Mede/Analytics®

payer operations overview brochure

Deliver insights into key drivers

affecting plan and provider performance, outcomes, and quality of care

what is it?

A secure, web-based analytics tool that helps payers make proactive, data-driven decisions

who is it for?

Analytics, network operations, claims, informatic, sales, account, and contracting divisions of health plans

why is it needed?

Deliver timely insights into key drivers affecting plan performance, member cost and utilization as you build strong provider networks and ensure quality of care

how does it help?

Industry-leading analytics and data integration expertise combine multiple data sources together to deliver actionable insights

In an age where prediction and prevention go hand in hand, the ability to efficiently identify cost drivers and improvement opportunities helps maintain a competitive edge. And MedeAnalytics clients have been able to steadily and effectively combat the rising costs of healthcare.

Payers leveraging MedeAnalytics capabilities have consistently outperformed the industry in containing healthcare costs.

Learn how you can do the same at your organization.

With MedeAnalytics Payer Operations solutions, you can:

- Provide visibility and identify trends related to cost and utilization drivers
- Access a library of prebuilt, easy to use, customizable analytics reports, dashboards and views
- Make proactive, data-driven decisions that support your care initiatives
- Utilize risk stratification and clinical groupers to predict future medical costs
- Create high-impact reports quickly and efficiently
- Improve client retention and satisfaction
- Boost negotiating power
- Gain visibility into members, physicians and hospitals across cost and efficiency measures
- Improve collaboration across the payer organization and external partners

the problem

A large customer-owned health insurance agency in the United States, serving 15 million members, needed a trusted, secure platform that uncovered rapid data insights and helped identify cost drivers.

course of action

The health plan used **Healthcare Economics** to bring together claims and membership data to uncover insights that drive efficiencies.
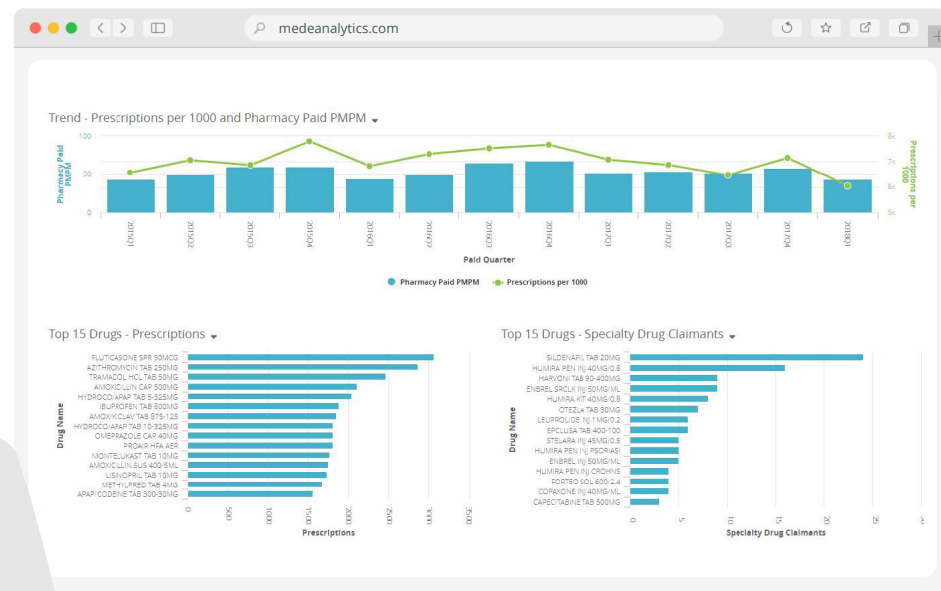
the result

The health plan accomplished their objectives while providing users with greater access to data analysis in an efficient, intuitive way. The plan now saves $2.3M in reduced yearly administrative expenses due to a reduction of hours formerly spent on manual reporting.

Healthcare Economics

▶ Healthcare Economics empowers health plans with rapid data insights and best practice dashboards, reports and targeted analyses to help guide strategic action, mitigate catastrophic claims, gain insight into costs, evaluate enrollment/membership migrations, and identify quality drivers and at-risk populations.
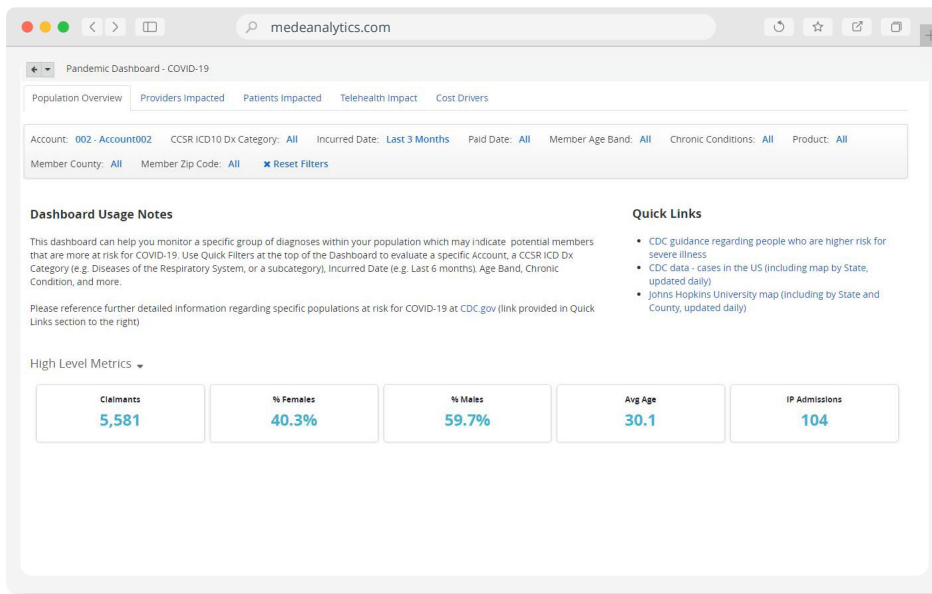
Analytic insights help to identify patterns that reveal savings opportunities to boost your negotiating power and the effectiveness of your product offerings over time.

Easily spot utilization trends for high-cost specialty drugs

Employer Reporting

▶ Employer Reporting improves employer satisfaction and retention by sharing performance metrics and health plan value via an interactive platform and scheduled print-ready reports that enable health plans to easily share valuable cost and utilization intelligence and opportunities to fine tune programs. Health plans can demonstrate plan value by sharing detailed account and group reporting with employer clients and third-party vendors—allowing for timelier, smarter decisions.

Population Overview dashboard, part of the Employer Reporting pre-built COVID-19 Dashboards

the problem

One innovative health plan outgrew their homegrown reporting solution built a decade ago that was no longer meeting client needs.

course of action

The health plan used **Employer Reporting** to transform its reporting strategy to offer deeper insights and increase value to its employer clients.

the result

The health plan now maximizes their insights and plan value from its detailed analysis and improved reporting. The organization now saves $3.25M annually by reducing the time needed for analysis and generating reports for employers.
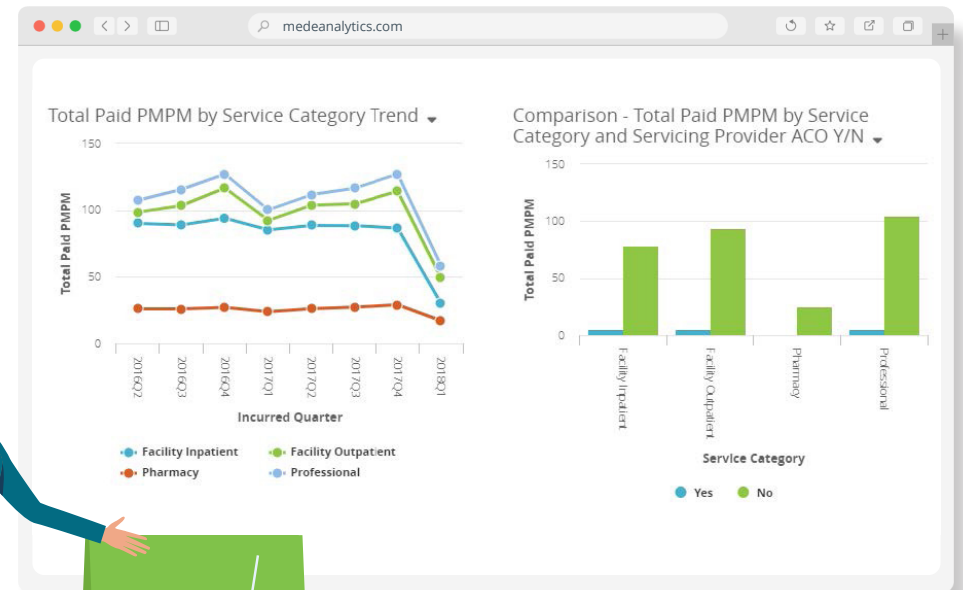
A nationally ranked health plan "payvider" needed to track its network providers in order to evaluate their performance and member care to progress its value-based care initiatives.

course of action

With **Provider Analytics**, the health plan revealed insights into provider performance and identified opportunities to improve network cost, quality and efficiency.

the result

Proactive care management can identify and target areas that need appropriate interventions and outreach.

Provider Analytics

▶ Provider Analytics uncovers actionable insights into cost and performance from your provider networks, so you can understand their value and usage to target inefficient performance and improve costs, identify centers of excellence opportunities, and provider practice patterns.

Evaluate provider cost efficiency with visual data exploration

"We can easily access and report on our book of business from one environment. That is huge."

– **Director of Client Reporting**
at a large customer-owned health plan

$3.25M

MedeAnalytics client saves annually by reducing the time needed for analysis and generating reports for employers.[1]

All Payer Solutions

Payer Operations
▸ Healthcare Economics
▸ Employer Reporting
▸ Provider Analytics

Value Based Performance Management
▸ Population Health
▸ Quality Management

Enterprise Performance Management
▸ Action Planning
▸ Progress Tracking

Mede/Analytics®

For more information about MedeAnalytics Payer Operations, visit our __solutions__ page.

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