

# Medicaid Managed Care Solutions

Helping You Better Serve Your Medicaid Population



More than sixty percent of Medicaid beneficiaries are now enrolled in managed care. Many of these enrollees have multiple conditions, chronic diseases or significant socioeconomic concerns that complicate access to and the effectiveness of care delivery.

On top of this, beneficiary enrollment continues to increase and more members with complex issues are supported by managed care plans.

**How are you improving access to care, lowering costs, and improving outcomes?**

Conduent provides healthcare solutions that support the evolving needs of today's managed care plans. As a leader in state healthcare program administration, we have more than 40 years of Medicaid policy and funding expertise, and more than 20 years of experience assisting commercial health plans with both managing their business and improving member health. We provide member outreach programs uniquely designed for Medicaid populations, as well as provider engagement and collaboration services. We are helping states evolve from paying providers for volume to paying for value based on quality and outcome measures. And we can help your plan increase administrative efficiency, improve cost containment and better manage recovery services.

## Member Engagement and Care Integration Services

Health management can be challenging, especially when addressing costly chronic conditions in a transient population. Many new Medicaid enrollees have not had access to healthcare coverage and they need help navigating the complexities of the healthcare system. You need to engage members and develop a clear picture of their health risks so you can connect them with appropriate clinical resources.

Conduent™ Care Integration Services advanced health risk assessments help you uncover at-risk members and connect them with appropriate care before conditions worsen or become costly emergencies. By combining human interactions with technology solutions, we provide holistic, comprehensive and actionable views of every person in your program. This positions your program for success and leads to better health outcomes for members.

## Provider Engagement and Management

We engage and collaborate with providers to implement payment reforms that share financial and performance risk, and we activated a first-call, resolution-oriented client service department that is critical to provider retention and program success. We also work closely with you to resolve appeals and grievances, streamline claims administration, automate the claims adjudication process and provide screening, credentialing and enrollment – all designed to lower your total program costs, while aligning with your provider management goals.

## Value-Based Care and Payment Reform

Many Medicaid managed care organizations are accepting risk while reimbursing providers with incentives that don't match today's care delivery landscape. To be successful, payment at the provider level must incent quality care and efficiency, not just pay for volume. We make provider performance transparent and actionable by establishing proper incentives. Episode payment and cost and quality scorecards, aligned with value-based payment adjustments, are essential for you to share risk with the frontline decision makers who are driving cost and quality. And proper payment methods and enhanced cost analysis provide actionable information when you are negotiating rates.

## Administrative Efficiency and Cost Containment

In a constantly changing market, your plan will have to comply with more prescriptive data analysis and performance reporting requirements, meet federal and state mandates, respond to member and provider requests, meet basic government requirements for timeliness and accuracy, and safeguard against fraud, waste and abuse. We help you to handle the continual turnover of enrollees, the complexities of eligibility and the critical financial reconciliations. Administrative efficiency and cost containment allow your plan to focus on developing partner relationships among payers, providers, and patients to support the aim of improved member health.

---

“Value-based reimbursement is quickly becoming the new paradigm in Medicaid. We must sever the link that has historically tied reimbursement to the quantity of services delivered, rather than the outcomes we want for beneficiaries.”

–Tom Betlach, President, National Association of Medicaid Directors

“Medicaid health plan innovations are demonstrating improved outcomes for beneficiaries and have served as the engine for delivery system reform throughout the program.”

–America’s Health Insurance Plans, March 2016

---

**We can help you:**

- Develop and deliver member outreach programs uniquely designed for Medicaid populations
- Strengthen provider engagement and collaborative services
- Manage the transformation to value-based payment models
- Improve administrative efficiency, cost containment, and recovery services

**Why Conduent?**

- 40+ years dedicated to serving Medicaid programs across the country
- Currently support 29 states, Puerto Rico, and the District of Columbia with programs and services
- Currently serve as Medicaid fiscal agent in 12 states and the District of Columbia
- Process more than 520 million Medicaid claims annually
- Touch over two-thirds of the U.S. insured population through our healthcare payer services

## Your Medicaid Managed Care Solution

Our combination of Medicaid expertise and innovation delivers exceptional program management solutions that save time and money. We offer a full suite of population health management, administrative services, long-term care services, pharmacy benefits management, care management and value-based purchasing services to help you achieve better outcomes for your members. Our solutions for Medicaid managed care improve the member experience and health of your member population, while reducing the per capita cost of healthcare. And during our decades of experience, we have built strong relationships with the Centers for Medicare and Medicaid Services and state policy makers across the country.

At Conduent, our goal is to help you achieve yours. We provide scalable, end-to-end solutions that keep pace with your growing member population and enable you to meet the emerging opportunities and challenges of federal policy and payment reform.

## About Conduent

Conduent is the world’s largest provider of diversified business process services with leading capabilities in transaction processing, automation, analytics and constituent experience. We work with both government and commercial customers in assisting them to deliver quality services to the people they serve.

We manage interactions with patients and the insured for a significant portion of the U.S. healthcare industry. We’re the customer interface for large segments of the technology industry. And, we’re the operational and processing partner of choice for public transportation systems around the world.

Whether it’s digital payments, claims processing, benefit administration, automated tolling, customer care or distributed learning – Conduent manages and modernizes these interactions to create value for both our clients and their constituents.

Learn more at [www.conduent.com](http://www.conduent.com).

Contact us at [MCO.Healthcare@conduent.com](mailto:MCO.Healthcare@conduent.com).

