Verifiable

The Influencing Factors of Provider Data Strategy on Provider Network Growth

Why creating a cohesive and effective provider data strategy is considered crucial for fueling network growth

Picture this: It's open enrollment season, and prospective members are considering which plan is right for them. How do they choose which to go with? These days, quality and satisfaction reign supreme, proving the relationship between patient and provider is still top of mind.

> ***The reality is, healthcare hasn't changed so much that it isn't about the provider and patient relationship—that's what people want.***

Says Samantha Murphy, Salesforce Global Head of Healthcare Industry Advisory. "And this is how you market to get and regain members: by having providers who are happy, stable and providing quality and value. But when looking at organizational strategy, what does that mean?"

In fact, developing a provider network strategy in today's market has never been more complicated. Siloed data, multiple information streams, and unknown credentialing statuses leave organizations open to not just compliance issues, but also a loss in providers and members.

"Satisfaction is as big as it's ever been. Quality, value and that payer/provider relationship is the most important, and when providers are compressed with labor costs, among other things, it impacts the partnership," says Murphy. "They aren't getting the support they need from their plans, plus they can choose other plans. And, it's not just carriers—it's payviders, other practitioners, and IDNs.

> ***The reality is, what we got used to isn't good enough. There's been a dramatic strategy shift to putting the provider at the top and center stage."***

With that said, what should organizations look at to better their provider networks? Can a streamlined data workflow solve for disconnected systems and communication? Is that what's needed to deal with the provider shortage, widespread burnout, and ever-increasing competition in the market?

Let’s look at some common roadblocks and possible solutions throughout this whitepaper. **We’ll touch on topics such as:**

01 Potential risks that exist by not putting emphasis on growing a provider network

02 Common roadblocks to expanding network coverage and how to overcome them

03 The risks of disconnected data and systems

04 The importance of a connected provider journey for everyone involved

05 And more insights that will help payer organizations thrive in this environment

Today's top road blocks to expanding a physician network

According to Kyle Mey, Head of Partnerships & Alliances at Verifiable, the provider network is a critical factor for success not just in open enrollment season. "There are a lot of components tied to network design and information," he said. For example, contracts for new doctors are often "loaded" with credentialing requirements that need to be completed.

"There is a barrage of information that network teams are constantly dealing with, especially during open enrollment," says Mey. "And they're trying to do it tactfully, but there's a lot of imperfect information in-flight and updates that need to be tracked down and propagated across the organization."

In addition to information overload, network teams also face issues like:

- Contracting and credentialing providers in a timely manner
- Not knowing when credentialing will be finalized
- Needing to extract low cost, high-quality provider data insights from the network
- Providing value-based care metrics from clinical partners
- Understanding network changes for the upcoming calendar year
- Patching single-case agreement leaks in the network from the previous year
- Ensuring provider expirables are tracked
- Distributing a live snapshot of the provider network to a broker channel and sales team

Mey added teams often face challenges around KPIs and nuances among different lines of business. "There are elements important within a commercial product context, and then there are things critical to the government product context, like Medicare and Medicaid," he said. "They're similar but different. And network management is a large focus point for both when distributing care."

Medicare, Medicaid and data accuracy

For managed Medicaid in particular, accuracy is the name of the game, says Murphy. For those who do manage their networks in data silos, “they risk compliance concerns.” State requirements for these plans center around data accuracy—a concept that’s becoming more heavily enforced thanks to recent news headlines, patient advocacy initiatives, and more.

A provider directory should document a number of data points throughout the provider lifecycle, and in theory, that information should be reported out for accuracy.

> *But if people don’t know who’s in-network—especially with the Medicaid option—that’s an impact,”* she said. ***Accuracy matters**, but to address it, you have to get into the details of your provider network.*

Legacy systems, manual processes and organized chaos

"When looking at a provider network from a strategic perspective, getting a provider contracted and credentialed" are two key components, says Mey. However, as it stands today, teams within payer organizations tend to operate in a disconnected fashion, often conducting project management within an email chain, for example.

"It's organized chaos," added Mey. "Payer organizations often have teams that are holding it all together, and they're rockstars—they're doing more with less but are also voicing, 'What we have right now isn't sustainable.'"

In turn, network teams are often pulled out of their day-to-day processes to track down paperwork and answer questions. "And a lot of this information can be self-service," said Mey. Not to mention, the lack of control around the business process, elevating risk and potential compliance concerns within a payer organization. "They need processes that are tested and compliant with standards tied to the network and to the adjacent teams, both upstream and downstream."

Common characteristics of manual **data management**

- Manual paper process delays create severe abrasion in provider relationships
- Outdated, disparate back office systems negatively impact provider experience
- Poor communications experiences cause provider friction and slow turnaround times
- Lack of data quality creates downstream errors in claims systems
- Member confusion around provider data and network availability
- Provider dissatisfaction due to disjointed processes and lack of status transparency

The power of transparency and provider data

For an organization looking to tackle the complexities that arise from not having a centralized data source, the question becomes, where do I start? For Mey, the answer is simple: **with your credentialing data.**

> ***Credentialing is a piece of the puzzle; it's a gear in the machine that converts provider data,***

he said. "It's the foundational level of data, and then you build on top of it, floor by floor." But without interconnection of that foundational data, teams run into operational inefficiencies and ultimately, financial and regulatory risk. Creating a centralized source of truth, however, allows for data to be automatically distributed to teams in a timely fashion, without confusion or questions around when information will be available. "It's self-service," says Mey. "And that's an important aspect to unpack around user engagement."

When it comes to user engagement and self-service around provider data, the goal should be to reuse components of your data to share that information across recruiting, contracting credentialing and so forth. "It's not just about provider onboarding," added Mey.

"It's so claims systems have everything they need to get it right the first time." Beyond the use case of provider directories, Mey continues, comes more "downstream" activity, like connecting with vendors, welcome packet coordination, and more.

> ***There are many use cases, but it boils down to having the correct information, the first time around.***

How to achieve data transparency with Verifiable

Verifiable is powered by a real-time verification engine that automates the credentialing, and simplifies an organization's entire network operations. The best part? Verifiable operates directly in Salesforce, enabling reliable data that is easily accessible.

"It's like peanut butter and jelly—they're better together," said Mey. "We're solving the credentialing use case in Salesforce utilizing NCQA standards, so credentialing can be solved from end to end. Essentially, by piping over historic data from a legacy system or spreadsheet into Verifiable's platform, you're actively getting real data pumped into logical fields in Salesforce as well."

With Verifiable, every field that credentialing data is mapped to is fully reportable, allowing users to customize reports easily thanks to an existing universal data model.

01

Verifiable Data Layer

Real-time automation to thousands of sources

02

Pre-integrated directly into Salesforce

Resilient, scalable, cost-effective & managed integrations

03

Automate Verification & Monitoring in SFDC

to strengthen HC+PNM use case. A 'Must Have & Clear ROI

04

Flexible to meet a Customer where they're at

Verifiable can jump to Health Cloud more manageable, in steps

05

Prebuilt, NCQA Compliant Apps

For fast time to value, lower dev costs and managed. NCQA compliance

Automation isn't a new concept anymore — you can get your teams out of the tactical, manual process of primary source verifications (PSVs) and ultimately have your data in one place. Then, teams are free to get out of the tactical work and focus on strategic initiatives, like credentialing program management or process improvement initiatives

- **Kyle Mey**

With Verifiable's partnership and integration with Salesforce, organizations bypass the "manual walking across the aisle," and can count on data automation to streamline a number of processes. It creates a sustainable operating system that can drive the organization into the future, eliminating waste and delivering transparency into what's going on with your provider verification data.

What to expect when working with Verifiable

900k

Providers managed on the Verifiable platform

3200+

Available sources on the Verifiable platform

25mins

Average credentialing packet creation time (including PSV)

250+

Packets per specialist per month

Verifiable's technology brings credentialing into the 21st century and provides data infrastructure that can support the load for large and small organizations. "The more providers, the more efficient the technology gets," added Mey. "There's no breakage and no falling apart. Having all of these direct-to-source integrations allows for interoperability. And from there, data can be leveraged and processed by multiple teams for multiple use cases. It's giving payer and provider organizations the means to pick and choose what makes sense to them."

Organizations like **Humana, Zelis, Cityblock, Modern Health,** and **Wheel** have brought their credentialing and monitoring in-house with Verifiable—and as a result, they're credentialing four times faster, all while taking control of their provider data and creating an experience providers respect and appreciate.

Seeing is believing. Let us show you what Verifiable can do for you.

→ **Book a time to chat**