

6 strategies to optimize health plan performance

How health plans use Truven solutions to optimize
programs, population health and provider networks



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Introduction

Health plans are facing new market pressures, added regulation and exponential growth in new treatments.^{1,2} At the same time, your employer clients demand increased transparency, greater value and improved member satisfaction. To deliver on these imperatives, you're called upon to make decisions with very real implications. Your necessary inputs are insights — reliable, actionable insights based on real-world data.

With Truven, you gain access to powerful analytics and technologies built on a deep knowledge of the healthcare industry. Backed by more than four decades of experience, our solutions can help uncover trends in how members use their health benefits, the state of member health and the cost of benefit programs.

When health plans come to us with their challenges, we help them extend their capabilities and strengthen relationships with members, brokers, clients and providers.

Challenge

“I’m handling more types of data and need a centralized way to make sense of it all.”

Solution

Aggregate vendor data and insights into a centralized data warehouse.

On their own, siloed reports from employers, providers, pharmacy benefits managers (PBM) and other partners have finite value. But when you aggregate your data across all vendor types and layer on data intelligence, you unlock infinite value.

The vendor types could be anything from medical and drug to custom data types. Custom data types include unique program data, financial risk scores and socioeconomic factors. The data intelligence comes in the form of medical episode groupers, diagnostic cost groupers and risk scores.

That may sound complicated, but luckily, we’ve already cracked the code. Truven Health Insights aggregates vendor data and applies intelligent methodology into a centralized data warehouse with an innovative reporting platform, giving you informative analytics at your fingertips.

The flexibility of our data model means we can bring in new data sources, open pathways to more consultative relationships with employers and yield a higher-level view of member health.

You can rely on the quality of the underlying data thanks to our rigorous data management processes — no garbage in, no garbage out — just data that’s ready to leverage for analytics and insights.

7 of the top 10

HEALTH PLANS, BY
ENROLLMENT, RELY
ON TRUVEN

Challenge

“I want to dedicate in-house resources to revenue-generating activities instead of developing and maintaining analytic tools.”

Solution

License the industry’s most robust and comprehensive catalog of healthcare-specific analytic methods.

There’s no need to reinvent the wheel. Our Truven Flexible Analytics methods have been honed over decades and continue to evolve. We can surface actionable insights derived from over 20 data analytics methods and models to optimize performance and realize savings for your clients and members. Examples include:

- Risk-Adjusted Medical Episode Grouper (MEG)
- Risk of Rising Cost
- Risk of Hospitalization
- Outpatient Event Grouper (OPEG)
- Inpatient Admission Grouper
- Disease Staging
- Service Categories
- Diagnostic Cost Groups (DCGs)
- MarketScan Benchmarks
- Redbook Pharmacy Reference



The Ohio State University Health Plan

Developing innovative payment models

To receive maximum reimbursements under value-based payment models, The Ohio State University Health Plan needed to eliminate unnecessary services and avoid complications in their coordinated care efforts. They set out to [evaluate high-cost procedures that could be improved](#) while still supporting high-quality outcomes.

The team used our Outpatient Event Grouper (OPEG) module to examine variabilities in patients, processes

and places of service for several categories of surgical procedures. And the health plan developed a linear model to establish base payments and a decreasing schedule of charges for repeat procedures. Now, the doctors and place of service know exactly which services will be reimbursed, and members are reassured that they’re getting the lowest charge possible for the best outcome possible.

20+

Challenge

“Efficiency and quality are intertwined. We need to keep close tabs on quality as a component of value and outcomes.”

Solution

Calculate and report complex industry-standard quality measures.

To help health plans evaluate the completeness of care delivered, our Quality Rules Engine (QRE) calculates industry-standard, evidence-based measures such as those defined by the National Committee for Quality Assurance (NCQA). QRE is embedded in Health Insights, or available through Flexible Analytics, to license and apply to your own data warehouse.

QRE encompasses a physician and health plan focused package, as well as other specialized measure packages, including:

- Low-Value Care: identifies services that research indicates do not provide positive outcomes or result in potentially negative effects on patients
- Disease Management: provides clinical performance measures related to chronic conditions
- Medication Management: includes industry-standard medication and adherence measures defined by the Pharmacy Quality Alliance (PQA)
- Medicaid: CMS core Medicaid quality metrics and custom gaps-in-care packages created and delivered by Truven
- Client-Specific Packages: Custom quality rules that may not be part of the standard packages and curated custom selections of defined measures, for example, PQA and NCQA measures that impact CMS STAR ratings

These measures can be used to understand, communicate and share information on care gaps, screening and condition management. On a granular, individual member level, we can look at how many care gaps the patient has and roll that up to a specific population, employer or health plan. For example, if a health plan has a value-based care program with a primary care practice, we can attribute those patients to a PCP at that practice and then roll up care gaps to that particular practice.







Challenge

“To move the needle on healthcare economics and improve delivery, we need to evaluate care cost, utilization and trends.”

Solution

Use innovative methodologies to understand utilization, identify efficiency gaps and improve prescribing patterns.

Health Insights can help you better understand the needs of your changing member population, such as an aging workforce, new mothers and members with newly diagnosed conditions. As a result, you can:

-  Make decisions around pricing and actuarial models
-  Design more comprehensive and personalized benefits
-  Identify high-risk members for care management outreach
-  Engage members in cost-effective care, such as through on-site clinics

Our MarketScan® Research Databases provide de-identified, longitudinal, patient-level claims and specialty data for more than 293 million unique lives. We can help you gain end-to-end insights into your members that help you optimize performance and improve outcomes. Our measures catalog and benchmarking tools provide a clear view of trends to position you for the greatest advantage.



Challenge

“I want to better manage our network, provider relationships and value-based care programs.”

Solution

Build out and manage networks with provider profiling and reporting.

The success of a health plan depends largely on collaboration with providers. To better manage costs, improve outcomes and measure the performance of their network, it all comes back to engaging with providers. Many health plans invest a lot of time managing their provider networks and designing value-based care contracts. Health Insights provides the analysis you need to make timely data-driven decisions concerning network management, contracting, fee schedules and value-based care. You can examine:

- Cost and utilization by provider
- Top facilities
- Top physicians by specialty
- Attributed provider
- Primary care
- Expected costs
- Specialist cost and quality

We not only examine cost, efficiency and clinical effectiveness of providers, we also look at medical episodes with our Medical Episode Grouper (MEG). A medical episode could be an inpatient stay or a series of related services that occur in multiple settings across multiple dates. For example, an osteoarthritis episode with a knee surgery includes the utilization and providers involved before the surgery and during the surgery itself as well as follow-up care like physical therapy.

We're able to profile the providers included in the episode and compare cost and quality against their peer groups by specialty. This is the core of our provider profiling and measurement methodologies, and it's built into our standard offering.

We also help our health plan clients build scorecards and dashboards to share this information with their providers.



Challenge

“I’d like to expand into a new market
— from Medicaid to commercial.”

Solution

Access benchmarks for both
commercial and Medicare
Supplement and Medicaid
populations.

Health Insights offers both commercial and Medicare and Medicaid population benchmarks to help you understand those markets. If you have your own enterprise analytics or reporting system, Flexible Analytics enables you to license our methods such as MEG, OPEG, disease staging, service categories, population classification and quality rules. MarketScan benchmarks are also available through Flexible Analytics, so your health plan can pick and choose just what you need.

We can also tailor our guidance to your area of focus with our subject matter experts. For example, we can look at social determinants of health (SDoH) and help you stratify members by need and build programs to address those needs. We can then help you calculate the ROI of care management plans.

Enhance your insights with social determinants of health (SDoH)

Improve health equity with a more rounded picture of population health

Research suggests personal well-being is overwhelmingly driven by the non-medical factors that comprise SDoH.³ Truven can supplement your clinical and other data sources with environmental and neighborhood data, integrating SDoH into Health Insights:

- Understand how risk factors vary among communities where members live and how those factors impact health equity.
- Compare various segments of your population side by side using aggregated data.
- Improve population health through increased engagement and tailored plan design.
- Analyze lifestyles and behaviors that impact care decisions and adherence to treatment.
- Identify at-risk populations with social needs who may face further health equity challenges, and design programs to target those needs.



Conclusion

Healthcare analytics through a
healthcare industry lens

Health plans need a partner who understands all the forces driving the healthcare marketplace. We can provide the real-world data, tools and guidance you need to evaluate and improve the economics and delivery of healthcare and support member-centric care experiences.

Visit merative.com/healthcare-analytics to learn more or [schedule a consultation](#).

About Truven

Truven by Merative is a portfolio of healthcare data and analytics solutions, backed by 40 years of deep healthcare expertise. We provide trusted insights and proven expertise to help employers, health plans, life sciences organizations, and government agencies drive better health and financial outcomes. With market-leading solutions like Health Insights and MarketScan, Truven serves 7 of the top U.S. health plans, over 40% of the Fortune 500, and the top 20 global pharmaceutical companies.

Learn more at merative.com/truven.

About Merative

Merative provides data, analytics, and software for healthcare and government social services. With focused innovation and deep expertise, Merative works with providers, employers, health plans, governments, and life sciences companies to drive real progress. Merative helps clients orient information and insights around the people they serve to improve decision-making and performance.

Learn more at merative.com.

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