Care Management Optimization & Payer Transformation

Improving Performance Where It Matters Most

Provider-sponsored health plans and regional managed care organizations are facing pressure to improve quality outcomes, manage rising medical costs, strengthen provider relationships, and succeed in value-based care.

VMG Health optimizes these critical functions with data-driven solutions that improve performance and outcomes across the organization.

We Partner With:

- Provider-sponsored health plans
- Regional Medicaid managed care organizations (MCOs)
- Regional Medicare Advantage plans
- Integrated delivery systems operating provider-sponsored plans

The Gaps We Fill

Strengthen care management programs to improve member engagement, reduce avoidable utilization, and enhance quality performance—all within a compliant and consistent framework.

- **Strategic alignment and development within enterprise**
- **Care management and utilization management assessments**
- **Staffing and workflow optimization**
- **Risk stratification and clinical policy alignment**
- **Transitions of care and prior authorization optimization**
- **Member communications and service excellence**
- **Performance measurement and reporting**
- **Workflow redesign strategy**

Building Strategies That Scale

When your current model isn't performing, our experts bring the expertise to diagnose what's broken and the experience to build the right strategy for your organization.

Your Partners in Managed Care Optimization

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