



THE VALUE OF AUTOMATION: USING AUTOMATED PDM FOR MORE THAN JUST COMPLIANCE

Robotic Process Automation

More important now than ever, robotic process automation (RPA) is a keystone of cost effective healthcare delivery. And while the Affordable Care Act made automation a top-of-mind issue for healthcare stakeholders, the current climate of regulatory uncertainty is increasing automation's relevance.

Today, all cost saving measures that increase efficiency and enhance the ability of plans to adapt to federal and state requirements are of paramount importance. But the specific value of automated provider data maintenance (PDM) functions cannot be overstated, as plans scramble to meet stringent state mandates around provider directory updates, accuracy, surveys, and reporting.

Capitalizing on change: Thriving as regulation and competition increase

To thrive in such a highly regulated environment, health plans throughout the country require more than an automation vendor who will deliver a deluge of one-size-fits-all surveys to every provider on a panel, then throw that information over the fence for validation.

Health plans need to do more than simply avoid the costs of non-compliance. They need to fully capitalize on the changing regulatory environment around them. They need to use this opportunity to improve their customer satisfaction, strengthen provider relationships, and hone their competitive advantage by maximizing the effectiveness of their internal processes and personnel.

The importance of automated PDM

California offers a prime example of the importance of effective provider data maintenance—it also serves as a reminder of the costs that ineffective PDM can incur.

Financial Impacts of Inefficient PDM

- Health plans collectively spend more than **\$2.1 billion** a year on inefficient tasks around PDM
- Insurers spend **\$6-24 million** per year to remedy poor provider data quality
- Centers for Medicare & Medicaid Services (CMS) fine insurers up to **\$25,000** per beneficiary for errors in Medicare Advantage plan directories and up to **\$100** per beneficiary for errors in plans sold on the federally run Health Insurance Exchange (HIX) in **37 states**
- Potential cost reductions range from **21-46%** when data in the provider file is accurate and up-to-date

¹ Lexis Nexis White Paper "A Business Case for Fixing Provider Data Issues"
² CMS

Known for being one of the most heavily regulated markets in the nation, California requires that plans maintain accurate provider data to ensure a level playing field for consumers deciding between plans. After all, what good is a plan to the consumer if no providers are available in a given network or market, or if the providers that are available are not accepting new patients?

These requirements, however, can exert significant pressure on plans. If they try to handle PDM functions internally, they bear the burden of extensive provider outreach efforts, risking survey fatigue, strained provider/plan relationships, and the costly reallocation of personnel already struggling to meet existing demands. If they choose to employ a third-party vendor for their PDM function, they risk engaging with a team lacking the broad industry background needed to craft efficient, targeted outreach and then package the information into the actionable, verifiable data required by the state.

Each option carries significant risks, and the costs of those risks are very real for California plans. In fact, facing California's stringent mandates for weekly provider directory updates, accurate provider language information, and timely and detailed reporting, initial compliance deadlines are often unmet.



Because Sutherland understands the relationship between minimizing redundant outreach and maximizing outreach results, we meticulously analyze prior year reporting excerpts, examining them for multipliers and duplication in advance.



WORKING WITH THE RIGHT PARTNER

Sutherland works closely with some of the largest health plans in the country to deliver automation that does more than enable regulatory compliance. Drawing on our experience across the care continuum, Sutherland crafted an automated provider data maintenance solution that enhances processes, increases efficiency, meets timely reporting requirements, and bolsters the provider and member experience.

Unlike vendors who lack plan and provider-side experience, Sutherland understands the relationship between minimizing redundant outreach and maximizing outreach results. We meticulously analyze prior year reporting excerpts, examining them for multipliers and duplication in advance. Breaking out providers by specialty, plan, and other parameters, we minimize unnecessary outreach and lessen the risk of survey fatigue. We also deploy targeted phone outreach when necessary to ensure access to accurate data. The rigorous QA processes we've developed through our core competency in analytics enables us to produce timely, submission-ready reports.

For more information on how we can help you transform your processes, visit us at www.sutherlandglobal.com, email us at sales@sutherlandglobal.com, or call 1-800-388-4557 ext. 6123.



As a process transformation company, Sutherland rethinks and rebuilds processes for the digital age by combining the speed and insight of design thinking with the scale and accuracy of data analytics. We have been helping customers across industries from financial services to healthcare, achieve greater agility through transformed and automated customer experiences for over 30 years. Headquartered in Rochester, N.Y., Sutherland employs thousands of professionals spanning 19 countries around the world.