Health Plan of San Mateo

Zero errors, half the processing time. That’s what Health Plan of San Mateo accomplished with Micro Focus® Reflection® software.

Overview
Health Plan of San Mateo (HPSM), the Medi­caid­managed health plan for Medi­Cal recipients in San Mateo County, processes 1.2 million claims annually and provides coverage for more than 42,000 members. HPSM has contracts with over 250 PCPs and 30 OB/GYN specialists and groups. Key to HPSM’s success is its ability to process claims (from receipt to payment) within 15 calendar days and reimburse providers at 123 percent of the normal Medi­Cal fee­for­service rate.

What’s HPSM’s secret? Reflection software with built­in Microsoft Visual Basic for Applications.

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MIS Manager
Health Plan of San Mateo

Challenge
Like many payers, HPSM relies on an Amisys 3000 application for its claims processing and payment delivery functions. When new claims come in, HPSM verifies eligibility and pays the claim based on a complex set of business logic and data stored in the host application. Each of three claim types—medical, inpatient, and pharmacy—is processed according to different rules and payment schedules, tripling the complexity.

In the past, a night operator stayed onsite—often until 2 a.m.—while the claims­payment process ran. This operator, typically an MIS person, had to enter parameters exactly as specified and process jobs in a specific order for everything to work correctly. When all went well, the process took five to seven hours to complete. However, if the operator mistyped a parameter or ran jobs out of sequence, he or she had to make a late­night phone call to the MIS manager and begin a risky data­recovery operation to restore data and repeat the entire claims check­write process. The recovery process often spilled over into normal business hours, resulting in lost time and productivity.

Faced with this problematic process, new programs to support, and a growing number of claims to process, HPSM embarked on a

At a Glance

- **Industry**: Insurance
- **Location**: United States
- **Challenge**: The process for reimbursing providers was time­consuming and error­prone.
- **Solution**: Use Reflection to build an automated claims­payment process.
- **Results**
  - Eliminated data­entry errors.
  - Cut claims­payment processing time by 50 percent.

Customer Success Story

Reflection

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campaign to streamline all operations. For MIS manager, Eben Yong, this meant finding a way to automate the nightly claims-payment process.

**Solution**

HPSM was already using Reflection software to connect Windows desktops to the host application. But when Attachmate (now part of Micro Focus) released a new version of Reflection with built-in Visual Basic for Applications (VBA), the world of real programming opened up for HPSM.

Yong carefully observed the night operator, taking notes on the steps required to complete the claims payment process successfully. He then began work on an automated solution that uses Reflection software, a Microsoft Access database of parameters, and auto-control programs on the host system itself.

Yong had previously used Microsoft Visual Studio and the VBA tools in Microsoft Office products, so he was familiar with the VBA programming environment. In just four months, the automated solution was up and running. “Because VBA is so familiar, we were able to automate our payment processes in a relatively short amount of time,” Yong explains. “It’s run continuously since then without any hiccups.”

**Results**

HPSM’s new automated solution is smart enough to take into account the program, claim type, check date, and other variables formerly entered by hand. Today, the claims-payment process, which used to take 5–7 hours a night and required human intervention, now runs in 2.5–3 hours with minimal assistance. More important, the automated solution is completely error-free, which means no more late-night phone calls for Eben Yong.

“Reflection offers much more than powerful and reliable terminal emulation,” says Yong. “It’s essentially an ‘automation center’ that has enabled us to reduce errors to zero and claims-payment processing time by 50 percent.”

The ability to turn claims around quickly and cost-effectively sets HPSM apart from other managed-care health plans, helping them to remain a premier Medi-Cal partner. “Because we pay claims quickly and reimburse at a higher rate than the state Medi-Cal fee-for-service rates, providers are more willing to work with us,” acknowledges Yong. “This means HPSM members have more choices when it comes to their health care.”

**About Micro Focus**

Since 1976, Micro Focus has helped more than 20,000 customers unlock the value of their business logic by creating enabling solutions that bridge the gap from well-established technologies to modern functionality. The two portfolios work to a single, clear vision—to deliver innovative products supported by exceptional customer service. [www.microfocus.com](http://www.microfocus.com)