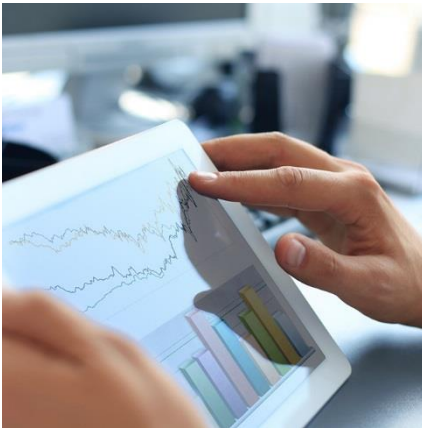


# Conduent™ HealthClarity Solution

## Data Analytics for Managed Care Oversight



### Improve Your Decision Making

Our data analytics solution can:

- Assess the effectiveness of your managed care, fee-for-service and other healthcare service providers
- Provide advanced analytics through interactive visualizations and predictive modeling
- Rank and compare providers according to clinical quality management, member experience and plan efficiency
- Highlight opportunities for intervention, reinforcement or improvement
- Present findings in easy-to-understand formats that help you share knowledge and take action more quickly
- Adapt quickly to program requirements through its configurable rules engine

Making decisions is one of the core functions in business and requires the best, most current and most accurate information possible. We can help you perform analytical processing on data so you can make better decisions that result in better outcomes.

Medicaid today is about growth, both in the amount of members served by Managed Care Organizations (MCOs) and the number of pay-for-performance initiatives from CMS. Programs must prove better health outcomes, but face a sea of data and little information. Do you have the tools to uncover the insights you need?

Proving performance has never been more important. Faced with increasing budget pressures and a more complex and diverse membership, most Medicaid programs have shifted more than half of their members to managed care. At the same time, there is a strong push to reimburse services – especially MCOs – based on how much they improve member health and how well they align with newly introduced quality measures.

But programs are bombarded with data – from clinical histories to social determinants of health to self-reported numbers from MCOs. Between reconciling disparate data sources and formats and the time-consuming process of running multiple reports, it's challenging to uncover the insights you need to prove that your program is improving outcomes.

*Without real insights into your program's performance, you increase the risk of suboptimal care for your members and inefficient use of your healthcare budget.*

Conduent™ HealthClarity Solution gives you the complete picture of what's happening – and what you could be doing – in your healthcare program. It connects you with the evidence-based insights you need to fully understand what's impacting your program and make better decisions without relying on outside consultants and processes. HealthClarity gives you the knowledge to transform your focus from reactive, point-in-time member management to proactive population health improvement.

### Our Guided Approach to Analysis

If you're not a statistician, interpreting massive amounts of data can quickly become frustrating. That's why Conduent™ HealthClarity Solution guides you through the process of advanced data analysis and drawing insights from the conclusions. It presents the results of a study and walks you through them, identifying statistically significant differences in provider performance and highlighting opportunities to increase value and improve outcomes.

### Answers for Medicaid Leaders

HealthClarity's interactive analytics are designed to meet the diverse needs of Medicaid program leaders and analysts.

- Managed Care Oversight
- Are my managed care rates inflated by wasteful utilization?
- Population Health Directors
- Are our payment incentives driving better health outcomes?
- Finance Directors
- How much money could we save if we reduced unnecessary emergency room use by 20 percent?
- Behavioral Health Directors
- Are underlying behavioral health needs comingled with medical utilization and outcomes?
- Long-Term Care Directors
- Can we shift new populations to managed care?

HealthClarity makes data analysis a completely user-driven experience. It doesn't apply the same type of analysis to all types of data and queries, nor does it attempt to squeeze healthcare information through commercial business processes. Our guided approach helps you draw the right conclusions for your healthcare organization based on your program's data and your specific questions.

### Building a Stronger Foundation for Analysis

The process begins with the potential issues (such as ER utilization) and parameters (time periods, age groups) you want to examine (for more examples, see the top sidebar). With your study in place, HealthClarity gathers program data across three interrelated areas:

- **Tier 1: Direct pull from claim / EHR data.** Includes demographic and data, MCO used, insurer, provider and plan details, and diagnosis and clinical data.
- **Tier 2: Calculated from claim / EHR data.** Includes encounter history and types, chronic conditions and comorbidities, and details about access to care.
- **Tier 3: geographic Non-claims / EHR data.** Includes socioeconomic factors (income, education), lifestyle and behavior (activity level, smoking) and physical environment (air quality).

### Transforming Data into Insight

HealthClarity then uses an orchestrated workflow to perform an intensive examination of program performance. It first analyzes all of these variables to identify which ones are important, where relationships exist and what correlations are statistically significant. HealthClarity then examines codified business drivers in your program and applies additional statistics specific to the significant relationships. The process helps you better identify the factors that affect MCO performance the most.

A study's results are only as good as their ability to be understood. That's why HealthClarity provides interactive visualizations that visually depict the statistically significant relationships in your data. This helps you quickly understand why the results of a study are important and share the findings with your stakeholders.

### Completing the Big Picture View

What's more, HealthClarity enables you to compare the findings for providers within and across plans to determine their alignment with key CMS performance and quality measures – an important feature with recent healthcare reforms (see next page sidebar). Comparing data about clinical, financial, operational and customer service performance enables you to reward MCOs who are providing better health outcomes, better value, better delivery and better satisfaction for your members.

### Aligning You with Performance and Quality Requirements

2016 marks the first update to managed care rules in 13 years. CMS will require states to update information standards for data and reporting to “reflect current technology.” To win grants – or incur penalties – Medicaid programs must have managed care oversight solutions that:

- Administer incentives and penalties tied to performance
- Demonstrate access to care using network adequacy standards including time and distance standards
- Implement quality improvement strategies

CMS has also introduced quality ratings that encompass clinical quality management, member experience and plan efficiency. These ratings are assigned to plans offered through health insurance marketplaces. Programs will need to track – and improve where necessary – these ratings to ensure that members make informed decisions about their care.

Conduent™ HealthClarity Solution helps you align with all of these requirements from the first day of operation.

### Predictive and Prescriptive Analytics Help You Take Action

Where HealthClarity really shines is in its predictive and prescriptive analytics capabilities. Most solutions offer descriptive analytics that give you a basic overview of what’s happening in your program or diagnostic reports that explain why – and leave you to figure out the rest. HealthClarity goes further, showing you the effects of changes to your program management strategy and recommending actions to improve its effectiveness.

Our predictive models help you explore program management ideas by testing them on your existing program data, external data sets or manually entered data. You can run simulations on the effects of different program and policy changes. HealthClarity also includes tools, algorithms and models for identifying medical risks within a population and how they could be affected by the MCOs serving your program. The potential health outcomes help you determine your program’s overall performance.

The prescriptive element of our solution evaluates the most significant findings of your predictive modeling and recommends interventions and management actions that will make the most effective changes to your program. These actionable insights help you prioritize resources for improving your care delivery and patient engagement processes while reducing waste and inefficiencies.

### A Clear Choice for Better Program Management

You need data-driven insights to effectively and efficiently manage your managed care and fee-for-service Medicaid programs. HealthClarity can help, providing the information you need to improve quality of care, identify opportunities for cost containment and reduction and compare service provider performance. And that means better health outcomes, better value, better delivery and better satisfaction for your program members.

You can learn more about us at [www.conduent.com/govhealthcare](http://www.conduent.com/govhealthcare).

