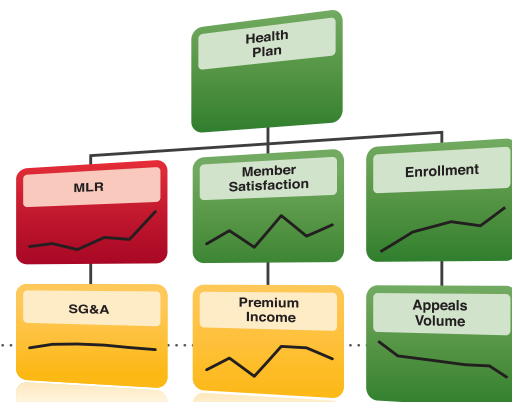


Payer Solutions

Solutions Suite Overview



Payer-Provider Transparency: Reducing Costs and Improving Quality through Data Collaboration

Transparency has become a key requirement to improve the U.S. healthcare system. Payers, hospitals, physicians, employers and members all benefit when information is shared in a format that is accessible and easy to understand. Payer-Provider Transparency enables payers and providers to share data and collaborate through a unified, interactive analytics portal. MedeAnalytics provides transparency into claims adjudication and operational service areas as well as utilization, quality and reimbursement trends, reducing friction and wasted effort and improving provider relations. By communicating quality metrics often and proactively, providers are able to intervene early, leading to increased quality of care and improved medical loss ratios.

Medical Management Analytics: Continuously Monitor and Improve Healthcare Utilization and Quality

Medical Management Analytics enables medical leadership to manage healthcare utilization and quality more effectively. MedeAnalytics aggregates claims, pharmacy, membership, authorization and other data to provide clinical service teams with a centralized, robust view of care delivery and quality. Combining these disparate data sources and generating sophisticated, composite performance indicators with virtually no lag time and no capital investment allows health plans to ensure effective, efficient, quality care for their membership.

Provider Network Management Analytics: Increase Quality and Improve Relations

Provider Network Management Analytics proactively monitors provider network performance and enables health plans to align provider incentives with plan goals. This solution reduces administrative overhead while providing continuous, actionable intelligence. Provider relations staff members are empowered to evaluate the efficacy of their networks, implement quality-improvement initiatives and ensure appropriate, efficient care. Provider Network Management Analytics leverages disparate data sources and customized business rules to create detailed, comparable and trusted information.

Operations Performance Management: Drive Continuous Operational Improvement

Operations Performance Management links key performance indicators with health plan strategy to drive continuous process improvement and organizational optimization. From authorizations to claims processing to member services, health plan leadership utilizes actionable information drawn from disparate operational data sources matched with claims, authorizations and enrollment to align management incentives and minimize administrative waste.

Employer Transparency: Move Beyond Reporting with Collaborative, Actionable Analytics

Employer Transparency provides health plans, brokers, and employers with an interactive platform to share performance metrics and make rational, data-driven decisions about benefit design, communication needs and wellness initiatives. Through the use of national benchmarking comparisons and easy-to-understand key performance indicators, plan performance may be evaluated in context, and healthcare delivery and interventions may be aligned with business strategy. MedeAnalytics leverages disparate data sources and customized business rules to create value for both health plans and their customers.