Seamless middle office processing for healthcare payers

Realize more value by connecting teams, systems, and processes
Competitive, regulatory, and technological pressures are continuously reshaping the healthcare payer landscape

Evolving consumer demands, rising healthcare costs, and rapidly changing technologies are driving transformational changes across the entire industry. For payers, the challenge largely centers around helping consumers pay for the growing costs of care—from improving wellness programs to removing barriers that prevent access to care.

Healthcare consumers expect speedy case resolution and a seamless member experience when they deal with your organization. But siloed departments and disconnected point solutions make it nearly impossible to build the enterprise-level processes that lead to first call resolution. Just as significantly, people-intensive processes drive operating costs ever higher in an age of perpetual cost containment.

Automation, AI, and other advanced technologies play a critical role in paving the way for future success but adopting to these changes is a bumpy road. Legacy technology and manual processes seem to get in the way at every turn. Ultimately, operational challenges often lead to poor experiences for a payer’s most important stakeholders: members, providers, brokers, and employers.
Going to the doctor may seem simple enough, but that one action triggers a complex series of touchpoints and workflows with dependencies across patients, providers, and insurance.

First, your health insurance must be verified with the payer, online or over the phone. After the visit, a claim is created and sent for processing. In a best-case scenario, the claim is auto adjudicated, with no intervention or additional touches needed.

However, medical benefits are complicated, and many claims cannot be auto adjudicated. Any number of issues could arise causing various teams across medical reviews, billing, fraud, and others to review the coding, medical necessity, and prior authorization of the visit. It can be a complex, manual and non-linear process with multiple internal and external points of contact. On top of that, re-reviews might be needed, based on exceptions.

With all of the different teams involved, the last thing a payer wants is for a member to know something has gone wrong while processing a claim or that their enrollment into the program is being held up because of a data or queue management issue. These issues should be resolved quickly, and internally, so all the member experiences is seamless care.
Improving experiences with middle office processing

Delivery models are changing quickly. Boost your delivery models by digitizing your manual workflows. With ServiceNow, you can establish an integration hub that unifies all your most important core processing systems, including claims, enrollment, billing, finance, medical management, provider, and employer group implementations. Your operations team can identify and assign issues directly to the right departments and track those issues to resolution. Stay one step ahead by monitoring the health of customers’ products and systems in real-time and proactively notifying them of problems.
Exploring the value of end-to-end middle office processing

Streamline and enhance processing with ServiceNow to boost member satisfaction—and make operations more efficient.

- Trackable, real-time status reporting across the enterprise and lines of businesses
- Reduce operational costs through automation and digitization of processes
- Faster resolution times through major case identification and knowledge
- Greater NPS and CSAT, as problems are resolved before the customer is aware
Making an impact for your healthcare payer organization

Navigating digital transformation is a big deal. But, it is an important step to take to tackle operational challenges, be agile when the unexpected happens, and create cohesive processes and systems that improve experiences for members, providers, brokers, and employer groups.

Move out of the siloed approach that leads to delays, inaccuracies, and frustrations. The Now Platform® integrates with your existing work processes and systems, giving you a centralized hub for action for middle office processing.

Our solutions help you every step of the way—from real-time claims status reporting, to reducing operational costs, to enhancing member satisfaction. Everyone gains a clear line of sight into the information they need and the actions in progress. And ultimately, a great member experience creates loyal, long-time customers.
About ServiceNow for payers

With the Now Platform®, payers can propel operations and deliver better experiences—ultimately improving financial performances and member outcomes.

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