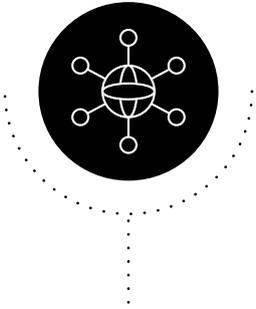




Provider Data Management

Sharpen data accuracy to meet new compliance requirements and realize more reimbursement revenue

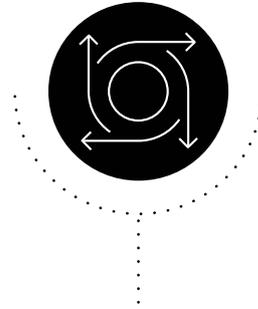
Provider data (demographics and affiliations) are constantly changing, which results in inaccurate information that drives up operating costs and decreases patient and provider satisfaction. Typically, **30% to 40% of health plan records for providers** contain errors or missing information. To increase claims reimbursement, providers must sidestep the following roadblocks:



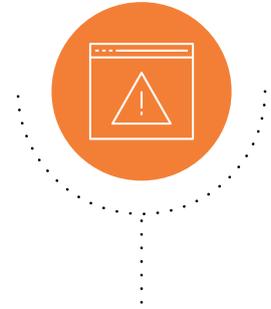
Incomplete sources of truth across State Master File (MAP), variations in provider Book of Record and Core Admin Platform, and third-party sources



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

Go from outdated to updated

The **Consolidated Appropriations Act (CAA)**, which goes into effect on **Jan. 1, 2022**, mandates that providers verify and attest provider directory information at least once every **90 days**, and rapidly respond to member requests for information about in-network provider or facility – among other requirements.

Firstsource's digital-first Provider Data Management (PDM) solution can help providers to not only meet CAA requirements, but to realize more reimbursement revenue .We blend omnichannel provider outreach with automated updates to enhance both member and provider outcomes. Our solution integrates with current provider directory and listings to cultivate compliant, assessable and up-to-date data.

We can help you:



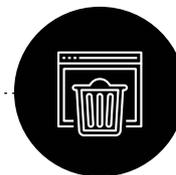
Maintain up-to-date information about network affiliation, fee schedule maintenance, and other contracting term maintenance for physicians, hospitals and ancillary providers



Verify and maintain demographic plan relationship and credential changes



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



Clean-up the entire provider database to make it current

Stay ahead with Firstsource



Reduce administrative burden and improve quality, resulting in more accurate and faster claims payments, and lower penalties and late payment interest



Improve productivity and reap significant cost savings



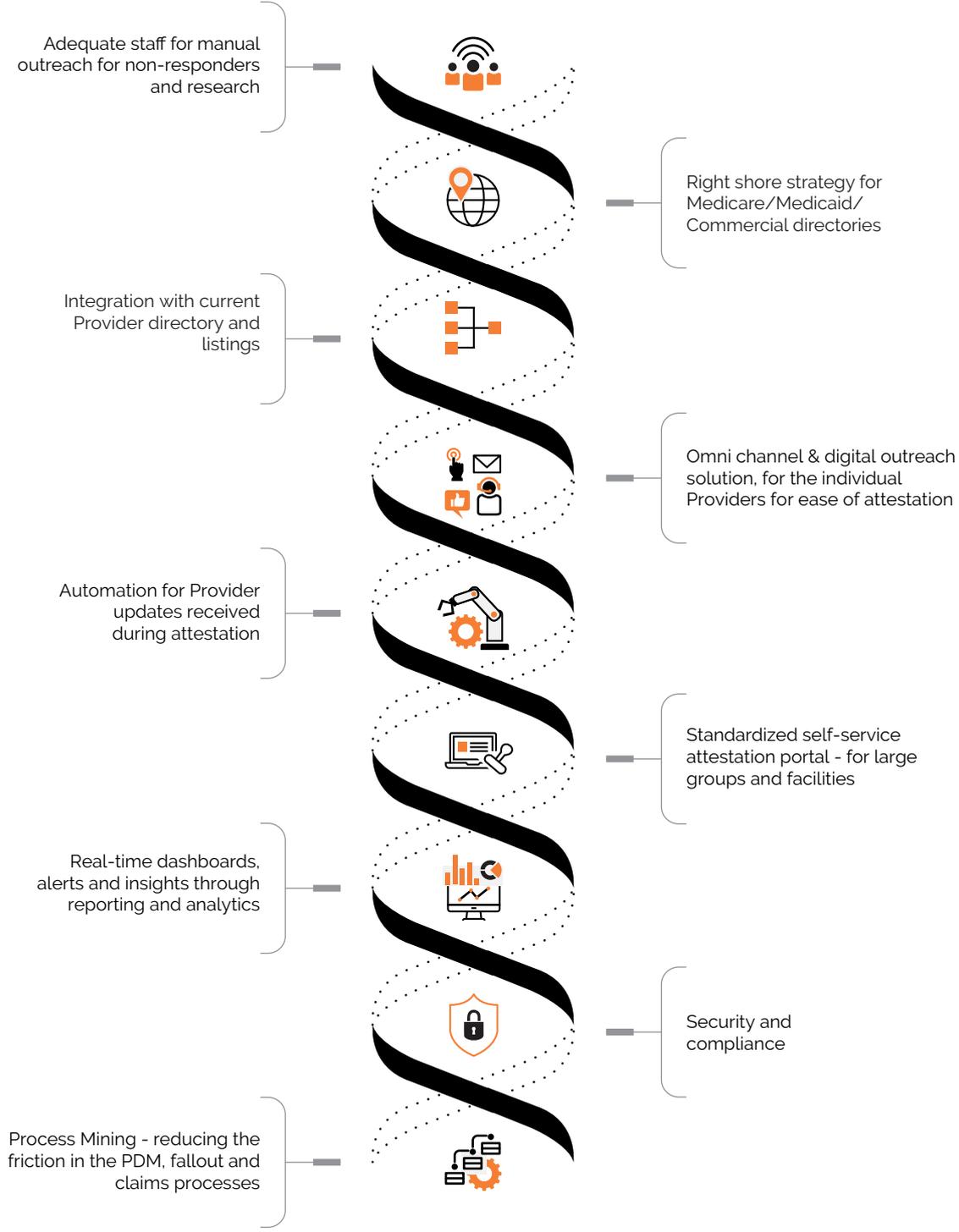
Reduce member churn by elevating the provider experience

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



Reduce friction in Provider Data Management and Credentialing processes and enhance member and provider experience? **We can help**

Speak to our experts: [Click here](#)