



INTELLIGENT AUTOMATION IN HEALTHCARE: ADDRESSING COVID-19 SCENARIOS



Introduction

Healthcare Providers and Payers around the globe have embarked upon various digital transformation initiatives over the last few years. Technologies such as cloud, analytics, AI/ML, automation, etc are being leveraged to enhance various functions such as patient-related data management, providing patient services, carrying out billing & regulatory management, etc. That said, the success of these digital transformation initiatives has been impeded by challenges such as interoperability, data privacy, hardcoded legacy technologies present in health plans, hospitals, labs, PBMs, Pharma etc. Among the technology investments made in the recent years, automation has seen relatively higher traction among payers and providers. The healthcare industry is been at the forefront of RPA adoption and RPA initiatives have been implemented across various processes leading to benefits of reduced cost, increased productivity, higher accuracy, enhanced revenue management and improved patient and employee experience.

However, the onset of COVID-19 has led to the rise of unprecedented challenges for the payers. The healthcare payers are faced with a unique set of challenges as compared to the providers. Although there has been a sudden rise in the claims related to COVID-19, largely this has had a minimum impact on the financial performance on payers. This is due to the fact that there has been a decrease in the non-essential and elective procedures across hospitals and this has offset the rise in claims of COVID-19 patients besides Govt support for free or subsidized COVID – 19 testing. But the crisis could have a delayed impact on the payers as all the pending elective care procedures may be executed later as the pressure on hospital starts to ease out. Also, the increase in unemployment across the globe could lead to a reduction into the group benefits business which is driven by employers providing insurance facilities to their workers.

The payers have also initiated the process of updating their contracts and incorporating COVID-19 related risks in future policies and pricing the premiums accordingly. The current situation is also leading to an increase in the number of people signing up for health plans or expanding their coverage, leading to a steady increase in work streams for different functions of a payer. Ensuring that these functions work seamlessly while working remotely is a challenge for payers. Enabling claims agents, insurance sales personnel, customer support representatives and other workforce with effective tools and technologies to work remotely are top priorities for payers.

While the payers are taking initiatives to address the implications of COVID-19, they are also drawing up plans to comply with changing regulations around interoperability. The new CMS data interoperability rule focuses on driving seamless data exchange between providers and payers as well as providing patients access to their health information, which is expected to reduce administrative costs for the payers and providers as well as improve coordinated care for patients. Payers will be responsible for implementing and maintaining applications as per Health Level 7 (HL7) Fast Healthcare Interoperability Resources (FHIR) standards. As part of the new regulations, payers will be responsible for maintaining and updating provider directory as well as tasked with exchanging clinical data at patient's request to another payer as they move to other coverage plans.

Going forward, digital transformation across the healthcare ecosystem will get a much-needed push and automation will be at the centre of it playing a critical role in the new normal of healthcare. Automation will not only lead to making the processes more efficient and cost-effective but also help in dealing with the vagaries of demand fluctuations and contract restructuring as required in this paper we are analysing critical use cases for payers where automation can help overcome roadblocks set out as a result of the pandemic directly and indirectly.

Automation – The Silver Bullet for Payers

Although automation has been an integral part of the digital transformation initiatives of payers, RPA now has a scope to enable newer use cases such as remote sales and remote working as well as enhancing the high volume use cases such as claims processing, member enrolments and customer care.

Accelerating Claims Processing

- Speeding up the prior authorization approval process and sending notification for both in-patient and out-patient cases for COVID-19 related claims
- Automating letter generation and responses to acknowledge First Notice of Loss (FNOL) information to reduce processing backlogs
- Gathering and assembling claims settlements related information documents like Explanations of Benefits (EOB) statements, Coordination of Benefits (COB) statements and plan benefits grid in a claims agent's folder
- Automating the data extraction from both physical and digital claims request forms and placing it in work queue for an agent to process the requests
- Utilizing bots for identifying potential fraudulent claims and placing them in a special queue for further evaluation

Enhancing Customer Care

- Using chatbots to gather an initial set of information from customers regarding their queries on coverage plans, claims, etc before connecting with customer care agent for further clarifications on COVID-19 applicability and thereby providing agents with the quick background in advance
- Aiding customer service agents in extracting required data from the applications to address queries on customer's claims eligibility and claims status

Accelerating New Member Enrolment

- Capturing data from new health insurance application forms during special open enrolment periods catering to COVID-19 and flagging incomplete or missing information from the applications
- Validation of gathered customer-related information to check if the data meets the regulatory requirement

Enabling Remote Workforce

- Accelerating new equipment registrations and linking with employee IDs as well as user set-ups for VPN for the remote workforce
- Automating incidence response management processes, day-to-day IT tasks as well as auto-remediation process
- Assisting healthcare payers in checking eligibility, approving & denying leave requests, including the return to work notices for their employees requesting for mandated leaves as per state/ federal declarations during COVID-19 situation

Enhancing Interoperability

- Automating patient data extraction from disparate EMR/ EHR systems, to the new payer applications
- Automating transfer of data to cloud platforms to be accessed through patients and providers facing apps
- Automating the exchange of patient's clinical data between the payers, when a patient is moving from one payer to another



Approach to Automation – The Devil is in the Detail

Owing to the multitudes of benefits offered by automation, it can be overwhelming to prioritise the business functions to be selected for automation. It is critical to assess the business functions objectively to gain a clear understanding of the current processes and dependent variables to make the right decisions. Some of the areas that have proven to provide the most benefits for healthcare payers are:

- **Claims Adjudication**
- **Customer Support**
- **Regulatory Reporting**
- **Claims Data Management**
- **Interoperability**

After selecting the business functions best suited for automation, it is imperative that payers prioritise and implement use cases within these functions that will offer the most benefits in the short-term.

- **Cost Reduction:** Estimated cost benefits that can be realised per process, thus improving the bottom line
- **Productivity:** Optimization of time and effort on mundane tasks for claims representatives, underwriters, and actuaries to increase focus on core business issues
- **Time to Value:** Time required to recover the additional investments made on automation, enabling faster scaling up of organization-wide automation
- **Risk Reduction:** Mitigation of risks across various payers' functions
- **Patient & Employee Experience:** Enhanced experience for employees as well as customers through reduction of repetitive tasks for insurance agents or customer service representatives and reduced response times for patients



How ITC Infotech Could Help?

At ITC Infotech, we look at the challenges faced by businesses today and bring in solutions based on line-of-sight consulting that cater to the need of the hour and are future ready. Our engagement models have been designed to be extremely nimble, bearing in mind the various requirements that different clients may have. Drawing from our extensive study on the impact of COVID-19 on the healthcare industry, we have evolved a Special Task Force consisting of individuals who are focussed on identifying the critical pain-points for businesses and providing cost optimal, high yielding solutions.

- Industry focussed process catalogues aligned to 'best-in-breed' process frameworks catering to both IT and business needs
- A library of 'Ready Bots' built on the premise of the 'tune and deploy' model to achieve faster time to value
- Industry oriented automation playbooks which elaborate the industry value chains and clearly categorize automation opportunities that are quick to realize returns as well as those that could be incubated to yield value in the long run
- Proven expertise in process mining based on 'task-axis' (Process Driven Discovery) and 'people-axis' (Persona Driven Discovery)
- Centre of Excellence led governance to gain greater coverage and make automation an enterprise-wide phenomenon



Author Profile



Manish Jaiswal

Manish Jaiswal is currently VP & Head of HealthCare & Life Sciences at ITC Infotech. He is an MBA with 24+ years of global experience in Digital HealthCare. He has successfully built, sold, farmed, managed and delivered Digital Consulting, Digital Technology & Digital Operations solutions to Insurance, HealthCare, Life Sciences, ISVs & Outsourcing firms. Prior to joining ITC Infotech, he was responsible for building the Healthcare Practice ground-up for Cognizant North East & The New England Markets (PHS). He has successfully led Clinical, Commercial & Compliance Projects to Commercial Plans, Government Plans (Medicare, Medicaid, PACE, MLTC), Providers, IPAs, Health Systems, State Regulators & Medical Research Universities.



Sanjana Bhattacharya

Sanjana Bhattacharya is a Principal Consultant with ITC Infotech. Having 8+ years of extensive experience in IT Consulting, she has been closely associated with project management across middleware and automation projects. Previously, Sanjana has been associated with Tata Consultancy Services serving GE Healthcare as a client for Enterprise Application Integration & JK Technosoft in growing the RPA practice across multiple geos. She has a B.E in Information Technology from The University of Burdwan and an MBA in International Business from The Indian Institute of Management, Shillong.



Nikhil Kulkarni

Nikhil Kulkarni is a Principal with Zinnov. Having 12+ years of rich experience in management consulting, he has advised leadership teams of customers in formulation of business and operations strategy. He has spearheaded multiple client engagements in strategy, consulting, and sales enablement for global companies across different industry segments. Previously, Nikhil has been associated with Hewlett-Packard & Fujitsu Consulting. Nikhil has an MBA from Symbiosis Institute of Business Management Bengaluru and a Bachelor's degree in Electronics Engineering from University of Pune.



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About ITC Infotech

ITC Infotech is a leading global technology services and solutions provider, led by Business and Technology Consulting. ITC Infotech provides business-friendly solutions to help clients succeed and be future-ready, by seamlessly bringing together digital expertise, strong industry specific alliances and the unique ability to leverage deep domain expertise from ITC Group businesses. The company provides technology solutions and services to enterprises across industries such as Banking & Financial Services, Healthcare, Manufacturing, Consumer Goods, Travel and Hospitality, through a combination of traditional and newer business models, as a long-term sustainable partner.

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About Zinnov

Founded in 2002, Zinnov is a global management and strategy consulting firm, with presence in Santa Clara, Houston, Bangalore, Gurgaon, and Paris. Over the past 18 years, Zinnov has successfully consulted with over 250+ Fortune 500 enterprises and large and mid-market Private Equity funds to develop actionable insights that help them create value – across dimensions of both revenue and optimization. With core expertise in Product Engineering, Digital Transformation, Innovation, and Outsourcing Advisory, Zinnov assists clients by:

- Advising global PE firms in asset shortlisting & target evaluation commercial due diligence, and value creation;
- Helping global companies outline and drive/execute their open innovation programs, design and operate accelerator programs, and enable collaboration with start-ups across specific use – cases and predefined outcomes;
- Enabling global companies to develop and optimize a global engineering footprint through center set-ups, and technology and functional accelerators to achieve higher R&D efficiencies, innovation, and productivity;
- Growing revenue for companies' products and services in newer markets through account intelligence, market entry and market expansion advisory;
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