Santech

Network

The Agile Provider Network

Re-inventing network management and provider relations for today's consumer-driven healthcare

- The four key tenets of a modern provider network management infrastructure
- Core network management processes that payers should seamlessly integrate for network adequacy
- How to easily visualize, grow, and manage provider networks within a single transparent platform
- Strategies to quickly identify and recruit the right providers for any network—and keep them

Gartner, Cool Vendors in Health-Value Management for U.S. Healthcare Payers 2017, Bryan Cole, Jeff Cribbs, Brad Holmes, 11 April 2017.

The Gartner Cool Vendor Logo is a trademark and service mark of Gartner, Inc., and/or its affiliates, and is used herein with permission. All rights reserved. Gartner does not endorse any vendor, product or service depicted in its research publications, and does not advise technology users to select only those vendors with the highest ratings or other designation. Gartner research publications consist of the opinions of Gartner's research organization and should not be construed as statement of fact. Gartner disclaims all warranties, expresses or implied, with respect of this research, including any warranties or merchantability or fitness for a particular purpose.

Santéch was named A Major Player in the IDC MarketScape: U.S. Provider Data Management 2018 Vendor Assessment, doc #US44514018, December 2018.

IDC MarketScape vendor analysis model is designed to provide an overview of the competitive fitness of ICT (information and communications technology) suppliers in a given market. The research methodology utilizes a rigorous scoring methodology based on both qualitative and quantitative criteria that results in a single graphical illustration of each vendor's position within a given market. IDC MarketScape provides a clear framework in which the product and service offerings, capabilities and strategies, and current and future market success factors of IT and telecommunications vendors can be meaningfully compared. The framework also provides technology buyers with a 360-degree assessment of the strengths and weaknesses of current and prospective vendors.

Catching Up with a New Era in Healthcare

The advent of online technology has changed almost every industry, and healthcare is no exception. Consumers can now manage much of their care online, from finding and comparing health plans, to using their mobile phones to quickly view their benefits. In a parallel development, these healthcare consumers are taking on more of the financial responsibility of their care—and expect transparent, quality service in return.

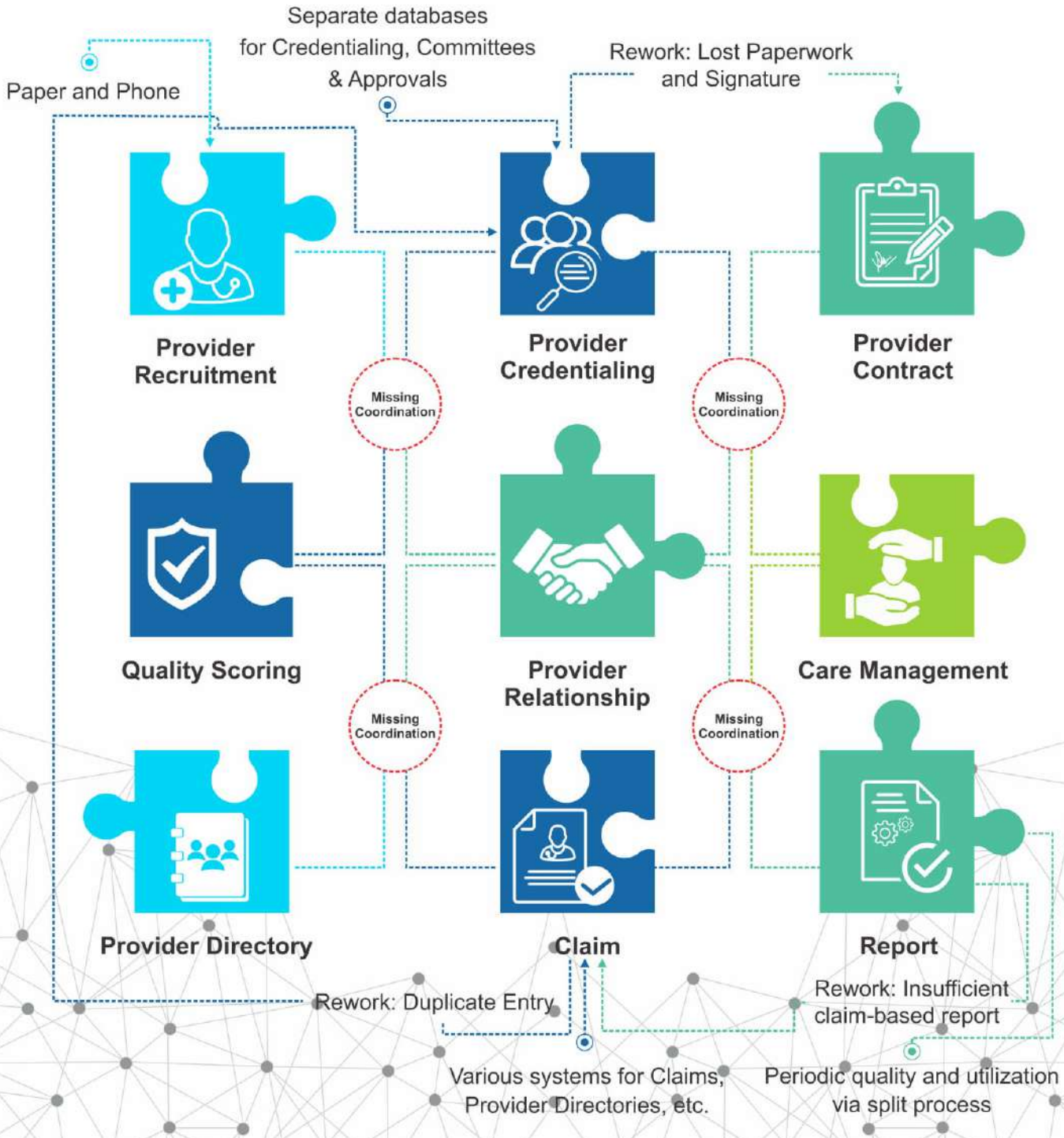
Of course, much of this new ease in consumer self-service is happening on the front end through consumer-facing websites. Behind the scenes is a different story. Insurance companies struggle to quickly, efficiently, and cost-effectively create the very product they depend on to win and keep more members—the care network.

The challenges vary, but almost all are rooted in an outdated way of managing provider networks. Data is segmented into different departments. Multiple systems are used for different network management functions. And networks are siloed off into different systems. The result is a haphazard patchwork of network management policies and processes that makes it hard to create the flexible, affordable, and quality plans in demand today.

This guide describes an infinitely better way of managing networks. It is an ideal resource for anyone who plays a role in creating and growing networks, recruiting physicians, and maintaining provider relationships. It is written with the modern healthcare landscape in mind, and how payers can dominate it by rethinking and revitalizing network management.

The Current State: Fragmented Network Management

Although provider data is an indispensable asset, it is commonly scattered across a disparate multitude of systems, including claims, credentialing, recruitment, and provider relationship applications. This guarantees a protracted process for even minor tasks, but especially big ones. In the most consequential examples, payers are hindered from using existing data to quickly visualize their networks--including to assess adequacy--and to build new networks for rapid expansion into desirable markets.



The Current State: Fragmented Network Management, continued

In response, various systems are available that claim to manage network data. However, with limited abilities to facilitate electronic data submission, they tend to fall short in provider communication. Nor are they set up to obtain cost and quality data about providers that may reside in other (unintegrated) internal systems—and certainly not data sitting outside of the payer's networks, such as consumer rankings.

Further, these systems are fundamentally weak at what is supposed to be their core purpose, network management. In one example with far-reaching implications, the "search" function in such systems frequently result in duplicate provider information, inaccurate locations, or invalidated specialties. This bad data then becomes the faulty basis for strategies and decisions related to network expansion and other changes. Downstream, this inevitably results in very unhappy consumers discovering a provider doesn't meet their needs at all.

Because there is no centralized network management system in place, networks are also siloed off into different systems and locations across the enterprise. This completely prevents the ability to rapidly create new networks based on existing ones, to bundle networks, or to easily lease proprietary networks for new markets.

Consider the corrosive effect these issues have not just on cost and efficiency, but also to relationships with providers enrolled in the network. In such a segmented environment, provider outreach and relationship management is carried out inconsistently by different departments for different networks. Few providers will relish remaining in an inefficiently managed network that hinders their profitability and productivity. With that, let's examine how to create a network they will be pleased to participate in for years to come.

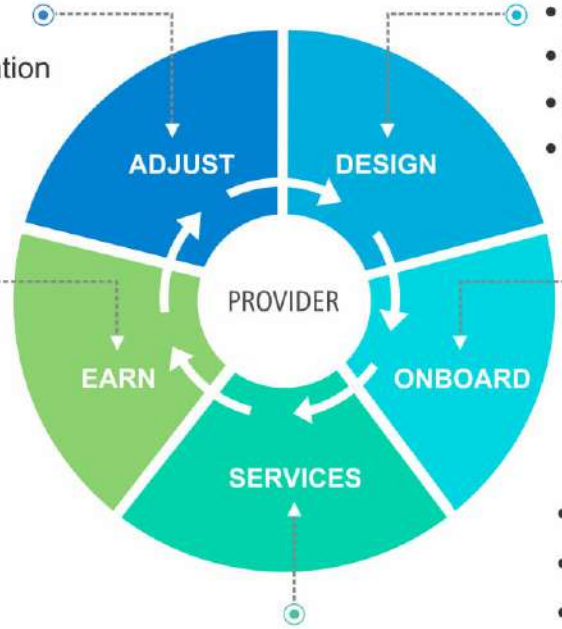
The Ideal Network Management Infrastructure

It is clear that fragmented network management is unsustainable for an industry in flux. Accordingly, payer business experts and analysts are intensifying a call to arms to modernize network management. For example, leading reports suggest that any new approach must enable network managers to strategically design and grow networks; painlessly onboard providers; service these providers with outstanding outreach; seamlessly integrate network management with claims, contracts, and other core data; and quickly make adjustments when needed, from contracts to compliance reporting.

Reference: **Gartner Report** - Introducing Provider/Partner Alignment: US Healthcare Payer CIOs transformative Relationship Model, 01 Feb. 2017 (report ID G00319835) by lead Analyst Bryan Cole.

- Compliance Reporting
- Quality Interventions
- Risk-adjustment optimization
- Contract Adjustment
- Renewal

- Strategic Planning
- Geomapping
- Network Adequacy
- Network Design
- Benefit Design



- Core Integration
- Claims Payment
- Appeals
- Value Based Calculations
- Financial Reporting

- Precontracting Interactions
- Contract Negotiation and Execution
- Credentialing Process Oversight
- Filling Network and/or Service Area
- Provider Directory Creation

- Questions and Answers
- Real-time visit notification
- Medical Management Support
- Provider Outreach and Education
- Product Development

Source: Gartner (February 2017)

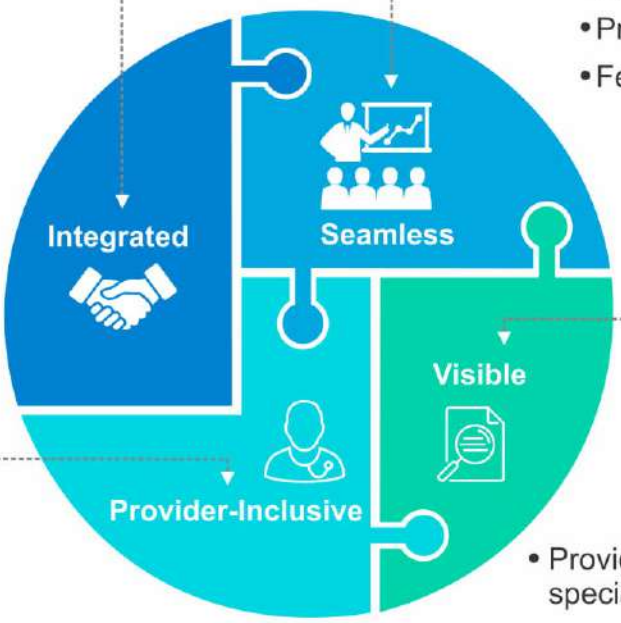
Scope of Provider/Partner Alignment

The Four Tenets of Agile Network Management

To implement the kind of nimble network management as recommended by Industry thought leaders, payers should replace fragmented network data, processes, and systems with a centralized and enterprise-wide platform. Specifically, this platform should house a **seamless** collection of core business functions, offer **visibility** across all networks, be **provider-inclusive,** and **integrate** network management with other data and systems inside and outside the payer enterprise. A deeper look at these four characteristics follows.

- Care Management System
- Quality Scoring
- Claims System
- Directories

- Provider Onboarding
- Credentialing
- Network Tiering
- Product Assignment
- Fee Schedule & Contract Assignment



- Provider services specific to facilities, specialties, age group etc.
- Open or closed panels (accepting new patients)
- Availability of providers with matching skills in recruitment pipeline
- Past claims and previous provider relationship interactions

- Online Self-Service
- Intuitive and easy to use
- E-Signature

I. Seamless

There are certain core functions required to build and maintain networks, yet are often carried out in separate systems by different departments or employees. Not surprisingly, the end product, networks, are slow to create and cumbersome to manage. A centralized network management platform finally brings these functions together for faster and better production, much like an efficient assembly line. Now, from a single platform, all of the following functions can be carried out with new ease and transparency:

- Provider Onboarding
- Credentialing
- Network Tiering
- Product Assignment
- Fee Schedule and Contract Assignment

Importantly, in a seamless platform data can easily be reused to create and stack proprietary and leased networks, with each network having its own sets of attributes and business rules. When creating a group, for example, existing networks can be used as is or sliced by specialty, age group treated, or geography.

Another tremendous benefit of a seamless platform is that it remakes provider onboarding and credentialing into a simple, speedy process. Built-in tools and workflows capture and populate provider data across different applications, flag when incorrect information is inputted, and automatically send reminders of upcoming expiration dates and more. Network managers can also keep apprised of potential bottlenecks; at any time, they can pull a color-coded dashboard that reveals a provider's onboarding status, including if documentation is still missing or an expiration is coming up.

II. Visible

Payers today need a new and transparent way of managing networks—one that enables them to analyze, from a single source of truth, all networks in the context of network adequacy, cost, and quality of care. This is impossible in a conventionally fragmented environment. By contrast, an enterprise-wide platform captures data in one central location, where it can be easily visualized and managed. In a matter of seconds, network managers can pull and study network adequacy lists such as:

- Provider services that are specific to facilities, specialties, region, age group, and more
- Open or closed panels (accepting new patients)
- Availability of providers with matching skills in recruitment pipeline
- Past claims and previous provider relationship interactions

Beyond network adequacy analysis, an advanced network management platform simplifies extraction of network data to guide any number of strategic decisions. For example, lists such as current turnaround times for provider recruiting and onboarding can also be pulled—and often provide convincing evidence for operational changes.

III. Provider-Inclusive

It sounds counterintuitive, but using a technology platform to drive much of the interaction between payers and providers can vastly improve these very human relationships. For example, giving providers the capability to electronically submit applications online and reuse their data for multiple plans is immensely more convenient for these busy people. Providers will also appreciate the ability to sign with "e-signatures," another time saver.

As a bonus, these updated processes keep data more accurate, which prevents downstream problems such as inaccurate provider directories or even denied claims.

On a related note, a robust network platform enables network managers to be more flexible with contracted fee schedules. Such a platform allows for changes at very granular levels, including making adjustments for individual physicians within a group practice. Additionally, a "provider-inclusive" platform enables providers, as well, to view their participation status, fee schedules, and other information at the payer's discretion. Similarly, providers can update this information where appropriate.

IV. Integrated

Lastly, but perhaps most importantly, the ideal network management platform facilitates integration—functionally, departmentally, logistically—of all network management-related activity. Data and networks are integrated within the platform, but also with external systems that range from care management to claims processing to provider directories.

For example, when one department or team performs cost analysis on a provider's past claims in the claims management system, this data can be easily obtained by the network management platform to guide network adjustments. In another example, as new locations or contracts are added within the network platform, integration assures this new data is immediately reflected in claim systems, provider directories, and so on.

Agile Network Management in Action

So what is it like managing networks when they are visible from one seamless, visible, provider-inclusive, and integrated platform? Using a common real world scenario, consider a payer in discussion with various employer groups interested in specialized networks. In a conventional fragmented environment, it would take a lengthy period of time to identify if an adequate network could be created with providers already in one or more of the payer's existing networks. Recruiting providers outside of these networks would add on even more time.

But with a modern network management platform in place, identifying and recruiting providers for these networks is now a matter of days or even hours. With networks based on accurate data, lists by specialty and location are easily pulled *and* reliable. Further, network managers can drill down into such provider details as quality-cost indicators, which credentialing documentation is about to expire, and more.

Incidentally, this greatly improves discussions between product marketing and network management teams. With a centralized, trusted "source of truth" housing provider data, the network management team can confidently provide product marketers with objective and meaningful insights about which providers qualify for the potential new network. Meanwhile, communicating with providers is easier, along with the ability to offer flexibility on contract terms.

What Payer Organizations Say About Agile Network Management

"Provider data is often segmented into pieces that are 'owned' by different departments and employees. This makes it very difficult and at times impossible to see the whole picture of, say, a single provider. This is similar to working with a puzzle that's missing critical pieces that are needed to make better network decisions. A modern network management platform can ensure that all pieces are in place to form complete pictures that all teams can access and visualize. It can also allow us to work on growing data driven assets together and on the same platform."

James Shade **(United Concordia Dental)**
Senior Vice President Dental Network Operations, Services & Solutions

"Provider relationships are like any other; they thrive in an environment where each party is engaged, valued, and respected. Agile Network Management could be used to create such an environment to deliver greater ease and transparency to our Providers. A platform built on this approach would allow Providers or their staff to quickly view fee schedules and contracts, and submit their data and documentation efficiently, with hardly a need for redundant input. It would also simplify communication by enabling it from one location.

David Gutwald **(Independent Living Systems)**
Senior Vice President of Operations

"An 'Agile Network Management' approach to network management allows for more informed decision making. Having the ability to visualize stacked networks by geography, cost/quality scores, and engagement is just one example of how payers can leverage such an approach to decide which providers to add into a proprietary network versus a leased third party regional network."

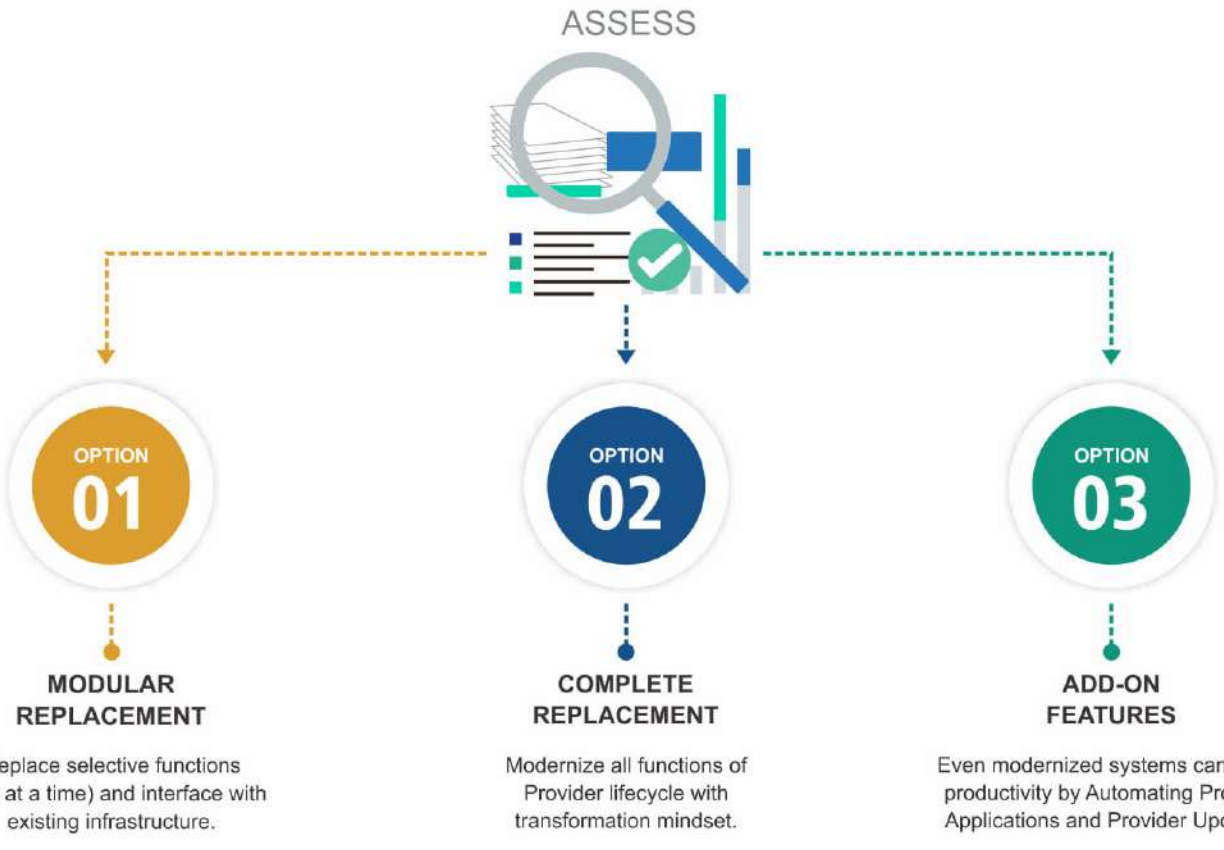
Amy Marko **(Unam Group)**
Senior Vice President Dental/Vision Products & Professional Relations

Making Big or Incremental Changes with a Modular Platform

The advantages of a modern network management platform are now resoundingly clear. However, the reality is that not every payer is in a position to "rip and replace" an existing system for network management, no matter how limited the system is. To that end, a platform that is modular in nature offers an attractive option of purchasing independent network management functions and integrating them with an existing system.

But which is the right approach—a modular or full implementation? An increasingly popular method to determine this answer is via a thorough and neutral assessment. This can be offered by an analyst or vendor; the latter will obviously lean toward showing where a network platform could add value. As such, they should be prepared to back this up with demonstrated past results and a clear understanding of the payer's world and business. A particular advantage of a vendor-supplied assessment is that a reputable vendor will deduct the full cost of an assessment if a platform is purchased.

Another option is to add "top-up" services that reduce certain manual and paper-based tasks within an existing system. In one example of such a service, network managers can automate the process of communicating with providers about provider directory updates, credentialing, and re-credentialing. Now much of this can be handled in automated, electronic transactions in which providers electronically submit their applications and other information. Such top-up service will typically be charged under a "pay as you go" model for successful transactions and will save network managers and providers countless hours.



Conclusion

Better relations with providers. Better networks, built in record time. These are the benefits of the modern network management platform, but they are also necessities in this new era of consumer-driven healthcare. To offer superior products to these consumers, payers must have a superior infrastructure in place to create and maintain them. This infrastructure must enable visibility into all networks, from a single location, so that payers can clearly see what is working, what isn't, all in real time. It must integrate data, networks, and related processes. And it must simplify payer interaction.

That's agile network management—and modern network management demands nothing less.

- Care Management System
- Quality Scoring
- Claims System
- Directories

- Provider Onboarding
- Credentialing
- Network Tiering
- Product Assignment
- Fee Schedule & Contract Assignment

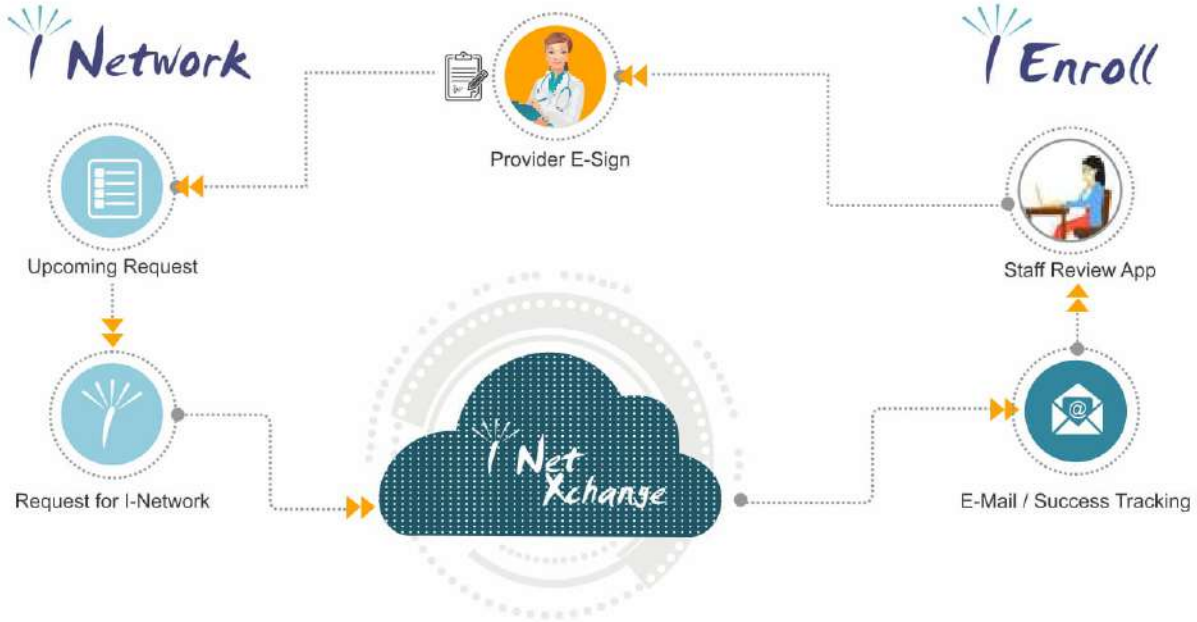
- Online Self-Service
- Intuitive and easy to use
- E-Signature

- Provider services specific to facilities, specialties, age group etc.
- Open or closed panels (accepting new patients)
- Availability of providers with matching skills in recruitment pipeline
- Past claims and previous provider relationship interactions

I-NETWORK PRODUCTIVITY SUITE

With I-Network , Payors and Networks can reach out to any practice using I-Enroll to complete the business transaction electronically -- right to the practiceadministrator's desktop -- making sure the business transaction reaches the right person and comes back fully completed - on time.

Payors and networks can obtain I-Network-Productivity SuiteLicense at no license fee and pay only successful transaction completed through I-Network-Productivity Suite.



Provider Directory Update | Provider Re-Credentialing | New Provider Enrollment

Ask the Santech About I-Network Productivity Suite

+1.732.658.0072

I Network | Santech | I Enroll

www.myinetwork.net | www.mysantech.com | www.myienroll.com

Transform Provider Network Management

IDC

Santéch was named a Major Player in the IDC MarketScape: U.S. Provider Data Management 2022 Vendor Assessment, doc #US48815718, Feb 2022)

IDC MarketScape vendor analysis model is designed to provide an overview of the competitive fitness of ICT (information and communications technology) suppliers in a given market. The research methodology utilizes a rigorous scoring methodology based on both qualitative and quantitative criteria that results in a single graphical illustration of each vendor's position within a given market. IDC MarketScape provides a clear framework in which the product and service offerings, capabilities and strategies, and current and future market success factors of IT and telecommunications vendors can be meaningfully compared. The framework also provides technology buyers with a 360-degree assessment of the strengths and weaknesses of current and prospective vendors.

IDC | ANALYZE THE FUTURE

Santéch was named a Major Player in the IDC MarketScape: U.S. Provider Data Management 2018 Vendor Assessment, doc #US44514018, December 2018

IDC MarketScape vendor analysis model is designed to provide an overview of the competitive fitness of ICT (information and communications technology) suppliers in a given market. The research methodology utilizes a rigorous scoring methodology based on both qualitative and quantitative criteria that results in a single graphical illustration of each vendor's position within a given market. IDC MarketScape provides a clear framework in which the product and service offerings, capabilities and strategies, and current and future market success factors of IT and telecommunications vendors can be meaningfully compared. The framework also provides technology buyers with a 360-degree assessment of the strengths and weaknesses of current and prospective vendors.

Gartner Cool Vendor 2017

Gartner, Cool Vendors in Health-Value Management for U.S. Healthcare Payers 2017, Bryan Cole, Jeff Cribbs, Brad Holmes,11 April 2017.

The Gartner Cool Vendor Logo is a trademark and service mark of Gartner, Inc., and/or its affiliates, and is used herein with permission. All rights reserved. Gartner does not endorse any vendor, product or service depicted in its research publications, and does not advise technology users to select only those vendors with the highest ratings or other designation. Gartner research publications consist of the opinions of Gartner's research organization and should not be construed as statement of fact. Gartner disclaims all warranties, expressed or implied, with respect to this research, including any warranties or merchantability or fitness for a particular purpose.

SANTECH SOLUTION, INC.

105 College Rd E, Princeton, NJ 08540, USA

732.658.0072

sales@mysantech.com