



## Solutions for Financial Management

Our solutions improve financial performance for health plans and other Home & Community Based Services organizations providing Managed Long Term Services and Supports. We have carefully developed tools that align the clinical side of the business with financial management. We configure these tools for each state market to appropriately reflect state specific guidelines.

### ASSESSMENT ANALYZER

**Optimize Reimbursement** – Provide clinical consistency suggestions to assessors to improve reimbursement

**Improve Reimbursement Visibility** – Track how reimbursement varies with membership

**Calculate Risk Scores** – Calculate state specific scores and view how component questions impact reimbursement

**Calculate Program Eligibility** – Calculate eligibility to systematically identify appropriate programs for members

**Enhance Value-Based Purchasing** – Analyze historical performance on quality measures; Then set vendor goals or use external benchmarks to track progress over time

### TASKING VALIDATOR

**Track Service Times** – Monitor service authorization compliance with internal or state guidelines for time and frequency-based services to prevent cost overruns

**Flag Duplicate Services** – Automate notification to care managers when services appear to be duplicated prior to final authorization

**Member Level Economics** – Map expected cost of services against expected risk adjusted reimbursement

**Population Level Economics** – Map expected cost of services against expected risk adjusted reimbursement for groups of members based on risk score, chronic illness, and functional impairment groupings

### ABOUT QCSS

Our mission is to integrate domain expertise with technology solutions to help make Managed Long Term Services and Supports successful. We seek to enable health plans and providers to improve health outcomes for their vulnerable populations and to thrive in a value-based healthcare system.

### CONTACT US

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