

Spend less time on technology, more time on experience.

EZ-CAP IS PART OF A COMPREHENSIVE SOFTWARE PLATFORM

used by payer and provider organizations managing delegated risk or fee-for-service relationships. Focus on member and provider experience with operational efficiency, cost reduction, and quality of care.

EZ-CAP is a widely used healthcare benefit management solution for Independent Physician Associations (IPAs), Managed Service Organizations (MSOs), Physician-Hospital Organizations (PHOs), Health Plans, and other managed care organizations focused administration of managed care contracts and population health.



25+ YEARS SUPPORTING THE DELEGATED RISK MARKET

- > Benefit administration
- > Workflow automation and auto-adjudication capabilities
- > Paperless, virtual environment
- > HIPAA ready
- > Self mapping through add-on solution EZ-EDI
- > Library of standard reports with the ability to customize
- > Ability to easily integrate with existing technologies
- > Training and support nationwide





Unified Value-Based Care Platform

Cedar Gate empowers payers, providers, employers and administrative services organizations to excel at value-

based care. Our unified technology and services platform delivers timely and actionable analytics, clear business intelligence insights, and administrative solutions that improve care delivery at any point on the value-based care continuum. The result?

Better Outcomes For Everyone®

www.cedargate.com

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Collect. Control. Maximize.

HOW CAN EZ-CAP HELP YOU?

- > Maximize electronic data interchange, minimize implementation time and leverage its flexibility for future expansion
- > Take control of complex processes involving benefit plans, provider contracts, and patient populations
- > Manage capitated risk and benefit management requirements with a powerful SQL database back-end and browser-based user interface
- Collect and store provider and patient profiles, health plan benefit data, primary care encounters, specialist treatment authorizations, physician and hospital FFS claims, risk sharing arrangements, and industry standard codes required for end-to-end UM, QM, and claims processing
- > Calculate patient months by health plan benefit option, primary care physician, patient condition, age and sex
- > Automate timely and accurate payment to capitated providers based on per patient per month expenses
- > Utilize "graphical mapping" drag-and-drop fields from both HIPAA standard files and data sets to map inbound and outbound transactions

Your health benefit management solution.

Streamline your day-to-day business operations for multiple lines of business with real-time payer-provider connectivity.

