CASE STUDY

Reducing Claim Rejections through Intelligent RPA Automation





First-Pass Acceptance Rate



Faster Payment
Turnaround



Reduction in Manual Review Time

Overview

A multi-state health system faced persistent claim rejections and slow reimbursement cycles. Manual reviews, payer portal lookups, and fragmented follow-ups fueled revenue leakage. GeBBS deployed an RPA-driven Claim Status Extraction & Validation solution to automate status checks, classify rejection causes, and trigger rapid resubmission—improving cash acceleration and denial prevention at scale.

Opportunities & Challenges

The client's manual claims workflow resulted in:

- 15–20% rejection rates across payers
- 7–10-day delays per claim due to rework and follow-ups
- Limited visibility across the claim lifecycle, causing repeat work
- Staff time diverted to low-value status checks and data entry

Outcomes



Rejections Reduced: 15–20% → <5%



First-Pass Acceptance: >95%



Manual Review Time: Reduced by 80%



Payment Turnaround: Up to 50% faster



Operational Visibility:

Real-time tracking and and

Real-time tracking and analytics across claim lifecycle

Conclusion

By automating claim status extraction and rejection handling, GeBBS helped the client achieve a 95%+ first-pass yield and materially faster cash cycles—transforming back-end throughput and revenue realization.

Solution

Automated Claim Status Extraction & Rejection Management

GeBBS implemented an RPA solution to:

- Continuously extract status from payer portals and clearinghouses
- Classify rejections (eligibility, coding, missing data) via business rules
- Trigger rule-based fixes and automatically resubmit corrected claims
- Route exceptions to SMEs for targeted audit or payer escalation

Key Takeaways

- Claim status automation eliminates lag and manual rework.
- Rules-based validation strengthens compliance and first-pass yield.
- Exception-only routing frees teams to focus on denial prevention.

GeBBS' automation streamlined our claims validation end-to-end. Turnaround is faster, rejections are near zero, and our teams focus on complex denials—not status chasing.

— [Director, Revenue Cycle Operations]









