



Claims Payment Optimization for Healthcare Insurers

- > Improve payment accuracy and timeliness
- > Easy to use audit systems
- > Eliminate data redundancies
- > Improve provider satisfaction

Many health plans struggle to manage their provider networks, especially when it comes to ensuring that contractual terms are loaded accurately across all systems. The result? Lots of rework and manual processes resulting in dissatisfied providers and members

That is the ideal scenario for an insurance provider and their members, but it isn't always the reality.

For many insurers, their out-dated, legacy systems are fraught with challenges, including: manual processes, the re-submission of claims multiple times due to errors, and reactive, rather than proactive processes—just to name a few.

With older systems that lack end to end configuration management, claims processing technology's scalability accuracy and timeliness is limited. It provides few checks and balances with room for internal audits, thus, creating the back and forth of incorrectly filed or paid claims, and dissatisfied providers not getting paid correctly and members receiving a bill for a service their plan should cover.

ENTER APPIAN FOR CLAIMS PAYMENT OPTIMIZATION

Appian can make the claims payment process a seamless, easy to navigate journey, where providers are paid accurately and on time for services, and members never even know a transaction took place by providing an end to end automated workflow.

With Appian, insurers can create a document management and measurable electronic process for claims processing that allows for checks and balances throughout the process. With an electronic catalog for reimbursement guidelines, paper processes can be eliminated, and constant traceability of claim status can be monitored.



Within a single, unified application platform, powered by Business Process Management and Case Management capabilities, Appian ensures health insurers can wring out inefficiencies, provide real-time data that enables efficient claims processing, and increases the ability to collaborate with providers.

Appian's Records feature also provides the ability to integrate data from multiple disparate systems to enable a more comprehensive view of providers and members. Appian is also able to eliminate data input redundancies and maintain data integrity and consistency across systems. This results in more accurate data and more efficient and effective processes leading to operating expense reductions.

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 radically accelerates 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 revolutionize their customer experiences, transform their business operations, and master global risk and compliance. **For more information, visit www.appian.com**