KLAS RESEARCH | *Healthcare IT Insights*

Segment Insights

Data Analytics Platforms for Payers

2024 Vendor Guide

March 2024

Data Analytics Platforms for Payers

2024
Vendor Guide

As health plans continually look to reduce costs and improve outcomes for their members, they are utilizing data analytics platforms to bring better visibility to their decisions. This vendor guide is intended to provide a simple starting point for health plans investigating data analytics platforms. The guide focuses on vendors that (1) provide a platform approach to their data analytics solutions, (2) operate across multiple US regions, and (3) provide a variety of use cases. All such vendors known to KLAS as of January 2024 are included in this guide.

Capabilities That Data Analytics Platforms Should Have	Data ingestion	Data management	Analytics	Advanced analytics	Underlying components

Overview of Data Analytics Platform Vendors

Below are brief summaries of how each vendor currently positions their data analytics platform for health plans in the US market. **The summaries are based on vendor-provided and publicly available information and do not represent any KLAS-validated performance data or other findings.**

Current customer feedback and KLAS performance data on measured vendors in this segment can be found on the KLAS website.

Vendors ordered alphabetically

Reported areas of focus/use cases most commonly† used by customers

Vendor profiles

† Note that these are main areas of focus/use cases; vendors may offer capabilities in areas that aren't filled in or listed.

ARCADIA

- ● Claims
- ○ Finances
- ● Member care management/utilization
- ○ Operations
- ○ Payment/cost integrity
- ○ Provider benchmarking & network management
- ● Quality
- ● Risk adjustment

Arcadia

Arcadia's healthcare data analytics platform was initially used by provider organizations and is now being used increasingly by health plans. The solution is intended to curate various types of data, including EHR information, claims, SDOH, and pharmacy records. It also offers reporting and analytics for risk assessment and adjustment, care management, and patient outreach. Arcadia says the solution enhances healthcare outcomes and quality of care by leveraging AI and offering features like patient registries and referral management. The vendor also offers solutions that securely distribute prescriptive reports to stakeholders.

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bhi — Blue Health Intelligence®

- ○ Claims
- ○ Finances
- ● Member care management/utilization
- ○ Operations
- ○ Payment/cost integrity
- ● Provider benchmarking & network management
- ○ Quality
- ● Risk adjustment

Blue Health Intelligence

The vendor offers a data analytics solution specific to Blue Cross Blue Shield plans nationwide. The solution is intended to collect data that drives real, measurable outcomes in a variety of areas, such as plan-performance benchmarking, provider performance, employer reporting, risk adjustment, health equity, and cost transparency. Blue Health Intelligence also says the solution eliminates inequalities and improves delivery of value-based care (VBC).

CareJourney

- ● Claims
- ○ Finances
- ● Member care management/utilization
- ○ Operations
- ○ Payment/cost integrity
- ● Provider benchmarking & network management
- ● Quality
- ● Risk adjustment

CareJourney

CareJourney offers analytics as a service (AaaS) and an analytics platform, aiming to provide data-driven insights that support network growth and improve clinical performance. The platform is marketed as having a large library of data that helps with market analysis, savings opportunities, patient demographics, and physician profiling. CareJourney says they help health plans make informed decisions to optimize networks, benchmark performance, and foster health equity through comprehensive Medicare, Medicaid, and commercial data sets. Two main use cases for health plans include enhancing the provider directory with expertise/quality data and creating a high-performing network.

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certilytics

- ● Claims
- ● Finances
- ● Member care management/utilization
- ● Operations
- ○ Payment/cost integrity
- ● Provider benchmarking & network management
- ● Quality
- ○ Risk adjustment

Certilytics

Certilytics' predictive analytics platform focuses on value-based strategies for health plans. The platform is intended to integrate data and provide data enrichment; additionally, it uses both AI and analytics to identify opportunities to improve the member experience, build better networks, and control avoidable costs. Benchmarking is also provided.

Clarify

- ● Claims
- ○ Finances
- ● Member care management/utilization
- ○ Operations
- ● Payment/cost integrity
- ● Provider benchmarking & network management
- ● Quality
- ○ Risk adjustment

Clarify Health Solutions

Clarify Health Solutions seeks to deliver insights into provider performance trends, benchmarks, scores, and more by using a unique patient-journey data set and generating billions of predictions within the healthcare data analytics platform. The vendor reports that their solutions help accelerate transformation and drive savings by enabling health plans, health systems, and other healthcare organizations to select optimal providers based on cost and quality, target key changes, and tailor care pathways and payments.

CEDAR GATE TECHNOLOGIES®

- ● Claims
- ● Finances
- ● Member care management/utilization
- ○ Operations
- ○ Payment/cost integrity
- ● Provider benchmarking & network management
- ● Quality
- ● Risk adjustment

Cedar Gate Technologies

The VBC analytics product is reportedly used by payer organizations of all sizes and types, working to enhance payer-provider collaboration by sharing descriptive, predictive, and prescriptive insights. The platform can forecast contract performance, pinpoint variations in care and cost, and visualize information with dashboards. Clients can understand performance drivers in advanced alternative payment models and access predictive models and a proprietary benchmark database. The data management tools are said to automate data acquisition and enrichment for analytics and enable integrated workflows. The vendor strives to use a client-first approach (e.g., dedicated client success managers) to help payer organizations realize VBC goals.

Continued on next page

Overview of Data Analytics Platform Vendors Continued

Vendors ordered alphabetically	Reported areas of focus/use cases most commonly[†] used by customers	Vendor profiles	† Note that these are main areas of focus/use cases; vendors may offer capabilities in areas that aren't filled in or listed.

cognizant

- ○ Claims
- ○ Finances
- ● Member care management/utilization
- ○ Operations
- ● Payment/cost integrity
- ● Provider benchmarking & network management
- ○ Quality
- ● Risk adjustment

Cognizant

Cognizant is an established vendor in the health plan and healthcare provider RCM market. Their data analytics platform includes both services and software tools. Cognizant says their offering allows customers to organize and analyze data to support business decision-making and enhance risk adjustment and quality. The services component is focused on compliance and data protection and leverages AI-augmented BI tools to provide insights beyond traditional KPIs and dashboards.

COTIVITI

- ● Claims
- ● Finances
- ● Member care management/utilization
- ○ Operations
- ○ Payment/cost integrity
- ● Provider benchmarking & network management
- ● Quality
- ● Risk adjustment

Cotiviti

The vendor says their Medical Intelligence platform aggregates multiple data sources (e.g., clinical quality, utilization, and claims data) to help health plans manage risk and target opportunities for improving healthcare results. The platform is also intended to help users segment populations, access member-level details, and evaluate the efficiency of provider organizations and programs.

HDMS® Health Data & Management Solutions

- ○ Claims
- ● Finances
- ● Member care management/utilization
- ○ Operations
- ○ Payment/cost integrity
- ● Provider benchmarking & network management
- ● Quality
- ● Risk adjustment

HDMS

HDMS specializes in health data management and offers tools for data preparation, integration, and analysis. Their Enlight platform aims to help users explore health data by using 40+ industry methodologies. HDMS seeks to enhance health plans' analytics and provide insights into SDOH via their 25+ indices. They also integrate multi-source data for comprehensive member profiles, using AI and machine learning for predictive analytics (ER visits, admissions, cost, etc.).

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innovaccer

- ● Claims
- ○ Finances
- ● Member care management/utilization
- ○ Operations
- ○ Payment/cost integrity
- ○ Provider benchmarking & network management
- ○ Quality
- ● Risk adjustment

Innovaccer

Innovaccer seeks to provide actionable insights and drive outcomes for customers. The vendor reports that their native, cloud-based modular suite of data management solutions can launch and accelerate data transformation for health plans. The solution reportedly activates data from multiple sources (e.g., EHRs, pharmacy, SDOH, claims, legacy systems, labs) and then uses the curated data to create a unified view of members' health journeys.

IQVIA

- ● Claims
- ○ Finances
- ● Member care management/utilization
- ○ Operations
- ○ Payment/cost integrity
- ● Provider benchmarking & network management
- ● Quality
- ● Risk adjustment

IQVIA

IQVIA's self-service Payer Analytics Suite is designed for cost savings and benefit improvement. The vendor is known for their healthcare data analytics solution that enhances market insights. Developed on broad and deep non-identified prescription claims data, the product pinpoints pharmacy claims activity by geography and generates innovative intelligence to inform decisions and strategy development.

Mede/Analytics®

- ● Claims
- ○ Finances
- ● Member care management/utilization
- ○ Operations
- ● Payment/cost integrity
- ● Provider benchmarking & network management
- ● Quality
- ● Risk adjustment

MedeAnalytics

MedeAnalytics' tools are designed to analyze cost and quality drivers and support health plans in managing VBC programs. The vendor says their services address challenges like high treatment costs, at-risk member identification, hospital utilization, provider negotiations, and employer transparency. Additionally, they offer service solutions (i.e., MedeAchieve, MedeAdopt, MedeAdvise) to assist health plans in their analytics endeavors. The Medicaid-specific analytics solution is intended to address challenges with growing Medicaid populations. Other use cases include VBC administration, billing, and predictive analytics via the Data Science Factory in the new MedeAnalytics Data Fabric product.

Milliman MedInsight

- ● Claims
- ● Finances
- ● Member care management/utilization
- ○ Operations
- ● Payment/cost integrity
- ○ Provider benchmarking & network management
- ● Quality
- ● Risk adjustment

MedInsight

MedInsight aims to provide healthcare analytics that deliver tailored insights for health plans. The MedInsight Payer Platform encompasses financial, clinical, provider, and employer reporting—all of which include the MedInsight Data Confidence Model and Milliman benchmarks. The cloud-based offerings include standard and advanced payer analytics, benchmarking, and predictive AI. MedInsight supports commercial, Medicare Advantage, and Medicaid plans, focusing on cost-driver identification, risk adjustment, VBC support, provider network management, and measurements of total cost of care. The platform also supports other use cases (e.g., employer group reporting) across the enterprise.

Overview of Data Analytics Platforms

As health plans look at purchasing a data analytics platform, they should consider what basic and advanced functionality a vendor offers and how well a platform can meet their needs. In the future, KLAS intends to validate which vendors offer the basic and advanced functionality outlined in the framework below.

Data ingestion

⚙ Basic functionality

- Data connectors
- Clinical data
- Total cost of care (medical & pharmacy)
- Eligibility, premiums, stop loss, account structure
- Operational data
- Network data, rates data
- Other structured data

◎ Advanced functionality

- Semi-structured or unstructured data

Data management

⚙ Basic functionality

- Comprehensive ETL/ELT
- Master patient index (MPI)
- Metadata, data catalog, and task management
- Data integrity and quality

◎ Advanced functionality

- Longitudinal patient view
- Healthcare data models
- Data stewardship workflows
- Data lineage
- Data life-cycle management

Analytics

⚙ Basic functionality

- Dashboarding
- Reporting (distribution)
- Pre-built healthcare applications
- Self-service analytics

◎ Advanced functionality

- Automated analytics workflows
- Cohort analysis
- All visualization tools native to application
- Benchmarking
- Provider scorecarding
- Nationally known groupers native within the application
- Ability to embed content in EHR or other solutions

Advanced analytics

⚙ Basic functionality

- Predictive analytics

◎ Advanced functionality

- Supervised machine learning algorithms
- Unsupervised machine learning
- Automated model building and training
- Prescriptive analytics
- Geospatial analytics
- Natural language processing (NLP)
- API link to embed outside data languages (e.g., Python, R) for creating machine learning models

Underlying components

⚙ Basic functionality

- FHIR enabled
- API enabled
- Interoperability
- Security
  - Patient
  - Role/identity governance
  - Security controls for access at application level
  - Security controls for access at data level

◎ Advanced functionality

- Analytics process automation
- Operationalization of analytics
- Platform ROI calculation
- Data masking, anonymization, and de-identification

Report Information

About KLAS Research

Driven by a mission to improve healthcare, KLAS publishes research data intended to help healthcare providers, health plans, and employers make informed purchasing decisions. With the collective insights from thousands of these organizations, KLAS seeks to create transparency in the healthcare market and act as a catalyst to help vendors improve their products and services.

Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.
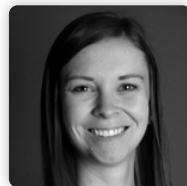
CO-AUTHOR
Jennifer Hickenlooper
jennifer.hickenlooper@KLASresearch.com

CO-AUTHOR
Bradley Hunter
bradley.hunter@KLASresearch.com

WRITER
Sarah Hanson

DESIGNER
Jessica Bonnett

PROJECT MANAGER
Drew Wright

KLAS RESEARCH

Our Mission
Improving the world's healthcare through collaboration, insights, and transparency.

365 S. Garden Grove Lane, Suite 300
Pleasant Grove, UT 84062

Ph: (800) 920-4109

For more information about KLAS, please visit our website:
www.KLASresearch.com

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