AUTOMATED CLAIMS PROCESSING

Milliman Health ClaimsRef

Minimise errors, processing time, and costs with a rules-based technology-solution.

THE CHALLENGE

Inconsistent claims processing increases cost and risk.

Waste and inefficiency cost insurers billions of dollars each year. Without proven data structures and well-defined processes, excessive and unwarranted services go unchecked. However, claims processors face time limits on claim settlement, making it challenging to perform detailed analysis. Rapidly evolving medical practices and non-standardised claim codes further complicate their work.
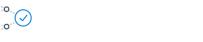
THE SOLUTION

Clinical knowledge and decades of experience across a wide range of projects were applied to create a rules-based solution to manage health claims accurately and efficiently. Accumulated experience, learnings, and data gathered across multiple geographies ensures that the rules are both evidence-based and locally relevant across most jurisdictions.

Milliman Health ClaimsRef provides a solution that allows users the ability to leverage configurable business rules that can easily be integrated with existing claim systems and automate claims processing. Explore our guidelines here.

How Milliman Health ClaimsRef can help

FOR INSURERS & THIRD-PARTY ADMINISTRATORS (TPAS)

Automate your claims processes to save time and money

Easily implement a standard system of checks that reduces errors and omissions during claims adjudication. Quickly identify unexpected, unwarranted, or excessive services and reduce waste.

FOR REINSURERS

A unique solution for your clients to reduce risk

Offer your clients an efficient and consistent framework for claims processing.

FOR SYSTEM INTEGRATORS

Optimise rules-based automation

Enrich your offerings by integrating our comprehensive set of claims processing rules. Fast, efficient deployment based on our in-depth experience and best practices supports rapid return on investment for your clients.

BENEFITS

Milliman Health ClaimsRef benefits

Increase efficiency through automation

Preauthorise claims with automated checks and reduce unwarranted use of expensive clinical resources. Settle clean claims quickly without time-consuming negotiations.

Improve quality of processes and personnel

Promote standardisation and uniformity in your business practice with tools that are easy to implement. Enhance training of claims team members with built-in tools.

Discover and correct errors and omissions early

Flag potentially incomplete, excessive, or fraudulent claims for manual intervention by applying our guidelines and rules immediately upon receipt of claims.

FEATURES

Milliman Health ClaimsRef features

Practical and pragmatic rules

Use rules based on in-depth clinical experience, specific to your region, and designed especially for the claims adjudication process. The solution is supported by published research and market validation.

Web-based portal

Access hundreds of guidelines for common and high-cost inpatient medical and surgical conditions from any device and any location.

Supported, customisable approach

Rely on the experience of a clinical team of doctors and actuaries with global experience and awareness of regional practices and codes. Adapt and configure rules to specific insurance products and local coding systems.

Continuous updates

Seamlessly integrated updates and enhancements from Milliman keep the rules and guidelines fresh and relevant to your region.

We're here to help.
Ask the tough questions. We're ready for them.
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Milliman