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Aggregates Claims and Clinical Data Aggregates, cleanses, and normalizes claims and “real-time” EHR data into actionable information, while claims only solutions base decision making on 120+ day old information.			Multi-payer Solution Managing multiple contracts in a single platform is critically important if your needs include managing patients enrolled in an ACO, Medicare Advantage, Bundles, Commercial Shared Savings Plans, etc...			Performance-based Analytics Easily navigate client-definable data tiers to understand opportunities for improvement, identify root causes, and transform provider and patient level clinical, cost, and utilization data into actionable tasks.		
Risk Stratification with “Ability to Impact” Utilizes claims, clinical, and socio-economic data to identify patients that are at greatest risk and where you can make the greatest impact on quality and cost.			Claims Analytics Identify cost and utilization overruns across your enterprise drilling down by state, region, practice physician and ultimately by patient. The hierarchy is customized to each client’s environment.			Beneficiary Enrollment Streamlines and automates the maintenance, tracking, and submission of patient enrollment information.		
Workflow Engine Automates the creation, assignment, and delivery of actionable tasks based on gaps in care and trends in utilization and costs.			Care Management Streamlined patient-centric workflow for care coordinators and supervisors to manage gaps in care and opportunities for intervention based on predictive modeling and risk stratification.			Point of Care & EHR Integration Delivers the right information, to the right people, at the right time, for the right patients in a streamlined manner within their native workflow.		
User-Definable Dashboards Enables users to create personal views of their most important metrics without IT involvement.			Patient Engagement Integrated module engages patients in their care to drive fee-for-service revenue while improving performance against clinical measures for value-based contracts. Also helps with enrollment, attribution and coding. Uses texting, IVR, portals, email, etc...			Protected HIPAA compliant and much more. PCI, FISMA, SAE 16 and SOC 2 audits/certifications. Perimeter security, vulnerability management, third party code review.		
GPRO / Quality Measure Reporting Ability to view, report, and electronically submit all measures required by CMS and other quality reporting programs.						Proven Accepted population health solution for over 50 ACOs and provider organizations to drive results under value-based reimbursement programs.	