

## **eBook**

## 3 STEPS TO BUILD A BETTER PROVIDER NETWORK

# Organizations face challenges building and managing high-performing networks

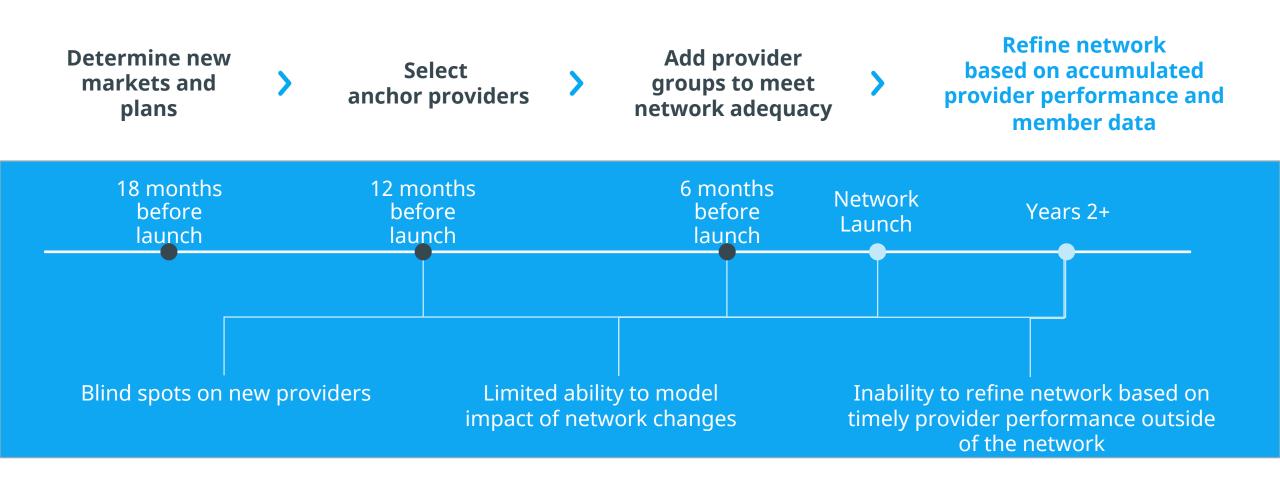
#### Health Plans struggle with:

- Predicting the utilization, cost, quality, and coding intensity of their providers
- Optimizing for the right plan design or risk arrangement
- Negotiating rates based on real data
- Predicting patient and member needs
- Assessing provider referral preferences and patterns

#### This is because they lack:

- Reliable, accessible, and timely data on provider performance
- An understanding of the payer landscape and the impact of risk arrangements
- Knowledge of market reimbursement rates and provider cost
- A deep understanding of patient and member disease burden and Social and Behavioral Determinants of Health factors
- Analytics on referral patterns and the ability to assess the quality and appropriateness of a referral

# Evaluating providers can be a lengthy process if there is a lack of data or the data available is not actionable





## Advantage of a high performing network

#### **Financial Impact**



- ↑ ~15% MA Revenue
- Medical Costs
- **Administrative Burden**

#### **Quality Impact**



- Readmissions
- **High-Value Referrals**
- Inappropriate use of Post-Acute

#### Marketability



- **8-12% boost in MA enrollment**
- **Member** Retention

Increased Higher
Provider — Member
Accessibility Retention

#### How do I drive performance across all three areas?



## The three keys to building a better provider network



1 Data

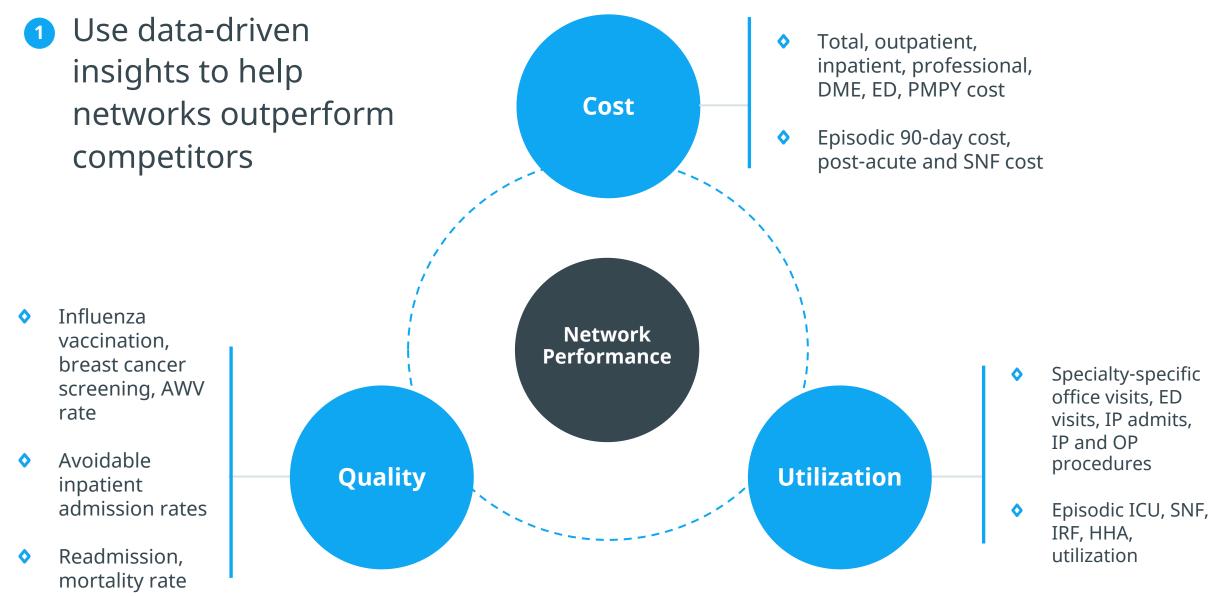
Leading organizations use data-driven insights into cost, quality, and utilization to build high-performing networks

2 Referral Patterns

Beyond provider performance, you need to measure not only the quality of referrals, but how well-integrated a network is

3 Modeling

You need to leverage accurate and dynamic modeling of the impact of network changes on cost, quality, and referral patterns



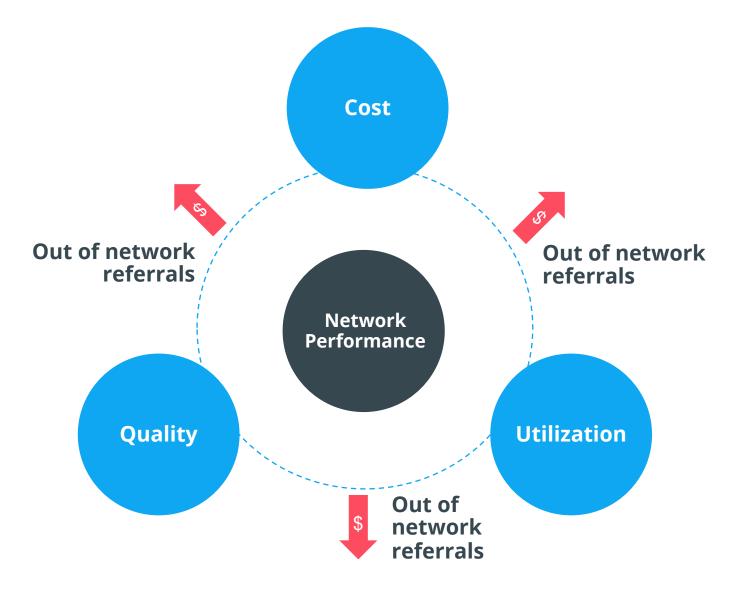


2 Measure how wellintegrated a network is integrated

A network of providers is only as good as the providers to which they refer

Using claims data to identify every referral in the market, we enable customers to:

- Capture natural referral patterns when building networks
- Direct PCPs and specialists to make referrals to high-value physicians
- Exclude or engage providers making a high number of unnecessary referrals

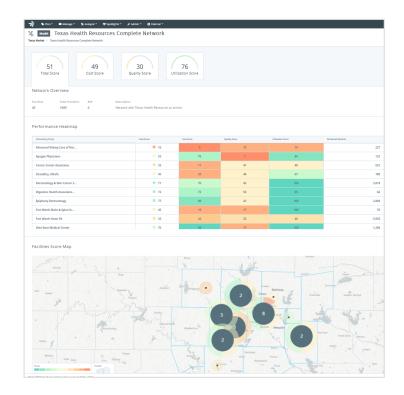




## 3 Simulate potential network structures for better decisions

- ? What happens to the performance of my overall network if I add this group?
- Who are the biggest provider groups in this market?

? Do the providers in my network refer to one another?



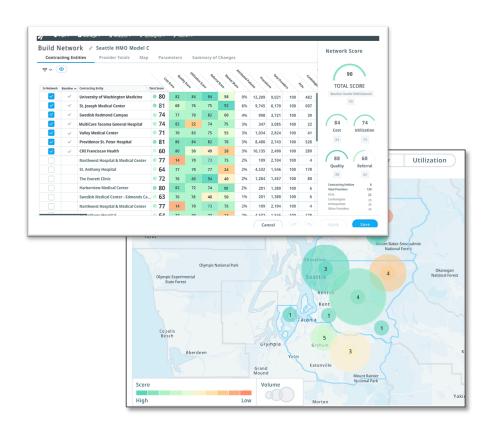
The current methods of trial and error are costly and slow.

Health plans require technology that enables them to model and predict performance accurately.



### Case Study: New Market Network & Referral Optimization

### **Product: Clarify Networks**



#### Customer Problem

National payer was looking to rapidly scale up a growing Medicare Advantage product line across many markets. The network team lacked the analytical horsepower, insights, and capacity to rapidly enter markets (~20 MSAs in two years) and build high-quality, efficient networks at the same time

#### Solution

Deploying the Clarify Networks solution significantly reduced the analytical work to build a network and helped identify high-value providers based on cost and quality (e.g., readmissions, unnecessary utilization) by leveraging Clarify's industry leading provider performance benchmarking solutions





For more information, visit www.clarifyhealth.com or contact us at info@clarifyhealth.com