

Citius Healthcare Consulting – Offerings for Payers

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Payer – Offerings (1/4)



Digital transformation

Operations leaders are faced with significant challenges. Each day they must face a conveyor belt of new transactions and Issues that must be closed to avoid regulatory issues and customer experience issues. This makes it nearly impossible to step back and determine how to make the conveyor build more efficient. Because many of our consultants have been in your seat, they are uniquely qualified to help you leverage technology to optimize your operations.

of Expertise

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Area

Government programs: Medicare/Medicaid & ACA programs

Navigating regulatory compliance is complex for any organization dealing with Medicare and Medicaid insurance products. Our suite of product offerings is designed to streamline compliance, ensure adherence to regulations while optimizing operational efficiency, driving growth, revenue and sustainability in an increasingly competitive market.

Platform delivery

Provide technology leadership, subject matter expertise and support to implementation, migration and upgrade of strategic health plan applications, commercial off the shelf products or building new greenfield products through CitiusTech Engineering. Establish PMO & governance structure; migration and integration req, design and development; testing and QA support; report requirements, design & development. Deliver successfully migrated groups, reduce clearing house costs and improve auto adjudication.

Core system stabilization & optimization

Apply a combination of operational and technical expertise to assess, develop and implement strategies to stabilize and optimize core platform. Assist in the transition from project mindset to day-to-day production and ops support. Can include proprietary vantage fallout assessment product for implementations that have not produced desired auto-adjudication rates.

Government programs Line of Business startup/ expansions

Stand up any Medicare Advantage, Medicaid, ACA, etc. new line of business for health plans/ Payviders from filing to Operational set up including compliance.

Stars analysis and optimization

Assist Medicare Advantage plans with Stars strategy, adjustments due to rating model changes, program assessment and roadmaps and manage the challenge of optimizing revenue through improved Stars ratings and correct EDS submittal. This is accomplished through detailed analytical assessments and specific remediation plans resulting in quality bonus, member experience, increased rebates and overall improved measures.



Payer – Offerings (2/4)



Digital transformation

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Areas of Expertise

Government programs: Medicare/Medicaid & affordable care act

Navigating regulatory compliance is complex for any organization dealing with Medicare and Medicaid insurance products. Our suite of product offerings is designed to streamline compliance, ensure adherence to regulations while optimizing operational efficiency, driving growth, revenue and sustainability in an increasingly competitive market.

Enterprise and Provider data management

Develop comprehensive data solutions to assist health plans with better management of information in their enterprise

Business process outsourcing (as a service)

Configuration, Testing and Integration services for operations, implementations, upgrades and peak periods.

Payer technology assessment

Engage in assessments that help identify challenges and provide technology solutions to the CTO/CIO organizations.

Risk adjustment and Revenue optimization

Risk Adjustment is a critical financial component for both MA and ACA programs and our team includes MA and ACA experts to guide health plans and provider organizations with program improvements. We provide services including but not limited to, accurate and complete retrospective chart review, data submission reconciliation, and vendor optimization and oversight programs.

Regulatory compliance

Program Evaluation, Monitoring & Audit Support for compliance activities (i.e. NCQA, URAC, CMS Audit); Bid Development & Support, Stars Optimization



Payer – Offerings (3/4)



Clinical services

Improving Member Health while preventing waste and abuse requires revolutionizing Utilization, Case and Population Health Management processes. Through strategic enhancements and technological integrations, we optimize utilization, improve patient outcomes and ensure efficient and patient/member healthcare delivery. We assist in uncovering performance gaps obstructing operational efficiencies and regulatory non-compliance; Support Implementation Initiatives through Standardization of Workflows; Curate, Documentation, & Education.

URAC & NCQA accreditation and support

Our organization boasts a track record of successfully guiding healthcare entities through the NCQA and URAC accreditation processes, demonstrating our in-depth knowledge and experience in achieving these prestigious certifications.

Clinical platform implementation and optimization

Our team conducts exhaustive assessments of clinical platforms, pinpointing potential improvements and providing strategies for enhancement. We facilitate the implementation of new clinical platforms, ensuring seamless integration with existing systems and minimal disruption to your operations.

Areas of Expertise

Regulatory compliance

The Health Insurance industry is one of the most highly regulated industries in the US. Keeping on top of state and Federal regulations and meeting those expectations is critical to ensure your health plans ability to survive. Mastering these mandates and using them to your strategic advantage can help your health plan avoid financial penalties and thrive.

Prior authorization

Support organizations through the mandated transformative changes as various states begin implementing new legislation intended to reduce the burdens of Prior authorization.

Government and regulatory program compliance

Program evaluation, monitoring & audit support for compliance activities (i.e. CAPs, NCQA, CMS Audit); Bid PM & support, stars optimization. Comprehensive NCQA & URAC accreditation services to healthcare organizations aspiring to achieve excellence in quality, care coordination & utilization management.

of Expertise

Areas

Payer – Offerings (4/4)

Clinical services

Improving Member Health while preventing waste and abuse requires revolutionizing Utilization, Case and Population Health Management processes. Through strategic enhancements and technological integrations, we optimize utilization, improve patient outcomes and ensure efficient and patient/member healthcare delivery. We assist in uncovering performance gaps obstructing operational efficiencies and regulatory non-compliance; Support Implementation Initiatives through Standardization of Workflows; Curate, Documentation, & Education.

Medical management transformation - Utilization management Utilization & Case Management processes; optimize utilization; improve patient outcomes and ensure efficient and patient/member healthcare delivery

Medical management transformation - Case management

Harness the power of technology to redefine care management platform our services are meticulously crafted to guide clients through this transformation and optimization. Proven methods result in decrease in configuration and technical challenges; reduction in resource needs due to optimization of current platform and improved Vendor relationship due to positive Vendor Management.

Population health strategies

We offer payers services based on transforming population health management through strategic, data-driven solutions. By addressing the specific needs of their member populations and fostering collaboration across the healthcare continuum, we help payers achieve their goals of improved health outcomes and cost efficiency.

Payer operations

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Areas of Expertise

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Performance optimization and support across the operational continuum. Combine proven methodologies along with vast industry expertise to develop and shepherd a business model for stability and growth. Audit operational areas to identify inefficiencies, errors and validate department performance, organizational alignment recommendations, and measure against strategic industry KIPs to make recommendations to increase reimbursements and identify cost savings.

Provider experience

Using framework and metrics conduct an assessment of provider experience, identification of key influencing factors and propose opportunities to improve provider engagement experience.

System selection

System selection process with options for contracting and implementation support. Accelerators, bank of requirements and preselected short lists available for rapid selection process.

Payer operations performance assessment & optimization:

Assess performance, organizational alignments, process and technology and develop an optimization plan including execution strategies for remediation efforts and prioritization for maximum results. Includes business models to support stability and growth. Can be performed within areas of specialty and across operations as needed:

- Enrollment and ID cards
- Claims processing and funding
- Billing (Premium, Administration, Claims)
- Benefit Set-up/Configuration
- New Business & Renewal Processing
- Provider & Network Configuration/Set-up
- Member & provider call centers
- ID Cards, Benefit summaries, EOBs, correspondence, COB
- Revenue cycle/ reimbursement

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Thank You

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We bring deep expertise in healthcare and life sciences, leveraging our experience as industry leaders to help events any sign the future of healthcare. By combining our digital expertise, we prive transformation into the future of healthcare.

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