



HEALTH INFORMATION INTELLIGENCE PLATFORM

THE HEALTHCARE PAYERS DIGITAL-FIRST PLATFORM

Customer Centricity
Operational Excellence
Data Governance

REIMAGINE!



Digital-first strategies promise to breathe new life into the healthcare payers' industry, to benefit members and companies alike! A world of exciting disruptions is being revealed, reshaping the legacy business model with an agile digital-first mindset to drive innovation, achieve customer-centricity, and operational excellence.



An opportunity to seamlessly interconnect online with physical experience is here. It enables members' self-service for policies and claims. Using IoT enabled devices data, healthcare payers will create personalized plans at competitive pricing and rewards programs. They will provide new on-demand products making coverage more accessible or offer services at life-changing events for the customer, like a child's birth.



REIMAGINE!

Reimagine healthcare payers aggregating data from across their systems. They will utilize data analytics for retaining and acquiring profitable customers, and shift from paying out claims to preventing claims. Powered by machine learning and superior visualization capabilities, they will make better decisions quickly, drive their business performance, anticipate future trends, and deliver better risk management.

Reimagine processes getting redesigned and streamlined, freeing up time and reducing waste for insurers, providers, and partners. Robotization, NPL, OCR, and AI will improve workflows and processing, increasing productivity and enabling focusing on higher-value missions. Furthermore, automation will reduce operational risks and ensure greater compliance with regulations.

Finally, reimagine that unlike the usual approach of replacing the core system with a new one, healthcare payers can quickly achieve these goals by incremental steps.

**EXACTLY
WHAT HIIP
IS ENVISIONED
FOR.**

WE WILL HELP YOU

\$265B

annual waste comes from **administrative complexity** and it is considered the **biggest source** of waste.

Source: Dr. William Shrank, Chief Medical Officer at Humana Inc.



Reduce Waste

Automating complex benefit calculations drives high auto-adjudication rates and minimizes the risk of paying claims incorrectly. We help you recover significant savings and reduce utilization costs by leveraging configurable alerts, automatic audits, health risk assessments (HRAs), responsive reporting, and more.



Drive Engagement

Exploiting available technologies gives you a competitive edge. We apply the power of Artificial Intelligence and smart devices to create innovative digital solutions that achieve the best possible impression of your business to ensure higher engagement and loyalty.



Avoid Obsolescence

As we streamline and automate your business processes, we help you uncover and address inefficiencies, providing insights that will make your business more robust. With lower operational risk and greater peace of mind, you can focus on envisioning and developing your core functions and transforming your business model.



Ensure Security and Compliance

Our solutions aim to help you meet the highest standards, ensuring compliance with your internal procedures as well as industry best practices and external regulations, with accountability through easily accessible real-time monitoring.

THE HEALTHCARE PAYERS DIGITAL-FIRST PLATFORM

Health Information Intelligence Platform HIIP is CME digital-first platform for healthcare payers. Powered with new technologies and designed in a modular microservices architecture, the platform enables a smooth and incremental transformation of your business.

HEALTH INFORMATION INTELLIGENCE PLATFORM HIIP

Customer Centricity

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**Machine
Learning**

- MICROSERVICES
- AUTOMATION
- API ECONOMY
- DATA
VISUALIZATION
- SMART DEVICES

User-first experience

Scalability and high availability

Customized business rules and workflows

Call Center Automation / Bots

IoT Centric Features

Containerization

Performance / Analytics / Reporting



IT Infrastructure - On Premise / On Cloud / Hybrid

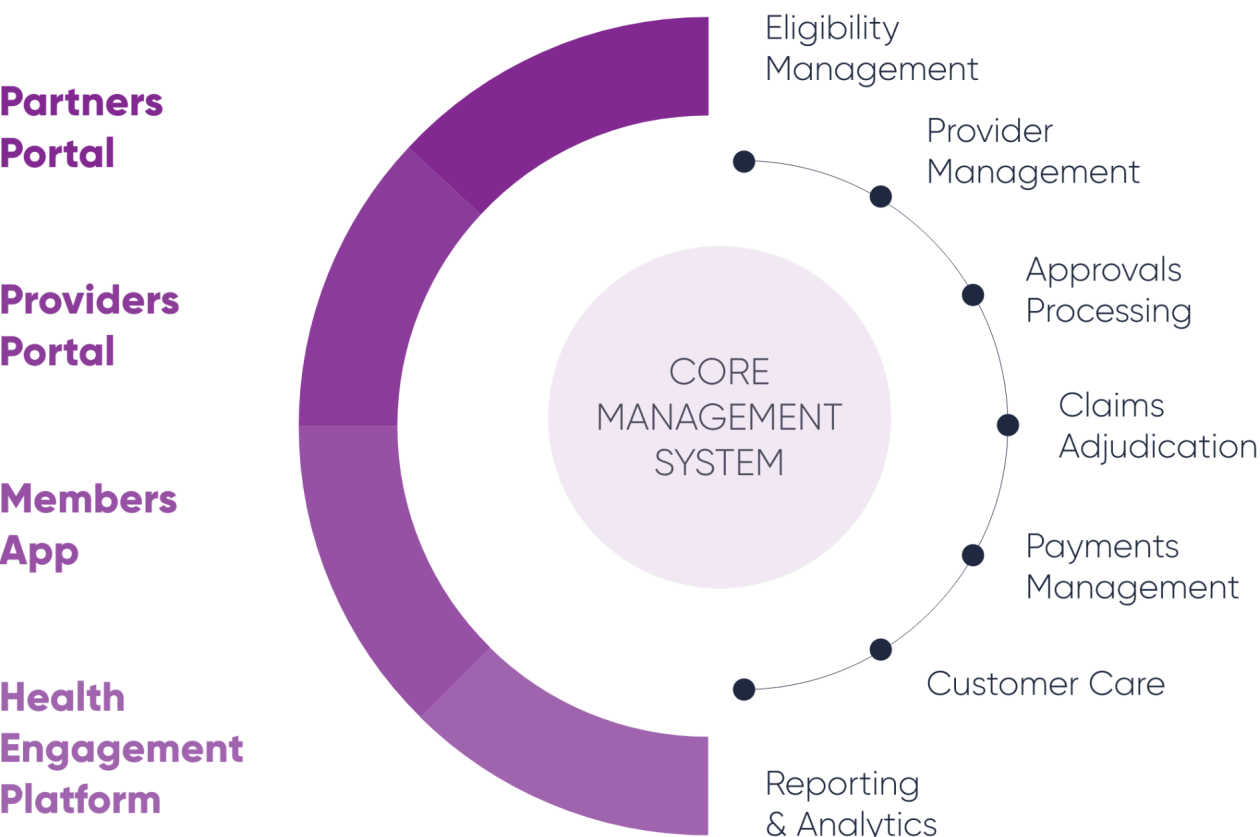
HIIP OVERVIEW

HIIP covers healthcare end-to-end processes with high customization capabilities to cater to your business model and environment.

HIIP comes with a set of innovative additions such as the healthcare gamification module and a powerful business intelligence tool that will transform your siloed, silent data into valuable business insights.

HIIP is composed of a healthcare payers core management system, seven modular applications and four portals.

HEALTH INFORMATION INTELLIGENCE PLATFORM



Analytics app
Datawarehouse

Workflows
Business rules

CMS

The TPA core management system is developed using microservices architecture to manage all healthcare payer's operations. It is available as a web application and supports email, SMS and push notifications. Integration with UAE regulators is fully automated.



Eligibility Management

- Provide flexibility in managing policies, endorsements, renewals in addition to membership cards covering both individual and group lines of business on the same platform.
- Control eligibility and utilization through a multi-level table of benefits, including all types of limits and coinsurance.
- Define dynamic rating engine to allow managing bills and settlements.
- Support products with multiple plans, network and territory coverage exceptions, policy conditions, and exclusions.
- Ensure data exchange automation with regulators and payers.



CMS

Provider Management

- Enable a comprehensive provider profile management empowered by contact management to ensure the application of agreed prices and distinct types of discounts across all networks.
- Define networks and exceptions easily by relying on ranking and tiering methods.
- Provide price list comparison tools across various levels to help in price negotiation.

Up to **\$240B**
are **lost every year** due to **overpricing**

Source: Dr. William Shrank, Chief Medical Officer at Humana Inc.

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Approvals Processing & Claims Adjudication

- Drive efficiencies through shifts definition, task assignments, and escalations based on authority matrix rules.
- Leverage a smart and customizable validation engine to significantly automate the final decision without user intervention.
- Support any ICD and CPT coding standards, non-standard and custom providers in addition to their exceptions and exclusions customization.
- Embed an advanced calculation engine to eliminate manual work and human errors.
- Log messages between all involved parties to provide a clear communication overview of the case.
- Prioritize the processing of pre-authorizations and claims by considering multiple factors in TAT calculation.
- Ensure data exchange automation with regulators and payers.
- Provide an advanced reconciliation module to achieve a higher savings percentage.
- Cover in hospital, out hospital and day case in addition to emergency and non-emergency cases.
- Cater for direct/reimbursement and submission/resubmission claims.

Automation can **reduce the cost** of a claim's journey by as much as

30%

Source: McKinsey – Digital disruption in insurance

- Support CPT, HCPCS, drug, dental, service code, scientific code, consultation and follow-ups.

CMS

Payments

- Support different payment methods for direct and reimbursement claims.
- Provide an automated workflow to integrate with the finance and ledger system.
- Apply review and posting processes to generate credit/debit notes.

74%

of insurers say digital ecosystems are **altering** or **transforming** how the industry delivers value

Source: Accenture

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CMS

Customer Care

- Maintain effective communication channels, delivering consistent customer service across all touchpoints.
- Leverage escalation workflows for case tracking or assignment notes to specific employees.
- Integrate call tracking capabilities within the core administration platforms empowered by a machine learning algorithm for automatic calls keyword tagging.



CMS

Reporting and Analytics

- Provide real-time dashboards that offer superior visibility over your operations.
- Provide business intelligence, auditing, portfolio monitoring, and operational performance reports.
- Define and create custom reports and share them with your team.



PARTNER PORTAL

Enables TPA, insurer, broker, or employer to manage available portals in a hierarchical way including the healthcare gamification and rewards program.



PARTNER PORTAL

- Enable partners to view policies' and members' lists and details (plan, covers, network, territory, compliance, personal information, and much more). New enrollments and membership renewals can be generated.
- Generate reports based on chosen filters. These reports involve the production report, the members report, and the loss ratio report.
- Create customized announcements, add useful links and official documents for members and providers, and send health tips.
- Create games for targeted groups to increase engagement and branding as well as to encourage healthy habits and routines. The experience is boosted by the use of IoT devices such as a smartwatch and a smart water bottle.
- Submit various types of requests by uploading the required attachments and adding any needed notes. Requests can be searched and filtered, and they include; policy renewal, policy termination, policy plan endorsement, member management, and member card issuance.
- Receive billing information such as debit advice and invoices and claims reconciliation information. Set billing alerts and view performance dashboards.
- Grant access privileges based on roles and responsibilities, lock and unlock members or providers and manage their details as well as reset their passwords.
- View pre-authorizations and claims submitted by providers, approve pre-authorizations and claims on an ex gratia basis and generate related reports.

PROVIDERS PORTAL

Supplies contracted providers with a web portal to manage their operations through multi-user accounts.



PROVIDERS PORTAL

- Provide contracted providers with a web portal to manage their operations through multi-user accounts.
- Manage pre-authorizations and claims submissions through filters, drafts versions, communication channels, and follow-ups.
- Allow providers to validate member's eligibility and reduce the number of rejected claims.
- Enable providers to submit batch claims by using electronic data interchange files (EDI).

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MEMBERS PORTAL

Engages members with a web portal and a mobile application to increase transparency and provide instant updates for their pre-authorization and claims submissions.



MEMBERS PORTAL

- Engage members with a web portal and a mobile application to increase transparency and provide instant updates for its pre-authorization and claims submissions.
- Allow members to submit reimbursement claims and collect required documents all through the app.
- Provide members with personalized health tips and articles.
- Provide the members access to their membership and his dependents' details.
- Filter benefit providers within or outside the members' networks and view them on the map within a specified distance.



GAMIFICATION APP

With CME proprietary app INGO Health, healthcare payers can offer a reward-based gamified program that leads to healthier, more active member's behavior, driving engagement, and boosting brand capital, while attracting younger customers.



GAMIFICATION APP

- INGO Health is a reward-based program that motivates members to improve their health and wellness practices.
- INGO Health increases member's engagement and loyalty, boosts the brand perception and awareness, and activates prevention.
- Gamified programs are based on individual inputs such as age, gender and BMI and include KPIs for water intake, training period, steps walked, calories burnt and sleeping pattern.
- With connected devices, such as wearables and CME Smart Water Bottle, data is gathered via the phone's health app and related to INGO Health app, providing a valuable new data stream for healthcare payers.
- INGO Health is an end-to-end solution from CME that includes a mobile app, a highly accurate and customizable smart water bottle, and a marketplace for loyalty points redemption. The app connects to market smart brands and watches.
- Learn more at ingo.health.



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DOMAINE EXPERTISE

Our platform covers

- Policies, endorsements and renewals
- Benefits (parent/child), different type of limits, coinsurance and deductibles
- Utilization engine and related rejections
- Network and territory definitions, exceptions and exclusions
- In hospital, out hospital and day case
- Emergency and non-emergency
- Direct and reimbursement claims
- Claims submission and resubmission
- Billing information, billing alerts, and performance dashboards
- Reconciliation claims
- Consultation claims and follow-ups
- Medicine period validity
- ICD versions
- CPT versions
- ICD exceptions and exclusions
- CPT exceptions and exclusions
- Healthcare gamification
- Pre-authorizations, enrollments and approvals
- Production report, members report, and loss ratio report

TECHNOLOGIES



Microservices

We use microservice architecture to achieve easier maintenance and higher fault tolerance, thus ensure faster service roll-out to help you speed up the time-to-market of your products.



Artificial Intelligence

We employ machine learning capabilities to analyze your data and unlock its true potential, improving your operational efficiency and reducing risks, fraud, and abuse.



Enterprise-Grade Solutions

Our enterprise-grade solutions bring together end-to-end security to safeguard your data, integration-ready architecture, audit, and compliance tools to help you grow faster while reducing risks.

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Internet of Things

We take advantage of innovative IoT technologies to bring you a range of smart and connected devices that keeps you competitive in a rapidly changing business environment & boosts engagement & loyalty.



Cloud

Our cloud-ready solutions, whether deployed on private or public clouds, ensure always-on services that provide scalability to cope with future growth.



Analytics and Visualization

We transform your data into business intelligence using our data visualization and analytics expertise. Our solutions help you derive actionable insights, spot trends, identify outliers, and track goal progress.

LET'S REIMAGINE TOGETHER!



Let's Talk

gotocme.com

ABOUT CME

We are a multinational technology consulting firm. We have helped over 100 clients worldwide, including top US Fortune 500 companies, to become and remain leaders in their fields.

We provide premium end-to-end tailor-made solutions and technology services across different disciplines, including Staff Augmentation, Custom Software Development, Smart Devices Engineering, Customer Experience, Internet of Things (IoT), Artificial Intelligence (AI), Data Management, and Process Automation.

We accelerate the digital transformation for businesses and corporations by developing scalable and forward-thinking projects to achieve operational excellence, improve customer engagement, and unlock new growth opportunities. Our proven track record of success spans across several industries, including Consumer Goods, Food, Healthcare, Hospitality, Insurance, Market Research, Retail, Telecom and Utilities.

Our teams of highly skilled engineers, creative thinkers, and industry-specific experts from 7 locations across the globe delivered more than 250 innovative projects. To date, we have served over 80 million users while contributing to 8 US Patents.