



VALUE PROPOSITION FOR HEALTH PLAN SERVICES

VALUE-BASED REIMBURSEMENT MODELS

Telligen provides the tools and expertise to assist payers in designing, implementing, accurately measuring data needed for and reporting for value-based reimbursement systems. Telligen works with a plan's providers so that they can understand the reimbursement models, track their progress, and address concerns. We bring a high level of expertise that has been used by CMS in data measure development and education providers.

Telligen has been helping clients successfully implement and manage their quality reporting and value-based reimbursement programs for almost 20 years. With innovative products and expert services, we provide solutions across all aspects of Quality Measurement and Reporting.

Telligen has helped primary care practices to build sustainable, quality-driven care delivery processes that maximizes value. We accomplish this through provider performance assessments, identifying gaps in best practices and recommending improvement methods that will lead to improved patient care processes and quality outcomes.



UTILIZATION MANAGEMENT



CASE MANAGEMENT



VALUE-BASED REIMBURSEMENT MODELS



MEMBER ASSESSMENT

ACTIONS

Educate clients' providers on value-based reimbursement systems

Analyze clinical data and develop and assist in implementing improvement plans

Implemented the first iteration of national quality reporting programs for CMS, including Hospital Quality Reporting, the Pioneer ACO, Oncology Care Model, Comprehensive Care for Joint Replacement (CJR), and Comprehensive Primary Care (CPC and CPC+)

Provide the Care Measures application for providers to track quality and proactively manage gaps in care

Provide comprehensive data management and reporting solution for STAR, HEDIS and other measures

Demonstrate clinic's true performance, encourage providers/clinical staff to incorporate best practices, operate more efficiently, and improve patient outcomes

TELLIGEN'S HEALTH PLAN VALUE PROPOSITION

Telligen has the deep understanding of design of reimbursement models, development of measures, working with clients to obtain data (including specialized FHIR consulting) and educating providers needed to assist client develop and successfully implement value-based reimbursement models.

DIFFERENTIATORS

Telligen has worked with CMS at the forefront of development and implementation of some of the leading value-based reimbursement models in use today and the measures to make them effective.

ABOUT TELLIGEN

Telligen delivers customized, innovative solutions that improve the quality and cost-effectiveness of healthcare in state, federal, and commercial sectors. We have more than 50 years of proven success impacting our clients' outcomes and helping them manage their costs.

We bring clinical, analytics, IT and technical assistance expertise together to turn information into action to improve the quality and reduce the cost of healthcare.

EXPERIENCE

Telligen provides analytics, population health management services and IT solutions to 36 million covered lives in the Medicaid managed care, Medicare Advantage, Medicare fee-for-service, and Commercial markets.

CONTACT OUR HEALTH PLAN SOLUTIONS EXPERTS FOR MORE INFORMATION



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LEARN MORE ABOUT OUR WORK, OUR
EXPERIENCE AND OUR STORY

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