Auto Casualty

How Managing Provider Data Can Make a Positive Impact on the Claims Process

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This is the third and final article in a series about provider data quality. Click here to read the first article titled "Why Provider Data Quality Matters," and click here to read the second article titled "Five Guidelines for Managing Provider Data." As we've established in the first two articles in this series, provider data quality is an issue in the Property & Casualty industry that can be challenging to manage and maintain. Though it can be difficult, provider data management is a worthwhile project, since accurate provider data helps facilitate data-driven decision making, which can in-turn lead to improved efficiencies and outcomes for claims organizations. An MIT study found that companies who engage in data-driven decisions improve outputs and productivity by 5 to 6 percent more than those who do not. Here are a few examples of how a claims organization can make provider data and analytics actionable to improve workflows and outcomes.

1. View and Understand Provider Behavior Using Analytics

Provider analytics can help claims organizations identify questionable provider behaviors and triage them for further investigation. For example, a company could compare treatment duration time for individual claims by similar providers. This type of insight could help demonstrate if a certain provider is consistently associated with significantly longer treatment durations, and that could trigger an investigation into potential fraud or wasteful behaviors.

2. Make Workflow Improvements Using Actionable Insights

Not only does managing provider data allow companies to view and understand provider behavior, but it also helps them to use those data and insights within their claims processes as in-product guidance or workflow rules. For example, if there is a certain provider that is highly trusted based on her historical behavior, a company

could set up straight-through processing rules for bills that are submitted from that provider. Provider analytics can also help companies to identify providers who deliver better patient outcomes and to the extent possible, direct care to those providers. These types of workflow implementations can help improve efficiency, free up employees' time to focus only on the claims that need additional scrutiny and direct care to trusted providers pursuant to better patient outcomes.

3. Improve Payment Accuracy and EOB Processing

Accurate provider data can help to improve accuracy in the Explanation of Benefits (EOB) and payments process. For example, if a bill is associated with accurate provider information at the intake, it makes it much more likely that bill will be paid to the right provider with an accurate tax ID number and billing address and that the EOB will have the accurate provider information. Improving accuracy in these two processes can save claims organizations time and costs while improving organizational efficiency. To learn more about managing provider data and setting your organization up to make claims process improvements, read the first and second articles in the provider data quality series, contact your Mitchell client services manager or email casualtysolutions@mitchell.com for more information.

https://www.mpower.mitchell.com/provider-data-quality-matters/ https://www.mpower.mitchell.com/five-guidelines-for-provider-data-management/



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