

Government Healthcare Solutions

Your population health management partner

Healthcare is complex, fast-changing and fragmented. Keeping your edge is about understanding program policy and anticipating change. It's about being flexible and developing cost-effective strategies. And it's about implementing reliable, comprehensive solutions.

We can help. Our solutions help improve the health of your populations, while helping your program managers make better decisions. We also design solutions that ease the administrative burden on providers, improving access. By partnering with us, fewer of your dollars go toward administering the program, and more go toward healthcare services for members.

We go beyond member enrollment and claims processing, and support Total Population Health Management and eHealth solutions. Here are some of the ways we can assist your program.



Administrative and Fiscal Agent Services

We offer the broadest range of program administration and fiscal agent services and systems in the industry:

- Implemented the first Medicaid Management Information System more than 40 years ago.
- Currently operate customized MMIS systems for 12 states and the District of Columbia – including the recent seamless addition of California, the largest Medicaid program in the U.S.
- Process more than 570 million Medicaid claims annually and \$50 billion in payments.
- Deliver user-friendly, Web-based portal solutions with the most features in the state healthcare market.

Eligibility and Health Insurance Exchange Solutions

With more than 40 years' experience, we offer an integrated solution for choice counseling and enrollment services:

- Fully align with Centers for Medicare and Medicaid Services seven attributes for Health Insurance Exchanges.
- Use "Software as a Service" delivery model for easier integration, lower total cost of ownership and ongoing scalability while increasing accountability and transparency.
- Ensure "No Wrong Door" accessibility with integrated Web portal for all Exchange functions, including assisted and non-assisted user support.
- Bring valuable experience of operating exchange environments and benefit choice portals today with our strategic partner *CHOICE* Administrators.
- Serve as the nation's most experienced enrollment broker with enrollment services in 13 states.
- Process more than 885,000 eligibility applications annually in various Medicaid managed care programs and Children's Health Insurance Programs.
- Helped Texas enroll 425,000 uninsured children in its CHIP program in 17 months, exceeding the State's enrollment goals.

Pharmacy Benefits Management

We provide government pharmacy benefits management services for the most states in the U.S.:

- Serve pharmacy benefits management and clinical services programs in 21 states and the District of Columbia.
- Provide industry's only fully automated, real-time prior authorization.
- Process more than 4.2 million calls and faxes through call centers every year.
- Process more than 235 million pharmacy claims annually for more than 17 million Medicaid recipients.

Health Information Exchange and Electronic Health Records

Our centralized clinical rules engine analyzes data to produce actionable information at the point of care, reducing medical error and improving patient safety and well-being:

- Provide HIE services to five states and related solutions to 23 states.
- Facilitates communication and exchange of patient-centric health information between providers, clinics and hospitals.
- Gives providers patient-specific history, risks, gaps in care, reporting and care plans to improve clinical decisions.
- Integrates claims and other clinical information from multiple data source providers.
- Helps identify Care Management issues using patient-specific criteria and evidence-based medicine rules applied to consolidated clinical and claims history data.

Case, Disease and Absence Management



Our URAC-accredited program uses clinical expertise to provide customized large-scale modeling, profiling, health risk prediction and data-driven management solutions:

- Specialized solutions for the two percent of the population that generates 40 percent of the cost.
- Utilization review and health quality management services for Medicaid agencies as a designated Quality Improvement Organization entity.
- Case managers use clinical expertise of Registered Nurses.
- Connect and manage communications between patients and families, doctors, employers, insurance companies and benefit managers.
- Promote early interventions to decrease long-term disease care costs.
- Manage unscheduled absences, patterned short-term illness, short-term disability, long-term disability and workers' compensation to increase company productivity and profitability.

Long-Term Care and Home and Community Based Services

Our comprehensive HCBS support offers end-to-end and “a la carte” solutions, scaling to meet program needs and a person-centric approach that makes care easier for participants and families:

- Functional and environmental assessments and quality monitoring.
- Evidence-based decision support.
- Real-time, automated service plan development.
- Care coordination and provider credentialing, tracking and reporting.
- Participant-directed services and features.

Audit and Compliance Solutions

With a combination of automated tools, on-site procedures, and team of industry experts, we prevent losses and recover hundreds of millions of dollars every year:

- More than 25,000 audits performed annually.
- Retail, specialty and mail order pharmacy audits.
- Claims overpayment audit and recovery.
- HIT, DME and Home Health audits.
- Protected health information security assessment.
- HIPAA compliance testing.

Payment Method Development and Operations and Standards Consulting

Our consultants help healthcare programs find new ways to have more efficient operations and more closely align with federal requirements:

- Develop new payment methods for inpatient and outpatient hospital services and free-standing birthing centers.
- Assist transitions from outdated Medicaid payment methods (CMS-DRG or MS-DRG) to more sophisticated and appropriate ones.
- Consulting services for Fiscal Agent operations, project management, MMIS, HIAA privacy, CMS certification, security, auditing and more.
- Support and rollout of common operations standards across accounts and development of policies and procedures.
- Interpret requirements of new regulations, and develop education and outreach about their potential impacts on states.

Call Center Services

We deliver unparalleled access to licensed pharmacists, registered nurses, pharmacy technicians and customer service agents:

- Operate 27 healthcare call centers nationwide.
- Handles approximately 30 million calls (including more than 13 million live calls) annually from recipients, providers and stakeholders.

About Xerox

Xerox is the world's leading enterprise for business process and document management. Xerox technology, expertise and services enable workplaces – from small businesses to global enterprises – to simplify the way work gets done so they operate more effectively.

You can learn more about us at www.xerox.com/govhealthcare or by calling 877.414.2676.

