Case Study

Prepared Population Health Management

A regional health plan seeks to transform the health and well-being of traditional Medicaid members by leveraging a community-based, neighborhood model to manage care. As part of this long-term strategic plan, the organization was challenged by the board to diversify and adapt this model to care for more complex, high-need, high-utilization, underserved populations, including Aged Blind and Disabled (ABD), dual eligibles, Long Term Services and Supports (LTSS), Long-Term Care (LTC), Severely Mentally Ill (SMI), Intellectually and Developmentally Delayed (IDD), and foster children. To successfully prepare for these responsibilities, the regional health plan needed to demonstrate its ability to identify and manage risk, coordinate care, ensure access, deliver outcomes, and decrease costs for various member cohorts.

Through a multi-pronged approach designed to produce a comprehensive remediation roadmap, Clearlink reviewed the organization's population health model and capabilities to evaluate its ability to support these high-need populations. By making the necessary shifts Clearlink helped identify, the organization became better prepared to serve incoming members.

The Challenge

Discussions with the regional health plan revealed that its leadership team was unfamiliar with the requirements and necessary work involved to prepare for the addition of multiple complex populations. Leadership's initial plan was to make minor adjustments to operational processes and add subject matter expertise to leverage shared knowledge. Given the great expectations associated with complex populations, these efforts would not be enough to bridge key gaps and fuel long-term success.

Until the organization could adapt a more strategic approach and demonstrate full capacity to support vulnerable populations, it risked reputational harm, disrupting its goal of expanding product offerings and winning additional contracts.

The Solution

Clearlink began the engagement by assessing the regional health plan's current model of care and operations against NCQA standards, state regulations, contractual requirements, and industry best practices and benchmarks for each known population. Clearlink pinpointed gaps, outlined necessary deliverables, created a thorough roadmap, and developed a budget to enable the plan's strategic vision.

To achieve roadmap objectives, Clearlink assigned two experienced consultants to lead the project, providing more than thirty years of in-depth knowledge in facilitating health plan preparations to expand services and serving the unique needs of complex populations. A team of business and technical analysts, subject matter experts, content developers, and project managers supported the consultants, offering additional experience in designing new services, launching new products, and identifying the data and technology needed to care for high-needs populations.

With the team's combined expertise, a clear path forward was established. Clearlink implemented a high-level approach to assessing the organization's current situation and planning for corrective actions that consists of four key phases.

1 Discovery

To prepare for the gap analysis, the healthcare organization was asked to provide organizational collateral, which included elements such as:

- ***Population Health Model Details***
- ***UM Program Description & Authorization Lists***
- ***Quality Program Description & Annual Quality Program Evaluation***
- ***CM & Population-Specific Training Materials***
- ***Health Management & CM Documentation Platforms***
- ***Information Systems Technology Integration Mapping***
- ***Operational Overview***
- ***Population Health Integration & Workflows***
- ***Business & Clinical Operational Reporting***
- ***KPIs, Utilization & Outcomes Data***
- ***Quality Reports & Other Reports & Analyses***

The Solution *(Continued)*

Clearlink also conducted interviews with identified leaders and staff members regarding their understanding of the organization's direction and objectives related to complex populations and health plan expectations, as well as their knowledge of how to serve special needs populations, provide necessary care management, and deliver outcomes while managing overall costs.

2 Analysis

To complete the gap analysis, Clearlink reviewed all applicable materials against current state requirements, accreditation standards, Medicaid program requirements, CMS regulations, specific population contractual requirements, population advocate expectations, and best practices. Gathered insights contributed to a comprehensive crosswalk document comparing existing evidence and new needs. Opportunities across multiple populations were also highlighted to show potential quick wins and gaps with shared closure solutions.

3 Identification

Clearlink identified key gaps in NCQA standard compliance, as well as significant specialty policy and process gaps in complex care management, Medicaid care coordination, and CMS elements across populations. Gaps were also detected in the organization's specific population expertise, training and content creation and delivery, data analysis and utilization, and availability of ongoing operational and ad hoc reporting capabilities. More importantly, the regional health plan lacked a clinical platform to coordinate and support the intensive needs of the identified incoming populations.

4 Reporting

Clearlink developed a remediation plan with milestones to help accomplish the organization's compliance goal on an accelerated timeline. Successful implementation of this plan ultimately demonstrates compliance with the relevant requirements and thorough understanding of the new populations and their complex needs.

The Results

Clearlink completed its assessment and allowed ample time for the organization to review the findings and bring its leadership team up to speed in advance of the regional health plan's intended expansion. The organization was able to collaborate with Clearlink's experts to create a three-year roadmap and budget to complete the recommended changes and transition to a new clinical platform. The remediation plan supported the goals of achieving compliance, understanding each specific population's needs, and creating competitive differentiation around the care of complex populations. It assisted in developing essential policies, improving important workflows, documenting processes, delivering staff training, and planning for new platform implementation.

This approach allowed the entire project team to better understand upstream influences and downstream impacts, eliminate costly duplication of efforts, streamline processes, and resolve integration conflicts—all changes necessary to support complex populations. Key adjustments included incorporating more robust social determinants of health network referrals in community resources, leveraging community partners, using predictive analytics in the identification of risk, integrating social data and event triggers into high-risk identification algorithms, updating service and support options and menus to provide real-time intervention, broadening the network to ensure access, and educating staff and providers on the expanded population needs.

The subsequent stage of the remediation plan was designed to evaluate multiple populations along the roadmap—each with its own requirements, expectations, and contractual elements. Evaluation would include identifying compliance gaps and uncovering any additional areas for enhancement and standardization. This would power rapid decision-making and build a focused path to compliance as the organization

The Results *(Continued)*

expands, helping it to better propose future work, prioritize efforts, and quantify the organizational impact required to prepare for each population. Clearlink's findings were used to build appropriate staffing, update the structure and operating model for easier scaling, and outline the education and training needed across the organization.

Upon implementing Clearlink's remediation plan, the regional health plan doubled its membership and tripled the associated revenue. This growth occurred through the addition of ABD, SMI and substance use, dual eligible, MLTSS, and foster care populations, and continues with current efforts to expand service to additional states and introduce IDD and LTC populations in the next strategic planning cycle.

Key Services Provided

- **Model of Care & Organization Capability Assessment**
- **Gap Analysis & Requirements Mapping for Identified Complex Populations**
- **Roadmap for Strategic Alignment of Complex Care Initiatives**
- **Gap Remediation Plan, Budget & Timeline**
- **Integrated Population Health Model**
- **Complex Population Program Designs**
- **Policy, Procedure & Workflow Evaluation & Remediation**
- **Core Platform & Documentation Tool Assessment**
- **Clinical Platform Selection, Design & Implementation**
- **Staff Training Development & Delivery**
- **Organizational Structure & Associated Scalable Staffing Model Design**
- **In-depth Data Analysis**
- **Predictive Model Development**
- **Risk Stratification Algorithm Updates**
- **KPI & Core Reporting & Management Dashboards**

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