

High-risk Claims Analysis

Facilitates early intervention of potential high-dollar claims.

Our High-risk Claims Analysis service facilitates early identification of members who are at risk for generating high-dollar claims. Additionally, it identifies potential cost savings opportunities through proactive case management intervention.

Studies show that approximately 4% of a covered population suffers from chronic illness and accounts for as much as 50% of the total medical cost for the population. Up to 50% of the costs incurred by the chronically ill arise from their failure to understand and manage their physician's treatment plan properly.

High-risk Claims Analysis can help by identifying these members sooner and intervening through Case Management when appropriate.

Key Features and Advantages

- Focus is placed on identifying chronically ill members who are at risk for future high-dollar claims, and captures these members earlier than traditional methods that focus on episodes of catastrophic illness.
- Analyzes patterns of utilization that may indicate adverse changes in health status such as a new diagnosis, recurrence of a disease or unstable, chronic illness.
- Case Management referral is initiated when potential for Case Management impact is identified.
- Integration with Prospective Case Management provides patient-centered needs assessment, education, coaching and support, monitoring and guidance on home or outpatient services.
- If additional investigation is needed to determine potential for case management impact, a research case is initiated. Clients receive a report of the findings 30 days after research is initiated, as well as a recommendation for the initiation of case management services if needed.

Bottom Line

HMA clients benefit from a process that intervenes to prevent high-dollar cases—before they exist.