

Use Cases for Healthcare Payers: Utilization Management

Determine member eligibility and initiate pre-authorization review and approval for procedures and tests.

RESULTS

- Lowered service time by over 15%
- Reduced medical cost by \$10 million per year through increased quality
- Can now intake and process roughly 15,000 transactions a day
- Reduced new hire training on the tool from days to hours
- \$1.2 Million in Operational Productivity Savings

CUSTOMER PROFILE:

- Large healthcare payer operating in multiple states
- Over \$10 billion in revenue, 10 million members and 15,000 employees

CUSTOMER PAIN POINTS

Manual processes and complex, changing guidelines causing inaccurate pre-authorization approvals:

- Current process prone to human error. Achieving a 98%-98.5% success rate, yet the remaining 1.5%-2% represents tens of millions of dollars paid out in error due to false approvals; including those for high value procedures and tests for Maternity, NICU Admission, and Surgery
- Care Coordinators in the contact center take call notes in a notepad and use spreadsheets to interpret the rules to either authorize the approval, move it to pending or deny the request
- Difficult to keep spreadsheets up-to-date and determine what rules apply since they may differ by geography and plan

SOLUTION GOALS

- Automate processes to improve accuracy and response time for pre-authorization
- Capture up-to-date authorization rules and, as care advocates enter information, automatically provide details needed to make an informed decision
- Automatically create and route escalations for cases that need a higher level approval or review

FUTURE DIRECTION

Retooling of Care Management efforts to increase member engagement around health conditions over time and incorporate self-service functionality.



Intelligent UM: The Appian digital platform assists in the efficient management of health care services, procedures, and facilities under the provisions of the applicable health plan



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.

HEALTHCARE ORGANIZATIONS TRUST APPIAN:



Appian

Appian provides a low-code automation 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