



Intelligent Review

Clinical Claim Reviews Without a Medical Record

Healthcare organizations are continuously working toward improving the quality of care for members while striving to maintain the sustainability and fiscal integrity of healthcare systems, programs and services. As healthcare spending reaches unsustainable levels, Gainwell Technologies is continuously pursuing new ways to help our clients contain costs while improving the efficiency of healthcare as a whole.

Gainwell's award-winning Clinical Claim Reviews features the Intelligent Review process which employs predictive models using claim payment-related data attribute sequencing. This sequencing analyzes combinations of elements such as length of stay, diagnosis codes, procedure codes, discharge status and age, as well as provider-specific billing and performance patterns. Algorithms drive the selection process, comparing each sequence to historical outcomes.

With Intelligent Review, Gainwell has advanced the technology for identifying overpayments. CCR elevates AI as an integral part of our client's payment integrity efforts, increasing innovation and helping states make the best use of healthcare dollars.

How It Works

- Using hierarchal selection, Intelligent Review sends claims with the highest overpayment potential through the clinical review without requesting medical records.
- Each claim is finalized by a clinician before the provider is notified of a preliminary determination.
- Claims in the next probability tier move through the traditional review process, with medical records requested for clinician review before determination.
- All outcomes, including appeals, continually feed into Gainwell's AI models, driving future claim selection.

Key Benefits

- Reduces the administrative burden for providers, as medical records are requested only when required for determination.
- Providers can review preliminary findings and submit records for claims they believe were billed accurately, without impacting appeal rights.
- For payers, overpayment recovery is accelerated as claims with a high probability of error move into a separate workflow.
- The review and technical denial process for these claims is reduced from 90 days to 15-20 days.

Results

- In a state recovery audit contractor (RAC) pilot, Gainwell identified \$6M to \$8M in annual incremental opportunity.
- Using a traditional model, the state requested 20,000 place of service (POS) medical records annually.
- With the new model, 25% of these claims would be reviewed without a record request. Rerouting those 5,000 claims created additional review capacity within existing provider monthly mailing limits.
- Conservatively, 2,500 additional records could be reviewed annually.