

Whole-person care management

For payers and providers

Predictal™ is a configurable suite of products featuring Authorization, Utilization, Case, Disease, and Appeals and Grievances Management (AAH, UM, CM/DM, AGM). Select individual modules or integrate the full platform for best-fit performance.



Product features and capabilities

Designed for effortless interoperability, enGen's Predictal platform leads to better health outcomes, administrative simplicity, five-star member/patient experiences, and medical and administrative cost reductions.

- Manage self-service authorization criteria for streamlined approvals
- Create 360-degree member/patient profiles through AI-driven analysis
- Build smart, automated workflows using configurable tasks and notifications
- Let AI examine, identify, and approve claims to increase authorization rates
- Leverage business intelligence insights through IntelliGen—our self-serve reporting and analytics dashboard

- Manage pre- and post-service appeals across Comm/MA for medical and prescription
- Streamline integration with apps such as Epic and Oracle
- Communicate with providers and patients in one place
- Stay compliant with built-in regulatory guidelines (CMS Final Rule 2027)
- View audit history and receive audit support

Proven outcomes for all

Health care doesn't have to be an unbalanced, zero-sum game. Predictal opens the door to a win-win-win experience for clinicians, administrators, and the people they serve.

≤ 25%
reduction

in emergency
room visits

70%+
decrease

in average cost
per authorization

300%
decrease

in turnaround time

25%
boost

to real-time decisions
through digital
authorizations

~50%
increase

in RN and MD
cases per day

Four care management modules—one integrated platform

The power of Predictal comes from the unification of essential capabilities payers and providers need to deliver remarkable outcomes. Predictal's interoperability allows users to pick and choose specific modules or implement the entire platform.

Predictal provides automated workflows, AI-driven patient profiles, business intelligence reporting, and cross-channel communication in one connected environment.

Authorization Automation Hub

Built for payers and providers, Predictal's Authorization Automation Hub (AAH) offers a robust toolkit of automated workflows, up-to-date regulation guidelines, and self-service configuration. Reduce administrative burden, reach "Auth by Exception" goals, and gain determinations in seconds.

- Create automated authorization rules, service level agreements (SLAs), delegate routing, work queues, alerts, and more
- Automate Gold Carding to expedite approvals and prior authorizations
- Configure APIs, built-in interoperability, and integrations with key medical policies (MCG, InterQual, Epic, CoverMyMeds and more)
- Stay compliant with Burden Reduction and CMS Final Rule

Utilization Management

Predictal's Utilization Management (UM) module delivers sophisticated medical evaluations through real-time member/patient data, multi-channel communication, and up-to-date medical policies and guidelines. Prevent overtreatment costs, improve speed-to-market in an ever-changing legislative environment, and empower clinical staff to work at the top of their licenses.

- Monitor compliant SLAs, multi-channel submissions, and processed claims
- Navigate intuitive workflows within a clean UI/UX to maximize quality for exception-based determinations
- Configure advanced reporting dashboards for deeper insights
- Conduct real-time communications with payers, providers, and the people they serve

Case and Disease Management

Designed and used by experienced clinicians, Predictal's Case and Disease Management (CM/DM) module fosters meaningful, low-friction engagement between payers, members, and care management teams. Using advanced identification and stratification analytics, case and disease managers come together in one place to deliver personalized experiences and improved health and financial outcomes for all.

- Deliver true whole-person care through integrated workflows and centralized case-by-case management
- Create 360-degree patient profiles using our AI-driven Member Listening System (MLS) or integrate with your current solution
- Track member/patient milestones, engagement opportunities, and indicators
- Leverage Centers for Medicare and Medicaid Services (CMS) compliant workflows to administer Medication Therapy Management.

Appeals and Grievances Management

Appeals and Grievances Management (AGM) helps payers and providers adapt to changing regulations through intuitive self-service capabilities, documentation processes, and auditing standards. Reduce resolution and response times through user-friendly automation and reporting.

- Use real-time, self-serve reporting across appeals, grievances, and inquiries
- Automate letter generation and sending to members and patients
- Manage pre- and post-service appeals across medical and prescription through UM integration
- Proactively manage compliance, regulations, and internal change management