

# HEALTHCARE POLICY ADMINISTRATION SYSTEMS VENDORS

2020 ABCD VENDOR VIEW

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This authorized reprint contains material excerpted from a recent Celent report profiling and evaluating 22 different health policy administration systems available globally. The full report is more than 150 pages long. This report was not sponsored by MR HealthTech in any way.

This reprint was prepared specifically for MR HealthTech, but the analysis presented has not been changed from that presented in the full report. For more information on the full report, please contact Celent at [info@celent.com](mailto:info@celent.com).

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## EXECUTIVE SUMMARY

This report is the Celent's 2020 biennial look at policy administration systems (PASs) available to health insurers. This report profiles 22 PASs in use or being marketed globally.

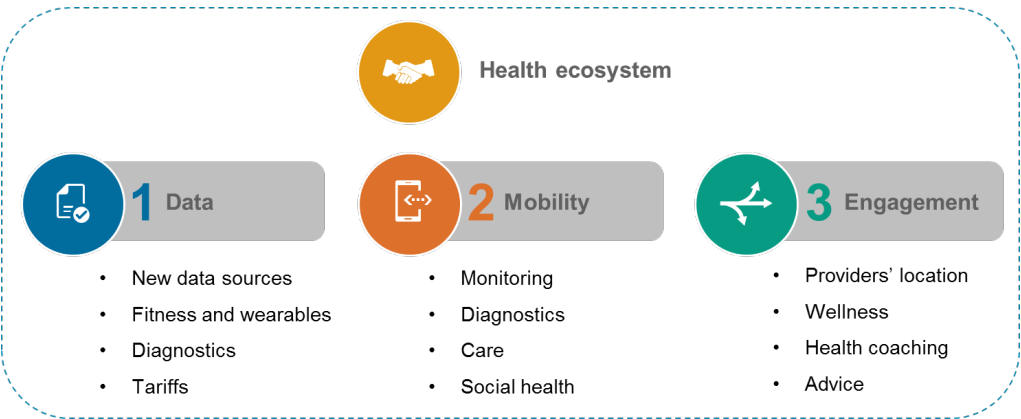
# INTRODUCTION

This is Celent's third report on health insurance policy administration systems. It profiles 22 health and medical product insurance administration systems available across the globe today.

Over the past decade, the health insurance market has been changing quickly. Health insurers are no longer simply paying medical bills and underwriting health. They are also supporting customers in various times of their life, including their efforts to keep in shape and to be better informed about their health.

Therefore, the spectrum of products and services offered by health insurance companies has flourished, and companies are focusing on building a health ecosystem that adds value for the insured and patients. This health ecosystem relies on three principles:

Figure 1: Elements of the Health Ecosystem



Source: Technology Trends in Health Insurance: Imagining the Future of Health Ecosystems, Celent

This report focuses on policy administration systems that are available to health insurers. This report profiles vendors and systems and uses Celent's ABCD Vendor View, which is our standard representation of a vendor marketplace, designed to show at a glance the relative positions of each vendor in four categories: Advanced technology, Breadth of functionality, Customer base, and Depth of client services. Insurers should consider which factors in breadth, technology, experience, and client service are most important to them, and review the detailed profiles in this report to assess vendor suitability.

This report includes 10 systems that fully met the inclusion criteria for Celent's ABCD Vendor View as described in the Report Methodology section of this report. Twelve vendors are also profiled; these vendors are either market entrants or, for a variety of reasons, did not fully meet the inclusion criteria.

# POLICY ADMINISTRATION SYSTEMS: DEFINITION AND FUNCTIONALITY

## DEFINITION

Policy administration system (PAS) applications are the primary systems of record for all healthcare payer or health insurance business operations, handling all business transactions from the front-end processes of individual policyholder or membership management, and the main process of handling claims, to the back end of billing and premium payments. These systems provide comprehensive enterprise business functions, such as policyholder/membership enrollment, benefits plan and provider management, claims adjudication, repricing and audits, premium billing, reporting, and workflow management.

Core administrative systems do much more than provide the technology capability to support basic business operations, such as creating and maintaining eligibility information, processing claims, and paying benefits. They have also evolved to support such processes as assisting in care management and tracking customer engagement.

## WHAT IS INCLUDED IN A HEALTH CARE POLICY ADMINISTRATION SYSTEM?

### Core Processes

The foundational capabilities across most solutions are similar. Many of the core systems run the processes in the same way: They enroll and manage members, process premiums, adjudicate claims, and pay providers.

**Benefits Administration (Product configuration/design).** Benefits administration is central to a PAS and includes the abilities to design, configure, customize, and manage benefits products and plan structures. This feature allows for scenario building, tracking benefits accumulation, managing benefit adjustments and copays, and managing overall benefits by client or product.

**Membership Management Including Enrollment and Underwriting (New business and underwriting).** Enrollment is the ability to create a policy in the system of record. This includes application processing, quoting, activation, and installation of members in the benefit plans. It provides the ability to process applications; underwrite as necessary; assign benefit plans; and install and activate members. It also triggers ID card generation. Other membership management features often include eligibility and renewal management. It also may allow the tracking and managing of groups, subgroups, subscribers, and individual members or managing member communications regarding eligibility and benefits.

**Claims Processing (Initial claim and claims).** This process may include auto-adjudication, pricing, and auditing. It provides the abilities to configure claims processing rules, auto-adjudicate with rules to increase pass rates, apply business rules to stage and route claims to higher reviews, and apply pricing models to claims. Auto-adjudication or pricing tools can help expedite claims and reduce costs due to less human intervention.

**Premium Processing and Billing (Billing and payments).** A billing component will support a broad set of billing methods, such as direct or list bill, as well as various present and payment options, and configuration capabilities. It also tracks claim disbursements and auto-pay or online options.

## Supporting Capabilities

**Policy Service (Desktop).** Policy service includes service after the issuance of a policy, and continues through the life of the policy, including: changes of status for the insured policyholder, the objects of insurance, lapses or cancellations, etc. It includes all member contact and engagement management.

**Employer Portal.** It includes online functionality for the enrolling company. This is a critical supporting process for a PAS because the combination of the portal and the back-end systems is what drives an insurer's ability to handle functions such as inquiry and new business submission effectively.

**Policyholder Portal.** It is a supporting capability, aimed squarely at helping insurers deliver web-based functionality directly to consumers. Functions supported can be informational (e.g., policy value inquiry) or transactional (e.g., loan or surrender requests). Customers can perform tasks independently of customer service.

**Workflow.** Workflow allows users to do more than simply store and edit data; workflow instead creates functional paths for users to follow. It also provides historical tracking and logs to use in metrics and work monitoring.

**Medical Provider Management.** It provides the ability to install, configure, and manage contracts with providers. It also includes fee schedules and payment mechanisms as well as record and credential tracking information.

**Medical Case Management.** It provides the ability to track and manage medical claims/cases as needed over the period of the case.

**Fraud.** It allows for fraud detection and analysis to help insurers plan actions to avoid and mitigate them.

**Litigation.** It provides healthcare claims litigation support.

**Reporting/Analysis/BI.** It provides business intelligence and data warehousing functions. While many PASs provide basic reporting functionality, well-thought-out PASs facilitate the integration to third party reporting and analytic databases. A true BI/analytics tool allows the management of data marts, detailed ad hoc reporting, customized dashboards, and complex data analysis — not just for the PAS but for all an insurer's data.

**Document and Forms Creation and Management.** It refers to document and content automation systems that allow template-based generations of official policies, underwriting rejection letters, and any other documentation that needs to be stored or sent. Many policy admin systems have basic forms and correspondence functionality, though a third party system can handle document generation across the enterprise.

# REPORT METHODOLOGY

## CRITERIA FOR INCLUSION

Celent's objective is to include in this report as many as possible of the leading health policy administration systems being used or actively sold to insurers across the globe. Celent actively reviews vendor systems in the insurance software market and invites the vendors to participate in reports like these.

Celent's ABCD Vendor View analysis is used to highlight vendors that have attained success selling their systems in a particular market, in this case globally. Even if a vendor is not included in the ABCD Vendor View presented on pages 9 and 10, Celent profiles all vendors that are new or emerging entrants to the market as well as those with rearchitected products.

The three key criteria to be included in Celent's ABCD analysis are:

- At least three customers in production with the current version of the system.
- At least one new sale to one new customer within the last 24 months.
- Participation by at least three reference customers.

This report contains 22 profiles. Each of the profiles presents information about the vendor and solution; available professional services and support capabilities; customer base; functionality and lines of business deployed; technology and partnerships; and implementations and cost. The vendors included in Celent's ABCD Vendor View analysis have two additional sections: reference customer feedback and a Celent opinion.

## EVALUATION PROCESS

Celent sent a detailed RFI to a broad set of health PAS vendors. After Celent received completed RFIs from the vendors, each vendor was evaluated for meeting the criteria for inclusion in the ABCD Vendor View analysis. Each vendor included in Celent's ABCD evaluation provided a briefing and demonstration for Celent concentrating on usability and functionality for everyday users as well as product configuration, claims handling, and medical provider management.

Celent also asked at least three references provided by each vendor in the ABCD Vendor View analysis to complete an online survey to obtain their view of the system's business and technology value. The RFIs, the demonstrations, briefings, and the reference surveys provided quantitative and qualitative data that was used in the ABCD analysis of these vendors. This process is described in the next section.

Additionally, data from the RFIs received from every vendor was included in the system profiles presented in this report. All vendors had an opportunity to review their profile for factual accuracy, but they could not influence the overall evaluation of the system or the vendor's placement in the ABCD Vendor View charts if the vendor was included in the evaluation.

Celent has retained final authority over the content of the published profiles. Some of the vendors profiled in this report are Celent clients, and some are not. No preference was given to Celent clients either for inclusion in the report or for the subsequent evaluation.

Not all data gathered from the detailed RFIs, vendor briefings and demos, and reference surveys/interviews has been included in the profiles. Rather, Celent has attempted to capture key points and values about each vendor at an appropriate level. Unpublished

information remains in the Celent knowledge base and is available to Celent’s subscription or consulting clients.

**ABOUT THE PROFILES**

Each of the profiles presents information about the vendor and solution; professional services and support capabilities; customer base; functionality and lines of business deployed; technology and partnerships; and implementations and cost. As stated above, if a system was included in the ABCD Vendor View analysis, the profile also includes customer feedback and Celent’s opinion of the system in regard to usability, product configuration, and workflow abilities as well as Celent opinion.

Each profile includes a figure outlining available end-to-end components/features/ functions. The profiles also include a list of in-production and supported lines of business and the number of clients currently using the system for those products. Additionally, the profiles include a table of technology options.

If included in the ABCD Vendor View analysis, the vendor’s reference feedback gathered by an online survey is presented in the profile. Customer feedback sections include a diagram that displays the average ratings given to the vendor in 5 categories. Each average rating includes up to eight underlying ratings shown in Table 1 and scored by the customer on a scale of 1 to 5, where 1 means poor and 5 is excellent.

**Table 1: Customer Feedback Ratings**

DIAGRAM AVERAGE (QUESTION ASKED)	RATINGS INCLUDED IN AVERAGE*
SYSTEM’S FEATURES AND FUNCTIONS (How would you rate the features and functions you are currently using?)	<ul style="list-style-type: none"> <li>Portal(s)</li> <li>Underwriting</li> <li>Product configuration</li> <li>Workflow / Business Process Design</li> <li>Business Rules Engine</li> <li>Document automation</li> <li>Billing</li> <li>Payments</li> <li>Reinsurance</li> <li>Commission management</li> <li>Reporting</li> <li>Business Intelligence and Data Management</li> <li>Claims management</li> <li>Medical Case Management</li> <li>Medical Provider Management</li> <li>Fraud Detection</li> <li>Litigation</li> </ul>
TECHNOLOGY (How would you rate the technology of this solution in the following areas?)	<ul style="list-style-type: none"> <li>Ease of system maintenance</li> <li>Flexibility of the data model</li> <li>Scalability of the solution</li> <li>Configurability of the solution</li> <li>Ease of integration with internal and external system/data</li> </ul>



DIAGRAM AVERAGE (QUESTION ASKED)	RATINGS INCLUDED IN AVERAGE*
<p><b>INTEGRATION AND APIS</b> (What has been your experience integrating this system with the following components?)</p> <p>(How would you rate the following API features offered as part of the system?)</p>	<ul style="list-style-type: none"> <li>Portals (Broker/Agent)</li> <li>Underwriting system</li> <li>Portals (Employer/Employee/Policyholder)</li> <li>Billing system</li> <li>Claims system</li> <li>Reinsurance system</li> <li>Financial system(s) (internal)</li> <li>Document management solution (internal)</li> <li>Internal applications and databases</li> <li>External data sources</li> <li>API documentation</li> <li>Support for local or global standards</li> <li>API version management</li> <li>API access management</li> <li>API usage tracking</li> </ul>
<p><b>VENDOR'S IMPLEMENTATION CAPABILITIES</b> (Thinking back to when you first implemented this system, how would you rate this vendor in the following areas?)</p>	<ul style="list-style-type: none"> <li>Responsiveness (handling of issue resolution)</li> <li>Project management (estimations, scope creep, etc.)</li> <li>Implementation completed on time</li> <li>Implementation completed on budget</li> <li>Knowledge of your business</li> </ul>
<p><b>VENDOR'S POST-IMPLEMENTATION PROFESSIONAL SERVICES</b> (How would you rate this vendor's ongoing post-implementation support in the following areas?)</p>	<ul style="list-style-type: none"> <li>Timeliness of responses to service requests</li> <li>Quality of responses to service requests</li> <li>Costliness of service</li> <li>Knowledge of your business</li> <li>Knowledge of their solution and relevant technology</li> <li>Communication – proactive communication of issues and changes</li> <li>Consistently meeting SLAs</li> <li>Roadmap delivery</li> </ul>

Source: Celent; \*Rating used a scale of 1 to 5, where 1 is poor and 5 is excellent. "Not applicable" or "No opinion" are not included in average.

## CELENT'S ABCD VENDOR VIEW

The Celent framework for evaluating vendors is called the Celent ABCD Vendor View. This is a standard representation of a vendor marketplace designed to show at a glance the relative positions of each vendor in four categories: Advanced technology, Breadth of functionality, Customer base, and Depth of client services. The Celent ABCD Vendor View shows relative positions of each solution evaluated. Each vendor solution is judged relative to the others in the group.

While this is a standard tool that Celent uses across vendor reports in many different areas, each report will define each category slightly differently. For this report, some of the factors used to evaluate each vendor are listed in Table 2.

**Table 2: Examples of Possible Factors Used in Celent Policy Administration System ABCD**

ABCD CATEGORIES	POSSIBLE FACTORS
ADVANCED TECHNOLOGY (AND FLEXIBLE TECHNOLOGY)	Code base and platform technology APIs Deployment approach (on-premise, cloud options) Change tooling Continuous integration Upgrade automation Customers opinion on technology Customers opinion on integration Customers opinion on APIs Celent opinion
BREADTH OF FUNCTIONALITY	Features and functions (claims, medical specific features, etc.) Products supported and in production Customers opinion on features and functions Internationalization (multi-currency, multi-language) Celent opinion
CUSTOMER BASE	Health insurance customer base New health insurance customer momentum Geographic scope of implementations
DEPTH OF CUSTOMER SERVICE	FTEs dedicated to the product Average year of experience of professional staff Customer opinion on the vendor's implementation capabilities Customers opinion on the vendor's services Partnership network

Source: Celent

### THE XCELENT AWARDS

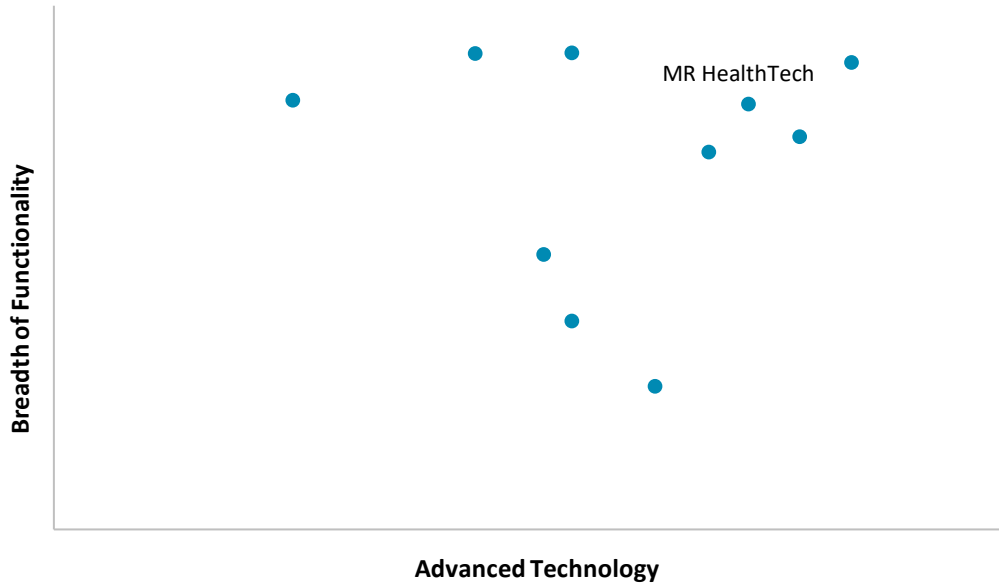
Within this framework, the top performers in each of the ABCD dimensions receive a corresponding XCelent Award:

- XCelent Technology for the leading Advanced Technology score.
- XCelent Functionality for the leading Breadth of Functionality score.
- XCelent Customer Base for the leading Customer Base score.
- XCelent Service for the Depth of Service score.

## XCELENT TECHNOLOGY AND XCELENT FUNCTIONALITY

Figure 2 positions each vendor along two dimensions: the vertical axis displaying the relative rankings for Advanced Technology and the horizontal axis showing relative Breadth of Functionality rankings.

Figure 2: XCelent Advanced Technology and XCelent Breadth of Functionality

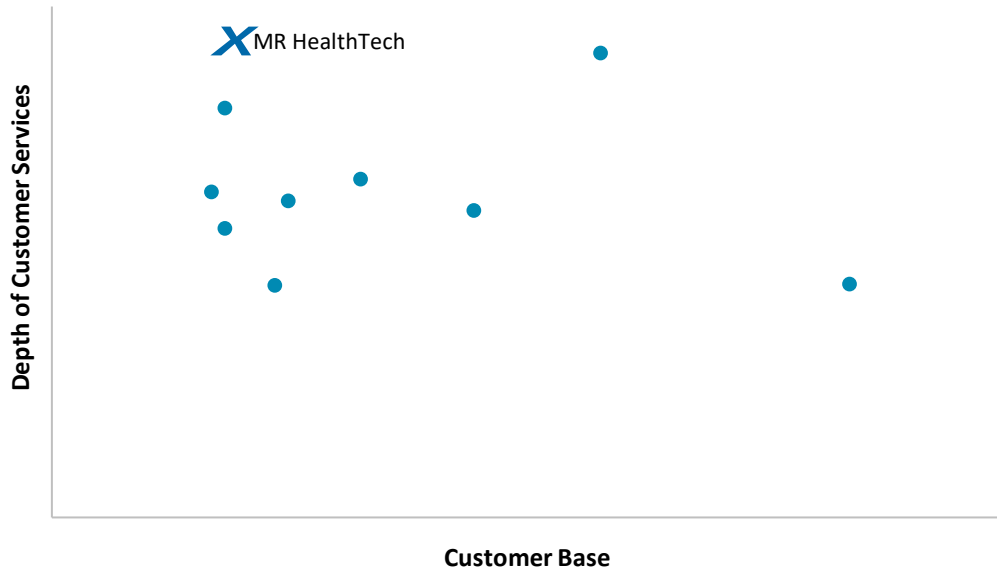


Source: Celent

## XCELENT CUSTOMER BASE AND XCELENT SERVICE

Figure 3 positions each vendor along two dimensions: the vertical axis displaying the relative level of depth of customer service and the horizontal axis displaying the relative customer base. MR HealthTech wins the XCelent Service award.

Figure 3: XCelent Customer Base and XCelent Depth of Customer Service



Source: Celent

We suggest that insurers consider their specific needs and each vendor for what it offers. Although they are very successful in one or more of the criteria, the XCelent Award winners may not be the best match for an insurer's specific business goals and solution requirements.

# MR HEALTHTECH: MEDNEXT

## COMPANY

Table 3: Company and Product Snapshot

COMPANY	
YEAR FOUNDED	1995
FINANCIAL STRUCTURE	Limited company
NUMBER OF EMPLOYEES	143
CORPORATE REVENUES (USD)	14.8 million FYE2019
HEADQUARTERS LOCATION	Marousi, Greece
PRODUCT	
SYSTEM NAME	MEDNEXT
VENDORMATCH LINK	<a href="https://www.celent.com/solutions/917147284">https://www.celent.com/solutions/917147284</a>
YEAR ORIGINALLY RELEASED	1995
CURRENT RELEASE / DATE OF RELEASE	10.09.00.00 / 2020
UPGRADES	Insurers must upgrade by going from one version to the next sequentially, e.g., 4.0 to 5.0. MR HealthTech supports current versions and more than two prior but not all versions.
TARGET MARKET	<p>The target market for their product includes health insurance companies, third party administrators (TPAs), and self-funded schemes across all regions.</p> <p>MEDNEXT supports domestic and iPMI business, for group and individual lines.</p>
GLOBAL INSTALLED BASE	18 clients
NOTABLE CLIENTS	Gulf Insurance Company Kuwait, Signal Iduna, Seguros Monterrey New York Life
REVENUE FROM PRODUCT/SERVICE	USD\$9 million
R&D EXPENSE	R&D expense over the past two years has been 40% of total revenue attributed to this solution.
FTES PROVIDING PROFESSIONAL SERVICES FOR PRODUCT	90
FUTURE DEVELOPMENT PLANS	MR HealthTech continues adding functional and architectural improvements in line with their roadmap. In 2020 they are planning to start introducing AI and machine learning capabilities.

Source: Vendor RFX

## CELENT OPINION

MR HealthTech is a division of Munich Re. The vendor has been marketing a dedicated health policy administration system called MEDNEXT.

MEDNEXT is a full end-to-end health policy administration system. The configuration module is called MEDNEXT Product. As a specialized health system, the product configuration integrates a comprehensive set of product parameters out of the box allowing for MR HealthTech clients to design new products on their own. The vendor has recently modernized both the external and the internal user interface, making the system highly intuitive and enjoyable to use. MR HealthTech has also developed a dedicated mobile app. The mobile app reuses the new user interface beneficially and offers map integration to locate hospitals, medical providers, the ability to monitor claims and authorization statuses and message insurance company representatives directly for related inquiries. We think that checking details about the products, limits, benefits, and other information using this mobile app is particularly easy and practical. Overall, MR HealthTech has made considerable investments to the system and adjacent components to further digitize the customer experience and enrich the user interfaces.

MEDNEXT remains a strong health policy administration system and with the recent investments made by MR HealthTech, we think that it is now easier for health insurers to generate digital interactions with their customers and patients. Furthermore, the recent addition of Sophisticated Monitoring and Analysis of Risk Tool (SMAART) — MR Health Tech analytics component allowing insurers to monitor, steer, and grow their health portfolio — contributes to strengthen the already robust features the vendor can offer to health insurance companies. MR HealthTech has invested in developing workflow features and REST APIs in the last version. With these continuous investments, we would not be surprised to see MR HealthTech acquire new clients in new geographies going forward.

## OVERALL FUNCTIONALITY

Figure 4: Key Functionality

	In production	Supported	Not supported
<b>Claims</b>			
Automatic benefits calculation	●		
Initial Claim / First Report of Injury Claims Intake	●		
Pre-hospitalization (in-patient) authorization process	●		
Interface with external policy data to automate policy, covered item, and coverage information entry	●		
Dynamic Questioning/Reflexive Questioning			●
Scripting for CSRs		●	
Call center functionality, e.g., call routing, load balancing			●
Integration with third party claims data systems	●		
Auto-adjudication of claims	●		
Visualization of existing and past interactions in relation to a claim's case	●		
Past claims linking to a common object (family member, accident, etc.)	●		
Notification of claim and production statistics tracking	●		
Automatic tracking of the status of any requests in relation to a claim's case	●		
Pre-defined selection of causes of claims	●		
User-definable codes to allow for classification of claim's activity	●		

	In production	Supported	Not supported
Third party agreement entry to automatically integrate agreed tariffs when adjusting a claim	●		
Claims handling dashboard showing claim's status	●		
Claim's case announcement / declaration dynamic questioning		●	
<b>Medical Case Management</b>			
Injury detail maintenance – diagnosis coding	●		
Medical bill review	●		
Medical utilization review	●		
Medical case management	●		
Rehabilitation case management	●		
<b>Medical Provider Management</b>			
Medical provider repository	●		
Medical provider management tools	●		
Medical provider segmentation scoring tools	●		
Location-centric medical provider lookup	●		
Management of tariff agreements/negotiated rates	●		
Rules governing tariffs reduction	●		
Combination of tariffs reduction to form a specific tariffs' agreement plan	●		
Automatic check of agreed tariffs when adjusting / entering a claim	●		
<b>Front End</b>			
Portal for brokers/agents		●	
Portal for claimants	●		
B2B Portal for medical providers	●		
Portal for policy holder	●		
<b>Product configuration</b>			
Product Repository	●		
Ability to design and manage product-specific rules	●		
Ability to design and manage product-specific forms	●		
State/Jurisdiction Product Filings			●
Testing, modeling, and product analysis tools			●
Actuarial calculation engine	●		
Rate table design and update management tools	●		
Rating rules and formulas externalized from programming code			●
Rating algorithm definition and management maintained separately from rate tables	●		
Date management capabilities	●		
Use of external party information sources in rate algorithms		●	
Underwriting rule definition and management	●		

● = Available out of the box	● = Configurable through a scripting language/coding	● = Under development / On roadmap
● = Configurable using simple tools for business user	● = Available with integration to a third-party solution	● = Could develop – would be considered customization
● = Configurable using simple tools for IT user	● = Available with integration to a separate module provided by this vendor	● = Not available / Not applicable

Source: Vendor RFX

## CUSTOMER BASE

MR HealthTech has 18 total customers, with 17 in EMEA and 1 in Latin America. They have had 1 new insurance client license the software since 2017 in EMEA.

Table 4: Client Base

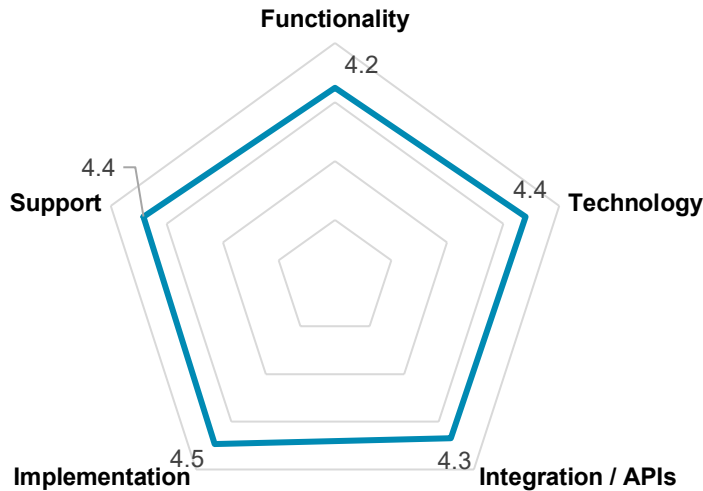
	NORTH AMERICA	EMEA	APAC	LATAM
IN PRODUCTION WITH RELEASE LESS THAN 4 YEARS OLD	0	17	0	1
IN PRODUCTION WITH ANY RELEASE / VERSION	0	17	0	1
NEW CLIENTS SINCE 2017	None	1	0	0
DEPLOYMENT METHOD (% OF CLIENT BASE)	None	On-premise at the customer: 94% Public cloud: 6%	None	On-premise at the customer: 100%

Source: Vendor RFX

### CUSTOMER FEEDBACK

Three insurance clients provided feedback on MR HealthTech. These clients are located across different regions globally. The system is deployed on-premise at the client’s company. Time using the system is more than 5 years for two systems, and 3 to 5 years for the third system.

Figure 5: Customer Feedback (1=very poor; 5=excellent)



Source: Vendor customers

### LINES OF BUSINESS SUPPORTED

Table 5: Line of Business Support

INDIVIDUAL	AVAILABILITY	GROUP	AVAILABILITY
Short-Term Care	✓	Short-Term Care	✓



INDIVIDUAL	AVAILABILITY	GROUP	AVAILABILITY
Accidental Death or Dismemberment	✓	Accidental Death or Dismemberment	✓
Critical Illness	✓	Critical Illness	✓
Long-Term Disability (LTD)	⊖	Long-Term Disability (LTD)	⊖
Short-Term Disability (STD)	⊖	Short-Term Disability (STD)	⊖
Long-Term Care (LTC)	⊖	Long-Term Care (LTC)	⊖
Income Protection	⊖	Income Protection	⊖
Dental	✓	Dental	✓
Vision	✓	Vision	✓
Medical Insurance (Major Medical / in- and out-patient)	✓	Medical Insurance (Major Medical / in- and out-patient)	✓
Medicare Advantage / Medicare Supplemental (US Only)	✗	Medicare Advantage / Medicare Supplemental (US Only)	✗
Supplemental Health / Hospital Indemnity/Major Medical	✓	Supplemental Health / Hospital Indemnity/Major Medical	✓

Legend: ✓ = Supported and in production; ⊖ = Supported but not in production; ✗ = Not supported

Source: Vendor RFX

## TECHNOLOGY

Technology details for MEDNEXT are provided in the table below.

Table 6: Technology Options

TECHNOLOGY OPTION	RESPONSES
CODE BASE	Core technology: Java: 9%; 50% BPM and BPEL (XML files), 5% JavaScript (UI), 22% PL/SQL and the remaining 14% of the code is related to UI elements (CSS, SCSS, etc.)
OPERATING SYSTEMS	The system is implemented in Java / JEE on JEE – WebLogic JEE/Java version support: Oracle WebLogic Server 12.2.1.4 Oracle SOA 12.2.1.4 Oracle Service Bus 12.2.1.4 Available operating systems: Unix - Other
SERVERS SUPPORTED	The system uses/supports JEE servers WebLogic
DATABASES SUPPORTED	Oracle

TECHNOLOGY OPTION	RESPONSES
INTEGRATION METHODS SUPPORTED	RESTful HTTP style services, JSON format, MQSeries, JMS or similar queue technology  Public API integrations: None  The vendor does provide training for API integrations
MOBILITY	The system uses responsive design and is tested on mobile devices.  Native mobile app support: Apple iOS, Android, Mobile friendly HTML5 App.  UI and process flows have been designed to be device independent.
CORE CODE MODIFICATION	Core code/development modifications have represented around 10% of total costs in recent implementations. Recent core code modifications include billing enhancements, claim view enhancements, commission advanced search, enrollment module preferences functionality, customization of menu items, tax definition, and calculation enhancements.
DEPLOYMENT MODELS	On-premise at the customer, on-premise at a partner, on-premise at the vendor/software provider, private cloud, and public cloud
HOSTING LOCATIONS	-
PUBLIC CLOUD OPTIONS	Microsoft Azure, Amazon AWS, Google Cloud Platform (GCP), Alibaba Cloud, IBM Cloud/Bluemix, Oracle Cloud, Salesforce Cloud, Force.com, AppExchange

Source: Vendor RFX

## PARTNERSHIPS

Table 7: Partnerships

TYPE OF PARTNERSHIP	PARTNER VENDOR
SYSTEM INTEGRATORS	None
FINTECH PARTNERS	None

Source: Vendor RFX

## IMPLEMENTATION, PRICING, AND SUPPORT

Table 8: Implementation and Support

FUNCTION	APPROACH
EMPLOYEES AVAILABLE / AVERAGE EXPERIENCE LEVEL (YEARS)	MR HealthTech has 90 staff with 14 average years of experience providing professional services / client support for this solution.
LOCATIONS OF EMPLOYEES	All MR HealthTech employees are based in EMEA. If implementation resources need to be sourced from different countries, the vendor uses the same rates regardless of the location of the employee.

FUNCTION	APPROACH
RESOURCE BREAKDOWN (VENDOR, CLIENT, SYSTEM INTEGRATOR)	Typical implementation team size: 30 to 40 Vendor: 40% Client: 30% SI: 30%
USE OF THIRD PARTIES	MR HealthTech occasionally works with third party system integrators. Conversion options: MR HealthTech or an implementation partner can perform this task depending on the customer's preference.
AVERAGE TIME TO IMPLEMENTATION	Initial Implementation: 7 to 12 months 2nd and subsequent LOBs: 1 to 3 months 2nd and subsequent states/jurisdictions: 4 to 6 months
PREFERRED IMPLEMENTATION APPROACH	Proprietary

Source: Vendor RFX

Table 9: Pricing Models

PRICING MODELS AVAILABLE	Perpetual license, Term license, Enterprise license, Subscription-based license
FACTORS USED TO DETERMINE PRICING	Usage-based factors: Per functional components/modules used Tiered-based factors: Sum of active insured members of all policies, functional components/modules

Source: Vendor RFX

## LEVERAGING CELENT'S EXPERTISE

If you found this report valuable, you might consider engaging with Celent for custom analysis and research. Our collective experience and the knowledge we gained while working on this report can help you streamline the creation, refinement, or execution of your strategies.

### SUPPORT FOR FINANCIAL INSTITUTIONS

Typical projects we support related to policy administration include:

**Vendor short listing and selection.** We perform discovery specific to you and your business to better understand your unique needs. We then create and administer a custom RFI to selected vendors to assist you in making rapid and accurate vendor choices.

**Business practice evaluations.** We spend time evaluating your business processes. Based on our knowledge of the market, we identify potential process or technology constraints and provide clear insights that will help you implement industry best practices.

**IT and business strategy creation.** We collect perspectives from your executive team, your front line business and IT staff, and your customers. We then analyze your current position, institutional capabilities, and technology against your goals. If necessary, we help you reformulate your technology and business plans to address short-term and long-term needs.

### SUPPORT FOR VENDORS

We provide services that help you refine your product and service offerings. Examples include:

**Product and service strategy evaluation.** We help you assess your market position in terms of functionality, technology, and services. Our strategy workshops will help you target the right customers and map your offerings to their needs.

**Market messaging and collateral review.** Based on our extensive experience with your potential clients, we assess your marketing and sales materials — including your website and any collateral.

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