To improve the health of your business, simplify the processes that run it.
Healthcare reform is here. With the passing of laws such as the Patient Protection and Affordable Care Act, the entire healthcare industry is undergoing radical transformation. For payers, that means pressure to reduce costs…to increase member access…to provide quality care…and to meet new industry regulations.

We can help you achieve those goals, by transforming virtually all your back-office business processes. From claims processing to customer care. From cost avoidance to audit and recovery. From personalized communications to member engagement. From liability to litigation.

The healthy outcome?
You’ll enhance your relationships with members and providers. Ensuring better health outcomes for members. And creating transformative new business models that simplify and enhance the entire healthcare ecosystem. That’s what we mean by giving you more freedom to care.

Fact to Consider:
- 40+ years of government and commercial health program experience
- 37 U.S. states and the District of Columbia supported by our services
- 2/3 of U.S. insured patients are touched by our services
- 100+ payer organizations are supported
- Top 20 U.S. managed healthcare plans are clients
- Top 12 BCBS organizations are clients
- Over 25,000 employees dedicated to healthcare; over 15,000 dedicated specifically to health plans
Plan members need a helping hand. Better customer care can provide it.

In an intensely competitive healthcare environment, it’s more critical than ever to reach out and help your members – members who need help navigating the often overwhelming new world of healthcare.

But health plans like yours have no shortage of administrative headaches: eligibility issues, claim status, and benefit applications, to name just a few.

Those internal concerns can create sizable customer care challenges. How, for example, are your provider and member call handling capabilities faring? What about clinical customer care services performed by your in-house nurses and pharmacists? Rely on us to help you tackle your customer care challenges. As longtime specialists in this space proven successful processes and tools support our experienced customer care agents. Partner with us, and you can better engage members, manage providers, and enhance your stakeholder relationships from end to end.

**Case in Point**

When the Medicare Prescription Drug Improvement and Modernization Act ushered in the most comprehensive drug benefit ever offered for seniors, payers didn’t need to withstand the impact alone. Our innovative call center solution helped them deftly manage this complex Medicare benefit…and elevate their customer service.

**Customer Care Services for Payers**

**Inbound**
- Benefit explanation/verification
- Claim status
- Complaints and appeals
- Eligibility verification
- Enrollment changes
- Provider location
- Payment explanation
- Product/service information
- PCP changes
- Referral requests

**Outbound**
- Disease management programs
- Health reminders
- Missing/invalid information
- Satisfaction surveys
- Welcome calls

**Fact to Consider:**
- Over 160 contact centers around the globe
- Over 30 languages supported
- 2.5 million interactions processed daily
- 52,0000 customer care agents, 10,000 dedicated to payer organizations
Providing clear, easy-to-understand communications that improve outreach is critically important in the competitive healthcare space. It’s no wonder that payers spend billions each year to produce and distribute documents to customers. Yet, outdated technology and inefficient processes often impede these efforts.

Rely on our communications expertise, and you can better manage relationships with providers and members alike…and deliver a superior healthcare experience to them.

Let us help you develop personalized marketing communications – paper, email, Web, mobile, interactive PDFs – that support recruitment, plan enrollment and education, claim explanation of benefits (EOB), and retention. You can also meet regulatory requirements, and reduce calls to your service center, by following a roadmap of HIPAA compliance issues to protect patient information.

Since we’re healthcare communications specialists, you gain professional, cost-effective management of production processes and typical double-digit percent savings on paper, print, mail and postage costs. Those kinds of numbers quickly contribute to a healthier bottom line for your organization.

Case in Point

When a health insurer recently simplified their communication, print and mail processes, the results were impressive: 20 percent operational savings, 25 percent postage savings, and a 30 percent reduction in overall paper usage.

The bottom line: a $17 million windfall.

Fact to Consider:
• Over 2 billion impressions annually
• Over 100 languages supported for translation and localization
• 20,000 campaigns/projects managed each year
Here's a sobering statistic: As much as 3 percent of U.S. medical claims are paid incorrectly, costing payers billions of dollars per year. It stands to reason, then, that a proven method of reducing cost of care is ensuring that every claim is paid promptly, properly and by the right party.

When you call upon our healthcare payment recovery solutions, you can avoid the cost and inefficiencies of incorrectly paid claims, and recover claims dollars faster. You also have a partner who will provide auditing solutions, as well as identify, track and litigate claims on your behalf, to ensure that your exposure is accurate.

In short, you can ensure prompt, proper claim payments, while making a swift transition from reactive cost recovery to proactive cost avoidance.

**Cost Avoidance and Recovery Services for Payers**

- Subrogation
- Coordination of benefits (Section 111, MSP validation, duplicate payment identification, retro-terminations, Workers' Comp offset)
- Overpayment recovery
- Audit and avoidance solutions
- Hospital credit balance audits
- End-stage renal dialysis analysis and audits
- HIT, DME, pharmacy benefits management analysis and audits
- Utilization and disease case management

**Fact to Consider:**

- Over 78 million health plan members touched by our recovery services
- 25,000 audits conducted annually by our healthcare groups
- $750 million recovered for health plans annually
- 600+ dedicated recovery services employees
Improving transaction quality is critical. Reducing costs at the same time is optimal.

Under new medical loss ratio (MLR) requirements, you experience pressure to increase the quality of your administrative transactions while simultaneously reducing their costs. For more than four decades, payers have relied on our end-to-end mailroom and transactional solutions to strike that delicate balance.

Because our advanced transaction services help increase data quality, improve auto-adjudication rates, and accelerate turnaround time, you enjoy more flexible, more affordable administrative functions.

A primary area of specialty is claims processing, where you can count on our expertise, resources and tools to step up your identification and recovery efforts – and ensure proper compensation of providers and members.

The outcome of all this: The pulse of your business doesn’t miss a beat.

**Case in Point**

In overhauling its claims processing system, a major health insurer faced a daunting challenge: an aggressive 75-day ramp-up to full data capture services of over 250,000 claims per week.

Their solution increased the number of auto-adjudicating claims by 80 percent, yielding impressive results: a 75 percent reduction in processing cycle time (from 10 days to just 60 hours), 50 percent quicker turnaround time and 50 percent dollar savings annually.

**Fact to Consider:**
- 1.8 billion mailroom transactions annually
- Over 1 billion claims processed annually
- Over 2 million images scanned through OCR engines daily
- Over 17,000 dedicated employees

**Transaction Processing Services for Payers**
- Claims processing
- EDI claims enrollment/processing
- Membership and billing
- Provider maintenance
- End-to-end mailroom
- Eligibility solutions
- Image and data capture
A BPO approach can free your staff. A partnership with us can transform your business.

If your needs dictate a broader approach than individual solutions, partner with the leading BPO (business process outsourcing) services provider to the healthcare industry. With a deft combination of advanced technology, experienced people and re-engineered processes, we can manage a health plan’s entire back office, so your personnel can focus on serving members and managing the cost of care.

Turn to us, and you have a partner who understands how technology impacts healthcare...how to reduce costly waste and inefficiency...how to transform data and documents into actionable intelligence that your people can access, share and use as the basis for making wise decisions that improve health and drive success.

Across a rapidly changing healthcare ecosystem, we’re proud to be helping ensure the health of people, and the health of the businesses that care for them.

Innovation in Action

A payer organization struggled with spiraling costs in its distributed print and mail operations. In response, they instituted a new document control solution that moved their EOBs, EOPs, checks and letters to an electronic delivery system. The eDelivery solution eliminated inefficient processes and dramatically reduced postage and operational costs.

Fact to Consider:
- Recognized BPO and healthcare industry leader
- Extensive payer expertise
- Vast, global footprint and deployment flexibility
- Innovative technology solutions
- Financial strength
- Operational excellence
- Solution integrator
To learn more about how Xerox is changing healthcare, visit us at www.xerox.com.