





Value-based care requires healthcare organizations to leverage new types of data in order to get a complete picture of an individual's health. Is your organization ready to manage the data?

Healthcare runs on codes. Potentially hundreds of code sets are at the foundation of every system enabling healthcare today from the EHRs to claims processing to member management and every process in between. For payers, code set management is increasingly challenging as organizations begin to handle clinical data in addition to billing data. No longer is it just about ICD-10 and CPT° but now also it includes LOINC°, RxNorm, SNOMED-CT° among hundreds of others.

The challenge not only involves managing the number of code sets but also maintaining each of the code sets which update bi-annually or even monthly. How do you keep up? The challenge is exacerbated when multiple departments each have their own processes and data flows for managing the data which then results in different versions and different permutations of the data across the organization. This challenge is expensive, frustrating, time consuming and results in data errors as severe as impacting claims processing.

Single source of truth:

Centrally manage standard, proprietary, and enhanced terminologies and value sets to achieve initiatives around value-based care

The Code Set Management Challenge

Centrally managing code sets at the enterprise level is the key to any data governance strategy

Centrally managing code sets is a best practice for managing growing volumes of data, and a crucial first step in implementing a larger data governance. Providing a single source of truth for all reference data, ensuring timely updates and making the data easily accessible to all departments that need it reduces financial burden, frees resources to focus on less mundane tasks and, most importantly, ensures high-quality accurate data.

The Value of the Health Language Reference Data Management

The Health Language solution provides a single source of truth across a library of 180+ code sets including codes, mappings, value sets inclusive of all healthcare domains. The system streams updates up to 40 times per month notifying clients and providing convenient integration options for downstream systems.

Not only can you easily manage hundreds of standards, the platform also allows for authoring and easily maintaining your proprietary reference data whether that is custom mappings, custom value sets or code lists, subsets of the standards or novel data sets like oncology data.



Single Source of Truth

Centrally update and version data to ensure access to historical and current content



Simplify Data Governance

Enhance the quality, availability, and integrity of your data and improve your workflow by enabling crossorganizational collaboration.



Accurate and Reliable Data

Define a single definition for clinical concepts or population cohorts that can be leveraged by various departments across your organization.



Increased Operational Efficiency

Eliminate duplicate efforts across your organization regarding the acquisition, authoring, and maintenance of reference terminology.

The Health Language® Reference Data Management Solution

Health Language provides a single source for all reference data through a combination of data, software, and services.

Decrease costs by providing a one-stop shop that helps consolidate suppliers, eliminate duplicate license fees, and acquiring all reference data for an organization.

Improve operational efficiencies by providing a reference data management platform to create an internal source of truth for all data, applications to manage change, and integration points to power all downstream claims processing, reporting and analytics applications.

Enable enterprise-wide data governance by offering a suite of data management services including content advisory, data governance, and integration consulting services.

Data

Health Language offers a comprehensive library of reference content such as claims and clinical standards, revenue cycle, geographic data, claims processing, transaction standards, standard and proprietary mappings, and standard and proprietary value sets to address common use cases and single source data from one supplier.

Health Language monitors hundreds of standards bodies to ensure that our clients have the most updated reference data. We provide SLAs and quality review processes to ensure our customers can rely on our content as the trusted source for the entire organization.

Software

Health Language offers a suite of applications that allow you to centralize, model, group, and search reference data. Our terminology management platform provides real-time access to up to date content via APIs enabling search, translation and retrieval of reference content ensuring your data is consolidated, high quality, consistent and shareable.

RDM Code Standards

Claims Standards: Diagnosis and procedure billing codes such as ICD-10-CM, CPT*, and HCPCS used in the data warehouse, call center, and claims processing center

Claims and Clinical Standards: Labs, drugs, and problem codes such as LOINC®, RxNorm, and SNOMED CT®

Claims Processing and Transaction
Standards: Claim Adjust Codes, Claim Status
Category Codes, Claim Status Codes, Health Care
Service Type, National Health Safety Network,
and more

Geographic Standards: Geographic location data around the world including US States, US ZIP Codes, Country Codes, and more.

Our software complements and seamlessly integrates into your existing enterprise data warehouse or MDM platform, allowing for the distribution of data into critical downstream systems to increase the quality of analytics, reduce operational overhead, and enhance workflow.

CENTRALIZE

Language Engine The Language Engine software streamlines and incorporates standard, localized, and enhanced clinical terminologies into your clinical and IT applications—enabling you to centralize the acquisition, authoring, management, integration, distribution, and governance of terminologies across your organization.

EARCH

Code Explorer The Code Explorer application is a simple, browser-based enterprise code search tool with a one stop shop for accessing over 150 terminology sets to search and find diagnoses, procedures, medical devices, laboratory tests, medications, and more.

SROUF

Code Group Manager Code Group Manager is a web-based software application that simplifies the management of clinical, billing, or other administrative codes that are grouped together as value sets for use in quality measures, clinical decision support rules, and population cohorts. It lets you streamline data management so you can improve analytics and accelerate your population health initiatives.

MODEL

Modeler

The Modeler application is a highly intuitive modeling interface that enables users the ability to navigate, maintain, and enhance multidimensional lexicon hierarchies.

Services

Health Language has a team of terminology experts including technical integration specialists, clinical resources and informaticists to ensure successful integration of a reference terminology platform to provide the full benefits including operational efficiencies, data accuracy and access to accurate information in applications across your enterprise.

Our suite of services provide complete coverage ranging from integration and advisory support for simple data file projects, authoring services when you need to author your own local terminologies, or data governance services if you're supporting an enterprise-wide reference data management implementation.

Health Language

Terminology management solutions from Health Language can unlock your healthcare data to help you maximize reimbursement, meet regulatory compliance, improve operational efficiencies, and enhance patient care. Health Language provides powerful data solutions that can be customized to your organization's needs.

Health Language solutions are designed to support health IT vendors, payers, health systems, HIEs, research and government organizations to improve search and documentation, support reference data management, enable mapping and interoperability, improve quality measure reporting, maximize revenue cycle management, meet Meaningful Use compliance, and enhance analytics.