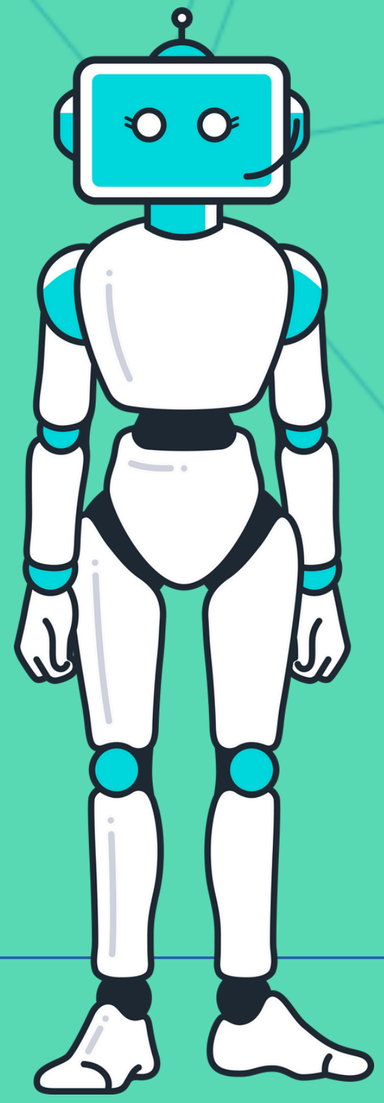
Destination: Healthcare Automation

Map your course to a more innovative payer or provider organization.



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Manage the Unmanageable

Workforce burnout. Rising healthcare benefit costs. Growing customer experience expectations. More than ever, pressures on healthcare organizations, both payer and provider, are extreme.

A Becker's survey of healthcare executives and leaders showed consensus on one investment priority for the near future: addressing provider-workforce challenges. These issues include mental health, burnout, and staffing shortages.

In Europe, "representatives from Italy, France, Spain, and Germany all described how growing workloads combined with a shortage of hospital beds are creating an unbearable working environment," according to an article detailing the experiences of healthcare professionals.

Worldwide, medical costs are rising. "Over three-quarters of health insurers (78%) anticipate higher or significantly higher medical [benefit cost] trend over the next three years," according to the WTW 2023 Global Medical Trends Survey.

Meanwhile, in the United States, "economic downturn and consumer behaviors will spike hospital bankruptcies by a third," predicts Forrester Research. The global economic downturn isn't in your hands to solve. That's a relief, right?

But there's one business problem that, when solved, can ease the major pain points listed above. High volumes of administrative work are connected to every healthcare business area. Healthcare workers are trying to manage an unmanageable amount of busy work— whether they're answering phones in a medical insurer's contact center or spending evenings filling in patient charts.

Organizations that use automation to tackle administrative overload are improving patient, member, and provider experiences. They've achieved interoperability, lowered the cost of care, and empowered provider staff and clinicians to thrive at work.

How? There are specific, proven pathways to success that providers and payers can follow. This e-book presents use cases in eight healthcare business areas to help you map your journey to a resilient, innovative healthcare organization.

Map Your Course

Healthcare Providers

Your workforce is your most important resource. From charting during their off-hours to filing complicated claims, “paperwork” takes staff away from focusing on patients. If they’re losing heart due to burnout, we can help you automate the work their hearts aren’t in.

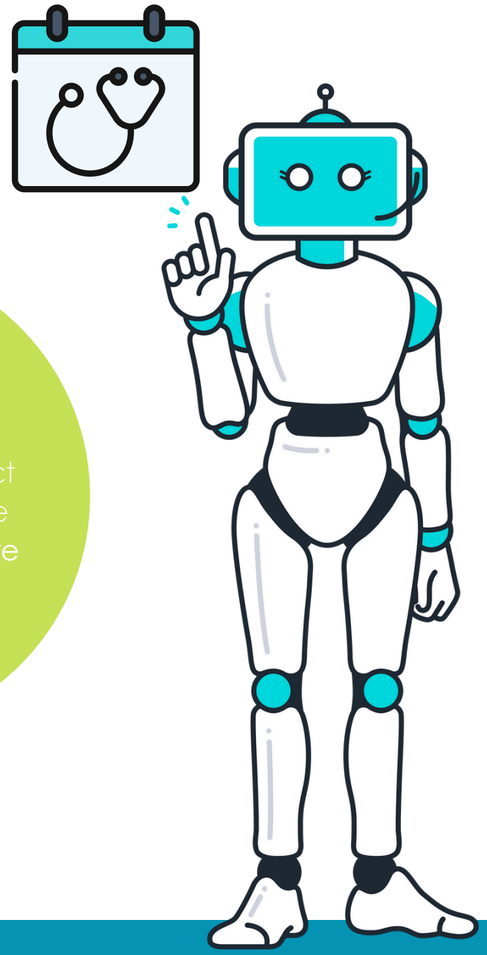
PROVIDER

Patient Access

Whether transferring money between accounts at 2:00 am or scheduling a haircut for the next day, consumers today are tech-savvy and digitally-driven. And they expect the same from their healthcare providers.

All too often, however, scheduling a doctor's appointment or procedure is a manual process, requiring staff to gather documentation, verify insurance, collect payments, and manage schedules.

So how do providers match patient expectations with the reality of healthcare's administrative demands? Automation eases the administrative burden on staff, accelerates patient onboarding, and provides patients with access to the self-service tools they expect.



>60%

Consumers who expect to be able to schedule or change a healthcare appointment online.

McKinsey

Start here

You can apply automation to many processes in the patient access business area. But starting in one of these key areas will help accelerate your automation journey.

Insurance verification and eligibility

Automate the process of checking payer systems for patient eligibility.

Scheduling

Provide automated self-service options so patients can manage their own appointment-setting.

Patient Onboarding

Automate documentation gathering so staff can quickly access accurate and complete patient paperwork.

Discover more automation opportunities

PROVIDER

Care Delivery

According to RBC Capital Markets, healthcare created 30% of the world's data volume in 2020, and "by 2025, the compound annual growth rate of data for healthcare will reach 36%. That's 6% faster than manufacturing, 10% faster than financial services, and 11% faster than media and entertainment."

That's a whole lot of data, really fast. Patient data can help providers create personalized care plans, improve population health, and comply with reporting standards. But only if providers can see it.

Low-code business automation that combines RPA, AI/ML, and Document Understanding bridges data gaps, collects and makes sense of information, and delivers insights.

"Everything in the health economy begins with a provider decision, whether an admission to a hospital or the use of a medical device or a prescription for a drug."

Trillient Health[1]

1Trillient Health. 2022 Trends Shaping the Health Economy. 2022.

Start here

A holistic view of patient data is key to creating better health outcomes. Get started on that path with one of these use cases.

Charge capture and coding

Ensure all charges are captured and coded accurately for submission to payers.

Documentation

Capture visit details so physicians can create more comprehensive medical records.

Lab and Radiology Results Triaging

Speed information delivery from laboratories to providers to patients.

And these are just the beginning →

PROVIDER

Revenue Cycle Management

Revenue Cycle Management (RCM) has it all. All the most complex financial processes, that is.

RCM's high administrative demands include following up, correcting, and resubmitting denied claims, as well as managing bad debt, patient payment plans, and time-consuming reconciliations and audits.

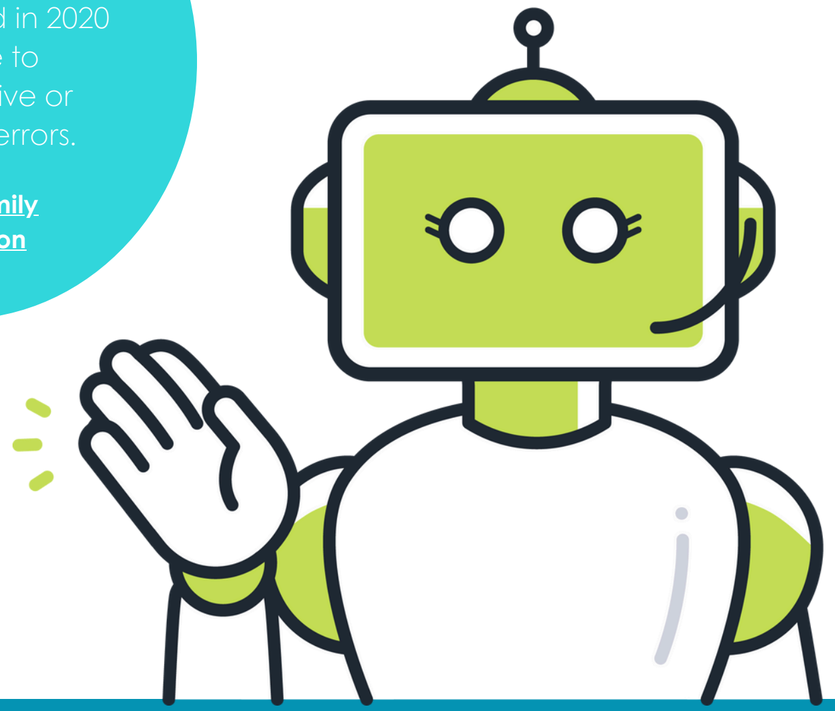
Attempting to do these processes manually is a recipe for costly errors, staff burnout, poor patient experiences, and unnecessary delays in revenue realization—not to mention a high cost-to-collect.

And that's why RCM is a prime candidate for business automation.

72%

Claims denied in 2020 likely due to administrative or paperwork errors.

Kaiser Family Foundation



Start here

Enhance revenue integrity, reduce errors and costs, and improve patient and staff experiences by starting your RCM transformation in these key areas.

Prior Authorizations

Reduce wait-time for prior authorization approvals.

Insurance Claims Posting

Eliminate errors and speed accounts management.

Patient Payment Posting

Ensure patient payments are accurately recorded.

See real examples of automation here

PROVIDER

Practice Management

Across the globe, healthcare is facing a double whammy: the workforce is aging, but younger workers don't want to take up the reins in a burnout-inducing industry.

Medical practices are overburdened, with too few staff to cover too many patients. As a result, errors in staffing and scheduling lead to appointment cancelations, unhappy patients, and lost revenue. At the same time, practices must tackle tedious administrative tasks, like regulatory reporting, and tracking profit and loss.

Automation can save the day. You'll achieve proactive practice management by gaining a clear view of provider, patient, and business data.

In the next year, "AI will be transformational. Tech-led partnerships will serve as sources of innovation and collaboration, enabling better clinician staffing."

PwC

Start here

Begin automating practice management in one of these key areas.

Clinic Staffing and Scheduling

Ensure access to services and staff coverage meet the demands of patients.

Regulatory and Compliance Reporting

Automate data gathering to ensure accurate and timely delivery to regulatory agencies.

P & L Reporting

Ensure business continuity and growth through access to accurate, timely profit and loss data.

See even more automation opportunities

Healthcare Payers

Payer organizations perform essential health insurance payment processes. However, innovators know they can have a larger role in the member and provider healthcare economy. Amitech's intelligent automation solutions help you drive efficiencies in traditional payer processes while becoming a differentiated healthcare partner for providers and members.

Payer

Claims Management

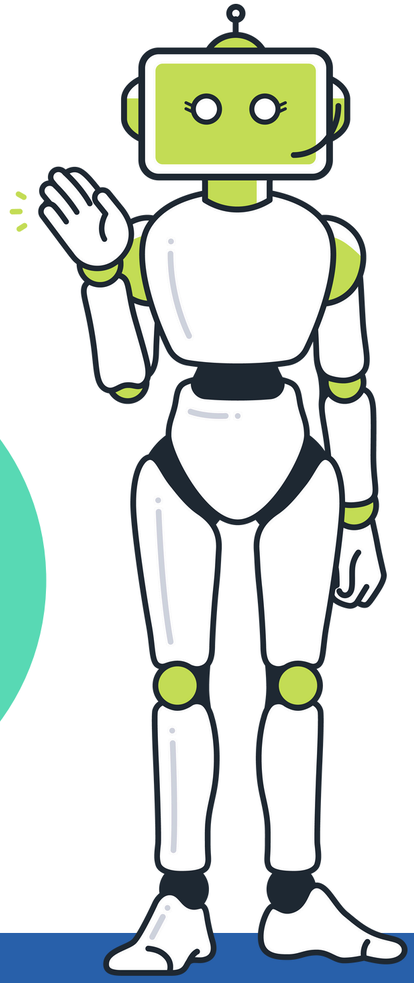
Lowering cost-to-claim and improving relationships with providers – we're willing to bet these are goals on your strategic wish-list.

Automating across processes like claims intake, eligibility validations, audits, medical reviews, and other high value use cases simplifies and modernizes claims management. Fraud prevention can be achieved via artificial intelligence/machine learning-enabled prediction and recommendations.

Less friction with providers, a system that isn't burdened by fraud, and the elimination of highly manual administrative work means payer organizations can trust that claims management is on track.

4:1

The difference in cost of claims requiring manual intervention vs. auto-adjudicated claims. [1]



1Bishop, Mandi. Gartner Strategic Automation Decision Framework: From RPAto AI on the Journey to Hyperautomation in Healthcare. December 14, 2020.

Start here

Here are three use cases that should be at the top of your list for automation. And we've got eight more just waiting to be discovered on the last page of this eBook.

Multi-Channel Intake

Automate the process of checking payer systems for patient eligibility.

Member Eligibility Validations

Provide automated self-service options so patients can manage their own appointment-setting.

Claim Audits and Medical Reviews

Automate documentation gathering so staff can quickly access accurate and complete patient information.

Discover more use cases

Payer

Care Managment and Behavioral Health

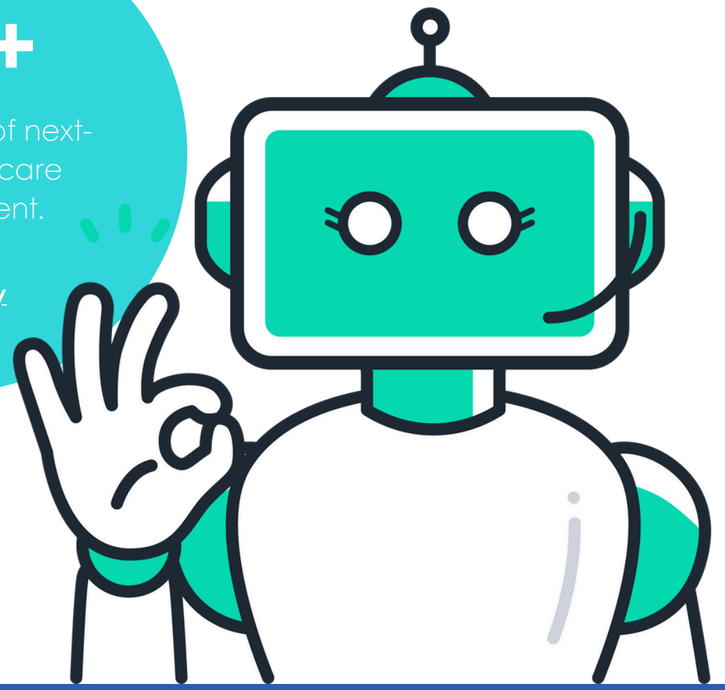
Traditional payer processes, such as claims intake and payment integrity, are typical focal points for driving down costs with technology. But efforts to engage with targeted members and their communities of care can also be highly effective in helping members make better care decisions.

So how do you become a next-generation payer organization in care management and behavioral health? According to global management consulting firm McKinsey, automation is the key. You'll achieve multi-channel engagement, better manage data, and gain valuable insights.

2:1+

Potential ROI of next-generation care management.

McKinsey



Start here

Ready to become a healthcare partner for members and providers alike? Try one of these top automation opportunities.

High Risk Member Identification

Proactively identify member risk.

Member Outreach Scheduling

Aggregate member eligibility and medical history information.

Risk Assessment and Care Planning

Automatically pull data into assessment questionnaires and generate letters.

See more ways to automate

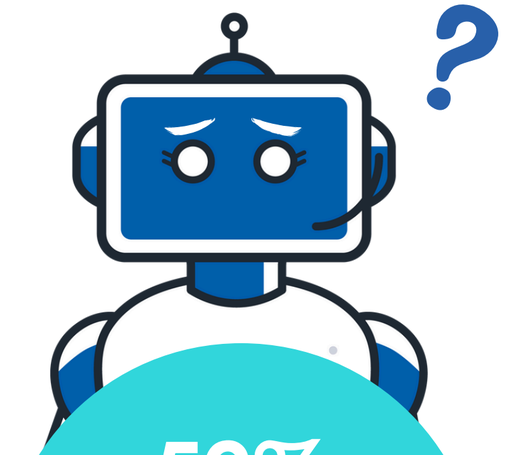
Payer

Provider Management

Managing provider data is no small, or inexpensive, task. Provider data errors cost payers more than $3 billion every year, according to Cognizant. Meanwhile, providers put $2.76 billion into directory maintenance in the same time frame.

You can do the math on the total cost for the healthcare industry. But it would be best if you didn't have to.

By using automation to leverage provider data fully, you can address high average cycle times and manual data validation across multiple sources. Automation accelerates and streamlines provider credentialing, enables hands-free management of provider directories, sends alerts and reminders to providers when information updates are required, and enhances your provider support capabilities.



52%

Provider location listings in payer directories with at least one inaccuracy.

CMS

Start here

Begin automating provider data management in one of these key areas.

Provider Request Document Checklist

Ensuring onboarding applications include all required documents.

Roster Data Formatting and Mapping

Mapping provider data to a specific format for credentialing and directory updates.

Provider Credentialing Validations

Validation of credentials from different data sources.

A world of automation opportunities await ⟶

Payer

Contact Center

Payer call centers are plagued by high average call wait and response times, as well as a lack of personalization and self-service capabilities. On the other hand, digitally savvy consumers are accustomed to getting answers in near-real time, no matter how or when they ask their questions.

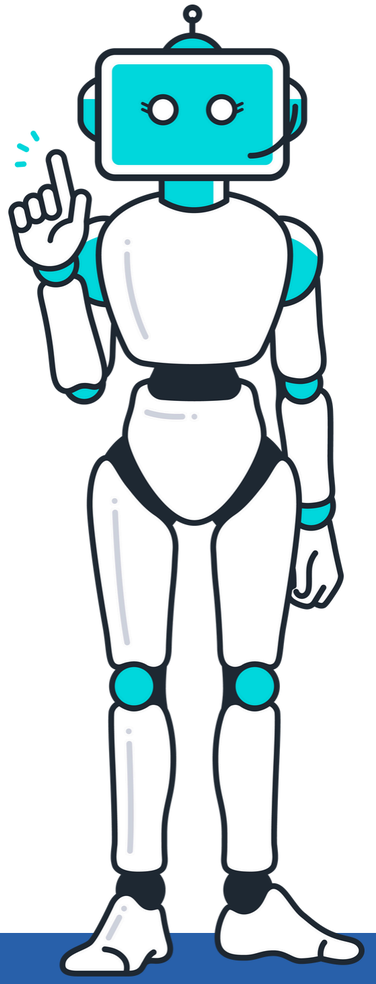
Business automation allows payers to meet members in the middle.

With a 360-degree view of member and provider information, contact center representatives can provide the most up-to-date information. Members who don't wish to interact with someone over the phone can take advantage of multi-channel self-service capabilities.

Poor customer service is the most glaring sore point for

31% of health plan members.

Fierce Healthcare



Start here

Automate to improve your contact center experience in one of these key areas.

Account Inquiries/ Benefit Look-Up

Identify available benefits for members.

Claim/Authorization Status Request

Quickly respond to claim/ authorization status inquiries.

Insurance Verification

Helping providers with member eligibility for quick onboarding.

See these automations (and more) in real life

The Big Map of Healthcare Use Cases

Providers

Patient Access

- Patient Onboarding
- Scheduling
- Insurance Verification & Eligibility
- Document Intake
- Referrals Management
- Point-of-Service Collections
- Financial Clearance and Planning Initiation
- Appointment Reminders
- Outreach
- Pre-Certification & Prior-Authorization Submissions

Practice Management

- Clinic Staffing & Scheduling
- Regulatory & Compliance Reporting
- P&L Reporting
- Charge Capture, Documentation & Coding Audits
- HEDIS Reporting
- Indexing & Routing Documentation
- Care Coordination
- Patient Communications
- Population Health Management
- Disease Tracking & Trending

Care Delivery

- Charge Capture & Coding
- Documentation
- Lab & Radiology Reports Triaging
- Check-In
- Check-Out
- Lab Order Entry
- Dx, X-Ray, Radiology Order Entry
- Medication Management
- Phone Triage & Follow-Up Calls
- Remote Visits and Monitoring

Revenue Cycle Management

- Prior Authorizations
- Insurance Claims – Posting
- Patient Payment – Posting
- Coordination of Benefits: Primary, Secondary, Tertiary
- Price Transparency & Real-Time Estimates
- Revenue Integrity – Payment Audits (Under & Over)
- Provider: Insurance Enrollment
- Revenue Integrity – Charge Description Master (CDM) Management
- Revenue Integrity – IME/IMR Audits (CMS & Medicare Advantage)
- Insurance Claims – Denied & Rejected Follow-Up

Payers

Claims Management

- Multi-Channel Intake
- Member & Provider Info Edits
- Member Eligibility Validations
- Medical Necessity Validations
- Review Case Determination
- Claim Processing Audit
- Claims Adjudication
- Claim Payment Adjustments
- High $ Claim Audits
- Post-Authorization Case Review

Care Management and Behavioral Health

- High-Risk Member Identification
- Member Outreach Scheduling
- Risk Assessment
- Personalized Care Plan
- Duplicate Case Identification & Merge
- Eligibility Management
- Questionnaire Management
- Member Clinical History Data Gathering
- Member Correspondence Letter Generation
- Scheduling Appointments
- Monitoring Progress

Provider Management

- Provider Request Document Checklist
- Roster Data Formatting & Mapping
- Provider Data Updates
- Provider Data Correction – NPI, PHIN, PIN
- Provider Correspondence & Notifications
- Sanctions Validation
- Provider Taxonomy Management
- NPI, Education, & Address Validation & Verification
- Provider Contract Set-Up

Contact Center

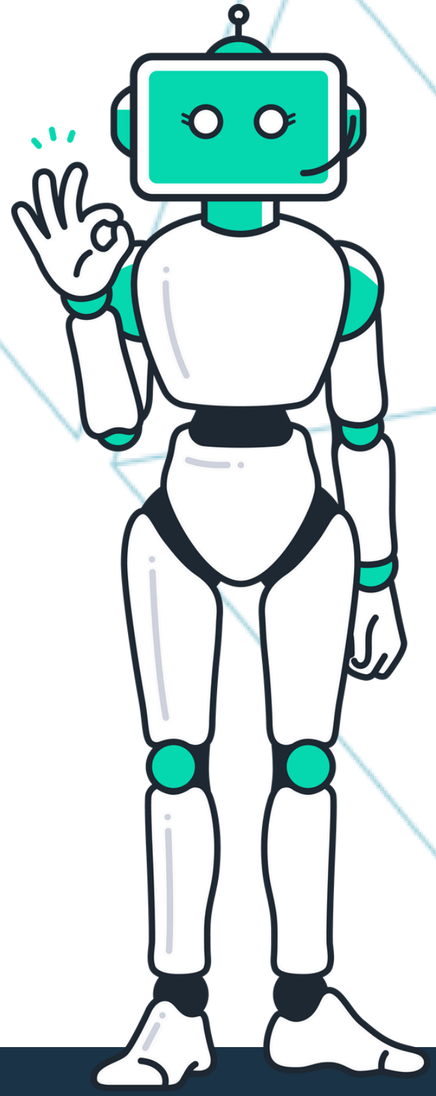
- Account Inquiries/Benefit Look-Up
- Claims Status Request
- Insurance Verification
- Plan 360 View/Care Coordination
- Pre-Certification/Authorization Status Check
- Previous Call History Summary
- Address Validation/Change
- Member Demographics Updates
- COB Inquiries
- Claim Billing Inquiry

Next Steps

You've reached the end of this automation atlas. And we hope you found inspiration for creating a successful path to healthcare transformation.

The destination is totally worth the journey – and it's likely much closer than you think. Amitech is ready to lend the expertise you need to get going and help you create innovative solutions to your biggest healthcare challenges.

Start your healthcare automation journey. Contact us today!



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