

unqork

# No-Code and Health Plans

No-code helps health plans rapidly develop mission-critical applications to address always-changing industry dynamics



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Health plans are continuously seeking to modernize processes & technologies to attract new business, optimize networks, manage risk & medical loss ratios (MLRs), and effectively serve members and healthcare providers (HCPs). These efforts have become even more challenging in recent years thanks to rising member & HCP expectations for digital engagements; evolving requirements for privacy, interoperability, & price transparency; and the need to adapt to new value-based payment models.

In the face of these growing demands, technology teams are finding it challenging to keep pace. In addition, for the efforts they can resource, only ~20% create sustained value. To realize true ROI, companies must embrace transformation across the entire organizations by:

- ✓ Developing intuitive user-facing portals
- ✓ Automating inefficient manual processes
- ✓ Upgrading legacy systems that may be years—if not decades—old
- ✓ Integrating core business workflows across a patchwork of internal systems and external third-party solutions
- ✓ Instilling air-tight privacy/compliance controls

Realizing applications that satisfy these needs is far from easy—particularly in complex, heavily regulated industries such as healthcare. Research has shown that 85% of development projects go over schedule, and 70% of large-scale digital technology programs fail to reach their stated goals. The reason is that neither traditional code-based development approaches nor off-the-shelf software can adequately address the needs of today's health plans.

Traditional code-based (or even low-code-based) development inevitably produces legacy code that must be updated and maintained in perpetuity. As one CIO put it, “My team probably spends half of its time keeping the lights on, and that’s with heavy use of [two low-code solutions].” On the other side of the spectrum, off-the-shelf solutions are difficult to tailor to business context or connect to existing systems, which often leads to the all-too-familiar “application graveyard.”

This is why health plans are increasingly turning to the power of no-code. This new class of cloud-based, enterprise-grade development platform eliminates friction points and accelerates speed-to-market for scalable, custom, and “future-proof” solutions. These platforms come out-of-the-box with all the toolsets and healthcare-specific accelerators (e.g., front end, workflow, rules engine, analytics, integrations) needed for robust, tailored applications. Technical teams can quickly build the foundation for a given application, process, or system and focus on “last mile” customization and differentiation. Select business users (e.g., Product Managers, Analysts) can also directly contribute, which drives more meaningful collaboration between business and technology teams. No matter who is configuring, users can learn no-code development in a matter of weeks.

Even better, no-code platforms can be the digital glue of your ecosystem, which means organizations can take a modular approach to transformation by building custom solutions that seamlessly integrate with the rest of their tech stack. No need to rip-and-replace.

In this eBook, we will explore how health plans are using no-code across the value chain, so they can move fast and mount a robust digital response to challenges of any scale.

## Five high-impact use cases for health plans

In this section, we'll explore five concrete examples of what's possible with no-code-powered transformation. Keep in mind that no-code is a powerful and flexible development paradigm that can be used to power a wide variety of functionality. If you can imagine a way to automate and/or streamline a business process, it's probably achievable with no-code—and probably even easier than you think.



### Intelligent Utilization Management

Prior authorization is an effective cost-control tool for health insurers that plays a key role in patient safety. However, it is a cumbersome process, riddled with time-consuming back-and-forths between Healthcare Providers (HCPs) and health plan liaisons. Today, many of these interactions are over-reliant on manual, inefficient workflows, resulting in dissatisfied HCP staff, delayed care, and higher-than-necessary operational costs for health plans.

The concept of real-time prior authorization, where HCPs answer questions and receive attestation with a few clicks, is not new. However, it has proven much easier said than done. Off-the-shelf solutions digitize specific parts of the process, but are limited in their ability to integrate with existing back-end systems and accommodate bespoke business rules at scale. Meanwhile, custom-built solutions are impractical, as developing content and business rules for a single procedure group might take two months and cost \$200K—and there are 100+ procedure groups!

This is why leading health plans are using Unqork's enterprise no-code development platform to build dynamic, content-agnostic workflows and presentation layers. With prior authorization, we enable clients to **display a series of dynamic questions** to HCPs, using a scalable mechanism that **automatically conforms to the content** pulled from underlying systems. In other words, once a client develops the infrastructure, it immediately scales to accommodate additional procedure group "packages" of Q&A content, business rules, and metadata. This "one-to-many" infrastructure takes only 2-4 months to design, test, and deploy. Real-time status updates can also be pushed into member-facing portals (whether or not that portal was built using Unqork).

## Benefits

- ✓ **Lowered administrative burden for HCPs:** Empower HCPs and their staff to receive approval for a patient's treatment in as few as eight real-time clicks (relative to multiple hours of calls with the health plan's Medical Liaisons), thereby boosting satisfaction
- ✓ **Faster time-to-treatment for members:** Improve the patient experience, both in terms of fewer obstacles and delays to treatment, and more timely communications throughout
- ✓ **Reduced operational costs:** Decrease manual touchpoints by a third, and therefore call center costs (equating to over \$8M in YoY savings for large health plans)
- ✓ **Reduced development spend:** Without the need to enable real-time prior authorization using code or low-code, development speed increases by 6x (equating to over \$5M in initial development cost avoidance) and there is no legacy code to maintain

## Capabilities



### Dynamic Interface for HCP Q&A

Procedure group-agnostic UI template that dynamically displays externalized content and manages the HCP experience



### Dynamic Microservices

Procedure group-agnostic microservices that request specific "packages" of content and business rules that outline content to render, navigation, controls, etc. for that procedure



### Automated Workflows

Automatically identify procedures and drugs that require prior authorization and invoke guided workflows with smart forms for providers



### Alerts and Notifications

Provide real-time status updates along with notifications and reminders to both HCPs and members



### Tailored Dashboards

Provide real-time access to data and information with tailored dashboards for health plan staff and leadership





## Member Onboarding

In many cases, the member onboarding process is the first chance for a health plan to create a positive impression. It can have a bearing down the road in regards to member satisfaction and willingness to interact with the health plan (e.g., for care management).

Many existing approaches—whether code-based or off-the-shelf—offer a clunky and impersonal user experience, falling short of expectations for modern digital services. For example, they are often disconnected from back-end data and processes, which necessitates manual data entry and complicates one’s ability to find care (e.g., if receipt of the ID card is delayed). They also struggle to meet members where they are—some members receive too much support and education, whereas others receive too little. Furthermore, there tends to be limited information-submission and verification functionality, which leads to an increased administrative load for health plan staff and a higher potential for error.

In order to create a higher-value experience for members, but without sacrificing speed-to-market or blowing apart the budget, health plans are using Unqork to reimagine **Member Onboarding**. This starts with workflows to automate as much of the intake process as possible, including data collection, data cleansing (including NIGO checks for completeness), and merging to create a clean master member file. Organizations can customize and personalize business logic and workflows, including the ability to leverage data (e.g., clinical data that the member assents to sharing) to surface relevant educational materials, benefits, and care pathways.

With this type of mechanism in place, members benefit from an intuitive and personalized front-end experience that dramatically reduces the coverage initiation burden—not only for the members themselves, but for the sponsor (e.g., employer) as well as for the health plan.

### Benefits

- ✓ **Increased member and client satisfaction:** Accelerate onboarding processes and personalize the experience based on member preferences and needs
- ✓ **Increased staff productivity:** Reduce the burden on health plan staff to facilitate the onboarding process and troubleshoot live
- ✓ **Decreased development costs:** With Unqork’s no-code platform, onboarding “accelerators” can be snapped into place instantly, and changes to the process and workflows can be implemented quickly using limited resources

## Capabilities



### Streamlined Information Collection

Move paper forms online, build logic to skip unnecessary questions, and seamlessly integrate with external systems for key information (e.g., CRMS, identity verification, etc.)



### Member Data Sharing

Enable members to share historical clinical and claims data for more tailored care and case management support from their new health plan



### Proactive NIGO Notifications

Automatically check for data integrity and completeness during the onboarding process and alert members of any information that is potentially Not In Good Order (NIGO) along with suggested remediation actions



### Machine-Powered Segmentation

Build new business rules and/or consume existing analytical models (e.g., AI/ML processing of clinical data) to segment members based on submitted data and match with tailored experiences and offerings



## Case Management & Care Coordination

Many organizations' existing case management systems are overly reliant on manual checkpoints and/or paper-based processes. These outdated, inefficient workflows require payer organizations to overcommit resources for back-office operations. Furthermore, the lack of real-time visibility into case status can lead to duplicative efforts, resubmissions, and at times, may allow cases to slip through the cracks, disrupting the system even further.

Digital technologies can help automate and optimize case management processes, but to be effective, they must seamlessly integrate with existing clinical and data systems while complying with an evolving patchwork of regulations and protocols. It would be difficult and time-consuming to build a custom case management solution capable of meeting these requirements using a traditional code-based approach.

Unqork's **Case Management & Care Coordination** solution allows companies to effectively address their case management needs with a complete digital experience that coordinates case intake and serves as a gateway to external data and digital services. Our customizable solution provides comprehensive end-to-end case management by automating workflows and organizing data at scale. Likewise, Unqork's solution enables multi-stakeholder collaboration and coordination throughout the process with integrated messaging, notifications, and stakeholder-specific dashboards. By ingesting and analyzing information from disparate sources, the system can anticipate and identify high-risk patients and trigger preemptive or proactive care plans.

The solution accelerates case processing, increases visibility & accessibility, and enhances the overall member experience. Even better, by reducing operational inefficiencies on the back-end, companies can free up additional capacity for mission-critical or high-touch activities.

## Benefits

- ✓ **Increased member/patient satisfaction:** Provide enhanced transparency of case status and access to critical information for documentation and processing
- ✓ **Improved efficiencies:** Streamline processes and free-up capacity for mission-critical or high-touch processes
- ✓ **Better compliance:** Increase transparency & auditability, flexibly adjust workflows to address changing regulatory needs to ensure good standing



## Capabilities



### Seamless Integrations

Integrate with existing systems (e.g., CRM, prior authorization, care management)



### Document Management

Generate, manage, and store guidelines and make them easily accessible for all stakeholders



### Integrated Messaging

Allow all stakeholders to securely communicate directly in the platform, ensuring proper handoffs and timely resolution of issues



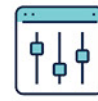
### Proactive Notifications

The platform can automatically notify patients, providers, and partners when a critical task is ready for review



### Persona-Specific Dashboards

All stakeholders can see the status of inquiries and know if any additional steps are needed



### Customizable Rules

Organizations can build (and edit) custom rules and workflows that can automatically qualify cases with machine efficiency



## Provider Lifecycle Management (PLM)

Many organizations' existing Provider Lifecycle Management (PLM) processes are spread out across multiple internal teams (e.g., network development, legal, and onboarding), disparate legacy systems, and external third-party services such as credential management (e.g., LexisNexis, NPPES, ABMS). These workflows are overly reliant on manual checkpoints, resulting in complexity, increased costs, prolonged onboarding times, low provider satisfaction, and inadequate data management.

Unqork's **Provider Lifecycle Management** solution provides payer organizations with a unified digital interface that seamlessly connects with multiple systems, workflows, and services. The solution automates critical information-gathering and verification processes at scale and can trigger remediation workflows to address missing information or other data issues. All relevant stakeholders can access a centralized, organization-wide real-time source of truth. Tailored dashboards and auto-generated reports based on specific KPIs can help operational leaders identify workflow bottlenecks and other areas of improvement.

By automating workflows and integrating systems, Unqork's PLM solution empowers payer organizations to dramatically reduce their administrative burden, accelerate physician onboarding & and contract management processes (including value-based), improve provider satisfaction, and increase data fidelity and accessibility.

## Benefits

- ✓ **Increased provider satisfaction:** Accelerate all provider-facing processes
- ✓ **Improved efficiencies:** Streamline processes and free-up capacity for mission-critical or high-touch processes
- ✓ **Better compliance:** Easily update workflows to ensure processes are in good standing with regulators
- ✓ **Higher quality data:** Ensure all physician data is up-to-date and accessible to all in one central hub
- ✓ **Mitigated risk:** Streamline processes, increase transparency & auditability, and effectively manage key processes

## Capabilities



### Seamless Integrations

Integrate with existing systems and external services (e.g., LexisNexis, NPPES)



### Document Management

Generate, manage, and store documents and guidelines, making them easily accessible for all stakeholders



### Contract Management

Automate and organize contract processes, including value-based ones



### Automatic Remediation

Whenever issues are identified, it can automatically trigger remediation processes and workflows



### Workflow Analytics

Identify bottlenecks to improve processes and workflows over time



### Credential Management

Automatically ingest and verify provider credentialing information with machine efficiency



## Member Services Center

Consumers are increasingly taking on responsibility for their everyday health and, as a result, have become more aware of what they want and need from their healthcare plans. They want to engage with their plans in meaningful ways that make them feel empowered. And their employers are looking carefully to ensure that their health insurance carriers are making this possible.

Members expect seamless modern experiences on par with the consumer applications they access daily. As the bar for individuals and employers to switch insurers becomes less prohibitive because of data interoperability, health plans are under increasing pressure to customize the member experience both in terms of overall employer preferences (e.g., seamless integration of care management vendor X into their portal) and personalization by member segment. Yet [The Journal of Health Economics](#) found that less than 14% of consumers understood their benefits. Whether it is general benefit information, inaccurate cost estimates, or digital tools, today's consumers feel overwhelmed with the information available to them and subsequently underwhelmed with the experience as a whole. Members generally lack trust and connection with their insurance providers—this represents both a challenge and an opportunity for the industry.

With Unqork's **Member Services Portal** chassis, health plans can rapidly build and effectively manage feature-rich omnichannel portals that streamline the member journey and provide robust 24/7 access to personalized information and services. These unified portals allow members to securely access everything from benefits, coverage, and claims to virtual triage, telehealth, and treatment options. It combines member self-service tools with health management recommendations to drive a highly personalized experience and targeted user outcomes. What's critical is that these portals can be rapidly customized to each employer client's needs, which creates a major competitive advantage.

And because the portals are powered by Unqork, organizations can just as quickly iterate changes in their portal to address customer feedback, new competitive offerings, or marketplace disruptions of any scale. Unqork also makes it easy to seamlessly integrate a custom portal with existing internal legacy systems, so organizations can take a modular approach to development (i.e., there's no need to replace your existing systems completely). It's also easy to extend platform capabilities by integrating your portal with external third-party solutions.



## Benefits

- ✓ **Increased member and employer satisfaction:** By equipping members with a personalized, value-add set of services—and reducing complaints/questions to employers
- ✓ **Lowered operational costs:** Fewer manual, call center touchpoints made possible by intuitive, self-service capabilities
- ✓ **Continual improvement:** Analytics around member behavior drives insights to continually improve experience
- ✓ **Compliance at scale:** Go beyond baseline requirements (e.g., related to price transparency) to create marketplace differentiation, without an incremental lift

## Capabilities



### Seamless Integrations

Integrate with existing systems (e.g., claims processing, CRM) and external solutions (e.g., care management, provider search, symptom triaging, chat)



### Smart Shopping

Equip members with tools that find and compare providers and treatment options (find provider, estimate cost of treatment, view targeted health education content)



### Connected Health Records


Shared health records to drive transparency and collaboration



### Personalized Services

Self-serve tools to allow members to manage their daily health (view coverage details, check benefit balances, view claims history, submit appeals, etc.)





# Unqork: The world's first no-code enterprise application platform

The leaders of tomorrow will be the organizations that can digitize their processes most thoroughly and adapt their infrastructure most rapidly around a wide variety of shifting challenges. With no-code, companies are empowered to build scalable, secure, complex, compliant, custom applications with unprecedented speed and flexibility.

That's why many of the most innovative players in healthcare and beyond are partnering with Unqork, the first enterprise no-code development platform specifically designed for the world's most complex and regulated industries. Our platform represents an entirely new paradigm that optimizes every aspect of enterprise development through:

## A unified SaaS platform

Unqork is a completely unified SaaS platform, which means it provides all the components and capabilities related to crucial areas like **compliance** (up-to-date regulatory and enterprise rules engines for FATCA, CRS, UK CDOT, Dodd-Frank, EMIR, and MiFID II, etc.), **security** (native encryption both in transit and rest, custom RBAC capabilities, and crowd-sourced penetration tests), and **application management** (SDLC governance, application versioning, and module management)<sup>5</sup>.

## A visual UI

Applications are built via an intuitive, visual User Interface (UI) featuring drag-and-drop components representing user-facing elements, backend processes, data transformations, third-party integrations, and a growing library of industry-specific templates.

## Enterprise-grade standards

While there are several business-area-specific or consumer-level no-code systems on the market, Unqork is the only no-code platform designed specifically to build scalable healthcare applications with industry-grade security and privacy functionally baked in (e.g., adherence to all HIPAA security standards, encryption of data in transit and at rest, automatic back-up, enterprise-strength disaster recovery, cloud instance isolation, robust access and integrity controls, multi-factor authentication, and more).

While Unqork is a SaaS platform, our customers operate in single-tenant environments, which means there is never a mixing of client data between Unqork customers.

Unqork takes on the “heavy lifting” of development and frees companies to shift their focus and resources towards building operational efficiencies, perfecting the user experience, and enacting long-term strategies. By tapping into the power of Unqork’s no-code application platform, organizations can realize:



**Accelerated speed-to-market:** No-code automates many high-volume development tasks so new applications can be built and deployed much faster. In many cases, applications that would take months or years to reach the market can be built in a matter of weeks, or even days.



**The elimination of legacy code:** Code becomes legacy nearly instantly. With no-code, organizations only need to be concerned with building business logic; even if there is a technical change, the platform handles all that on the backend.



**Ease of updates and maintenance:** Large enterprises can spend up to 75% of the total technology budget maintaining existing systems. One of the reasons is the complexity of making a change in one area requires changes throughout the process. A no-code platform automates many of these cascading tasks and therefore reduces the complexity of making changes.



**Business agility:** Whether it is a pandemic, new or changing regulations, or disruptions of a smaller scale, no-code can provide organizations with a way to address events quickly.

**Curious about how no-code can be applied within your organization? Get in touch to schedule a demonstration from one of our no-code experts.**

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## Enterprise application development, reimagined

Unqork is a no-code application platform that helps large enterprises build complex custom software faster, with higher quality, and lower costs than conventional approaches.

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