Provider Data Quality Focus **Improves Access** to Care While **Reducing Member Abrasion**

95%

In 90 days, Core xRM was able to engage 95% (compared to a 2016 AHIP Pilot Provider Directory Initiative where competing vendors achieved engagement rates of 18.4% and 35.3%).

4.7

Overall provider satisfaction with the PDQ verification process was 4.7 out of 5.

1-2

The updated data was made available on the company's provider directory within 1-2 days of being validated (compared to industry averages of 2-4 weeks.)

54%

In the first 30 days of the verification process more than 33,000 inaccuracies were identified and verified in 54% of the medical groups.

The Challenge

A national health insurance company faced a common industry problem of having outdated and inaccurate information in their provider directory that members use to find in-network providers. The company wanted to reduce member abrasion and improve access to in-network providers but didn't have a solution to verify the information for more than 33,000 providers practicing in 12,800 service locations. The company approached Core xRM to leverage their Provider Data Quality (PDQ) BPO service to improve accuracy of their provider information.

Our Approach

To improve the accuracy of provider information, Core xRM leveraged their Provider Data Quality (PDQ) BPO service. The PDQ service utilizes a suite of proprietary technologies operated by Core xRM's provider data trained call center staff to work with providers offices to efficiently verify the accuracy of critical information for each provider and service location in the network.

PDQ structures the process into four key steps to validate data. First is the process of identifying the resource for each medical group capable of reviewing and providing updates to the data on providers and service locations. The second stage involves the medical group contact reviewing and providing the updated information. This process has been designed with the medical groups in mind to allow different methods to review and update the data based on their individual preference. Once the updated information has been provided, Core xRM performs additional validations before it is accepted into the system. The final step is to send the validated data to the company's provider directory in a fashion that protects it from being over-written by outdated and inaccurate information.

Results

In 90 days, we were able to engage 95% of all in-network medical groups to review and update their provider data. In the first 30 days of the verification process more than 33,000 inaccuracies were identified and verified in 54% of the medical groups. The updated data was made available on the company's provider directory within 24-48 hours of being validated. Overall provider satisfaction with the PDQ verification process was 4.7 out of 5 with many medical groups indicating that our PDQ process was the easiest and fastest process of all the health insurance companies they perform the function for.