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Intelligent Claims Adjudication Service (iCAS)

Every year, healthcare payers unknowingly lose millions. Are you overpaying on inpatient claims?

Key Issues

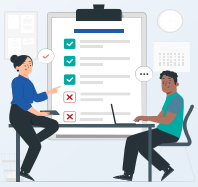
Inaccurate coding

Misrepresented diagnoses or treatments in comparison to the test results. Discrepancies in severity and missing diagnosis or procedure codes.

Unjustified admissions

Misaligned levels of care where patients to be put under observation or under outpatient treatments are admitted.

Missed opportunities



Limited resources and insufficient scrutiny leave potential savings untapped.

iCAS seamlessly blends AI and Machine Learning with deep human expertise from seasoned coders and clinicians. This creates an "augmented intelligence" engine that acts as a force multiplier for human expertise and align payments to levels of care that are medically necessary.

Key Features

Prospective Claims

1. **Upfront denials** - Experts meticulously review claims for medical necessity, minimizing risk of unnecessary payouts.
2. **Pre-emptive DRG shift downs** - Reviewers compare coding to the latest CMS standards, identifying opportunities for DRG adjustments before payments.
3. **Coding error correction** - The review process identifies and corrects coding errors upfront preventing future denials and accurate payments.

Retrospective Claims

1. **Pre-filters paid claims** - Identifies and filters out accurate and eligible claims.
2. **Expert review for remaining claims** - Claims requiring expert review are flagged leading to adjustments such as DRG down shifts.
3. **Justification for denials or adjustments** - Offers justifications for any denials or adjustments, reducing disputes and improving patient experience.

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Benefits

Enhances Claim Accuracy
Identifies and addresses inaccurate claims, ensuring reimbursement is done for qualified services.

Improved Efficiency
By focusing on pre-identified claims, claim experts can work efficiently, saving time and resources.

Revenue Recovery
Helps recover revenue lost due to overpayments by identifying inaccurate claims.

Unlock Untapped Potential
Review and audit more claims, identifying opportunities for savings that might otherwise be missed.

Business Impact

$58.8M
Claims Payment Before iCAS

$48M
Claims Payment After iCAS

$10.8M
Savings from Denied and Modified Claims

19%
Percentage Savings

Why Choose Bloom's iCAS?

- Support Your Team, Not Overwhelm Them
- Maximize Savings
- Accuracy Over Assumptions
- Stay Ahead with Proactive Protection
- More Than Software, a Partnership

Ready to Optimize Claims Management? Contact Us to Know More

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