

Provider Data Management

Digital-first solution for exceptional provider experiences



Provider data is constantly evolving. Approximately **2.4%** of Provider demographics change every month and **30%** of Provider affiliations change annually. Poor data management results in stale data, driving up costs and impacting patient and provider experiences.

Typically, **30% to 40% of Health Plan records for Providers** contain errors or missing information. Improving Provider data accuracy increases accuracy of claims adjudication and reimbursement and elevates the overall member and Provider satisfaction. But several roadblocks stand in the way of optimizing Provider Data Management (PDM).



Incomplete sources of truth across State Master File (MAP), variations in Provider Book of Record and Core Admin Platform, and third-party sources



Non-standardized
dataflow with missing
attributes, fragmented
outreach process for
missing information, and
inadequate rules for
intake triage



Gaps in workflow due to inconsistent process handoffs between Health Plans and Providers and poor exception management processes



Data stewardship
issues including
incomplete/inaccurate
correspondence from
Providers and lack of
enterprise standards and
business rules and data
definitions

What's more, the **Consolidated Appropriations Act (CAA)**, that goes into effect from **January 1, 2022**, places additional burden on Health Plans around ensuring Provider data accuracy. It mandates that Providers verify and update provider directory information at least once every **90 days**, establish a provider database on a public website, and rapidly respond to member requests for information about in-network provider or facility – among other requirements.

Go from outdated to updated

There is significant overlap between the data used for credentialing and maintaining Provider directories. Firstsource's digital-first Provider Data Management (PDM) solution blends omnichannel Provider outreach with automated updates, enhancing both member and provider outcomes. It integrates with current Provider directory and listings, ensuring compliant, readily available and up-to-date data.



Network affiliation changes, fee schedule maintenance, and other contracting term maintenance for physicians, hospitals and ancillary providers



Verification and ongoing maintenance of demographic, plan relationship and credential changes



Mapping provider information on claims that fall out from auto-processing



Clean-up of entire provider database to make it current



Stay ahead with Firstsource



Reduced administrative burden



Improved quality resulting in more accurate and faster claims payments, and lower penalties and late payment interest



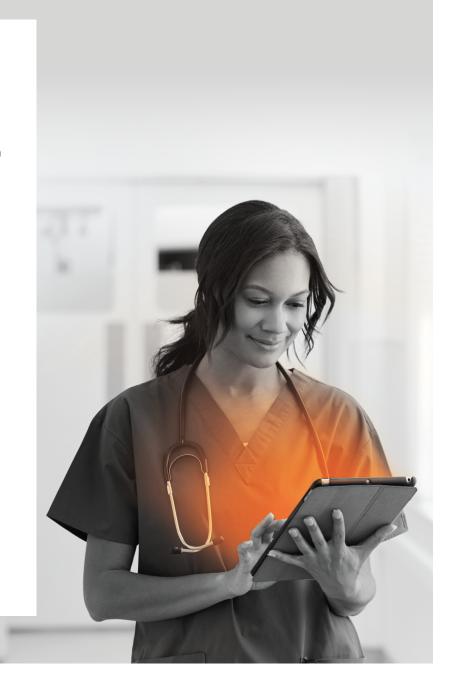
Improved productivity and significant cost savings



Elevated member and Provider experiences and reduced member churn

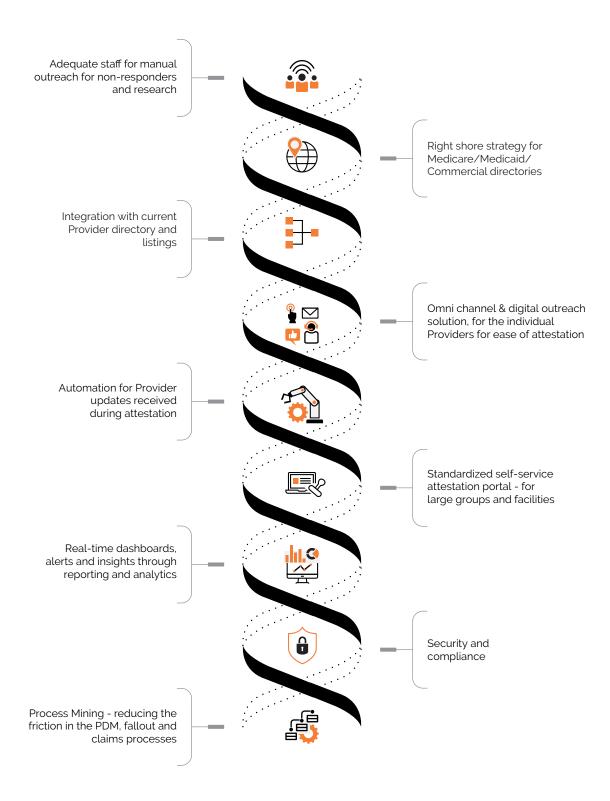
Solution highlights

- Omnichannel outreach solution, spanning Text, Email, Chat, Online Platform and Voice, increasing activation and engagement for Health Plans while enhancing convenience for Providers
- Automated Provider updates for rapid and accurate processing. PDM lends itself to Robotic Process Automation (RPA) as it involves simple, rules-based tasks using standardized and structured data such as adding a Provider to the directory or updating a practice location
- Process mining to reduce the friction in PDM, Fallout and Claims processes
- Real time dashboards, alerts and insights through reporting and analytics
- Right shore strategy for Medicare/Medicaid/Commercial directories
- Dedicated staff for manual outreach for non-responders and research





How we do it



Looking to reduce friction in Provider Data Management and Credentialing processes and enhance member and provider experience? We can help

Speak to our experts: Click here