

- ✓ Big Data
- ✓ Payment Integrity
- ✓ Data Science
- ✓ Machine Learning

# Improve Payment Integrity by Paying the Right Provider

## 50%

**Reduction in Time and Cost  
by Using Machine Learning  
to Pay the Right Provider**

### Challenge

Costly, manual claim reviews were mostly ineffective in reducing erroneous payments.



### Change

xScion developed a solution that leveraged Advanced Data Science tools and techniques, reducing the need for manual review and enabling the client to spend time on high value activities such as claims audits.



### Value

xScion developed Machine Learning Algorithms and Predictive Models that identified correct providers more accurately than human claims processors.



## Large Health Payer

This national healthcare payer manages a data warehouse consisting of 50 million claims - and growing. Like many other payers, the client was challenged to correctly pay claims due to missing provider data. In theory, providers should be identified by their unique National Provider ID (NPI), but in reality, missing NPIs commonly challenge a payer's claims adjudication processes and its ability to pay the right providers.

### Together, Let's Make Change Happen

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# The xScion Difference



## The Problem Space

This national healthcare payer used a large team of claims processors to manually review claims yet was unable to correctly pay providers who did not have an NPI in their system.

The client's manual corrective process had proven to be inefficient and inaccurate as demonstrated by the cost associated with incorrectly paying providers.

In order to improve payment integrity, the client needed an automated solution that would pay the right provider, allowing staff to focus on high value activities.



## The Approach

xScion developed a solution that leveraged Advanced Data Science tools and techniques, including models that:

- Utilized Machine Learning and Predictive Analysis that learned from human claims processors and existing claims data to predict and propose the right provider to receive claims payments
- Assessed the confidence of prediction so that manual reviews could be bypassed when the confidence in prediction was higher than human review
- Created a constant feedback loop to re-train predictive models and improve confidence intervals



## The Solution

Working with the client, xScion established and achieved the following success criteria:

- Reduced claims processing time
- Improved consistency of human edit resolution
- Increased the accuracy of the trained model over time

Outcomes:

- Resolved missing provider data for 1% of daily claims batch (~50,000 daily)
- Reduced time and cost to remediate missing IDs by 50%
- Achieved 98% accuracy in auto resolving missing IDs

**Start Or Accelerate Your Transformation Today.**  
**#MakeChangeHappen**