Doing More with Less

Small but growing TPA creates efficiencies and maximizes employees' real strengths

BLUE STAR
CLAIMS MANAGEMENT

CHALLENGES

- Blue Star was reviewing between 300 and 400 paper bills a week with heavy reliance on manual data entry.
- Adjusters were struggling to actually focus on injured workers.
- Blue Star staff spent time creating customized reports for their clients.

SOLUTIONS

- Origami Risk's platform interfaces with Blue Star's external sources reducing manual data entry and improving reporting accuracy.
- Automated workflow features are triggered when certain data is entered and specific events occur.
- Customers are allowed access into relevant portions of the system to run their own reports and manipulate data views for their own purposes.

THE PROBLEM

Blue Star Claims Management in Phoenix, Ariz., was knee deep in manual data entry, scanning medical bills, and matching explanation of review to checks—all while trying to keep up with its high volume bill review process and mandatory reporting requirements around Medicare eligibility for claimants.

The small but growing third party administrator was looking for claims administration software to help reduce the potential for human errors in their processes, as well as free up time for claims adjusters so they could actually focus on injured workers instead of clerical work. In addition, the TPA needed to spend less time merely doing data handoffs and more time collaborating with clients around the data content.

Ultimately, Blue Star needed to be able to do more with less, which required a flexible system that allowed for seamless changes by system administrators and easy data manipulation to accommodate clients' unique needs.

THE APPROACH

Origami Risk's claims administration platform has helped Blue Star to more easily integrate and report its claims activity to external sources like its medical bill review vendor and the Centers for Medicare and Medicaid Services—reducing human errors and ultimately saving time.

Because Origami's platform interfaces directly with Blue Star's external medical bill review system, the review process is now paperless: Bills are scanned, attached to claims and then approved by claims adjusters and electronically sent for medical bill review. Once the money is adjusted, documentation is sent back to adjusters electronically, and checks are cut. One electronic record exists for all this activity, which is efficient said Shelley Howick, vice president of claims at Blue Star.

Howick projects this automated process alone is now doing the work of a half person, which has not prompted the growing company to make cuts but to maximize their employees by having them do work that does in fact require that special human touch.

"The system frees up our adjusters' time to actually investigate, be thoughtful and spend more time on injured workers," she said. "They can get beyond simply checking boxes and do higher value work."

Origami's platform also interfaces with the Centers for Medicare and Medicaid Services' mandatory reporting requirements CMS-111. The software identifies and notifies Blue Star on a weekly basis of any claimants whose insurance coverage from Medicare might overlap with coverage from either Group Health Plans or Non Group Health Plans, resulting in over-payment.

Matching CMS and claimant data was not foolproof in Blue Star's old system, Howick said, and a lot of time was spent correcting errors. She said Origami has streamlined this process with the accurate exchange of data. Timely and correct data is so important because it helps Blue Star clients avoid large fines for falling out of compliance.

"The Medicare reporting is phenomenal," Howick said. "I'm more confident using Origami's system for Medicare reporting than I was previously. The prompt and accurate reporting of information has been a huge sigh of relief."

Beyond interfacing and exchanging data with its medical bill review vendor and CMS, Blue Star has found added value in the platform's portal, whereby third parties like its general agent and underwriters can run and view their own reports without having to rely on Blue Star for navigation support or report generation. Howick said Blue Star saves time by doing fewer loss runs and spends more time problem solving with customers around the reports, which is a positive thing and a differentiator for its business.

These are just a few ways Blue Star is using Origami's platform to make a difference in its business. The company is altering and enhancing the system all the time to further streamline processes, said Kelly Schmidt, claims manager for Blue Star. She said she likes having the autonomy to make changes to the system's structure on her own—without the help of a vendor if she doesn't need it.

"The flexibility is huge," Schmidt said. "I love that I can make changes myself without having to rely on someone else. The system is so intuitive. It just makes sense."