Appian for Fraud, Waste, and Abuse Case Management

GAIN CONTROL OVER FRAUD CASE MANAGEMENT AND INVESTIGATIONS

› Improve visibility to investigations in progress
› Streamline internal collaboration on fraud case investigations
› Accelerate monetary recovery
› Integrate your own analytics tools into the case investigation workflow

Fraud, waste, and abuse (FWA) within the healthcare industry is a mounting problem that impacts health plans’ bottom lines. While healthcare plans have security tools and claims analytics that can detect fraudulent activities, many lack an integrated application that supports case investigations to prove fraudulent intent.

FASTER FWA INVESTIGATIONS WITH APPIAN
Appian equips healthcare payers with a robust solution for fraud case management and investigation. Appian’s low-code automation platform provides a unified view of a FWA case in progress, allowing coordination between internal departments and law enforcement. This allows organizations to accelerate financial recovery efforts with a streamlined process which provides detailed reporting into every aspect of cases. With Appian, manual processes in FWA case investigation are replaced with modern automation.

GIVE FWA INVESTIGATORS THE POWERFUL TOOLS THEY REQUIRE
Why spend investigators’ valuable time on manual chores when Appian can help? Appian is the leader in low-code automation. The Appian platform integrates Appian RPA, which can add robotic workers to automate FWA processes, from intake to closure.

With Appian’s case management solution, your health plan’s Special Investigation Unit (SIU) can:

• Streamline its investigations
• Increase case visibility
• Accelerate monetary recovery
FOCUS
Gain key capabilities with an automated approach to fraud investigation case management.

- Streamline investigations
- Accelerate monetary recovery from FWA cases
- Easier coordination between internal SIUs and law enforcement

TAKE CONTROL
Appian gives organizations the ability to quickly build, deploy, and scale enterprise Governance, Risk, and Compliance applications for:

- Complaints, Appeals, and Grievances
- Quality Improvement
- Data Privacy (GDPR and CCPA)

PREPARE FOR THE FUTURE
The future of healthcare depends upon insurers’ ability to quickly adapt and provide high-quality convenient services for providers, payers, and—most importantly—members.

Transformational healthcare solutions require speed and power. The Appian low-code automation platform provides both.

With Appian, organizations can build web and mobile apps faster, run them on a HIPAA-compliant cloud, and manage complex processes end-to-end, with bots and without limitations.

HEALTHCARE ORGANIZATIONS TRUST APPIAN:

BMI Healthcare, Kaiser Permanente, NuLife Med, SHARP,

Institut canadien d’information sur la santé, Canadian Institute for Health Information, psHEALTH, Benenden Health

Appian provides a low-code automation development platform that accelerates the creation of high-impact business applications. Many of the world’s largest organizations use Appian applications to improve customer experience, achieve operational excellence, and simplify global risk management and compliance.

For more information, visit www.appian.com