Appian

Use Cases for Healthcare Payers: Provider Network and Data Management

Automate Provider enrollment and maintenance processes, and integrate to critical data and core administration systems.

CUSTOMER PROFILE

- Large healthcare payer operating in multiple states

- Primarily public funded program members (Medicaid, Dual eligibles, CHIP)

- Over $10 billion in revenue, 5 million members, 4500 employees

CHALLENGES

Inefficient Provider enrollment and maintenance with multiple manual steps and disconnected systems:

- Lack of standardized processes

- Data residing in four disparate internal systems and multiple databases

- Provider data (demographics, credentials, licensing, specialty) not accessible to the critical business processes affecting payer's relationships with customers, including providers and members

- Issues in efficiently meeting regulatory compliance requirements

SOLUTION GOALS

- Standardize and improve processes, loading times and availability of data

- Support value-based reimbursement by aligning contract terms and policies with tailored networks

As the market transforms to new models of healthcare, the Appian digital platform enables the enhanced levels of automation and integration that are required.
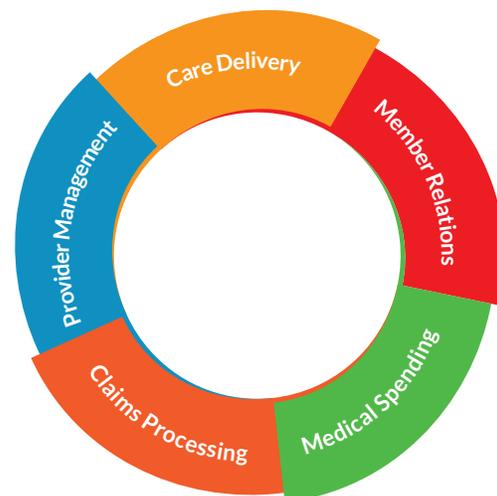
RESULTS

For Providers

- Improved organization and management of provider networks

- Complete and accurate data, cross-functional efficiency, and timely processing from provider credentialing to claims processing

- Reduced administrative and IT costs through automation of task assignments, calendaring, tracking and cross-functional hand-offs

- Rapidly roll out and scale new care delivery and reimbursement initiatives

For Members

- Increased effectiveness of medical spending with quality provider information

- Helps members make more informed provider and network decisions

- Improved provider and member relations by enhancing the timeliness and accuracy of provider enrollment and maintenance

PRIORITIZE WHAT MEMBERS NEED

Healthcare is at a crossroads with ever-increasing competition and pricing pressure. Members want the best coverage and quality of care at the most affordable price. With Appian you can:

- Improve customer service
- Provide simplicity for members
- Unify process, data, systems, and providers, enabling a seamless member experience
- Increase Price and quality transparency
- Streamline operations
- Reduce administrative costs
- 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
- Care management
- Group benefits
- Claims
- IT Operations
- Global security management

PREPARE FOR THE FUTURE

The future of healthcare demands greater convenience and simplicity for providers, payers, and most importantly, members.

To keep pace with the changing healthcare environment, payers must adapt to three key trends:

- The consumerization of healthcare
- The proliferation of value based care models
- The continued focus on cost reduction and patient outcomes

Appian is helping to lead digital transformation efforts that allow healthcare organizations to address these key trends. Rapidly build applications that bring together data, automate key processes and enable mobile innovation. Give members and providers access to the information they need anytime and anywhere.

Appian

Appian provides a leading low-code software development platform that enables healthcare organizations to rapidly develop powerful and unique applications. The applications created on Appian's platform help companies drive digital transformation and competitive differentiation.

For more information, visit www.appian.com