SNAP CONSULTING

Transforming Healthcare Operations with Automation

Top RPA Use Cases for Healthcare Payers

SNAP consulting

Executive Summary

Health plans are under more pressure than ever from rising administrative demands and shifting regulatory requirements to growing expectations from members and providers. Manual, repetitive processes slow teams down and introduce costly errors, all when speed, accuracy, and scalability matter most.

That's where automation comes in. Robotic Process Automation (RPA) helps payers streamline operations by handling high-volume, rules-based tasks that free up staff to focus on what really drives value: better service, smarter decisions, and faster outcomes.

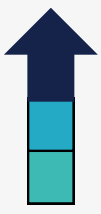
This guide highlights key areas where RPA is already delivering impact across the payer organization. From enrollment and claims to provider management and payment integrity, there are many opportunities for improvement that align with your priorities.

Automation Opportunity in Payer Organizations

RPA can be applied across almost every operational area in a payer organization. From speeding up enrollment to preventing fraud, automation eliminates bottlenecks and boosts performance across the entire lifecycle.

High-impact domains include:

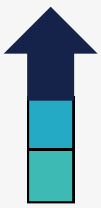
CORPORATE FUNCTIONS	PRODUCT & RATING	MARKETING	SALES	ENROLLMENT
Finance	Actuarial analysis	Content management	Quote management	Pre-filling enrollment
HR	Benefits design	Sales portal	Contract management	Enrollment application
Training	Pricing	Campaign management	Lead management	ID card issue
	Risk assessment	Segmentation and training	Channel management	Subsidy calculation
	Product Strategy	Broker management	Account management	Case installation
	GTM	Marketing strategy		Benefit setup
				Renewal and termination



Highest Automation Potential

High-impact domains include:

BILLING	PROVIDER NETWORK	CLAIMS	MEDICAL MANAGEMENT	CUSTOMER SERVICE
Payment collection	Provider payment	Claims intake	Utilization management	Member portal
Payment processing	Provider data management	Claims processing	Health and wellness	Service request
EOB	Providing credentialing	Claims adjustment	Policies	Correspond
Subsidy processing	Performance management	Claims payment	Case management	Appeal and grievances
Delinquency management	Provider contracting	Coordination of benefits	Disease management	Contact center
	Network design	Fraud management		



Highest Automation Potential

Automate What Matters

At SNAP, we help you identify, prioritize, and deploy automation across high-impact areas, quickly and efficiently. RPA allows your team to improve accuracy, accelerate processing times, and reduce costs.

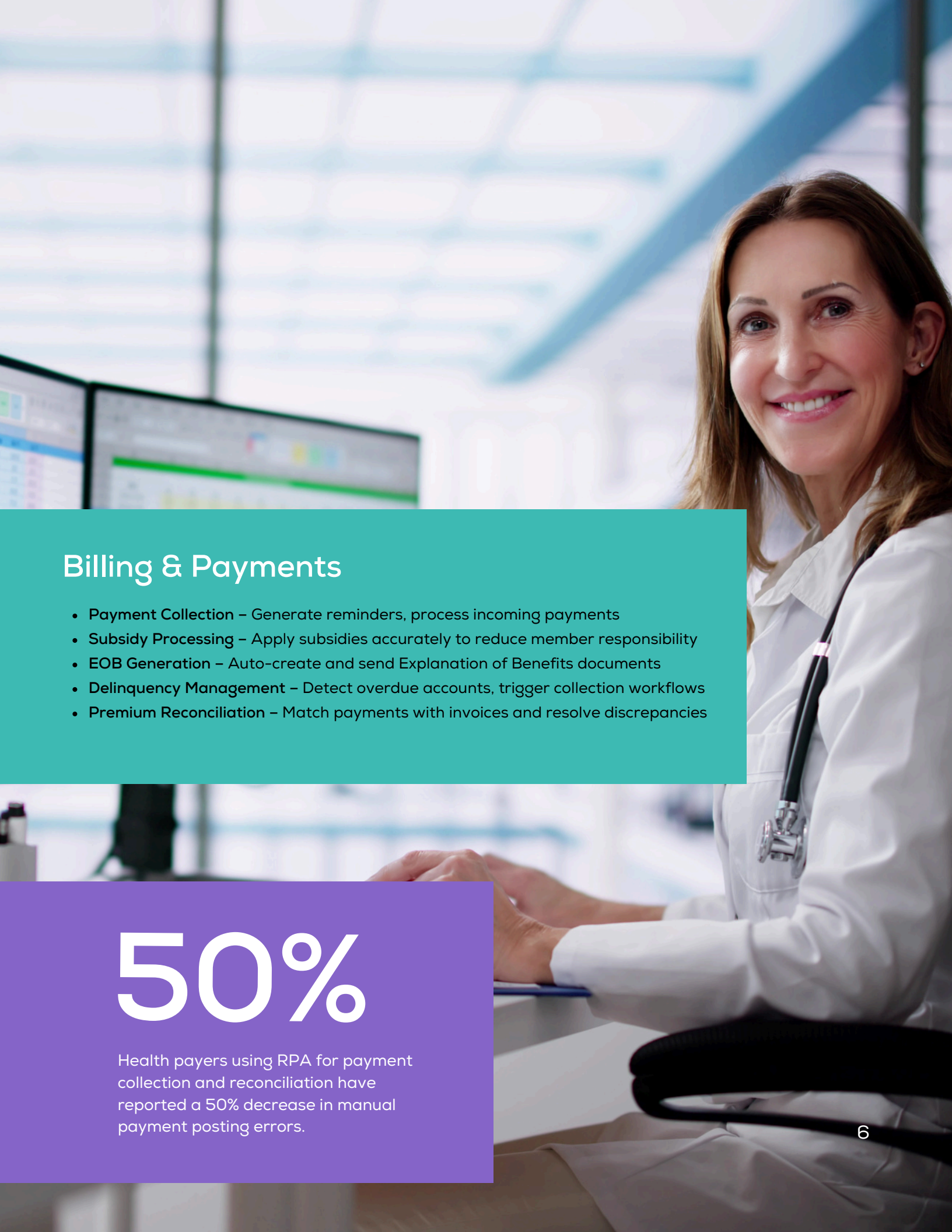
Top Use Cases by Function

Enrollment & Member Management

- **Pre-Filling Enrollment** – Auto-populate forms using existing member data sources
- **Enrollment Application Intake** – Validate data, check eligibility, route for approval
- **ID Card Issue** – Trigger automated creation and distribution of member ID cards
- **Subsidy Calculation** – Apply rules to calculate and apply subsidies
- **Benefit Setup** – Load benefits into the system and validate configurations
- **Renewals & Terminations** – Automate coverage lifecycle actions and alerts
- **Case Installation** – Configure accounts, billing cycles, and member plans
- **PCP Assignment** – Assign or update member's primary care provider

70%

Automating enrollment intake and benefit setup can reduce processing time by up to 70%, cutting average enrollment from 14 days to 5 days.



Billing & Payments

- **Payment Collection –** Generate reminders, process incoming payments
- **Subsidy Processing –** Apply subsidies accurately to reduce member responsibility
- **EOB Generation –** Auto-create and send Explanation of Benefits documents
- **Delinquency Management –** Detect overdue accounts, trigger collection workflows
- **Premium Reconciliation –** Match payments with invoices and resolve discrepancies

50%

Health payers using RPA for payment collection and reconciliation have reported a 50% decrease in manual payment posting errors.

Provider Network Operations

- **Provider Credentialing** – Collect documents, validate credentials, track approvals
- **Provider Contracting** – Draft contracts, manage negotiation, store approvals
- **Provider Payment** – Automate scheduled disbursements based on contracts
- **Provider Directory Management** – Update listings across systems
- **Provider Notifications** – Send real-time updates on credentialing or contracting status
- **Performance Management** – Generate scorecards from claims and service data

60%

Automating provider credentialing and contracting processes can reduce onboarding time by up to 60%, shrinking the average timeline from 90+ days to just under 40 days.

Claims Processing

- **Claims Intake** – Capture claims from all channels, standardize formats
- **Claims Edits & Processing** – Apply policy rules, adjudicate claims automatically
- **Pre & Post Authorization Review** – Validate services before and after delivery
- **Claim Adjustment & Payment** – Trigger payments and apply audit-tracked adjustments
- **Coordination of Benefits** – Identify payer hierarchy and adjust accordingly
- **Clinical Claims Review** – Cross-reference against medical guidelines

80%

Automating claims intake can reduce processing time by up to 80%, lowering the average claim cycle from 30 days to 5–7 days.

Payment Integrity & Fraud Detection

- **Claims Audits** – Review claims post-payment to detect errors or overpayments
- **Overpayment Identification** – Reconcile payments against contracts and policies
- **Subrogation** – Identify and initiate recovery from third-party payers
- **Fraud & Abuse Detection** – Analyze patterns to flag suspicious activity
- **Predictive Analysis** – Forecast claim risks based on historical data
- **High Dollar Claim Flagging** – Automatically escalate high-cost claims for review
- **Provider Behavioral Assessment** – Monitor claim trends for unusual behavior

30%

Implementing RPA and AI in payment integrity processes can increase fraud detection rates by up to 30%, leading to millions in recovered revenue annually for large health plans.

Customer Service & Contact Center

- **Member Portal Updates –** Display real-time claims, payment, and benefits info
- **Appeals & Grievances –** Log, classify, and track resolution status
- **Account Inquiries –** Provide agents with instant access to benefits, eligibility
- **Claims Status Requests –** Retrieve and share live claim updates
- **Address Updates & Validation –** Verify and sync member address data
- **Call Notes & History –** Store and surface member call histories
- **Plan 360 View –** Aggregate member data into a single, comprehensive view

40%

Automating contact center workflows and self-service tools can reduce average call handling time by up to 40%.

Best place to start:

ENROLLMENT	BILLING	CLAIMS
Pre-filling enrollment	Payment collection	Claims intake
Enrollment application	Payment processing	Claims processing
ID card issue	EOB	Claims adjustment
Subsidy calculation	Subsidy processing	Claims payment
Case installation	Delinquency management	Coordination of benefits
Benefit setup		Fraud management
Renewal and termination		

Highest Automation Potential

The SNAP Advantage

SNAP helps healthcare payers identify, prioritize, and deploy automation across high-impact areas, quickly and efficiently. Our deep industry expertise ensures your automation journey is aligned with compliance, clinical, and operational standards.

Why SNAP?

- Healthcare-specific automation strategies
- RPA implementation with minimal disruption
- ROI-focused use case development
- Integration across legacy and modern systems

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Let's Automate What Matters