

Provider Database Challenges

1. Frequent demographic changes and occasional changes to affiliations and status of doctors means 50% of provider information in health plan databases is outdated in 18 months.
2. Non-timely provider directory updates misrepresent access to network providers and expose members to potential out-of-pocket expenses.

2.4% of provider demographics change monthly

30% of doctors change affiliations annually

5% of doctors change status annually

PAYER IMPLICATIONS

- Increased operational costs negatively affect operations, including claims management, member and provider support, and compliance.
- Operational cost of complying with state and federal mandates to avoid arduous penalties also adds on to the health plan's financial risk.
- Incorrect provider information negatively affects the member experience and leads to member dissatisfaction and churn.
- Consumers are complaining to state regulators demanding remediation, which poses additional risk to health plan ratings and increased risk of sanctions.

Inaccuracy in Medicare Advantage directories may trigger penalties up to **\$25,000/day/beneficiary** OR bans on new enrollment and marketing.

The federal exchange plans could face penalties up to **\$100/day/beneficiary** for problems in their directories.

FOR ADDITIONAL INFORMATION:

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THE HGS SOLUTION

- Designate agents with optimal communication skills to meet a higher standard for member and provider satisfaction, including multi-language agents.
- Collaborate on various work flows to efficiently collect and update provider information, using tools for automated fax, call campaign, and emails.
- Maintain all provider records for the health plan, including provider additions, changes, and terminations, with elimination of duplicate records.
- Use robotic process automation (RPA) to increase productivity, improve quality, reduce costs, and introduce process transformation initiatives.
- Provide agents who are skilled in understanding the relationships between payers, providers, and the healthcare value chain, for optimal coordination of information within the latest state and federal regulatory requirements.

About HGS

HGS is a leader in optimizing the customer experience and helping our clients to become more competitive. HGS provides a full suite of business process management services from marketing and digital enablement services, consumer interaction services to platform enabling back office business services. By applying analytics and interaction transformation design to deliver innovation and thought leadership, HGS increases revenue, improves operating efficiency and helps to retain valuable customers. HGS expertise spans the telecommunications and media, healthcare, insurance, banking, consumer electronics and technology, retail, consumer packaged goods industries, as well as the public sector. HGS operates on a global landscape with around 44,000 employees in 68 worldwide locations delivering localized solutions. HGS, part of the multi-billion dollar Hinduja Group, has over four decades of experience working with some of the world's most recognized brands.

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