How can state Medicaid agencies benefit from the provider perspective?

Engaging stakeholders throughout a software implementation keeps member needs at the forefront.

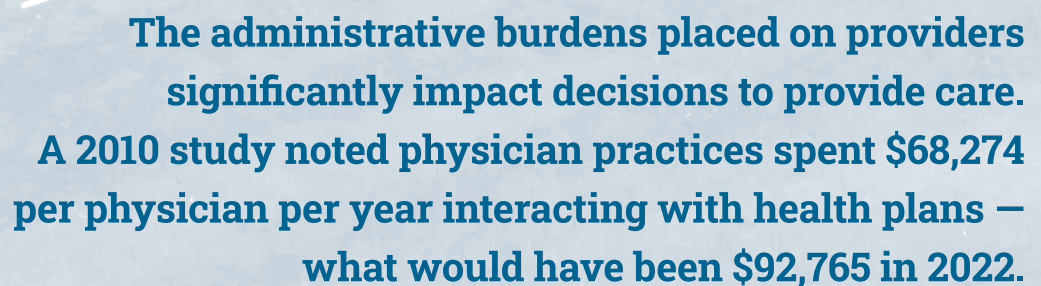
FEI Systems

The information technology solutions states use to manage their Medicaid programs is getting a makeover. Modernizing legacy IT platforms is a lengthy, complex process, to say the least, but, not one without opportunity to improve efficiencies and delivery of care to those most in need.

The push towards modularity and desire to implement solutions that integrate and share data across systems comes directly from the Centers for Medicare & Medicaid Services (CMS). Following these guidelines, IT solutions are primed to help states manage Medicaid programs that continue to expand. As further incentive, CMS offers enhanced federal funding to operate IT solutions that comply with the Medicaid Information Technology Architecture, a national framework for business and IT solutions designed to improve the administration of Medicaid programs.

With new software, comes new opportunity. While interoperability and modularity are certainly high priority features of program management technology solutions, implementations of new systems offer many other potential benefits. This is especially true for providers adopting the new system.

What if providers were a part of the configuration process and contributed to the implementation of the very software applications they will be tasked with using to record and submit claims against care and services. Since they have direct knowledge of the problems their colleagues have day in and day out in enrolling in Medicaid programs, serving Medicaid populations and submitting claims, providers can inform how case management solutions can be designed to streamline those processes and will bring care and services to members more efficiently.



The administrative burdens placed on providers significantly impact decisions to provide care. A 2010 study noted physician practices spent $68,274 per physician per year interacting with health plans — what would have been $92,765 in 2022.

THE INVITATION

It has long been believed that providers choose not to enroll in Medicaid programs because of lower reimbursement rates for services as compared to private insurers and Medicare. There's perhaps no denying compensation plays a large role in the decision to not enroll, but research suggests there are other hurdles keeping providers from taking on Medicaid patients/clients. Well-documented administrative burdens from program enrollment to claims management are daunting to those already busy and overworked, and can keep even the most willing from venturing into the Medicaid space.

Understanding the needs of providers enrolled in Medicaid programs is a vital step in finding the right platform to implement and use for care/case management. Historically, at-home and in-office providers face several challenges from enrollment in Medicaid programs to reimbursement for care and services. For one, enrollment and credentialing criteria are not standardized across states, making it challenging for providers to expand their reach if they can even navigate the complex, often paper-based, process well to begin with.

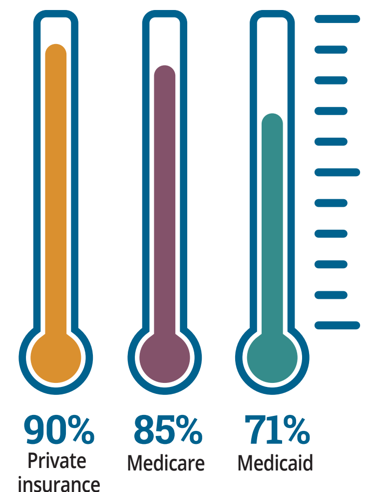
For enrolled providers, before seeing new patients/clients, they have the challenging tasks of confirming eligibility status of individuals in their care and logging services against prior authorizations. Navigating disparate data systems may require multiple logins to track down simple information, or retrieve patient/client files and plans of care.

Then, when it comes time to submit claims for payment, there may be further troubles. The National Bureau of Economic Research estimates physicians lose 17 percent of Medicaid revenue to billing problems. Medicaid claims are denied an estimated 25 percent of the time in many of the country's largest states, according to the bureau.

When implementing comprehensive care/case management solutions, agencies might be able to remove some of these barriers, decrease the number of provider touchpoints within their systems and offer a single one-stop-shop for all provider transactions. By making it easier for providers to do their jobs, agencies may be able to attract more providers to enroll in Medicaid programs. But first, they must invite providers to the table.

More than one-third of Medicaid beneficiaries report they have trouble accessing providers.

Providers are less likely to accept Medicaid than other payors.



Designing and implementing a Medicaid care/case management solution in a silo alienates key stakeholders and decreases the likelihood of a quick adoption of the new platform.

HAVE A SEAT

The best way to understand the primary pain points of providers enrolled in Medicaid programs is to ask. Through our experience implementing case management platforms for HCBS waiver programs, we have found that our agency partners who engage providers early are the most successful post go-live for a solution. While there is always a balance to be struck in having "too many cooks in the kitchen," designating a small group of representative providers to give feedback on software solutions, even before solicitation, helps agencies accommodate as many needs as they can.

But, engaging with Medicaid-enrolled providers pre-request for proposal is not enough. This feedback loop should continue throughout implementation, particularly during testing phases. As agencies receive feedback on new solutions, their workflows and functionality, the opinions, reviews and requests for changes can be made with the vendor and the appropriate resolutions made in a cost-effective way.

By welcoming input from stakeholders reliant on care/case management programs, agencies facilitate faster adoption of new platforms and ultimately acquire solutions that offer greater benefit to program members. There is a lot to be gained from the provider perspective in ensuring health and human services delivery systems are exactly what program members need them to be.

At FEI, we understand the challenges end users face in navigating the complex workflows often required for providers to enroll in Medicaid programs, check eligibility of members seeking care, log services against prior authorizations, bill Medicaid and receive reimbursement. Our team of experts includes many who have been right where you are, and we are here to help.

Our Blue Compass suite of solutions was designed to meet common requirements our partners need to run programs efficiently. We also know no state or program is identical to another. That's why our solutions are tailored to serve agencies in the way they determine would be most beneficial, using configurable business rules and process automation. Throughout implementations we are in regular contact with our state partners to figure out how our solutions can best accommodate provider feedback on tests of our systems.

With Blue Compass case management systems, our partners are equipped with comprehensive solutions that are easy to use by all, including providers. Blue Compass facilitates efficient enrollment, service recording, claims submission and secure data sharing all from one web-based platform, limiting time spent on administrative tasks and previously cumbersome workflows.

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For more than 20 years, FEI Systems has provided innovative IT solutions that assist federal, state and local health and human services agencies in caring for the most vulnerable members of the communities they serve.

FEI's Blue Compass suite of solutions includes a host of modules designed to address common requirements while meeting the unique and complex needs of each of the agencies and organizations we serve. Our case management for long-term services and supports system, our behavioral health case management system and our provider management platform offer comprehensive tools for the cross-agency delivery of person-centered, coordinated health and human services.

The suite also includes ancillary sub-modules and function-specific features for:

- data collection and reporting
- incident management
- reimbursement and claims processing
- consent management
- assessment for treatment services
- electronic health record (outpatient)
- visit verification, billing and waiver eligibility

Our Blue Compass case management platform assists with the entire lifecycle of waiver/program management and streamlines operations, and we would be honored to partner with you in providing care and support to those you work tirelessly to serve.

To learn more or request a demo, visit feisystems.com

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