



## Healthcare case study

# Automation boosts productivity for health plan

Large regional health plan streamlines repetitive tasks to improve staff satisfaction and retention while reducing costs with CareAdvance

## The challenge

Our client, a large regional health insurer, serves almost 3.5 million members. Utilization management (UM) is important to ensure that members receive appropriate, evidence-based care. It's also a highly regulated area and many UM decisions are rules-based and repetitive. Our client's clinical professionals weren't operating at the top of their licenses, which negatively affected job satisfaction in a highly competitive talent market. To address this, the technology team set out to enhance clinician job satisfaction, reduce administrative costs and improve UM productivity.

## The approach

The client identified the process of generating UM letters as an inefficient use of time and ripe for automation. It embarked on a pilot program with Cognizant's TriZetto® Clinical CareAdvance® to automate this process with predefined business rules. Instead of clicking through more than 20 steps to send a letter, clinicians can now activate the appropriate business rule and move to the next case. CareAdvance automatically generates the letter based on the clinician's selection.

## At a glance

### Industry

Healthcare

### Location

US

### Challenge

To reduce repetitive work and improve stakeholder satisfaction

### Products and Services

TriZetto Clinical CareAdvance

### Success Highlights

- Regained 9 hours of productivity daily
- 33 potential hours saved daily
- Achieved the work of one extra full-time employee

“Implementing approval letter automation not only resulted in both cost and time savings but has increased staff satisfaction as well. These small savings really add up over the thousands of cases a clinical reviewer processes each year!”

Manager, Clinical Management

## Business outcomes

The solution enables clinicians to increase the number of authorizations they can complete in a day while focusing their attention toward more complex clinical reviews. The automation standardizes the UM process, minimizing the potential for errors and improving the quality of case completion. Results included:

- Completed 600 authorizations completed in a single day, resulting in over 9 hours saved
- Increased UM team capacity by one extra full-time employee through better productivity

By shaving minutes off each of the hundreds of thousands of authorizations completed annually, our client projects substantial time savings. With CareAdvance and the participation of 100 clinicians, the UM team will be able to reallocate over 33 hours of work per day. Streamlined workflows will also enable members and providers to receive coverage decisions sooner. Moreover, the client forecasts that the improved productivity will reduce administrative spending, which will ultimately benefit member premiums.



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