

## Continued improvement in claims processing

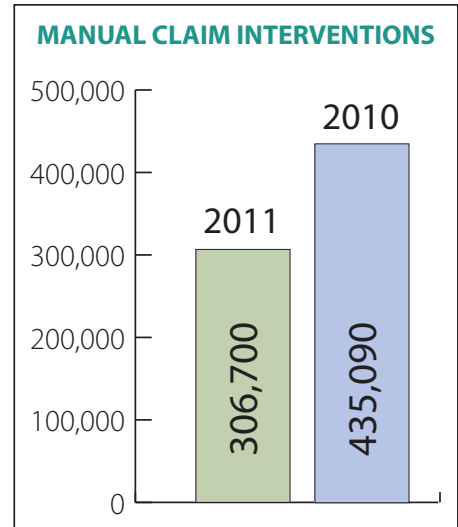
The Claims Department has continued to improve on our processes, which resulted in a measureable, consistent decrease in both the volume of claim corrections received from our provider community as well as a reduction in the number of claims requiring manual intervention. **Last fiscal year we received 78,418 claim corrections, compared to 54,586 this year; a reduction of 23,832.** During the same time period, **manual claim intervention decreased from 435,090 to 306,700; a reduction of 128,390 claims.**

**Our Quality Unit** continues to focus on our internal processes, the primary focus being the reduction of paper claims. With the assistance of Provider Services, during the last fiscal year we were able to convert 99 Providers from paper to electronic claim submission. The Quality Unit was also able to reduce a number of manual interventions by making improvements to our internal processes.

**Our internal training** has also been a big success this year. With minimal staff turnaround, our Claims Trainers were able to train existing staff on more reviews and responsibilities which resulted in **increased productivity and therefore faster payments** to our Provider community. The time frames in which we responded to claim corrections this fiscal year averaged nine days, compared to eleven days in the prior year.

Another contribution to the decrease in claim corrections can be attributed to our **Claims Customer Service Representatives**, whose primary goal is to assist providers in getting claims paid while offering excellent customer service. Being available to answer questions such as where to submit claims, explanation of why a claim is denied, how to go about making corrections and training on the use of our website has had a major impact in the number of **phone call inquiries, which decreased from 28,352 to 22,430 this year.** This has allowed our staff more time to concentrate on customer service and provider visits. We are pleased to report that this fiscal year our Representatives conducted a total of 142 provider visits; up from 88 visits last year.

We look forward to many more years of continuing to improve our current processes in order to achieve our ultimate goal of excellent accuracy and customer service.



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