Appian

Maintaining the Accuracy of Provider Data
CREATING A SINGLE SOURCE OF TRUTH FOR PROVIDER INFORMATION

> Easily find and select providers

> Pay claims on time

> Improve member satisfaction

> Avoid costly fines

An accurate and always up-to-date directory of qualified providers is becoming one of the most important business tools a healthcare payer can have. While providers are the source of this data, ultimately payers are responsible and liable for the accuracy of their provider data. The impact of accurate data is far reaching; including:

- A satisfied provider network that finds it easy to work with you

- A content member base that is able to easily find and select a provider based on up-to-date and accurate information

- Claims payments that are more timely and accurate

- Avoiding costly fines and/or reduced Star ratings from government regulation agencies

As payers create more variations of provider networks (Commercial, Medicare, Medicaid, and narrow/select networks) the ability to achieve and maintain an up-to-date provider directory is proving to be exponentially more challenging.

There are two primary challenges:

1) obtaining accurate and timely data from providers, and

2) having the right workflows and systems to insure that the data is distributed and managed throughout the entire payer ecosystem.

Typically, there are a number of mechanisms in place to help payers obtain accurate provider data to address the first challenge. However, even when payers are able to obtain accurate provider data, they still struggle to effectively manage the data and integrate it with their existing systems, often relying on manual processes involving spreadsheets and paper.

Appian can help address this challenge by operating as a single hub across disjointed systems and manual processes that takes place between claims, contract management, clinician credentialing, and other systems. Appian optimizes the solutions healthcare payers already have in place, working hand-in-hand with them, instead of the costly rip and replace some solutions may require in order to achieve this accuracy and efficiency.

Using Appian, it's easier to stay on top of maintenance tasks, such as when physician affiliations change, or clinicians change networks, or if that plan is even accepting new patients at all. With this real-time data accuracy, one can guarantee that data is always clean and compliant, avoiding frustrated members and potential regulatory fines for out of date information.

By taking a digital transformation platform approach, payers can extend apps capabilities to other functions as well, like the clinical area or contract management.
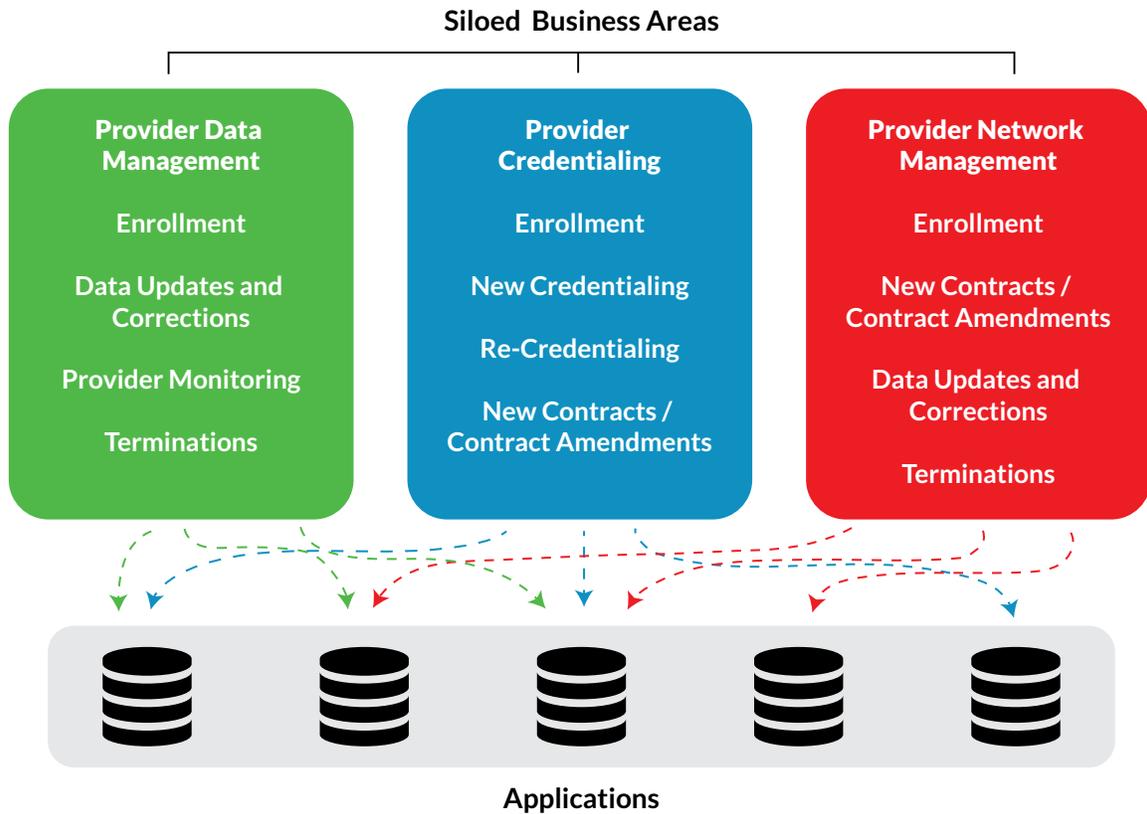
Case Study

BEFORE APPIAN

Before Appian, the data of a large multi-state managed healthcare company's 170,000 providers was spread across seven siloed applications. End users had to know which applications they needed to log into in order to view and update the different aspects of the data. This fragmented and manual process was prone to errors and led to end user frustration. Provider data could easily become inaccurate and there was no visibility into business processes surrounding the information.
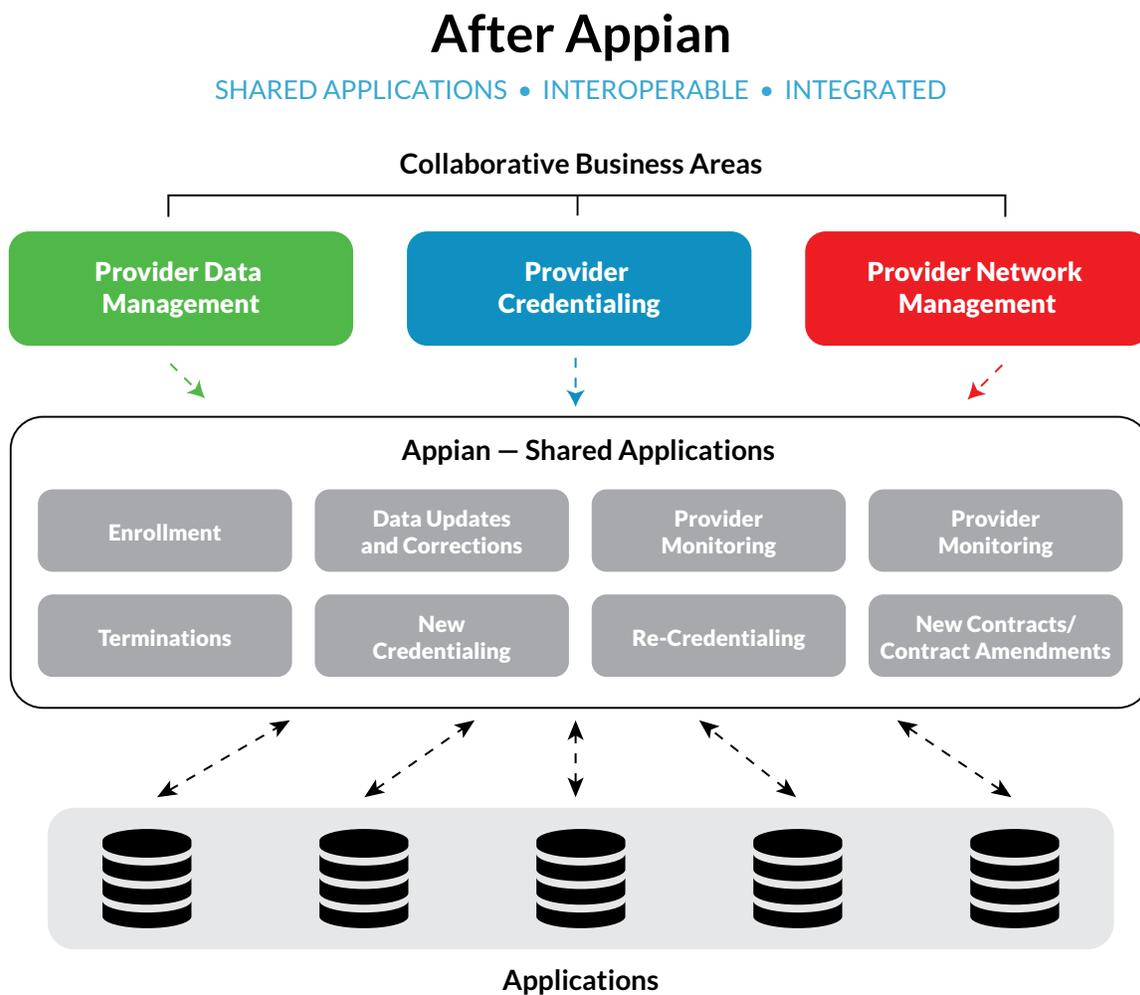
Before Appian

SILOED • CLOSED • MONOLITHIC • BRITTLE

Siloed Business Areas

Provider Data Management

Enrollment

Data Updates and Corrections

Provider Monitoring

Terminations

Provider Credentialing

Enrollment

New Credentialing

Re-Credentialing

New Contracts / Contract Amendments

Provider Network Management

Enrollment

New Contracts / Contract Amendments

Data Updates and Corrections

Terminations

Applications

AFTER APPIAN

With Appian, this healthcare payer was able to leverage their existing investments, unite their different sources of data, streamline and automate their fragmented and manual processes, and deliver end users an easy-to-use Provider Data Management system. The result was the creation of a single system that provides a 360° view of a provider and facilitates the management of all aspects of the provider lifecycle. End users can enroll providers, access and update provider data, and terminate providers by logging into one place. The payer can now be sure their provider data is correct and that they have a full transparent view into their business processes.

After Appian

SHARED APPLICATIONS • INTEROPERABLE • INTEGRATED

Collaborative Business Areas

Provider Data Management	Provider Credentialing	Provider Network Management

Appian — Shared Applications

Enrollment	Data Updates and Corrections	Provider Monitoring	Provider Monitoring
Terminations	New Credentialing	Re-Credentialing	New Contracts/ Contract Amendments

Applications

PRIORITIZE WHAT MEMBERS NEED

Healthcare is at a crossroads with ever-increasing competition. Members want to seek the best quality care at the most affordable price. Appian takes the desires of the member, and executes on these needs in a clean, easy-to-use interface:

- Improve customer service
- Provide simplicity for members
- Unify process, data, systems, and caregivers with coordinated member solutions
- Increase price transparency
- Streamline operations
- Improve member satisfaction
- Protect personal health Information
- Automate HIPAA compliance
- Enhance and ensure security

FOCUS ON BEING THE BEST

With proven, unified technology, Appian helps overcome challenges across virtually any product, department, or organization:

- Rapid development of data-centric applications
- Real-time access to information across systems
- Process management
- Case management
- Quality and regulatory compliance
- Records management
- Group benefits
- Claims
- IT Operations
- Global security management
- Online and offline capabilities

PREPARE FOR THE FUTURE

The future of healthcare involves convenience and simplicity for providers, payers, and most importantly, members:

In order to take into account the changing healthcare environment, payers must address three trends:

- Performance based care and payment
- Mobility
- Digital transformation to improve healthcare orchestration

Appian

Appian delivers an enterprise platform for digital transformation in healthcare that enables payers and providers to bridge core systems, enhance member experience, and significantly improve patient outcomes. Powered by industry leading Business Process Management (BPM) and Case Management capabilities, Appian's low-code approach can radically accelerate the time it takes to build and deploy powerful, modern applications, on-premises or in the cloud. The world's most innovative organizations use Appian to reinvent their customer experience, transform their business operations, and master governance, risk and compliance. **For more information, visit** www.appian.com