Payer & Provider **CLEAR Claims**Methodologies in healthcare analytics.

What did you discover today?





Challenges with Claims Processing and Understanding

UNSTRUCTURED DATA

CLAIMS DATA REQUIRES EXTENSIVE CLEAN UP

MANUAL PROCESSING IMPACTS QUALITY & ACCURACY

USERS MUST GENERATE AND VALIDATE BESPOKE METHODOLGY



Time consuming, messy, error prone and difficult to manage.



Why CLEAR Claims?

CLEAR: Comprehensive Layout for Exploration, Analysis & Research



Speed and Delivery

Your data will be ready for use in minutes



Linkage

We can link datasets and have relationships to help you with expert determination.



Usability

PurpleLab has done the work to make the data usable. See what you need in one place.

PurpleLab's CLEAR claims enables users to remove the extraneous activity not related to treatment dynamics for your core patients, without sacrificing the precision needed to generate better outcomes and disease landscape understanding.

Developed from a collaboration across a team of clinical, data and domain experts, CLEAR introduces methodologies that harmonize raw claims data to reduce the amount of engineering required by our customers and facilitates greater speed-to-insights across both clinical and commercial teams.

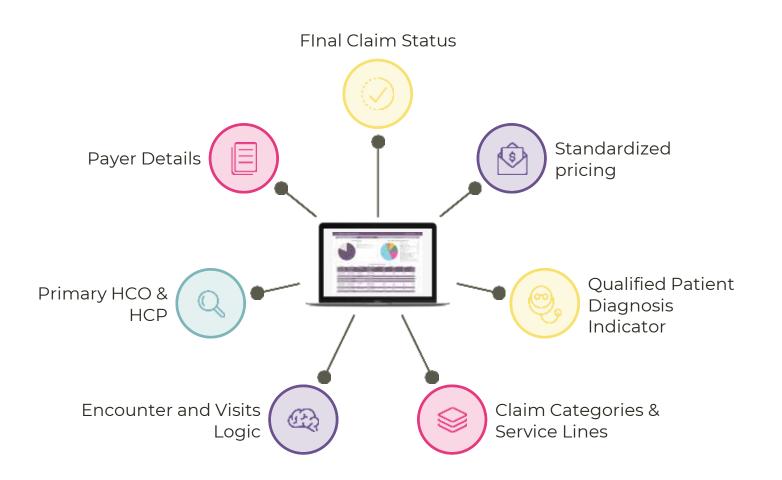


CLEAR Claims

Methodologies

Purple Lab's Comprehensive Layout for Exploration, Analysis, & Research (CLEAR) claims enhances our claims data warehouse with additional fields that facilitate analysis

- CLEAR facilitates faster analysis and reduces the amount of data engineering needed to use claims data.
- Complete deduplicated data sets aggregated together in a one data set
- Available via Cohort Puller





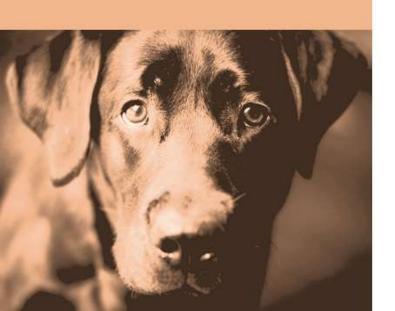


Payer & Provider Methodologies





Core Payer Provider CLEAR Claims Methodologies





Encounter Logic

Classify the encounters by location and define these by admission or visits linked to a specific DRG. Identify all claims associated with a visit or admission.



Standardized Pricing

Proprietary standardized pricing mode based on current CMS Fee Schedules.



Primary HCP/HCO Identification

Identifies who the primary HCP and HCO are on each claim.



Additional Clear Claims Methodologies

Payer Provider





Claim Category/Service Lines

Identify urgent car, telehealth, outpatient surgery, maternal health, lab, home health & more.



Payer Details

Identification of the primary payer and sub channels.



Final Claims Status

Identification of all claim resubmissions of the same service and which claim is the most recent version



Qualified Diagnosis Indicator

Quickly identify and analyze the right patients based on evaluated diagnosis providing a more precise population for study or targeting

