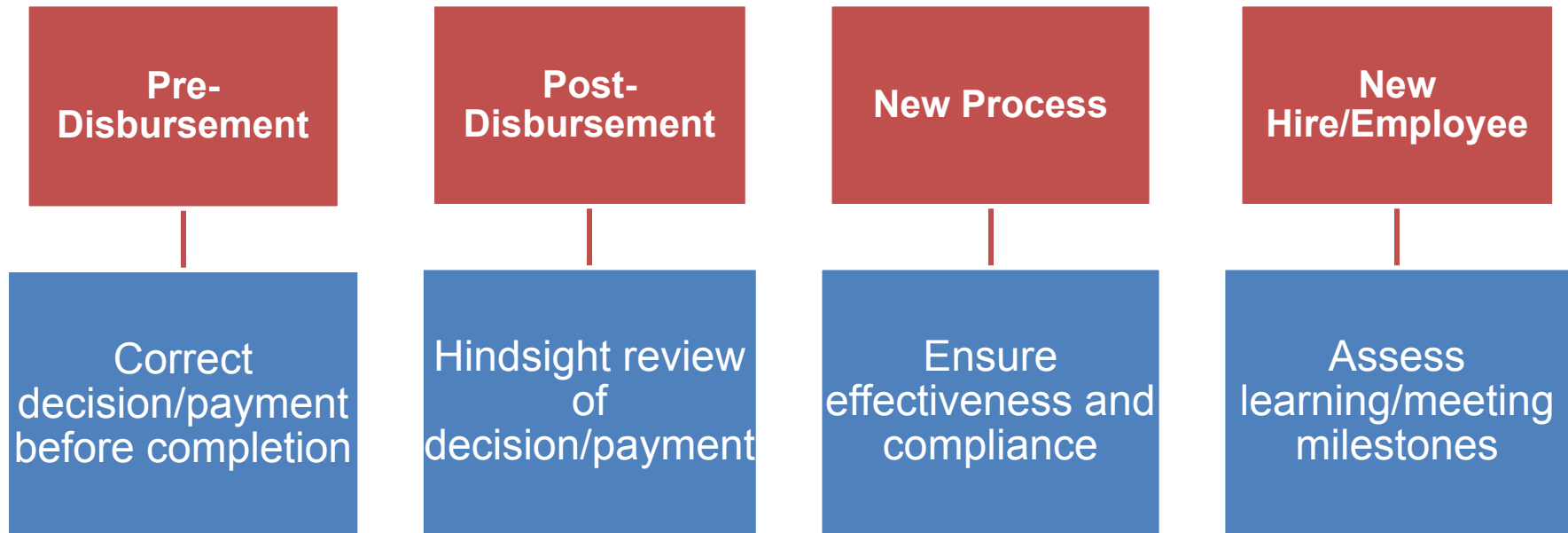
Payment Processors (PPs)

- Are SOPs being appropriately followed?
- Are benefits being appropriately calculated?
- Are all actions in compliance with regulatory requirements?
- Was claim completed within Prompt Pay guidelines?
- Was claim completed within stated Turn Around Time?

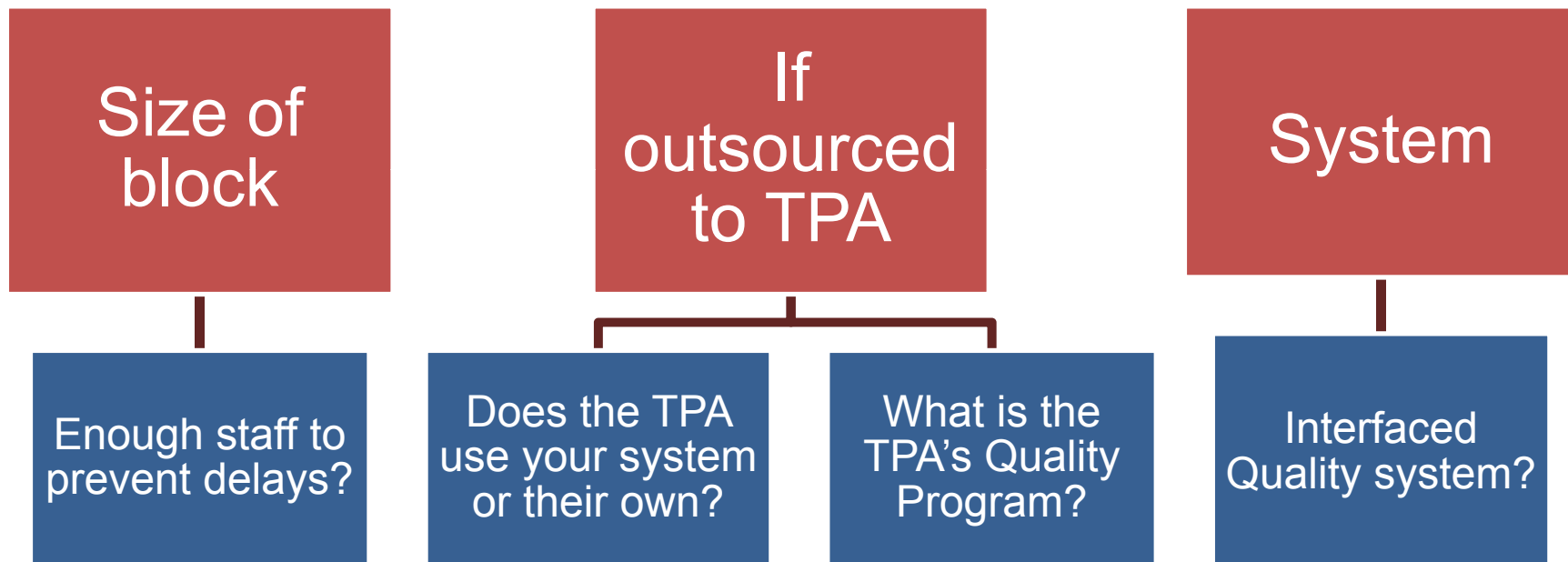
Data, Processes and Functions

- Are the SOP's and processes working?
- Have automated functions helped eliminate errors, facilitate improved TATs, etc?
- What issues are trending?
- Has the organization found its Operational Rhythm?

When should Quality Review occur?



Pre or Post Disbursement: Things to Consider



How do you score the review?



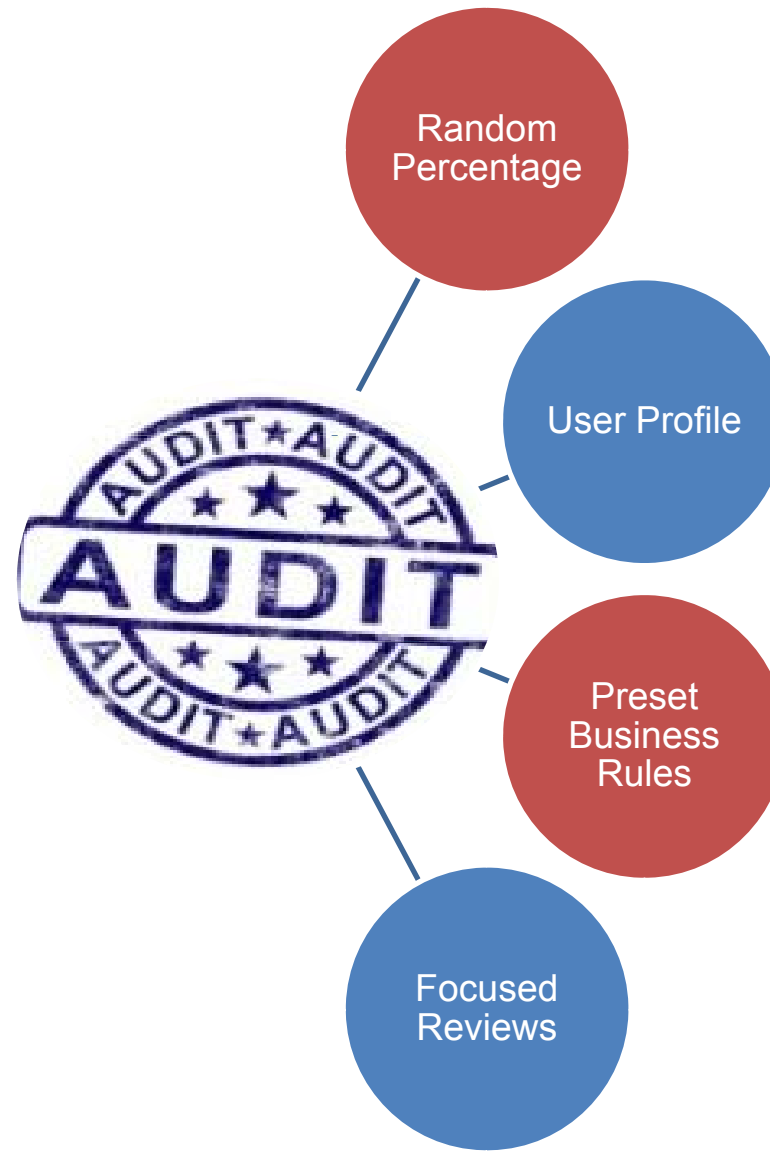
- Start with 100 points and deduct for any incorrect actions
- Start with 0 points and add points for all correct actions
- Technical Score
- Financial Score
 - Based on amount paid vs correct amount
- Weighted questions
 - Questions weighted on impact of correct/incorrect decision being made
 - Knock out/Kill questions
- Pass/Fail
 - Simple decisions/processes

How much do you review?



- Statistically valid sampling
 - % of all Decisions and Transactions **(open/closed authorizations)**
 - Dollar limits on Transactions **(What is your threshold?)**
- Confidence Level
 - When is it enough?
 - When is it too much?

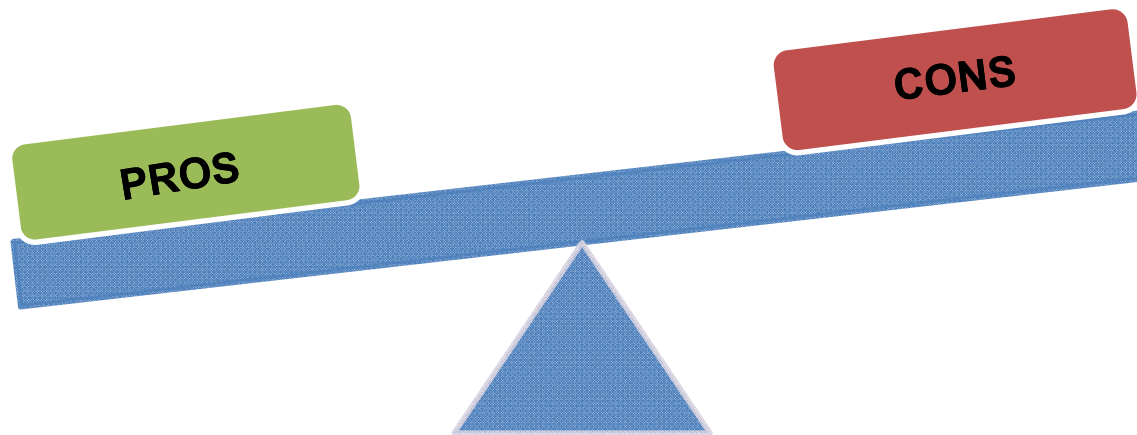
How do you trigger the reviews?



Who should do the Quality Review?



- Dedicated Quality Review Team
- Peer Review Program
- Management controlled review



Why Review the Reviewer and How Much?



Training



Consistency



Performance Evaluation



How Much...?

What if Quality Review is wrong?



Provide an Avenue for Reviewee to Request a 2nd Review

- Define the Guidelines for a 2nd Review
 - Must be Based on Facts
 - Must be Supported by Documented Processes or Calculations
 - Prevent “Conflict”
 - Consider a Different Reviewer



Define the goals

- Accuracy
- Efficiency
- Streamlining
- Reporting
- Trending
- Supporting
- Feedback
- Performance



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