

Case Study on Application & Database Support

TPA outsources application and database support for Javelina™ - an employee benefit administration system

Executive Summary

Customer : A leading TPA, with strong service lines in Benefit Administration, P&C, Workers' Comp and Loss Control Services.

Industry : Insurance (P&C, Benefit Administration)

Business Challenges

- Strict time bound activities
- Interface with multiple agencies
- HIPAA compliance of all inbound & outbound data
- Reduce the cost of operations as per management directive.

4iSoft Solution

- 24X7 Application and database support
- Strict SLA
- Data analyst with team lead at clients' site, while other members worked out of extended development center

Business Results

- 100% adherence to SLA terms
- Increased efficiency and throughput
- Lower the cost of operations by over 40%
- Prompt support enhanced the level of satisfaction of customer and carriers alike.

Background

Client – a leading third party administrator (TPA) uses 'Javelina™ Benefit Administration System' (owned by Eldorado, Mphasis) to run their benefit management service line. After detailed deliberations internally, followed by a strict due diligence process, client decided to rope in 4iSoft as a partner to support Javelina application. Client had multiple objectives – Enhance level of customer support, Operational ease, Lower cost of operations and Ensure strict compliance to HIPAA norms.

Business Challenges

Client faced multiple challenges -

- Strict time bound activities, which needed to run with clockwork precision
- Needed to interface with IT teams of clients as well as insurance carriers to ensure database is current and updated at all times.
- HIPAA compliance had to be strictly adhered to; failing which severe penal clauses can be invoked.
- Limited in-house manpower
- Directive to reduce operational costs

Client chose 4iSoft

Following a strict due diligence process, client chose to partner 4iSoft as the company offered best of both the worlds – deep expertise in the functional aspect of benefit administration and strong IT capabilities.



4iSoft LLC is an 'Insurance-centric IT services company' specializing in Application Development, Database Migration, Interface Development, Medical Bill Entry & Adjudication, IT Infrastructure Support, QA Services, and Staffing Support. 4iSoft has years of experience working with progressive insurance carriers, third party administrators, JPAs and self Insured corporations to cater to their unique technology needs.

Visit www.4iSoft.com to know more.



4iSoft Solution

4iSoft deputed a data analyst along with a team lead at the clients' site, while the rest of the team, including application support personnel and database developers, worked through extended development center.

SLA signed, included a commitment on 24X 7 support, has been adhered to – both in letter and spirit till date.

Scope of Work

4iSoft undertook the following activities on behalf of the client -

Eligibility Data Management - Record creation, updation and termination

Open Enrollment Management – On a new client sign-up, their database is merged with TPAs'; prior to 'going-live' in the system.

Manage Inbound Data – Update TPAs database with the client's eligibility data

Manage Outbound Data – Send 834 files to keep Carrier's database in sync with TPA's.

Data Validation for HIPAA Compliance – Inbound and outbound data is verified for HIPAA compliance using tools – Faciledi and Claredi

Maintain Benefit Accumulators- Includes data on accumulator services like ambulance, physiotherapy, nursing etc

Generate Billing Information – As per the accumulator services being used by patient(s).

Provider and Network Maintenance – Data pertaining to providers and networks are maintained and updated to keep them current

Set-up new EDI Clients – Mapping of new client database with existing database of TPA, especially EDI 834 segments.

Non EDI Data Management – Conversion of eligibility information from spreadsheet format to XML and further processing within the system.

Maintain Pre-authorization data - If the claim contains a service that requires authorization, Javelina will determine if an authorization within the patient record matches the service conditions on the claim.

Medicare fee rule management – Executed quarterly, the fee schedules are updated for different hospitals / localities.

Generate Actuate Reports – Over 2 dozen reports generated for data validation as well as decision support tasks.