Hitachi Solutions

Microsoft

5 steps to get provider data ready for value-based healthcare

For many organizations, the reality of **value-based healthcare** is still far away from its promise. Healthcare payors are struggling with myriad challenges on the path to implementation, and one of the biggest is **managing provider data**.

Provider demographic data changes constantly, as practitioners join and drop networks, move, retire, and make other changes. In addition, your healthcare plans and coverage are continually being updated. Inaccurate and incomplete data harms your business processes, from marketing and onboarding to servicing and claims management.

The US healthcare market is sprawling and complex

Around **900**

Healthcare insurers in the US.[1]

46% of the market

Is controlled by five major payors.[2]

Nearly **17M**

Total number of healthcare professionals in the U.S.[3]

More than **1M**

Active physicians in the U.S.[4]

5 steps to conquering provider data challenges

The Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Final Access Rule requires that payors enable secure data exchange with other payors and provide patients with access to their personal health data.[5] Enforcement of the 2020 rule has been temporarily paused to give payors more time to solve implementation challenges.[6]

While the CMS delay is needed to provide adequate time to address this challenge, payors need a solution. They are achieving greater ROI when they develop master provider data and processes to manage their networks better.

Here's a path forward that your organization should consider.

1 Solve for your desired use cases

Value-based care means different things to different organizations. Rather than trying to solve for everything, focus on your areas of greatest pain or potential, what data and insights you need, and what you need that data to do. That analysis will inform what needs to change at your organization from a **people, process, and technology perspective**.

Then, work with your stakeholders, customer experience teams, and product experts to prioritize use cases and develop roadmaps to achieve your goals. There is no right or wrong answer. However, certain use cases will likely yield higher value for your organization.

You can build towards value-based care one step at a time, solving specific challenges across contracting, provider visit management, servicing, reporting, and analytics.

8 common data use cases for payors

Payors work with scores of providers. You're typically seeking to accomplish these eight tasks with provider data:

1. **Prospect providers** – Increase your marketing ROI with accurate contact information.
2. **Onboard providers** – Make it easy for clinicians to join your plan with integrated digital processes.
3. **Resolve provider issues** – Simplify dispute resolution with streamlined data updating processes.
4. **Update provider data seamlessly** – Enable clinicians and staff to use self-service tools to internally correct errors.
5. **Enable a 360-degree view of providers** – Use holistic data to plan growth and new services.
6. **Deduplicate provider data** – Reduce errors by proactively eliminating data duplicates.
7. **Contract with providers** – Easily access accurate data for contracting processes.
8. **Engage with providers** – Know who you're talking to and use insights to drive service offers.

2

Streamline ingesting of your data

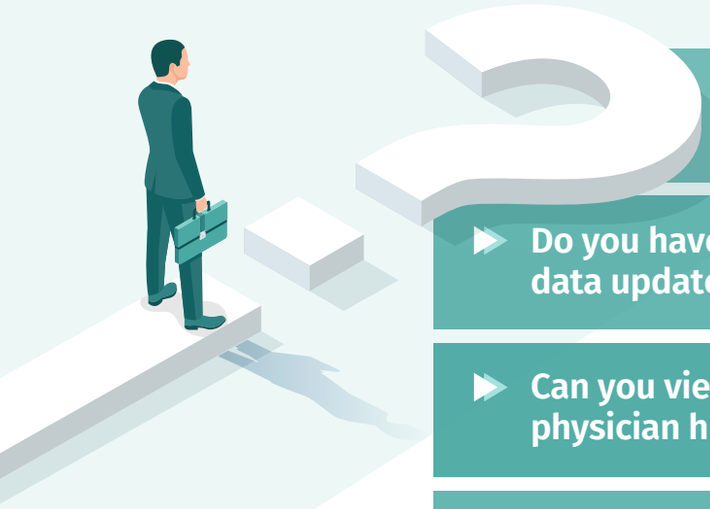
Because provider data changes frequently, it's likely not practical to try and aggregate your data into a single data lake.

Payors are seeing remarkable business outcomes with other solutions. **Microsoft Dataverse** connects your data to business processes and apps while maintaining its quality. Dataverse automatically accesses and routes data from public cloud data sources such as Microsoft Azure to key business functions like marketing, billing, care management, customer service, and claims that need to use it. It's also highly scalable and secure, enabling your organization to use more of its data and meet compliance requirements.

Your people can also use Dataverse with **Microsoft Power Apps** to create and run low-code/no-code apps, process flows, and intelligent agents, adding automation, improving data accuracy, and enabling your workforce.

Can you answer these data questions?

Hitachi Solutions and Microsoft can help you implement the processes and technologies to answer these questions and achieve these goals.



- **Who is authorized to change provider master data and is it easy to do?**
- **Do you have a digital workflow that delivers provider data updates to all business functions that need it?**
- **Can you view complex provider location and physician hierarchies?**
- **Can you seamlessly track providers who are members of multiple plans?**
- **Can you use low-code/no-code platforms to set up master data-based rules for exceptions?**

3

Flatten provider data

Provider data has complex hierarchy structures, making it challenging for your people to answer questions and address complaints.

Did you know that you can flatten your data so that you can see human providers, practices, and clinics in a single two-dimensional table? To create a flat file, you'll strip out all Word processing formatting and structure markup and have a single record per line. Flat files are easier to manipulate, search, and use to build applications.

Hitachi Solutions provides a tool that flattens data, enables you to see all of your data at once, zero in on key data points, and use insights to solve contracting and claims issues.

4

Create master-based instead of logic-based rules

Your organization has likely created many logic-based business rules with complex coding to manage provider data and manage exceptions. This creates rigidity over time and requires developer expertise to modify.

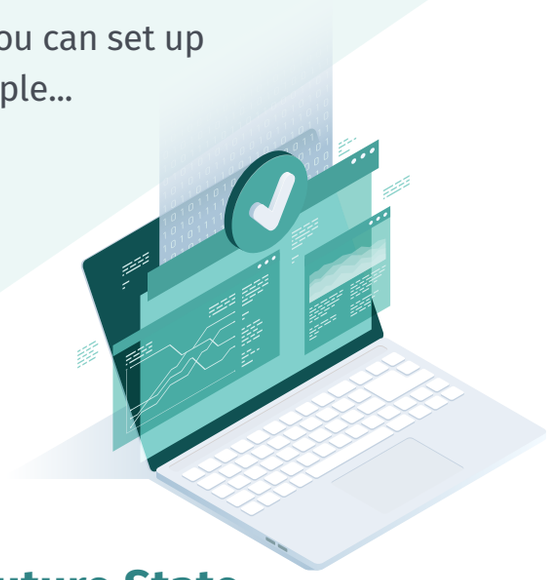
When you deploy the Hitachi Solutions rules engine, you get a flexible low-code tool that enables your business analysts to easily set up rules to manage exceptions, without requiring IT intervention.

Simplifying exception management

Managing complex exceptions gets easier when you can set up low-code, master-based business rules. For example...

Today

Providers who work across state lines, such as in rural areas, typically have claims rejected.



Future State

Your business analyst sets up a simple rule to recognize and process these claims accurately.

5

Model your data

Now that you've gained control over your data, you can improve your business and operations. Here are some ways you can use transformed provider data:

Deliver a better provider experience – Make it easier for providers to learn about your organization, onboard with you, get questions answered, and get paid for services rendered.

Provide a better member experience – Improve the accuracy of online directories so that consumers can find providers in their area who are currently accepting patients.

Improve operational efficiency – Decrease non-value-added work, such as calling, emailing, and faxing to obtain updated provider data. Increase the accuracy of claims processing with accurate provider data.

Decrease costs – Decrease marketing, servicing, claim administration, and complaint processing costs by using accurate data for all processes.

Did you know?

1 in 2 provider directories have errors: A CMS study of Medicare Advantage Organizations (MAOs) found that 52.2% had at least one error,[7] including:

1. Providers were not at the location listed.
2. Phone numbers were incorrect.
3. Providers were not accepting new patients, but the directory indicated they were.

Nearly half of the location data was inaccurate for this group.

Create more value from your

provider data

> You're tackling data challenges to provide a better experience for providers and members as you build towards value-based outcomes.

Hitachi Solutions and **Microsoft** provide the industry expertise, advisory services, and implementation capabilities you need to improve provider data processes. Your business staff can use the Hitachi Solutions rules engine and Microsoft Dataverse to streamline provider data ingestion, tracking, and reporting, all while leveraging insights to innovate your services and improve your processes.

The path to value-based outcomes begins with better provider data management.

Improve provider data processes today.

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1 "Payers in the Health Care Industry," Collective Medical, undated.
2 "Largest Health Insurance Companies of 2022," Value Penguin, September 1, 2022.
3 "Total Health Care Employment," KFF, May 2021 (latest date available).
4 "Total number of active physicians in the U.S., as of May 2022," by state, Statista.
5 "Interoperability and the Connected Health Care System," CMS, December 8, 2021.
6 "Notice of Enforcement Discretion," Department of Health and Human Services, Federal Register, December 10, 2021.
7 Online Provider Directory Review Report, CMS, January 19, 2018.