Managing Medicare, Medicaid, and Dual-Eligible Populations

INFOMC®
ADVANCING THE VALUE OF CARE

InfoMC offers a comprehensive solution for managing care for the most high-risk, vulnerable, and marginalized populations. Our Incedo™ platform provides risk-bearing organizations a comprehensive solution that seamlessly integrates care management and utilization management across medical, behavioral, and social determinants of health to improve operational efficiencies and health outcomes for Medicare, Medicaid, and dual-eligible populations.

Challenge	Incedo Solution
Comprehensive, cost-effective care management across disciplines	• **Seamless collaboration across disparate providers** enabling focus on the right people and populations to optimize health outcomes and improve value-based contract revenue • **Integrated care management** workflows addressing medical, behavioral, and social determinants of health using single care plan to improve efficiencies, close gaps, and address targeted care outcomes • **Broad library of assessments** across disciplines automatically trigger person-centered care plans and workflows to engage members, address barriers, and ensure quality and consistency of care
Utilization and authorization management	• **Complete, automated authorization lifecycle and tracking**, including automated real-time approvals and ability to perform concurrent and retrospective reviews • **Support for multiple funding sources** and benefits plans, with automated and efficient management of retroactive eligibility realignment and seamless coordination of Medicare and Medicaid benefits for dual-eligible populations • **Clinical decision support integration** with InterQual for medical and behavioral health and MCG Care Guidelines for behavioral health to support care quality and consistency and more efficient care determinations and clinical review process
Quality and compliance	• **Quality assurance**, including complete complaints, grievances, and appeals management with built-in turnaround time and process tracking • **Workflow alignment with CMS, NCQA, URAC**, and state-required elements, processes, and timelines to reduce compliance burden • **Customizable granular data capture and reporting** to drive program innovation, support quality improvement and accountability, and meet evolving requirements
Provider and member satisfaction	• **Provider, care team, and member engagement** via dedicated portals to improve efficiencies, collaboration, care continuity, and partnership with members, ultimately improving ratings and revenue • **Auto-approvals and fast adjudication speed turnaround times**, reducing friction and improving satisfaction
Changing business and regulatory environment	• **Personalized implementations** meet assessment, workflow, program, and reporting needs and can be adjusted without the need for vendor assistance or programming knowledge • **Designed for configurability and scalability**, enabling organizations to be more agile and adapt quickly to changing business and regulatory requirements

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