Financial Analytics

Telling the data story

Mercer Government
Ready for next. Together.

Today's health care leaders are often data-rich but information-poor, and laboring under tight time constraints. Efficient and accurate analysis and use of health care data can ensure effective policy design and program management, ultimately supporting the overall program goal and budget.

Mercer Government understands the critical role health care data plays in key decisions around measuring, reporting, and policy-making within Medicaid and other health care programs. Our expert team assists many of the nation's largest Medicaid programs in how to better use their detailed and summarized encounter and fee-for-service (FFS) data.
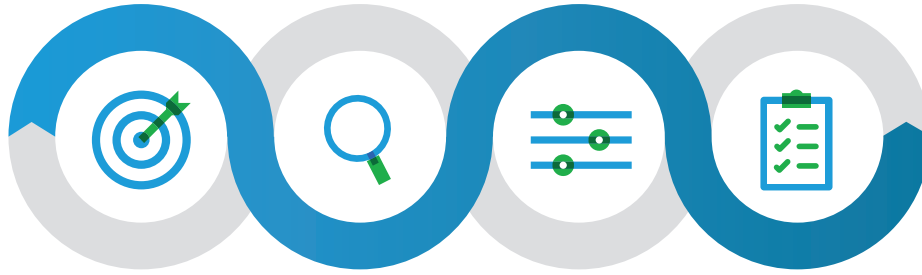
Improving efficiency, saving dollars and time.

Actuarial

Encounter data	**Capitation rates**	**Data analysis to assess policy changes**
Risk profiling	**Risk-adjust and analysis**	**Validity and feasibility**
Health plan efficiency analysis	**Benchmarking**	**Predictive modeling**

Clinical/Quality improvement

- Population analysis to target disease management programs
- Analyze effectiveness of disease management programs

- Assess health status via disease-based risk scoring
- Review and assess Healthcare Effectiveness Data and Information Set (HEDIS) performance measurements

Pharmacy

- Reimbursement methodology modeling and drug utilization trends.
- Identify patterns of pharmacy usage
- Evaluate patterns and projections under different reimbursement benchmarks

Data consulting

- Perform claims-system-readiness reviews
- Perform health plan operational reviews
- Compare encounters to claims data
- Analyze claims data
- Assist with Medicaid Management Information Systems (MMIS) implementation
- Improve encounter data capture
- Perform external quality review in conjunction with our clinical team
- Assist in writing and scoring request for proposals

In addition to the support that we provide directly to our clients, we can also offer solutions for clients to explore and analyze their data themselves.

Case study

Situation

The state implemented a new healthcare delivery model for Medicaid recipients via an Accountable Care Organization (ACO) Program. In this program, ACOs are incentivized to manage member care efficiently which allows them to earn either a gain or loss of shared savings payments from the state based on efficient management of care.

Challenge

Within the ACO program, there are different models with varying levels of risk. While the ACO is accountable for the total cost of care for members attributed to them, the partial risk models are not responsible for paying their members claims. In these instances, the ACO does not have their own data to monitor their performance throughout the year.

Action

Mercer created various reports and data extracts that are shared with the ACOs at key points in time throughout the year. This provides the ACO information needed to monitor medical spending and review utilization performance allowing them to improve the quality of care provided to their members while reducing health care spending growth.

Results

Due to the positive reception of these reports and data extracts, the state has collaborated with the ACOs on additional enhancements that would be beneficial with each new release version. In addition, the state has engaged Mercer to consult on other ways to evaluate and use this information to further inform the performance of the ACO program.

For more information

Visit our website at www.mercer-government.mercer.com to view our experience, services, and client feedback.

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