

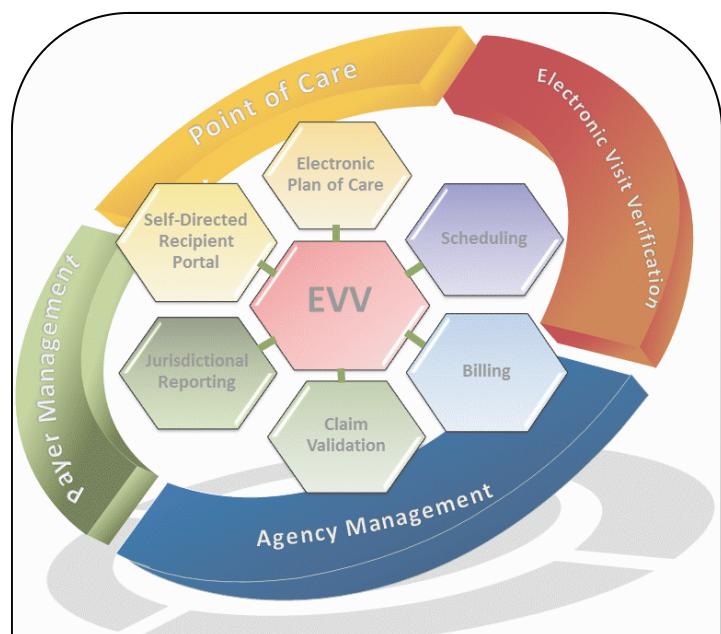
Santrax® Payer Management

Santrax Payer Management (SPM) provides home care payers with near real-time visibility through a jurisdictional view into the operations of their HCBS provider networks enabling payers to audit agency business practices to deliver more cost-effective care.

Santrax Payer Management provides the foundation necessary for greater control and insight into clinical, financial and operational processes within Home and Community Based programs. SPM includes:

- ◆ Electronic Visit Verification™ solutions to track participant and direct care provider IDs, location, caregiver arrival and departure times, and tasks performed during a visit
- ◆ Scheduling and billing modules to support agency operations
- ◆ Advanced visit monitoring and rules-based claims submittal for improved care plan compliance and claims accuracy, virtually eliminating inappropriately billed services
- ◆ A single composite view of, services, claims and data collected by all participating providers across a jurisdiction

SPM offers unmatched payer visibility into provider operations and efficient documentation for audits and investigations. The result is improved oversight into HCBS program delivery, streamlined claims, increased provider accountability, and reductions in fraud.



Sadata offers a flexible, modular approach to EVV solutions, allowing our clients to select and deploy the models that best meet your business needs.

Sadata Brings Value To Payers



Coordination
of Care



Fraud & Abuse
Prevention



Quality
Management
and Outcomes



Visibility



Provider
Support and
Services



Participant
Safety and
Satisfaction



Value Proposition

Sandata's Electronic Visit Verification solutions serve the entire post-acute continuum – payers, home care providers, and participants – to enhance transparency, improve service delivery and quality, and optimize outcomes.

Quality

- Improves provider accountability and quality of services delivered
- Ensures tight control over authorized services
- Captures valuable real-time patient data at the point-of-care
- Supports timeliness and accuracy of service delivery resulting in improved member satisfaction

Savings

- Decreases incidence of fraud, waste, and abuse
- Provides accuracy and efficiency in payments through automated claims validation and billing processes
- Generates program savings as evidenced by third-party outcomes

Payer Benefits



Transparency

- Enhances transparency into HCBS provider network
- Provides data and audit trails to support payer/OIG audits
- Provides actionable data through static and near real-time reporting and analytics to better manage provider networks and support provider incentive programs

Process

- Streamlines claims management and services authorization
- Reduces incidence of inappropriately billed services
- Helps facilitate communication with providers

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RIGHT
MEMBER



RIGHT
CAREGIVER



RIGHT
LOCATION



RIGHT
PLAN OF CARE



RIGHT
TIME

Ensuring the Five
Rights of Care™