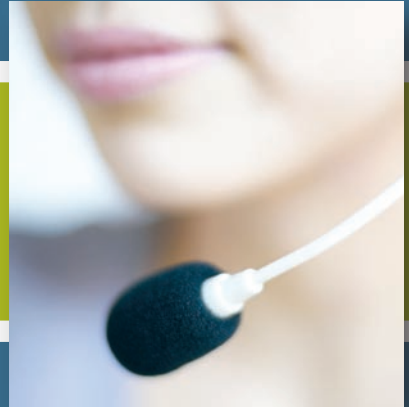


HealthRules®



Next-Generation Solutions for Healthcare Payors

Changing the Paradigm

Consumerism, competition and skyrocketing costs are pushing healthcare payors to a tipping point. The pressure to deliver higher quality and more cost-effective healthcare is challenging payors from every direction. It's clear. The status quo is no longer a competitive business strategy. Forward thinking leaders are looking to drive growth through innovation and take business from competitors who will not or can not innovate. Organizations at the forefront of the new healthcare market have discerned that agility is the key to success. This agility is required in the culture, technology and processes of both the payor organization and its business partners.

HealthRules®

Agile technology from an agile business partner

HealthRules is a next-generation solution for benefits management, care management and business intelligence designed to transform today's payor organizations into tomorrow's healthcare leaders.

Built on a modern technology platform and delivered by HealthEdge®, a 21st century company with a culture of rapid innovation and change, HealthRules brings agility to organizations pursuing a competitive position in the dynamic, new marketplace.

Delivered in-house or as an ASP solution, HealthRules includes innovative products that work together to support the needs of health plans, TPAs, PPOs, CDHPs, insurance companies and self-insured employer groups.

HealthRules Payor™

Complexity, simplified

HealthRules Payor is a next-generation, core administration system for healthcare payors of any organizational model. HealthRules Payor provides flexibility, ease-of-use and cost savings to payor organizations through a powerful set of unique features, including:

HealthRules Language™ – Flexible, English-like “rules language” to define benefits and pricing. Simplifies set-up, increases auto-adjudication and makes system rules intuitive for business users.

Graphical user interface – Drag-and-drop, on-screen drill down and the ability to sort and filter lists make system navigation simple.

Workflow automation – Customizable workbaskets with automatic routing of open items help to organize the workload.

Full versioning of claims information – A complete audit trail tracks every change to claims information and provides the ability to view and understand the full history of claims at any point in time.

Automatic re-adjudication – Automated reprocessing of claims for any change affecting claims adjudication.

User defined terms – Custom fields for any information about providers, members, accounts, etc. to drive benefits and pricing.

The HealthRules Solution Suite



The comprehensive set of modules in HealthRules Payor includes:

Enrollment	Reinsurance/stop-loss
Provider network	Utilization
Benefits plan design	Premium billing
Pricing design	Customer service
Claims processing and payment	Correspondence
	Portals

HealthRules Language Example

Your benefit: Members who are being managed for heart disease should receive 100% coverage for the first \$1,000 of cardiac preventative care and 90% coverage for additional preventative care.

Your benefit in HealthRules Language: Benefit for service category “Cardiac Preventative Care” and member with health condition of “Heart Disease” 100% of service cost until member receives \$1,000 reimbursement within 1 calendar year then 90% of service cost.

HealthRules CareManager™

Efficient, quality healthcare

HealthRules CareManager brings power to care management processes. Powered by ThinkHealth from Click4Care, HealthRules CareManager provides a robust and intuitive medical management software application that gives organizations an unparalleled ability to proactively manage their member population. HealthRules CareManager supports the entire care management continuum, including:

- Utilization management
- Case management
- Disease management
- Population health programs across disciplines
- Automated workflow and decision support tools
- Personalized care plans and health records
- Predictive modeling

HealthRules Answers™

High-impact business intelligence

HealthRules Answers is a state-of-the-art, web-based business intelligence solution that enables company leaders to manage and grow their business. With HealthRules Answers, it is easy to analyze current business situations, understand trends, investigate potential opportunities and uncover important correlations that would ordinarily be overlooked. HealthRules Answers includes:

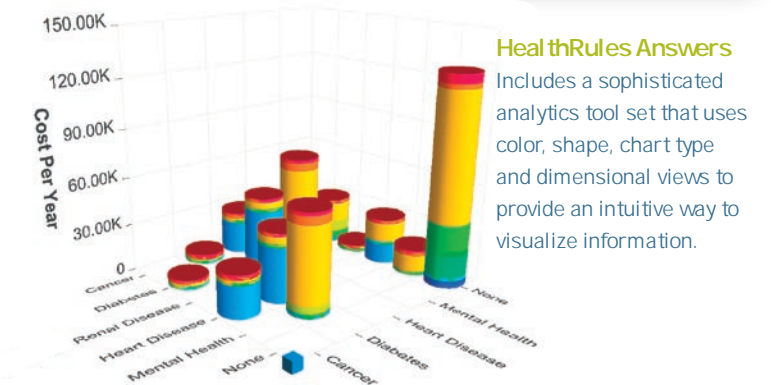
The easy-to-understand HealthRules Language as the foundation of the analytics process.

A sophisticated data warehouse built using a dimensional model to provide maximum depth, flexibility and ease in analyzing information.

Real-time updates from HealthRules Payor for up-to-the-second accuracy of dashboards, charts and reports. Standard operational reports available on-line, in printed format or as an extract file.

Intuitive dashboards that provide unparalleled flexibility in analyzing and understanding the performance and drivers of key operational functions such as claims, utilization, revenue management and more.

Powerful visual tools that provide the ability to see correlations between the data in different charts.



HealthRules Modeler™

Imagine “what if?”

HealthRules Modeler is a powerful tool to forecast the “what if” impact of modifications to business scenarios such as changes in member demographics, provider contracts, lines of business, benefit offerings and more. HealthRules Modeler supports sophisticated modeling for organizational leaders to evaluate strategic changes in the business model and understand their potential impact before they occur. Using HealthRules Modeler, organizations can make informed responses to market demands more quickly and cost-effectively than ever before.

