

The Health Cost Guidelines–Grouper software categorizes medical and pharmacy claims data into healthcare benefit service categories that can be used to analyze and benchmark medical utilization and cost.

Claims data is categorized using the Health Cost Guidelines definitions by hospital, surgical, medical, and other service categories. The HCG Grouper software can be used to analyze cost and utilization for many different types of population data, such as product lines, lines of business, employer groups, primary care panels, disease populations, and others. Each line of claim detail is assigned an HCG service category for use in commercial, Medicare, or Medicaid analysis. Additionally, the Grouper applies a standard for counting utilization: e.g., number of admits, cases, days, procedures, scripts, and visits.

The ability to categorize healthcare claims data into these groupings is useful for many purposes, including:

- Benchmarking
- Utilization tracking
 - Inpatient days per 1,000
 - Office visits per 1,000
 - Prescription drugs scripts per 1,000
 - Average charge tracking
 - Analyzing the claim cost dollar

The HCG Grouper is a standalone application that is platform-independent and can be installed and run on a standard Windows PC in a matter of minutes. Claims are input through the HCG Grouper in flat file format, and results are output in formats that lend themselves to a flexible integration model with the vast majority of commercially available databases or analytical applications.

The benefits of the HCG Grouper software include:

- Utilizes the most current medical code sets and Health Cost Guidelines methodology to assign HCG service categories

- Helps quantify your organization's performance with monitoring that aligns with product creation and rate structure. A great tool for managing enterprise cost and utilization. Maintains the Centers for Medicare and Medicaid Services (CMS) methodology for defining preventive services (outsources the annual CMS changes to Milliman)
- Creates longitudinal CMS PBP categories for Medicare Advantage filings and year-round business reporting/analysis (mitigates the expense of annual CMS Plan Benefit Package definition compliance)
- Includes out-of-the-box reports for cost modeling using numerous dimensions as well as the Milliman data integrity view and applies Milliman's internal data audits
- Uses a Windows application design that permits integration into an existing data warehouse or data mart solution
- Aligns your regular data loads with Milliman HCG benchmarks
- Leverages more than 100 HCG categories that permit granular insight for all reporting needs

Optionally includes HCG Cost and Validation Model to support subsequent financial and utilization analysis of the input claims data and overall data quality

For more information, contact your Milliman consultant or the Health Cost Guidelines manager at hcgmanager@milliman.com if you are interested in licensing this product.