

TRANSFORM FOR A UNIFIED MEMBER VIEW

FAST-TRACK YOUR
DIGITAL TRANSFORMATION
WITH APPIAN RECORDS FOR
THE HEALTHCARE INSURER

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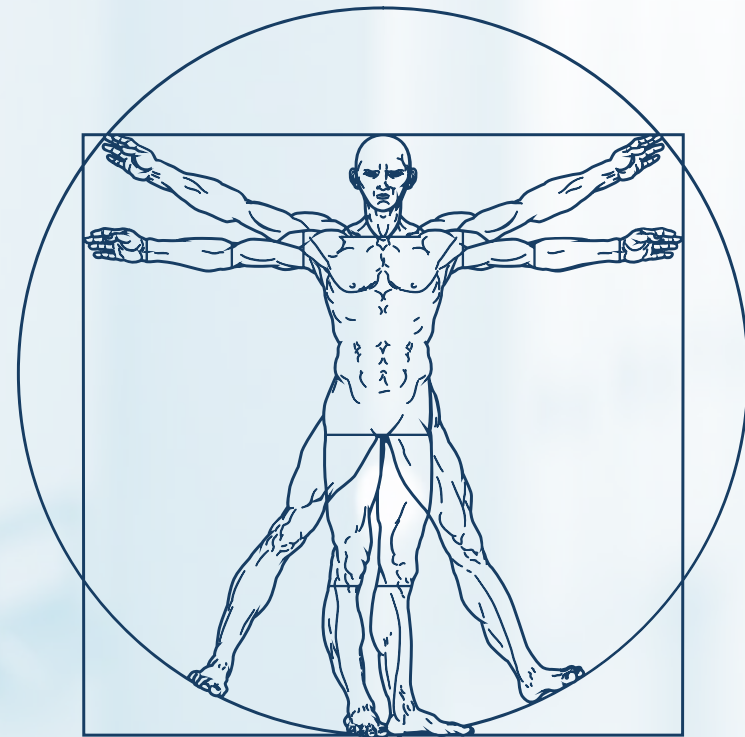
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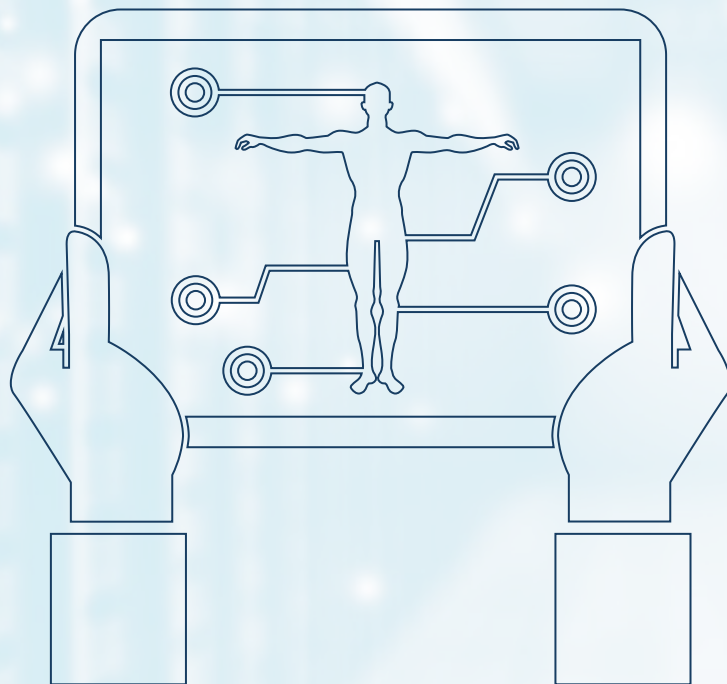
INTRODUCTION

When it comes to their medical information, patients expect privacy and accuracy, as well as transparency and availability, both from their healthcare provider and their health insurance company. These expectations, that at times may seem at odds, are driven by changing consumer trends and the promise of new digital technologies.

Healthcare insurers understand the need to choose technology that provides records accuracy and availability, not only to better engage their members and providers, but also to manage costs, ensure proper care coordination, and afford meaningful choice. Further, members are increasingly demanding the ability to compare available providers, and their costs of services, as well as review current claims, from their desktop, or mobile devices, anywhere, at any time.



i INTRODUCTION (CONTINUED)



What digital transformation will be required to meet demands today and beyond?

A unified view for members—easily accessible and actionable member information.

To achieve this unified member view requires the right digital transformation technology that can assure timely, accurate, and protected information.

Read on to learn more about improving member and provider engagement, and cost efficiency, by enabling a more comprehensive view of the clinical and financial information associated with a member's health care and insurance. Discover the merits of the Appian digital platform technology, including the innovative Appian Records capability, for creating a unified member view.

1

STRATEGIC TREND FOR DIGITAL HEALTHCARE TRANSFORMATION

If digital transformation isn't a top contender on your priority list, now is the time to move it up the ranks.

According to a recent digital engagement survey conducted by McKinsey, forward thinking healthcare insurers are allocating even more of their IT budgets to new digital capabilities. McKinsey forecasts that digital transformation will make up more than 50 percent of those company's IT budgets over the next three to five years.¹

"Most payor executives need to think bigger and move faster. Digital should be at or near the top of their strategic priorities, and CEOs should proactively champion digital transformation."

— McKinsey

But what makes increased spend on digital transformation worth the investment?

As many other industries have discovered, incumbents that can get ahead of the digital curve can create a strong competitive advantage and gain considerable value. Further, to provide the most benefit, digital must change your way of doing things within your own walls, as well as change how you connect with your members and the healthcare providers that serve them, including incorporating social media and mobile capabilities.

All this, in turn, directly leads to the increasing importance of creating a unified member view.

¹Basel Kayyali, Steve Kelly, and Madhu Pawar, "Why digital transformation should be a strategic priority for health insurers," McKinsey & Company (2016)

2

CONSEQUENCES OF NOT HAVING A UNIFIED MEMBER VIEW

In today's highly competitive healthcare world, consumers have a growing ability to shop for their insurance plans. Though the Affordable Care Act may see significant change in the future, it signaled a degree of consumer flexibility. If a health insurance company isn't providing members the expected level of service, the members will likely look to switch insurers.

"If plan members understand their benefits and have the information they need to manage costs and access services, they are more likely to derive satisfaction from their plan, renew their benefits, and have less reason to shop for new plan options."

— Robin Gelburd, President, FAIR Health

To retain members, and attract new ones, insurers must truly think of their members as customers, and provide them with the services they demand; including:

- >> Easy access - including mobile - to view benefits, claims, and medical records, and to perform cost comparisons
- >> Simple online processes to determine coverage and claims liabilities
- >> Transparent views of eligible providers

The consequences of not responding can be grave. So how do insurers satisfy these demands for a more comprehensive and understandable view of member' clinical and financial information? Further, how do they then integrate their provider data to complete the member view?

3 THE IMPORTANCE OF PROVIDER DATA MANAGEMENT

Healthcare insurers want to create a holistic view of their members, including healthcare provider data, and the processing of the claims that go along with this data. This unified view is necessary not only to attract and retain new members, but also to make the business maintain regulatory compliance and run smoother, cutting down on unnecessary processes, and saving costs, frustration, and manpower. The ability to successfully integrate data from physicians and hospitals means insurers are better able to support accountable care organization relationships.

Creating a unified member view must include the ability to integrate clinical data from the providers with financial data from the insurers.



3 THE IMPORTANCE OF PROVIDER DATA MANAGEMENT (CONTINUED)

With a unified view of information, insurers are able to:

- >> Process claims faster and more accurately
- >> Reimburse providers correctly the first time
- >> Manage value-based care reimbursements
- >> Provide accurate reporting to required federal and state agencies such as Medicaid, CMS, State Health Exchanges, etc.

Multiple disconnected systems make it mandatory to integrate provider data. With integrated provider information, insurers can effectively manage provider contract terms, credentialing information, and ongoing provider data updates. This enables insurers to increase claims payment accuracy as well as ensure accurate and up to date provider directories, maintaining regulatory compliance and leading to increased satisfaction of both members and providers.



4

HOW A UNIFIED MEMBER VIEW DRIVES WELLNESS AND COST SAVINGS

One of the biggest complaints people have about their healthcare coverage is that insurers fail to provide information that is easy to understand in regards to:

- >> Benefits
- >> What exactly is covered
- >> Exact costs of procedures and appointments, especially as the costs can vary from provider to provider
- >> Providing information that is easy to understand or available in the appropriate channels such as: mobile devices, tablets, and desktop computers

Lack of attention to all of these things, in turn, can lead to dissatisfied and frustrated members.

By creating easy-to-understand, comprehensive views of all of the information relevant to a member, and their family, insurers and providers can enhance member engagement and trust.



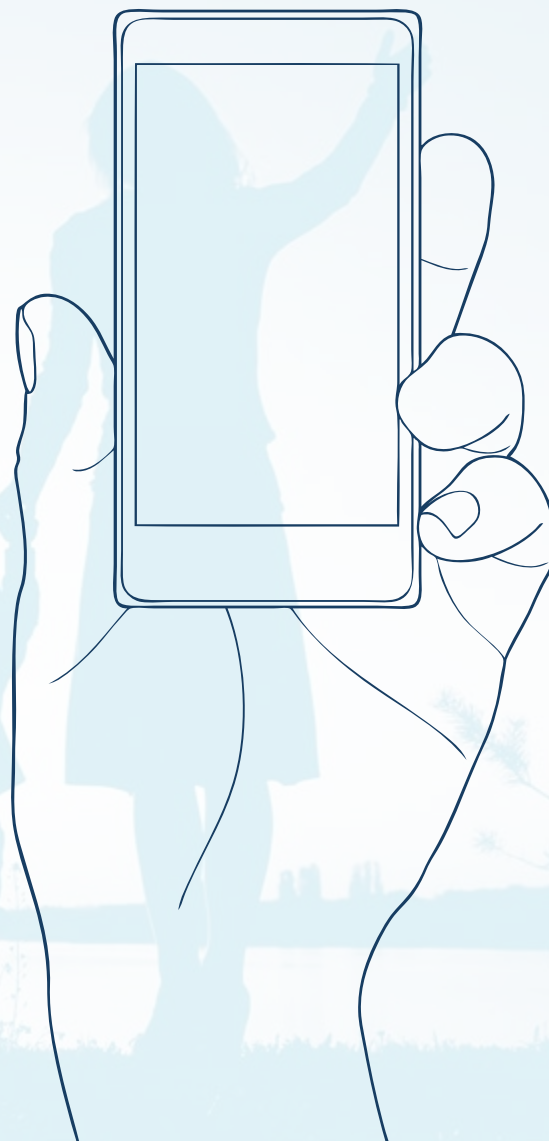
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HOW A UNIFIED MEMBER VIEW DRIVES WELLNESS AND COST SAVINGS (CONTINUED)

“Providing customers with tools and services that meet their basic needs is crucial if companies are to win trust. And in an area as sensitive as health, consumers will come along on the journey to unfamiliar methods of delivery only if they trust their counterparts.”

— PwC

With unified views that encompass all the details outlined above, healthcare insurers are not only able to help their members when a health incident occurs, or handle the payments that come after, they’re able to help them remain healthy in the first place. Thus, reducing member costs and keeping them healthier and happier.



5

TAKE A DIGITAL OVERLAY APPROACH TO TRANSFORMATION

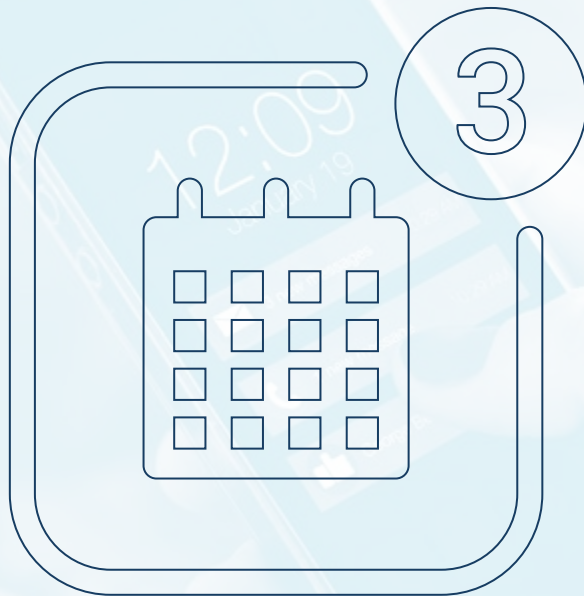
Healthcare insurers have been working towards creating a more unified view of their member clinical and financial data. However, doing this has been challenging given the multitude of systems that have been added over time, systems that typically don't talk to each other or allow for easy data exchanges. The alternative is extreme—pulling out their current systems, and doing a full rip and replace. This is a daunting and undesirable thought to most organizations, even if such an undertaking may have long term benefits.

But there is a middle ground. A digital overlay approach can work with existing systems and leverage those investments, while delivering the capability to respond to top priority member demands for a customer-centric unified view.



5

TAKE A DIGITAL OVERLAY APPROACH TO TRANSFORMATION (CONTINUED)



“Consumers aren’t ready for a revolution. They have far simpler demands and desires, such as an easier way to schedule doctor visits or the ability to get follow-up notifications on a mobile phone. As a result, insurers that want to make the most of their investments in new technologies should focus their resources on developing simple digital products and services that align with their identities, strategic goals, and existing capabilities.”

– PwC

The solution must also be agile and flexible, and able to work with different sources of data, depending on the healthcare provider organization, doctor’s office, or even health devices on the Internet of Things... whatever the source of the member information.

6 APPIAN RECORDS FOR HEALTHCARE INSURERS

Appian's low-code digital transformation platform - powered by business process management (BPM) delivers the capabilities necessary to help insurers build and manage a unified member view.

Specifically, Appian's unique Records technology provides the power to connect all applications around one or more core business topic, such as:

- >> Claims
- >> Benefits
- >> Out of pocket costs
- >> Deductible balances
- >> Explanation of coverage
- >> Clinical information
- >> Physician and hospital directories

With Records, insurers can then make important information available in categories or topics that customers and employees understand, without being limited by which legacy systems has collected or managed that data over the years..

Through Appian Records, insurers are able to integrate structured data, device signal information, documents, reports, and collaboration to create actionable data.



6 APPIAN RECORDS FOR HEALTHCARE INSURERS (CONTINUED)

Members can see down to the penny what their deductible balance is, or a real-time view of when their claim was processed and when their healthcare provider was paid by their insurer and how much they might owe.

Appian Records combines the power of comprehensive data views with process flow and work optimization, plus powerful reporting capabilities.

And, with Appian Records, an accurate directory of covered physicians and hospitals makes choosing providers easy, and provides a comprehensive view of benefits, claims, and clinical data. The result? A more satisfied and engaged member.

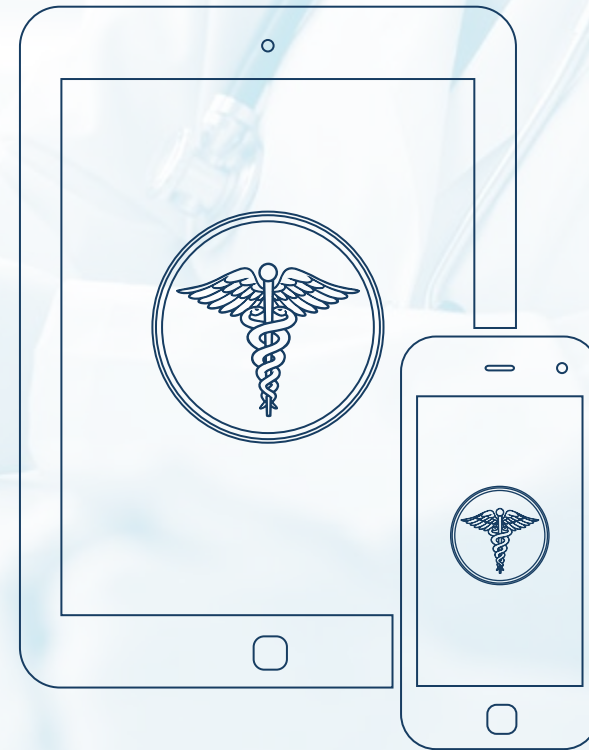


✓ CONCLUSION

In this age of choice, healthcare insurer digital transformation priorities need to focus on customer experience and engagement. Pursuit of a unified member view is a must.

A digital overlay approach, powered by Appian, can help fast-track your transformation in the coming year and deliver against top objective of satisfied, health conscious, and ultimately unified members.

Learn more about digital transformation for a unified member view that can put you well on the way to creating the engaged and loyal member by visiting Appian's healthcare website at: www.appian.com/healthcare. A member that is satisfied, has longevity as a customer, and most importantly, is ultimately a healthier and happier member of the community.



Appian



About 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.