

Your Healthcare Innovation Partner

The healthcare industry is dynamic, and health plans must effectively compete and be resilient to change. Health plans are focused on increasing membership, deploying new business models, staying compliant with evolving regulations, and improving customer satisfaction and the quality of healthcare, all while reducing administrative and healthcare costs through operational efficiency. Successful health plans need a reliable partner who can help navigate today's challenges and tomorrow's opportunities.

Health plans today are operating in a patient-centric ecosystem that extends to providers and their members. As healthcare consumers become savvier and more discerning in how they spend their healthcare dollars, they expect a higher degree of satisfaction.

It is all about better quality of care and quality of life.

HealthEdge has helped customers of all sizes and lines of business transform their organizations, innovate, successfully compete and achieve breakthrough results for more than 15 years.

Named for eleven consecutive years by Gartner as a sample next-generation core administration processing system vendor,* HealthEdge provides the industry-leading HealthRules® Solution Suite with a proven track record of success. In 2020, HealthEdge extended its offerings with the acquisition of Burgess® to add claims payment accuracy, pricing, and editing, complementing our existing adjudication capabilities, and Altruista Health, with the most successful modern care management platform in the marketplace.

This combined solution suite is the first-of-its-kind, featuring three next-generation, cloud-based applications. Working together, these solutions enable a vision where claims processing is enhanced with software-driven payment integrity at the point of service, feeding data to an end-to-end care management solution, resulting in lower administrative and healthcare costs and improved patient outcomes and quality.

HEALTHEDGE BY THE NUMBERS



90 HEALTH PLAN CUSTOMERS
of all sizes and lines of business, including Blues, across our product portfolio

50 million+
covered lives

Locations
in Massachusetts, Virginia (Reston and Alexandria), and India (Bangalore and Hyderabad)



1,200
full-time employees



Industry-Leading Core Administrative Processing System

The HealthRules solution suite is the only integrated financial, administrative, and clinical software platform for health plans, bringing business and technical teams together to align and achieve corporate goals.

HealthRules Payor is unlike any other core administrative solution because of its use of the patented HealthRules Language,[™] an English-like vernacular that delivers a revolutionary approach to configuration, claims processing, and information transparency. With the HealthRules Language, payers define the rules, terms, and business logic that is easily understood by everyone.

Built on modern architecture, HealthRules enables forward-thinking health plans to embrace change and take advantage of opportunities created by market dynamics. Our next-generation core administration system combines with real-time analytics to provide insights that improve patient outcomes, lower costs, and enable transparency inside and outside your health plan.

Prospective Payment Integrity

Burgess Source[®] is the first solution to natively bring together claim payment automation with business intelligence, enabling a unified approach to ensure payment accuracy. Operating at the intersection of healthcare, finance, and technology, helping leading national, regional, and local health insurers, the Payment Accountability[®] platform enables payers with Medicare, Medicaid, and Commercial lines of business to have better relationships with providers, reduce waste and improve their financial performance.

This solution provides network configuration, pricing, and editing, along with a complete audit trail of all transactions. Regulatory data keep health plans up-to-date, while powerful analytics and predictive modeling helps you stay ahead of the competition.

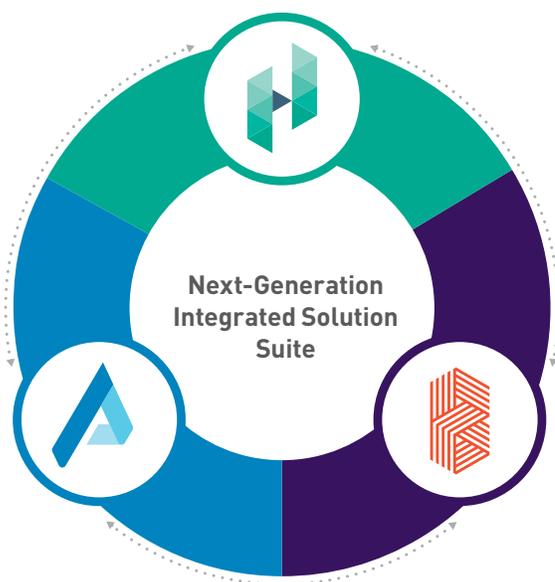
Unified Care Management Platform

Altruista Health delivers care management and population health management solutions that support value-based and person-

centered care models. Since 2007, Altruista's cloud-based enterprise care management platform, GuidingCare,® has been used by health plans to streamline care management workflows, facilitate coordination among clinical, behavioral, and community resources, accelerate quality improvements, and promote engagement with their members.

Altruista offers customers a highly configurable set of comprehensive modules delivered as a SaaS solution spanning care management, utilization management, population health, appeals and grievances, medication therapy management, member engagement, and reporting and compliance. HealthEdge has provided care management and utilization management software integrated with HealthRules Payor since 2012, and the addition of GuidingCare brings the market-leading care management solution into the HealthEdge family.

Benefits of a Next-Generation Integrated Solution Suite



Together, HealthEdge, Burgess, and Altruista empower customers to effectively compete and be resilient to changes in the healthcare industry.

While each product is unique and extraordinary on its own, the value is how these applications work together, enabling a high degree of automation, workflow efficiencies, and improved healthcare outcomes for the benefit of all stakeholders across the healthcare landscape.

Other options in the marketplace can take years to connect to one another. HealthEdge already has health plan customers across the country successfully using a combination of these products.

We brought together **best-in-class solutions**

that drive the three most important value streams within a health plan. These value streams cut across the administrative costs of running the business, the medical expenses of paying claims, and the effort to help members with acute or chronic conditions comply with their treatments and obtain better care and better lifestyles.

The HealthEdge Customer Experience

HealthEdge customers enjoy an ongoing partnership. From implementation through go-live and beyond, to regular business reviews, strategic planning, and advice, our experienced team is here to help you every step of the way.

Based on our deep understanding of ongoing changes in the healthcare market, HealthEdge continuously invests in regular software

updates. These regular software upgrades deliver valuable new capabilities, allowing health plans to stay current and competitive with the latest market developments while drastically reducing both administrative and healthcare costs.

With years of domain experience, we ensure our customers stay ahead of, and respond to, market trends and dynamics—whether they are of a business or regulatory nature—and sustain that advantage over time.

- > **Professional Services:** Our project leaders will ensure a smooth implementation, from day one through to the actual go-live. HealthEdge experts will help you transform your organization while teaching you how to sustain success.
- > **Account Management:** Your designated Account Executive will lead regular business reviews, strategic planning discussions as well as understanding your short and long-term needs. They will serve as the liaison for you to access whatever HealthEdge resources are needed to attain your goals.
- > **HealthEdge University:** Online access to education classes provide foundational and advanced instruction on an expansive range of topics tailored for customer knowledge.
- > **Annual Customer Conference:** Our annual customer conference provides unfettered access to key executives. The annual gathering focuses on listening to customer needs and providing best-in-class information sharing.

Blackstone

In April 2020, HealthEdge became the first healthcare company acquired by leading private equity firm Blackstone's growth equity team, which is focused on providing capital to fast-growing companies and helping them leverage Blackstone's deep operating resources and scale to become market leaders. This partnership will enable HealthEdge to continue to grow and accelerate investments in products and services that far surpass your expectations.

About HealthEdge

HealthEdge provides modern, disruptive healthcare IT solutions that health insurers use to leverage new business models, improve outcomes, drastically reduce administrative costs, and connect everyone in the healthcare delivery cycle. Its next-generation enterprise solution suite, HealthRules, is built on modern, patented technology and is delivered to customers via the HealthEdge Cloud or onsite deployment. In 2020 HealthEdge was acquired by Blackstone. HealthEdge's portfolio includes [HealthRules Payor](#),[®] [Alruista Health's GuidingCare](#),[®] and [Burgess Source](#).[®] Follow HealthEdge on [Twitter](#) or on [LinkedIn](#).

For more information, visit: healthedge.com or call: 781.285.1300

*Gartner, Hype Cycle for U.S. Healthcare Payers, 2021, Bryan Cole, Jeff Cribbs, Mandi Bishop, 13 July 2021;

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