VISIANT™

ENROLLMENT

MEMBER GROWTH AND HIGH ROI

Visiant's Gateway enrollment solution transforms health plans' enrollment by increasing speed and accuracy. This flexibly-configured, low-maintenance solution drives administrative efficiencies, adherence to the Centers for Medicare & Medicaid Services (CMS) requirements, and supports Star rating improvements.

It has enabled health plans to achieve dramatic growth in membership enrollment while decreasing costs and increasing productivity — ultimately delivering a high return on investment.

AUTOMATED, CONFIGURABLE AND COMPLIANT

By automating member enrollment processes, Enrollment dramatically increases administrative efficiencies while meeting regulatory standards. As a total solution, it identifies, prioritizes, and corrects enrollment discrepancies between your plan and CMS, saving time and reducing errors. It also generates automated letters to facilitate meeting CMS timeliness; automated CMS file generation, transmission and processing; and real-time eligibility and entitlement verification. Visiant continually monitors CMS guidance and regulations and updates Enrollment to reflect necessary changes.

As your business evolves, you can easily configure the system to update existing plans, products, and membership in-house without code changes, significantly reducing maintenance costs.

While easily integrated with other Visiant applications, the solution can also be implemented as a freestanding product which can be combined seamlessly with third party solutions or legacy systems — and is automatically upgraded with minimal effort as updates become available.

This highly configurable solution easily scales to support rapid membership growth.

BENEFITS

- Enroll members effortlessly with almost instantaneous feedback on application completeness and validation
- Create CMS compliant correspondence
- Identify, prioritize, and correct discrepancies between your plan and CMS—including demographics, plan data, and special status
- Reconcile membership on a daily and monthly basis
- Reconcile CMS special status via automated daily maintenance
- Submit, monitor, and archive CMS files via optional services
- Increase administrative efficiencies with quicker processes and reduced redundancies
- Expand enrollment with minimal impact on staff resources
- Improve CMS Star measures by maximizing enrollment, lowering disenrollment, and enhancing customer satisfaction

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

PORTFOLIO MANAGEMENT:

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

COMPLIANCE:

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

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