Case Study

Avaneer Coverage Direct™ lowers administrative costs and delivers COB leads

Payers and providers can save millions and improve the member experience by closing gaps left by EDI, clearinghouses, and portals.

Pilot Participants

The **payer** is a large, multi-state payer that serves approximately 115 million members through a diverse portfolio of industry-leading medical, pharmacy, behavioral, clinical, and complex care solutions.
The **provider** is a renown nonprofit, multi-specialty health system and academic medical center with nearly 80,000 employees worldwide. The organization has thousands of beds in several countries with millions of outpatient encounters, hundreds of thousands of hospital admissions and observations, surgeries and procedures throughout the health system.

Business Challenge

Capturing accurate insurance coverage information before care is provided is critical to ensuring both a healthy revenue cycle and positive member experiences. However, most revenue cycle processes rely on inefficient processes and in turn have outdated or incorrect insurance. Capturing updated coverage information requires healthcare providers to employ staff to access a payer's website or make phone calls to try to acquire it. Even when the data is found, the information may be incorrect, conflict with other coverage information, or it is not comprehensive and does not represent the full benefit picture. Bad coverage data leads to denied claims, write-offs, delayed reimbursement, and lost revenue.

The struggle to obtain and ensure accurate coverage information also impacts the member who, because of poor data, may end up paying for care that was a covered service or they thought it was a covered service or they receive care for what they thought was a covered service, only to find out later it was not. These scenarios leading to unexpected medical bills and poor member experiences happen all too often, and can negatively impact satisfaction with their health insurance carrier.

Solution

To address these challenges, a large payer and a health system worked with Avaneer Health to develop a solution that reimagined the workflows to identify accurate coverage information. Avaneer Health's peer-to-peer digital network gives payers and providers near real-time insurance coverage information. Now, when any change is made to a member's coverage data, the Coverage Direct™ solution automatically determines missing, conflicting, and incorrect coverage details, and immediately updates all permissioned providers and payers. The Coverage Direct™ solution increases transparency and data accuracy, and reduces processing costs and administrative delays while improving the member experience.

How Coverage Direct™ works

Each Avaneer Network™ payer and provider participating on the network receives their own provisioned cloud environment, know as a SparkZone™. Once a participant loads coverage information for their members/patients into their SparkZone, the Coverage Direct process begins:

1. Member data is transformed from any format into common FHIR standards.
2. Data is seamlessly and securely transmitted directly between network participating payers and providers without third-party intervention. Data remains in control of the participant, it is never aggregated.
3. Evaluation rules are applied to determine what coverage information between permissioned payers and providers is aligned or misaligned.
4. Results are returned to each solution participant and can be automatically pulled into their systems of record.
5. Coverage corrections can be auto posted into a participant's internal system as an unsolicited push notification, available via API, or viewed in a portal.

Coverage data is securely shared, exchanged in accordance to permissions between participants without exposing the data to an intermediary.

Data is not centrally aggregated. Member data remains in the control of each participant, in their SparkZone along with auditable records of data sharing.

Coverage Direct Results

The payer's payment integrity and innovation teams have calculated how Coverage Direct impacts its ability to determine primacy with COB leads, giving them accurate coverage data about a member at the point of care. The carrier can expect that as new solutions are added, the administrative costs will decrease significantly.

Short-term hard savings ($0.57-$1.65 per claim):

- Administrative savings
- Claim adjudication & manual verification
- Call center savings
- Discovery of coordination of benefit (COB) leads
- Reduced recovery costs (payment integrity)

Medium term and qualitative benefits:

- Improved member satisfaction
- Reduced friction & improved provider relations
- Reduced clearinghouse costs

Providers:

Immediate hard savings ($3.36-5.75 per claim):

- Administrative savings, reduced rework of denials
- Reduction in claim write-offs from payers
- Reduction in patient bad debt, overall uncompensated care
- Avoided retroactive prior authorizations

Additional qualitative benefits:

- Improved patient financial experience, patient retention, reduced leakage
- Improved payer relations
- Reduced clearinghouse costs

Join Us! Learn more about our solutions by scheduling an intro call. **Contact us here.**

avaneer™ HEALTH

WANT TO SAVE $5 PER CLAIM?