# Working Smarter: Transforming Key Payer Processes with Intelligent Automation

Automating processes like prior authorization, member enrollment, and appeals and grievances can save healthcare payer organizations time and money

Payer organizations continue to face rising healthcare costs due to increasing drug prices, inflation and ongoing workforce shortages.[1,2] As a result, healthcare payers must find new ways to contain growing expenses, according to Robert Pettway, Principal Account Executive at Hyland. And that starts by dealing more effectively with the vast amounts of data that health plans manage.
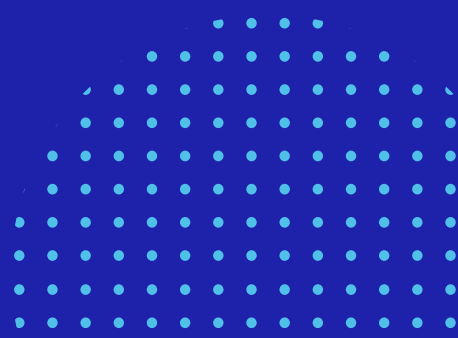
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BARBARA EBEL | Application Development Analyst | Priority Health

"The sheer amount of unstructured data — the fact that the data you need resides in so many different legacy systems — it's a significant challenge," he pointed out.

Within those legacy systems, the data required to support payer programs is often siloed and difficult to access. Moving the necessary information between those silos can result in duplicated efforts across departments, introducing errors and costly rework. Many payers are challenged by time-consuming manual processes that prevent timely completion of tasks.

"Siloed, unstructured data and manual processes translate into the need for additional staff, additional labor and high utilization of overhead," Pettway said. "Ultimately, that impacts a plan's value and profitability."

For example, as demonstrated in a recent HIMSS Market Insights research survey, payer organizations are struggling with the increase in volume and velocity of data. Nearly one in four payer respondents stated that it is difficult or takes more than a day to access the unstructured content or documents necessary for their jobs.[3] This data point did not surprise Barbara Ebel, Application Development Analyst at Priority Health, the third largest provider-sponsored health plan in the United States.

"Finding ways to structure data to ensure that it's reliable comes from having a single source of truth, and getting people away from the manual workarounds they've been using is absolutely necessary," she said. "There's a lot at stake, and we need something better than seven full-time employees sending faxes back and forth, trying to make sure that everyone has the pertinent information to get a claim paid."

Overcoming challenges with intelligent automation

Beyond their impact on value and profitability, data problems can take a toll on a payer's workforce, plan providers and members. Payer organizations plagued by continued labor shortages must implement technologies that can support staff

and help them keep track of needed data. This not only helps staff better assist providers and members, but also reduces burnout and turnover.

"If you have a process that is complicated and convoluted, it is going to take a long time to train people to do it accurately," said Pettway. "With so many manual rules, it's hard to do. You end up having employees who are frustrated and may not want to stay with you."

These delays impact providers who are waiting for their claims to be paid and members trying to engage with the health plan's different services, resulting in decreased customer satisfaction. To provide the best service for members and providers, payers must increase efficiency.

Intelligent automation, Pettway added, can be a game changer. The use of automation technologies and artificial intelligence (AI) to anticipate users' needs and to streamline unwieldy manual processes can help payers overcome challenges from staffing shortages to evolving regulatory requirements. By implementing automation, payer organizations can significantly reduce the duplication of effort and unnecessary rework that manual processes often cause. Automation can remove common pain points for staff and, consequently, improve customer engagement and satisfaction.

"Automating processes so you can connect the dots, collect information and put it where it should be can save so much time and effort across the board," he said.

Streamlining three essential business processes

Payers can see immediate benefits from automating three key business processes, according to Pettway: prior authorization, member enrollment, and appeals and grievances. Prior authorization, a process in which health plans assess whether a treatment is medically necessary, can be extremely frustrating for both the provider and the patient. Historically, payers often had to ask providers for more documentation or to correct

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missing or inaccurate data. The goal is to ensure that prior authorization requests are sent with all pertinent information attached so the decision can be made more quickly.

Pettway said that intelligent automation enables payers to easily capture and classify the necessary data for prior authorizations. That data can then be entered into an automated decision engine which determines eligibility, enabling an answer within 24 hours instead of the typical one to two weeks. And as new regulations regarding prior authorization are enacted at the federal and state level, this type of application is easy to update.

"Those quick rule changes only take days instead of the months needed to reprogram legacy systems," he pointed out. "That helps ensure that you aren't unnecessarily delaying a patient's care."

Priority Health deployed intelligent automation to streamline prior authorization for behavioral health services. The plan created an automated application to send letters to providers outlining exactly what services the plan authorized for each patient.

"Before we automated, those letters were created by literal copy and paste," Ebel said. "This was not only time consuming, but introduced the risk that the wrong information would go out in a letter."

Such errors could pose potential compliance issues for payers and could lead to other problems. For example, if inaccurate information was sent to a provider, patients who might require immediate behavioral health interventions could be forced to undergo potentially dangerous delays. After Priority Health created an automated workflow to capture the necessary information, however, the behavioral health team were able to create accurate letters for each provider with ease. This allowed providers to quickly understand which services were authorized and get patients into treatment faster.

According to Pettway, member enrollment comprises several data-intensive processes that can benefit from intelligent automation which accurately and efficiently captures and processes the necessary information. He added that most people are not aware that membership information can be entered via multiple paper forms, fax forms or online member portals, meaning that basic membership data may exist in

different formats and systems. If this data is not entered and aggregated correctly, members may not be able to access their plan services. In addition, it costs the health plan time and money to collect, revise and re-enter data into legacy systems when errors are identified.

Workflow automation can create well-defined membership enrollment processes that are trackable and auditable to ensure that the right information is being captured and shared whether a member is new, changing or terminating their plan. This ensures that members can receive the appropriate benefits in a timely manner.

Finally, intelligent automation can help payer organizations save time and contain costs as they process appeals and grievances. Such disputes, which may be submitted by providers or patients, require the right information at the right time to successfully adjudicate. The various types of appeals and grievances that may be submitted, Pettway said, each require different response letters. Old-fashioned cut-and-paste workarounds increase the risk of inaccurate letters being sent. In addition, since the decisions on appeals and grievances are often made by medical directors or registered nurses, payers must streamline the process. These high-value staff members should not have to spend their work hours tracking down the necessary information for each appeal.

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Leveraging intelligent automation for greater value

At Priority Health, Ebel has worked on several projects to automate processes ranging from streamlining the plan's Medicaid transportation application to creating a simpler way to schedule recurring patient appointments. This has saved Priority Health time and money and has improved representative, provider and member satisfaction.

"Intelligent automation makes the process smoother, taking out all the middle steps and anything that doesn't require a human's attention," she said. "We have a super user group where we ask employees what repetitive tasks they wish they didn't have to do, and then we determine how we can use automation to make improvements."

Pettway said that, by investing in intelligent automation, payer organizations can overcome challenges regarding rising costs, workforce shortages and managing regulatory changes. They can also gain the freedom and flexibility to discover new ways to transform their business to realize more value. Like Priority Health, they can identify new avenues to contain costs and support greater customer engagement. He highlighted potential opportunities to reduce training and staffing requirements as well as simplifying technology stacks.

"When people finally put these processes in place, they are often surprised by how much time and effort they can save. Where they once had 10 employees working on a particular process, now they have three. What used to take two weeks only takes a day," he concluded. "When you make your processes more efficient, every part of the organization can benefit."

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3. HIMSS Market Insights. *December 2022 Payer Research Report*. This research was conducted among 55 qualified healthcare payer respondents working in executive, IT/technology, claims, member services, analytics, operations, care management, provider network management, health informatics and administration roles within the United States. Hyland was not identified as a sponsor of the research.

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