

POWERED SOLUTIONS. PROVEN RESULTS.

Powered by a market-leading technology platform, Visiant provides Medicare, Medicaid and commercial health plans with full-service process automation and proven solutions to optimize how they conduct business.

Visiant will work with you to support organizational agility, ensure regulatory compliance, improve risk adjustment accuracy and quality, increase stakeholder satisfaction and lower administrative costs.



MEMBERSHIP, BILLING & FULFILLMENT

Manage end-to-end member enrollment and billing process



CUSTOMER SERVICE

Provide support to members and providers; manage appeals and grievances



MEMBER SALES

Define overall sales strategy and manage telesales support to drive growth



CLAIMS ADMINISTRATION

Process and adjudicate claims, encounters and associated functions.



RISK ADJUSTMENT

Improve Medicare risk score accuracy and revenue integrity with fully integrated approach



PROVIDER ENGAGEMENT

Real-time review of Clinical Documentation Improvement Alerts, in-depth medical record reviews, and emphasis on provider education improve risk adjustment accuracy and Star ratings



PRODUCT DEVELOPMENT & ACTUARIAL

Assist with product strategy; manage development and execution of bid process



COMPLIANCE SERVICES

Manage operational and delivery activities to ensure regulatory compliance



MEMBER MARKETING

Support marketing strategy design and fulfil standard marketing materials



IMPLEMENTATION & REPORTING

Provide setup services and report against operations and implementation



QUALITY

Create and execute strategy and provide detail reporting to increase Medicare Star ratings and HEDIS scores



HEALTH MANAGEMENT

Design and execute standard utilization management policies, and case and disease management programs to control medical costs

REALIZE MAXIMUM VALUE

Visiant is a resource for Medicare Advantage, Medicaid and commercial health plans and providers looking to maximize opportunities in competitive healthcare markets. Our proven solutions help manage costs, improve agility and increase stakeholder satisfaction for all lines of business.

ADMINISTRATIVE SERVICES:

- Enrollment, claims, and billing
- Contact center capabilities
- Provider payments

COMPLIANCE:

- Legislative and regulatory tracking
- CMS mandated member/provider communications
- Audit support

PORTFOLIO MANAGEMENT:

- Member sales and marketing strategy
- Sales and marketing activities
- Product design and bid-related activities

RISK ADJUSTMENT & QUALITY:

- Prospective and retrospective provider-centric programs
- RAPS/EDPS data submissions
- Robust online reporting and dashboards
- Data-driven Star rating and HEDIS performance analysis