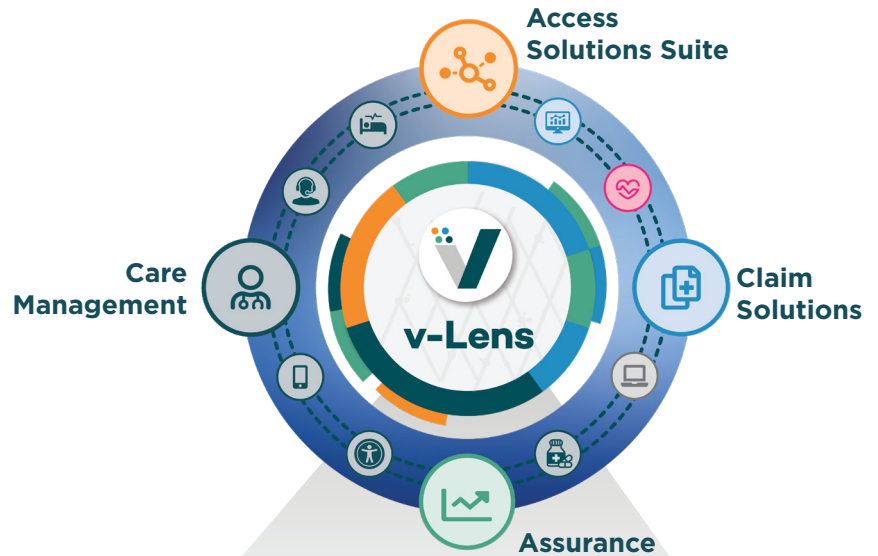




v-Lens illuminates the pathways to your health plan goals

As the robust data engine that powers the Valenz ecosystem, v-Lens offers true transparency that supports smarter, better, faster health plan decisions. Deep, drill-down data sets empower you to unlock greater network potential, maximize quality, utilization and cost savings, predict future costs and model your future health plan.

Today's self-insured employers and health administrators are turning to v-Lens for comprehensive financial analytics to enable improved decision making. V-Lens uncovers new opportunities to disrupt the cost curve without compromising healthcare quality by capturing data from our integrated service solutions — as well as top industry sources and evidence-based guidelines.



v-Lens data sources

- Member claims
- Partner data
- Provider quality
- Provider credential
- Provider prices
- Social determinants of health
- Network performance
- Pharmacy
- Behavioral health
- Care management plans
- Utilization
- Payment integrity data sets
- Telehealth

Assess costs: past, present, future



V₂C

V2C Pre-sale Solutions

- Find high-quality providers
- Build your network
- Compare prices
- Pinpoint members at risk
- Prospectively analyze utilization
- Model your health plan



INSIGHTS Client Reporting

- Benchmark your performance
- Compare cost drivers
- Customize reporting
- View on-demand reports



FORECAST Cost predictor and enhanced analytics

- Plan modeling
- Scenario planning
- Business line analytics
- Predict your future costs

V2C

V2C: Pre-sale Solutions

Find high-quality providers

Easy-to-use provider directory to identify in-network high-quality providers near home or work

Model your network

Comprehensive provider-lookups with associated cost and quality data to support network builds

Compare prices

Identify and compare pricing for inpatient, outpatient and ancillary providers

Pinpoint members at risk

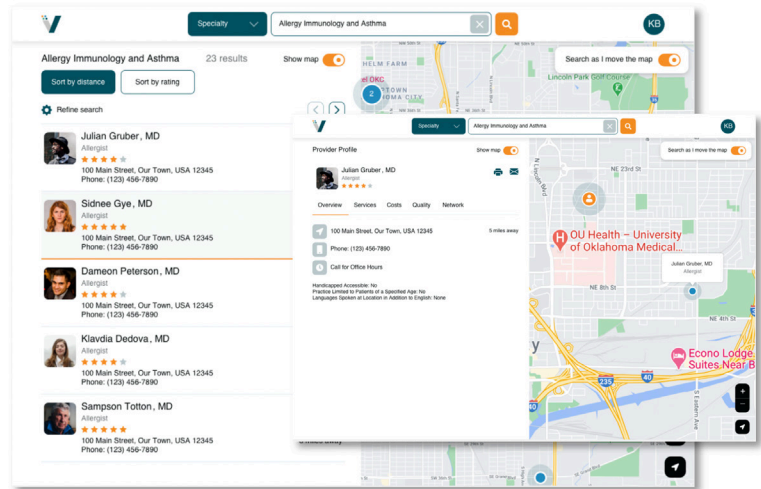
Pinpoint high-risk members and identify care solutions designed to improve health outcomes and lower costs

Prospectively analyze utilization

Compare behavior and utilization across employer groups to illuminate cause-effect correlations among cost drivers

Model your health plan

Evaluate overall impact and financial outcomes for employers and members with various plan modifications



INSIGHTS: Client Reporting

Benchmark your performance

Focus on quality management by measuring and comparing claim/payment activities for top requested procedures

Compare cost drivers

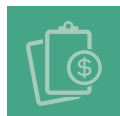
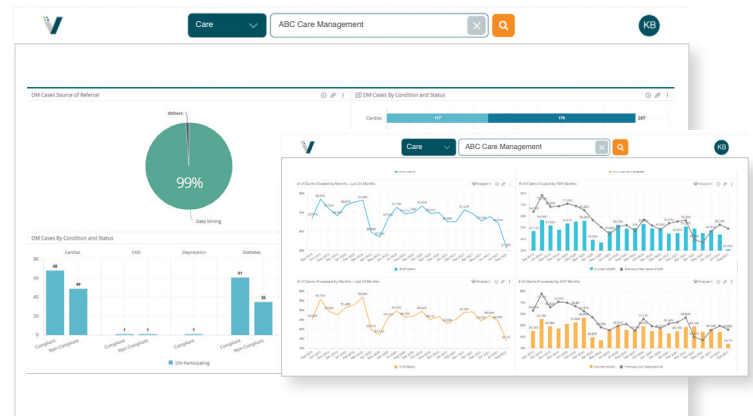
Compare behavior and utilization across employer groups to illuminate cause-effect correlations among cost drivers

Customize reporting

Robust drill-down capabilities and customizable reporting features to unlock the potential of improved claim costs

View on-demand reports

Identify liabilities in real time by charting utilization, unpaid and adverse claims, top claimant activity, and more



FORECAST: Cost predictor and enhanced analytics

Plan modeling

- New client data acquisition to plan savings
- Client renewal and retention planning

Enhanced analytics

- Scenario planning/what-if analysis
- Cost and business line analytics
- Program and plan assessment tools
- Predict future costs

