Shaping the Future of Healthcare Data Integration

Rapidly Ingest, Consolidate & Standardize Claims Data with DataChrome™

ALIVIA | **Qlik**

Introduction: Unlocking the Power of Claims Data

In today's healthcare ecosystem, the volume of **claims data** is exploding — yet much of it remains siloed and underutilized. Across the U.S., **over 30% of healthcare spending—roughly $1 trillion annually—is wasted** due to inefficiencies, duplication, and preventable errors. Despite this, more than **80% of claims data** is trapped in fragmented systems, limiting organizations' ability to manage costs, ensure compliance, and improve patient outcomes.

Alivia Analytics' **DataChrome™** solves this challenge. Built as a next-generation **healthcare data fabric**, DataChrome seamlessly connects, harmonizes, and enriches complex **claims data**, creating a single source of truth that drives better payment accuracy, fraud detection, and regulatory reporting.
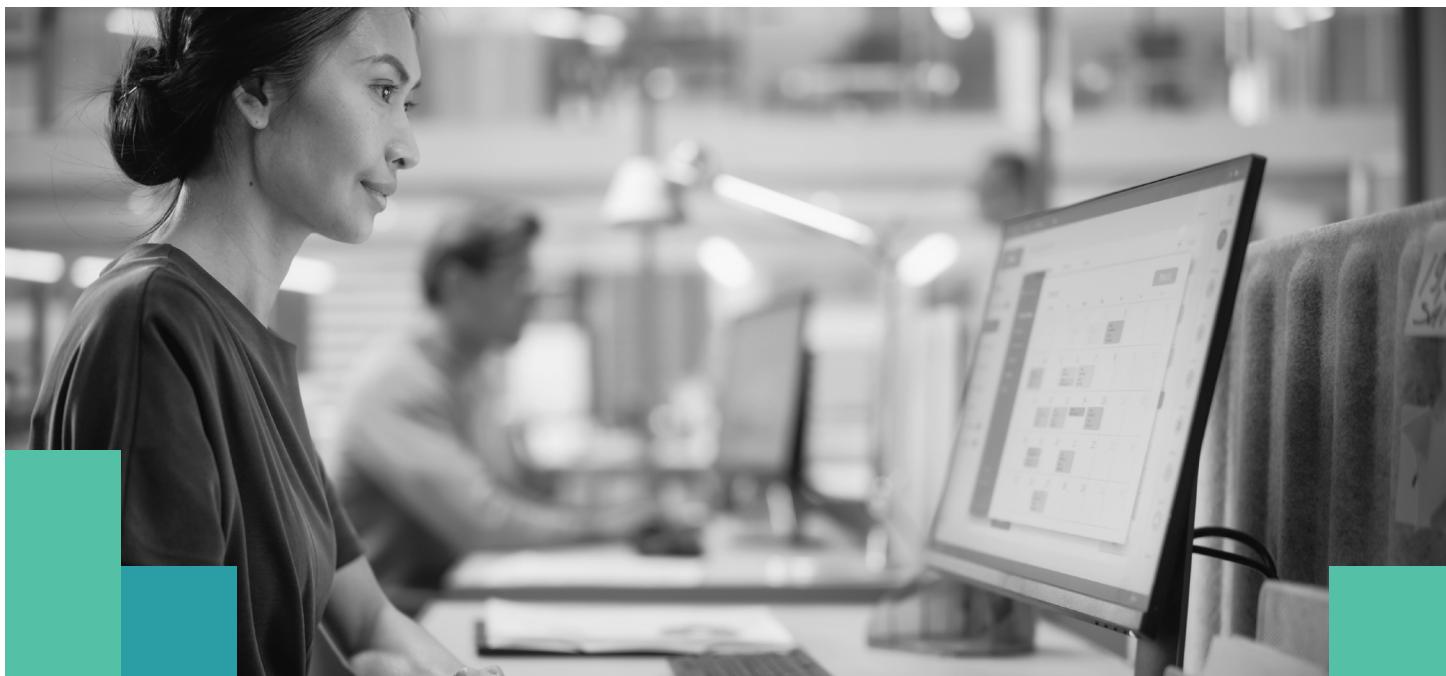
DataChrome™ at a Glance

DataChrome™ isn't just an integration tool—it's a **data intelligence fabric** purpose-built for healthcare claims data:

- **Connects** claims, provider, pricing, and member data across disparate systems.
- **Unifies** structured and unstructured datasets into a centralized repository.
- **Delivers insights** with advanced analytics and AI-ready modeling.

Qlik

The Power of Partnership

We work with Qlik® to help health plans manage and optimize claims data. By combining Qlik's advanced integration and visualization capabilities with Alivia's healthcare expertise, we reduce silos and deliver faster, more actionable insights without locking organizations into a single technology stack.

DATA INSIGHT

Organizations leveraging modern data fabrics like DataChrome™ have seen **up to 60% faster analytics delivery** and **30% lower operational costs** compared to legacy approaches.

Why DataChrome™ Matters

Healthcare enterprises managing claims face three persistent challenges:

1. **Fragmented Data Ecosystems**
   Multiple claims, provider, and member systems create conflicting datasets.

2. **Slow Time-to-Insight**
   Traditional integration processes delay reporting and payment accuracy improvements.

3. **Scaling Complexity**
   As membership, regulatory demands, and vendor ecosystems grow, claims data management must scale seamlessly.

> DataChrome™ addresses these issues by creating a **unified data foundation** that empowers better payment integrity, fraud detection, and regulatory compliance.

EDW — Data Mart — Gen AI

Claims System Database → Alivia Secure Connection Protocol → Replication (Real-Time) → Transform (Real-Time) → Data Hub → Data Catalog → Data Visualization Integrations

API's → API Integration Engine → Third Party System
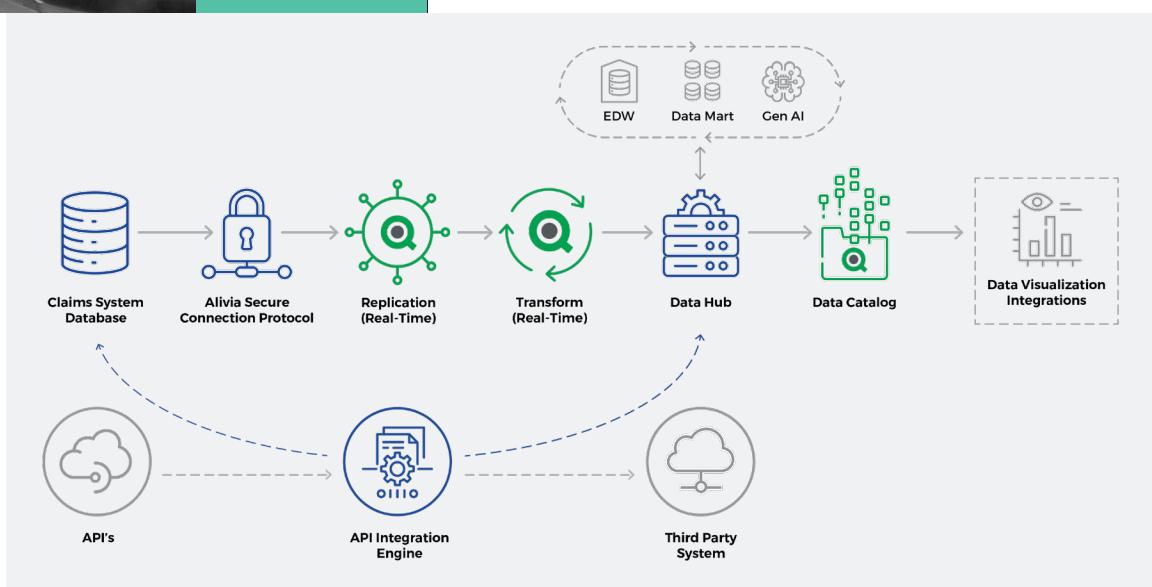
Use Case 1: Accelerating Claims Modernization

Challenge

A large regional health plan needed to replace a **30-year-old claims platform** while supporting **700,000+ members** across five lines of business, including Commercial, Medicare, Medicaid, DSNP, and Exchange products. The core challenge was that claims data was locked away in a mainframe-based platform, limiting its use for analytics and modernization.

Approach:

- **DataChrome™** extracted claims data from the mainframe platform, making it analytics-ready.
- Leveraged DataChrome™ to **consolidate disparate** provider, pricing, claims, and member datasets.
- Integrated seamlessly with **HealthEdge's HealthRules®** platform.
- Applied advanced analytics to **improve adjudication accuracy**.

Results:

- **10X improvement** in process clarity and operational efficiency.
- **Faster first-pass adjudication rates**, reducing manual rework.
- Scalability for **five years of projected growth** without further system overhauls.
- DataChrome™ can centralize **various data sources** for all claims systems.

OUTCOME HIGHLIGHT

Using DataChrome™, the client reduced claims processing times by **35%** while enabling real-time connectivity between members, providers, and payer systems.

Use Case 2: Enabling Data-Driven Decision Making

Challenge

A health plan with approximately **350,000 members** and **30,000+ providers** needed to **modernize multiple legacy systems** to support new product offerings. Fragmented data across claims processing, pharmacy, provider directories, and EHR systems limited their ability to make timely, strategic decisions. Much of the claims data was locked away in a mainframe-based platform, restricting its accessibility for analytics.

Approach:

- **DataChrome™** extracted the mainframe claims data, transforming it into an analytics-ready format.
- Leveraged DataChrome™ to **consolidate all enterprise data** into a simplified, unified model.
- Migrated legacy data into a new **HealthEdge HealthRules®** platform.
- Built an **enterprise data warehouse** and BI layer to integrate external data and support unified reporting**.**

Results:

- Reduced the number of data tables from **over 1,000 to about 200**, improving reporting efficiency.
- **Enabled self-service BI** so decision-makers could access holistic claims data in near real time.
- Strengthened the ability to **support new initiatives** and **product innovation** with reliable, consolidated data.
- DataChrome™ can grab data from any source for **any claims system**.

OUTCOME HIGHLIGHT

Using DataChrome™, the client streamlined reporting and empowered business leaders with trusted, actionable data to guide key decisions.

The Bigger Picture: Market Impact

$4.5T
in U.S. healthcare spend (2024) — with **over $1 trillion lost** to waste, fraud, and inefficiency.

85%
of health executives rank **claims data integration and interoperability** as top priorities for 2025.

Organizations using advanced data fabrics report:

3X
faster fraud detection

2X
improved ROI on payment integrity programs

40%
reduction in regulatory reporting errors

The Alivia Advantage

While many integration tools connect systems, **Alivia goes further by**:

- Combining **claims data integration** with **analytics, AI modeling, and workflow automation**.
- Delivering **expert consulting** alongside technology.
- Offering **modular deployment**—start with what you need, scale as you grow.

ALIVIA'S DIFFERENCE

With DataChrome™, clients gain more than integration—they gain actionable intelligence that drives better payment accuracy, FWA detection, and regulatory compliance.

Conclusion: Building a Smarter Healthcare Ecosystem

DataChrome™ powers the **next generation of healthcare analytics** by eliminating claims data silos, accelerating insights, and enabling organizations to proactively manage costs, compliance, and fraud detection. In an industry where every second and every dollar matters, Alivia equips health plans and agencies to make **data-driven decisions faster, smarter, and with greater confidence**.

About the Author

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Alivia Analytics

Stephen has over 37 years of healthcare and technology experience in data security, AI / analytics, enterprise software / systems, disaster recovery, and project management. He leads a team of experts that continually improve claims oversight in the Alivia 360™ Platform to ensure payment integrity and combat FWA. Stephen's leadership also delivers unique and innovative approaches to optimize claims systems, extend the life of legacy systems, convert data, improve EDW, and protect PHI. Prior to joining Alivia, through the acquisition of SourcEdge, he held senior technology roles at companies including Visiant Health and Harvard Pilgrim Health Care. Stephen is a graduate of the University of New Hampshire.

About Alivia Analytics

Alivia Analytics helps health plans and government agencies address complex claims challenges, combining AI-powered technology, expert services, and integrated analytics to reduce improper payments and recover more, faster. Our Alivia 360™ platform uncovers what rules-based systems miss, identifying hidden risks in the "Gray Zone" between error, fraud, waste, and abuse to deliver earlier detection and stronger results across the pre- and post-pay spectrum. Backed by data and IT transformation services, we help clients achieve faster results, greater savings, and reduced provider and member abrasion.

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