

**Table 11.1.** Managed care organization functions and associated information requirements

Core functions	Examples of applications
Financial monitoring	Balance sheets Income statements Financial statements General accounting Cost accounting Premium billing and accounts receivable Payment tracking for contracts, subcontracts
Preparation of standard analytical reports and decision models	Performance statistics Utilization management Provider reporting: inpatient and outpatient Referral patterns Inpatient and outpatient out-of-network use Case-mix analysis Provider profiling Actuarial analysis
Management control and reporting	Membership analysis Eligibility/verifications tracking Utilization rates by groups, age, gender Quality indicators Financial reporting Regulatory reporting Budgeting models Forecasting models Contract modeling and projections
Claims payment and prospective/capitation payment processing	Capitation payments Claims payment, network and out-of-network Claims adjudication Encounter statistics Claims grouping by episodes of care
Management of multiple lines of business	Government accounts (Medicare, Medicaid, etc.) Individual coverage Group billing, benefits management, eligibility
Marketing and sales support	Enrollment and disenrollment trends Geographic distribution of members and providers Contract negotiation and management Rate management/actuarial services Account management and analysis Forecasting models Provider databases and credentials
Profitability	Per member per month costs and premiums Medical loss ratios
Member/customer services	Customer service inquiry Internet access to MCO Member health/wellness education and promotion Epidemiological analysis
Employer information needs	HEDIS reporting Outcomes measurement Employer group enrollment tracking and reporting Utilization history and claims experience of covered population

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