GLYNTIQ

Built for health plans

DIABETES QUALITY ACROSS THE WHOLE POPULATION

Turn diabetes data into measurable population improvement.

One platform for diabetes quality, member engagement and total cost of care. GlyntIQ identifies rising-risk members, turns glucose and lifestyle data into prioritized interventions, and helps care teams close diabetes-related care gaps — across Medicare Advantage, Medicaid and commercial populations.

GLYNTIQ — WHAT THE NAME MEANS

Blood Glucose Intelligence.

Stratification across the attributed population, every night — so the members whose risk is changing surface while an intervention can still change the contract year.

Quality measures supported

The diabetes measure set tracked per contract, with open gaps surfaced and the outreach documented.

Members others miss

No smartphone, wi-fi, pairing or app — the enrollment barrier removed rather than worked around.

Growth without headcount

The platform reads the population first, so covering more members stops being a hiring decision.

Rising risk surfaces before claims do.

Glucose patterns move weeks ahead of a claim. Members whose risk is changing surface while an intervention can still change the contract year.

The measure set is carried in the platform.

HEDIS, Medicare Stars and the PQA adherence measures — each by its own steward and code — so a program is designed against the measure itself.

Engagement without a smartphone.

Cellular meters need no phone, wi-fi, pairing or app. The members phone-tethered programs enrol worst are the ones this reaches.

Growth stops being a hiring plan.

Reading, ranking and documenting happen before a care manager sits down, so reach grows without proportional staffing.

AI-ENABLED

AI agents stratify the population · surface the rising risk · engage the member · document the work. Your clinicians decide.

LINES OF BUSINESS

Medicare Advantage · Medicaid managed care · Commercial · Duals · D-SNP · HEDIS · Stars

Bring us one contract.

In 20 minutes we will walk a population end to end — stratification, the gaps your measures are scored on, the outreach that closes them, and the evidence behind the month.

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The Bottom Line

QUALITY · ENGAGEMENT · TOTAL COST OF CARE

Improve outcomes. Not the headcount.

A diabetes population grows faster than the teams managing it, and the members whose risk is changing are rarely the ones already on a list. Everything on this sheet lands on one of three ledgers: **quality performance, member engagement, and the total cost of managing the population.**

Quality Performance

- **Measures carried, not bolted on** — the diabetes measure set by steward and code, so a program is designed against the measure and the month shows the evidence behind it.
- **The gaps your contract is scored on** — eye exam, kidney evaluation, glycemic status, blood pressure, statin therapy and the PQA adherence measures.
- **Stated honestly** — GlyntIQ supports improvement in these measures. It does not, on its own, raise a Star Rating.

Member Engagement

- **No app, no smartphone, no wi-fi** — the member tests and the reading arrives, so the enrollment barrier is removed rather than worked around.
- **In their own language** — English or Spanish, in the message thread they already use, timed to their own reading rhythm.
- **Answers come back** — a concerning response routes to the care team with the reason attached, not into a shared inbox.

Total Cost of Care

- **Act before the avoidable event** — worsening glucose and hypoglycemia patterns surface while outreach is still cheaper than an emergency department visit.
- **More gaps closed per care manager** — ranked worklists and drafted documentation put the hours into closing gaps rather than finding them.
- **Reach without proportional staffing** — the platform reads the population first, so covering more members stops being a headcount decision.

QUESTIONS A PLAN ASKS FIRST

"Which measures can you actually influence?"	**Named** — eye, kidney, glycemic status, BP, statins, adherence.
"Can you reach our hardest-to-engage members?"	**Cellular** — no smartphone, wi-fi, pairing or app required.
"Will the evidence survive an audit?"	**Captured** — time, attribution and evidence, as the work happens.
"Does this scale past a pilot?"	**Population** — stratification across the panel, not one at a time.

THE PRACTICAL QUESTIONS — ANSWERED UP FRONT

Your systems stay the system of record
We assemble the supporting evidence; your existing workflows act on it.

Weeks, not a software project
Configuration, not code — built around the way your teams already work.

Built for the audit
Time, attribution and evidence captured as work occurs — transparent, audit-supporting documentation.

Proof before commitment
A live-platform walkthrough, then a pilot with success measures agreed up front.

AI-ENABLED

The platform stratifies · prioritizes · engages · documents. Your clinicians decide — every time.

See one month, across your whole population.

A 20-minute walkthrough on the live platform — not slideware.

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