Provider Data Management

Inaccurate provider data costs healthcare providers and health plans millions of dollars each year, but those costs don't appear as a line item in any budget. The real costs show up as increased claim denials and rework, returned postage costs, phone calls from providers, member dissatisfaction with directories, and regulatory actions or even fines.

Availity Provider Data Management (PDM) gives health plans a comprehensive workflow that equips providers to keep their information up to date – and that lays the foundation for effective communication and collaboration between plans and providers.

Getting current data

Timely, efficient communication is the key to effective healthcare. To get the right information to the right people about critical moments in a member's care, health plans need accurate information about clinical and administrative personnel and locations for providers in their networks.

Availity PDM returns responsibility for accurate providers' information to the people who know the most about it: the providers.

Using intuitive tools right in the workflow they're already using for other secure administrative tasks, providers can:

- Verify the demographic information Availity and health plans have about them.
- Update data about their businesses, including locations, physicians, key staff members, and contact information.
- Send updates to many plans at once.

Availity PDM actively monitors more than 8.8 million transactions daily, watching for discrepancies between information that's on file with the health plans and the data in the transactions. Data mis-matches are presented to the provider – in their workflow – so the information can be corrected or verified.

Health plans get the data in formats that they can import and consume in their systems, according to the data schema.

Directory Verification

State and federal regulators are requiring health plans to work with their provider networks to deliver more accurate provider directories. Simplifying the way providers update their information is one way to encourage effective collaboration to help members make informed medical decisions. Provider Directory Verification is a workflow within PDM that allows providers to:

- Receive notifications in their workflow for the plans' required quarterly directory verification, in accordance with the mandate from the Centers for Medicare and Medicaid Services.
- Respond to health plans' requests to verify their provider directory information.

The right information to the right people at the right time

Better provider data improves how health plans and providers work together, saving time and money. Here's how:
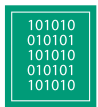
Operational Savings

Accurate provider data reduces administrative costs and streamlines pre- and post-claim interactions with your provider networks.

Improved Provider Satisfaction

When you can reach the right person within the provider's organization, you only need to ask one time for the information you need – or need to share.

Higher Quality Data

Providers are more willing to update their profiles because they can notify several plans at once. No more paper forms filled with typos.

Real-time Data

Because they're already using the online multi-payer platform, providers can update their information as soon as it changes. You can also notify them when it's time to verify the information you have on file.

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