

Healthcare Claims Processing

Exela provides a better way to manage health insurance claims

Overview

As one of the leading claims processing providers, Exela enhances claims processing by unifying data from all incoming communication channels, performing pre-submission checks to create clean claims, and intelligently routing correspondence for optimal processing using automated decisioning.

Comprehensive business intelligence reports with customized output files provide full visibility over the claims management process, and automation technologies accelerate workflow and limit the need for manual intervention.

Key Features

Universal Gateway

Capture claims, correspondence and attachments at the point of submission, from any channel (paper, email, fax, mobile apps, digital portals, and EDI), with translation to location-based language. Ensure the most accurate and efficient compliance, analyses and payment processing services, using intelligent intake, extraction, and data enhancement tools.

Appeals & Denials Management

Our system applies business rules to produce clean claims prior to submission through pre-adjudication. This increases auto-adjudication rates, thus reducing denials and resubmissions and associated downstream print, mail, and call volumes, ultimately increasing member and provider satisfaction.

Intelligent Decisioning

Relevancy tools automatically route documents and claims for appropriate reconciliation. A comprehensive review process reduces manual processing.

Automated Processing

Strategic use of robotic process automation and artificial intelligence increase transactions rates and accuracy, reducing rework and overall processing time through payment.

Benefits

- › Omni-channel claims ingestion
- › Accelerate claims workflow
- › Automated high-volume data capture and routing
- › Efficient processing through clean claims enablement
- › Reduced resubmission and follow-up rates
- › Reduced manual processing