HEALTH PLAN SOLUTIONS

Improve Performance, Deliver Better Healthcare

CGS gives you an edge with a full suite of flexible administrative services that give you the freedom to maximize your core capabilities to deliver better healthcare to your members. Our scalable solutions are designed to address your changing customer needs, simplify complex requirements within a rocky healthcare environment, and achieve world class customer service. As experts in implementing efficient operations and mitigating fraud, waste, and abuse, our goal is to keep you on top by improving your health plan's operational performance and reducing costs.

CGS℠
A CELERIAN GROUP COMPANY

http://www.cgsbpo.com

Provider Services

- Credentialing, Reverification, & Maintenance
- Contact Center
- Outreach & Education

Member Services

- File Maintenance
- Contact Center

Support Services

- Mailroom & Front End Processing
- Claims Processing
- Appeals
- Printing & Output Distribution

Fraud Prevention Services

- Medical Policy Development
- Data Analysis & Reporting

Provider Services

Providers are the key to making a successful health plan. A vital component to that success is maintaining an excellent relationship between health plan administrators and the providers delivering health care. CGS's administrative processes are designed around this philosophy, and are aimed at minimizing the administrative burden so providers can focus on health care delivery and outcomes. Our Provider Services area establishes provider relationships from initial application and maintain them through ongoing outreach and education. CGS ensures only qualified providers are enrolled by leveraging existing credentialing processes that utilize state of the art technology to search and monitor a prescribed set of databases and alert us if there are any changes. Our Contact Center is staffed with skilled professionals who deliver effective and efficient customer service to quickly address any and all provider issues from member eligibility to claims denials. Call center representatives are trained to deliver the highest level of customer service possible and calls are monitored for quality. Outreach and Education initiatives are designed and deployed in a variety of formats to reach all providers in the network. Topics are created to address and educate providers on policy changes, recent claims errors, major call center issues, and national level trends so providers stay fully informed about policy changes and the top issues driving claims payments and denials. Designing the right outreach and education program can have a major impact on reducing claims error rates – and can significantly improve provider satisfaction… both of which help health plans deliver better service at a lower cost.

Member Services

Medicaid membership turnover is a challenge facing every health plan. Ongoing file maintenance processes are designed to efficiently capture new members information and manage changes from current members through the use of file comparisons and member outreach. Maintenance files are coordinated with the health plan to ensure the latest membership information is available for use. The Member Contact Center is staffed with professional customer service representatives trained to quickly resolve any member issue whether related to eligibility of a service, providers in the network, or reporting a problem with health care service. The goal is to ensure all member calls are resolved the first time.

Support Services

The reality for health plans is that handling paper is expensive and time-consuming. If a health plan is to succeed in today's changing world of health reform, it must leverage technology that transforms the workload. CGS has combined lean operational processes with state-of-the art technologies to create efficient electronic workflows that minimizes paper handling and maximizes throughput. From front-end mailroom and electronic workflow management to claims processing and print output and distribution services, CGS not only handles the process, but we optimize it and provide tangible cost savings to health plans.

Fraud Prevention Services

The best way to reduce fraud, waste, and abuse is to prevent it from happening. If an improper claim payment is made, health plans have a less than 50 percent chance of recovering the funds. CGS utilizes a Detect and Prevent approach to fraud, waste, and abuse through clear medical policies and through ensuring medical necessity of the claim. We create comprehensive medical review for client approval that leverages historical claims data, national trends, and CGS clinical expertise. That strategy defines our downstream "detect and prevent" initiatives such as pre-payment claim review, claims system edits, and provider outreach and education. Using data analysis we monitor key areas of the medical review strategy and identify any areas needing modification. Ongoing data analysis ensures our client's health plan is maximizing the medical review investment and minimizing fraud, waste, and abuse.

Program Design

Clients are presented with a modular approach and can select a single functional service or a full range of business process outsourcing services. We will work with each client to design the optimum solution, and apply technology applications such as Imaging and Electronic File Management to streamline processes, reduce administrative costs, and improve quality. Clients appreciate our continuous improvement culture, which allows us to regularly identify and implement cycles of improvement before, during, and after implementation.

Program Implementation

Using Program Management tools and experienced resources, our clients receive detailed Project Schedules which cover the life-cycle phases of the project and include: Initiation, Planning, Implementing, and Managing. Our robust program management discipline identifies the critical path milestones and ensures that risk management and contingency plans fully support the project schedule. Client operations are effectively transitioned into production through our program management discipline with a broad range of testing methodology.

How We Measure Success

Each client receives a Program Scorecard that measures performance results against established goals and objectives. The frequency of scorecard reviews is aligned with the life cycle phases of the program. For example, in the implementation phase, we typically conduct weekly client reviews, while in the managing phase we conduct monthly reviews. We feel our clients deserve a scorecard solution that gives them the confidence and information they need to monitor our operational performance.

How Are We Different?

CGS brings the experience of one of the country's largest healthcare administrative service organizations. CGS has administered and managed Centers for Medicare and Medicaid Services' (CMS) Medicare fee-for-service programs for over 40 years. Combining proven process discipline and management expertise with industryleading healthcare technology, and we will help you achieve operational success.