



Enhancing Healthcare Revenue Intelligence with Predictive Claim Rejection Modeling

We partnered with a California-based health-tech giant to develop a predictive model for insurance claim rejections. This innovation aimed to enhance claim processing efficiency, reduce financial burdens, and optimize revenue for healthcare organizations.

Streamlined claims processing

Accurate prediction of claim rejections

60%

Uptick in revenue

Reduced Financial Burden

Decreased cash flow cycles

01

Knowledge Gap and Technical Expertise Challenge

Required in-depth knowledge of US revenue cycle management and a blend of ML and Data engineering. Solution: Utilized our extensive experience in healthcare to enhance claim acceptance and rejection prediction.

02

Precision in Automation and Rule-Defining

The software needed detailed modules for automation and rule definition. Solution: Developed a rule-defining module for insurance claims, with alternate suggestions for each predicted claim denial.

03

Devalidator Module and Agile Project Management

Needed a system to eliminate irrelevant rules and adapt to new ones. Solution: Created a unique devalidator module and implemented agile project management for efficient team coordination and continuous adaptation.