

We help health care organizations succeed in risk-based arrangements

Request a Demo



Improving Care Delivery, Population Health & Financial Performance

Proprietary Algorithms

ARC uses proprietary algorithms to drive actionable intelligence and initiatives across care management, coordination, provider-focused network incentives and premium enhancement to optimize performance

Financial Success

ARC enables providers and payers to confidently chart a financially viable course to accept more risk-based payments while driving better quality, outcomes and costs

Performance Reporting

Providers and payers see how they are performing against care delivery and financial plans

How it Works

The analytics platform delivers precise information and detailed insight from its comprehensive data inputs and analytical power.



Aggregate Data

Aggregates data from numerous sources across the continuum of care and populations—claims, pharmaceutical, provider financials, SDOH, biometrics and national, regional and network benchmarks



Transform Data

Transforms, sorts, slices and analyzes data into actionable insights, such as network gaps, high-risk members or therapy effectiveness based on risk factors such as patient age and comorbidities



Provide Solutions

Provides root causes and paths for navigating to solutions after flagging specific problems or variations within populations, service lines, clinicians or locations

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Benefits of ARC



Develop a roadmap to economic success in value-based contract arrangements

Operationalize value-based agreements by identifying targeted opportunities to implement initiatives to better manage a population

Tailor initiatives that consider and meet local and regional market nuances

Draw on a library of provider use cases to enhance learning for all and gain more buy-in

Forecast the financial impact of population health initiatives and aligned incentive models for providers on risk pool and provider performance

Coordinate care with dashboards for team—physicians, pharmacists, network managers, care coordinators, post-acute/CBOs, finance, leadership

Create internal and leverage external benchmarking methodologies to facilitate change in physician and other provider approaches to care delivery

Access disparate data sources, advancing data interoperability goals

12

Serving 7 Health Plans and 5 Provider Clients

2.5M

Data from 2.5 million members

6

In 6 states and growing

Client Types



Providers



Health Plans



Employer - Self Insured



Pharmaceutical Co.

- Identify strategies to manage total cost of care across aggregated or individual contracts, lines of business, contracting entities, risk pods, physician panels, hospitals and other provider types
- Evaluate primary care and specialty care physician performance in order to optimize contracted and referral networks
- Leverage chronicity, social determinants of health (SDOH), biometric, pharmacy and other data for advanced risk stratification, chase lists and population health management
- Increase revenue through membership growth, service expansion, appropriate documentation and - under capitation or global risk arrangements - maximization of non-premium revenues

How it Works



Evaluate Your Current Landscape



Identify Opportunities



Improve Existing Contract Performance and Future Contract Design

- Run medical and pharmacy claims, SDOH, biometrics and other cost accounting data to understand historical performance and set realistic forecasts to manage costs
- Enable scenario modeling of population health management levers to arrive at effective contract terms
- Showcase intervention efficacy and quantify their contribution to managing the total cost of care for relevant cohorts
- Identify providers who deliver optimal value for members

"We are excited to be working with the ARC team to identify additional opportunities for improvement. This will enable us to continue to add greater value to our members, our parent company Travis County Healthcare District and to the greater community."

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Wesley Durkalski
President and Chief Executive Officer for Sendero Health Plans



Case Studies

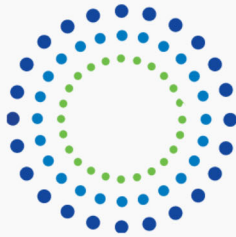
Self-Insured Use Case - Identifying the Right Opportunities and Initiatives for an Employee Population
[Download](#)

Cost & Use Service Line Analysis
[Download](#)

Preventable Emergency Department Utilization
[Download](#)

Network Leakage Reduction
[Download](#)

ARC is a subsidiary of COPE Health Solutions



ARC is a subsidiary of COPE Health Solutions, formed through a joint venture between COPE Health Solutions, Montefiore Health System, Adventist Health and Dr. Richard Merkin, owner of Heritage Provider Network Inc. Montefiore Health System and Adventist Health have been strategic partners with COPE Health Solutions in developing and using the cloud-native ARC tool.

ARC is available as a software as a service platform, with the option of working with COPE Health Solutions to analyze data, develop insights, understand the financial consequences and plan and execute improvement efforts.

[Press Release: ARC Expands Client Portfolio with the Addition of Sendero Health Plans](#)



Interested in learning more?

Call us at [\(213\) 259-0245](tel:213-259-0245) or fill out the form,

Full Name

Company Name

Email Address

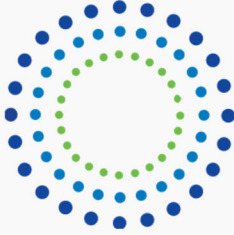
Phone Number



Population
Download

Network Leakage Reduction
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Interested in learning more?

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Phone Number

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