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Cuidamed

Taking a Proactive Approach to Financial Optimization


Gina Marino, CEO

For most organizations, managing employee healthcare is defined by a persistent set of challenges: rising and unpredictable costs, limited visibility into spending, fragmented provider networks, and administrative systems that only react after expenses have already been incurred.

Corporate health plans often operate like financial blind spots—leaders see the impact only at the end of the cycle, when corrective action is no longer possible. This lack of control is further compounded by inefficient care pathways, overutilization of emergency services, and billing structures that are difficult to audit or optimize.

Rather than operating as a traditional third-party administrator, Cuidamed positions itself as a strategic business and technology ally, helping organizations control how healthcare costs are created, not just how they are reported.

"We are not here to process claims after the fact. Our purpose is to prevent unnecessary ones from happening in the first place, while ensuring that every decision serves both the patient and the sustainability of the system," says Gina Marino, CEO.

Removing the Variability Surrounding Medical Billing

Traditional healthcare systems follow a reactive cycle: a medical event occurs, a claim is submitted, and costs are assessed afterward.

Cuidamed breaks this cycle by introducing control earlier.

Through structured provider agreements and pre-negotiated pricing tables, the company removes uncertainty in medical billing. Each service is evaluated based on clinical necessity and cost efficiency, ensuring that care delivery aligns with both patient outcomes and financial objectives.

The result is a clear shift from tracking healthcare costs to actively controlling them.

Replacing Retrospective Reporting with Continuous Operational Control

This control is enabled by Cuidamed's digital ecosystem, Cuidanet.

The platform provides real-time visibility into healthcare activity, allowing organizations to monitor utilization trends, track costs across pathology, region, and provider tiers, and make decisions as events occur—not after they are finalized. This replaces delayed reporting with continuous operational oversight.

At the same time, Cuidanet improves provider coordination through instant eligibility verification and simplified digital submissions. This reduces administrative delays, supports provider liquidity, and ensures a more responsive care network.

Offering Long-Term Sustainability

Cuidamed further reduces unnecessary costs by redefining the first point of care.

Through integrated telemedicine and home care services, non-urgent cases are redirected away from high-cost emergency settings. This approach has demonstrated the ability to divert up to 60% of non-emergency cases, leading to a 30 to 40 percent reduction in the average cost per medical event.

For organizations, this translates into:

- lower unnecessary utilization
- reduced healthcare expenditure
- faster and more accessible care for employees

Recognizing that different workforce groups carry different health risks, Cuidamed avoids standardized plan structures.

Using predictive analytics, the company designs tiered-health plans based on actual utilization patterns. This ensures that coverage remains relevant while maintaining strict control over usage and long-term sustainability.

"Our purpose is to prevent unnecessary ones from happening in the first place, while ensuring that every decision serves both the patient and the sustainability of the system."

Ensuring Actuarial Balance

Financial discipline is reinforced through a KPI-driven auditing framework.

Cuidamed maintains a target loss ratio between 60 and 65 percent, ensuring long-term actuarial balance. Its system performs real-time technical audits to detect anomalies such as over-treatment, duplicate billing, and inconsistencies in service delivery.

Supported by experienced professionals in both medical and insurance domains, this approach prevents between 8 and 15 percent of unnecessary medical spending—costs that often go undetected in traditional systems.

Cuidamed operates across both insurance carriers and self-funded corporate health programs.

For insurers, it manages the full service lifecycle, including authorizations, claims coordination, and 24/7 medical support. For organizations managing their own health funds, the value is more direct—providing real-time visibility, improved coordination, and measurable reductions in inefficiencies such as emergency room overutilization.



Focusing on the Human Aspect of Healthcare

While its model is built on data and operational control, Cuidamed places equal importance on the human experience.

Healthcare decisions often happen at moments of uncertainty. By removing administrative friction through automation, Cuidamed enables its team to focus on guiding patients—ensuring that individuals receive timely support, clear direction, and access to the right level of care. Clients benefit not only from system efficiency, but from a partner that combines structured processes with responsive, human-centered service.

As healthcare costs continue to rise, organizations are under increasing pressure to improve visibility, control, and sustainability. Cuidamed addresses this by integrating real-time data, clinical expertise, and financial discipline into a single operating model. The outcome is not just better reporting—but measurable control over healthcare utilization, stronger cost predictability, and a system that operates with clarity instead of uncertainty. HB