

Coordinate MCO interactions

Managed Care Service

Comprehensive services for MCO administration

Medicaid administration complexities increase as states grow their managed care organization (MCO) networks to deliver care to enrollees. Your organization can be more proactive in everything from cost-effectively managing multiple MCOs to tracking clients as they transition across MCO plans and to improving capitation processes.

The Gainwell Managed Care Service helps you tackle these and other major challenges. We are a leader in delivering technology to cover all aspects of Medicaid management, claims and payments processes. Our Managed Care Service is one of the modules that comprise our Medicaid Management Solutions, a set of interoperable modules characterized by automation, standardization and process maturity.

The service helps you relieve the escalating strain on MCO benefits coordination as they bring new populations, add new services and extend the geographic range of coverage. Our cloud-based platform and SaaS approach, combined with our overarching services based on COTS software, are designed to help your organization better manage the present and prepare for the future.

MCO change management

Under federal standards, states are obligated to provide two MCO plans, but it's not uncommon for them to contract with more providers. That adds to the administrative challenge of assigning clients to a different MCO plan when necessary. Normally, this is a burdensome process, requiring hard-coded logic changes.

Managed Care Service streamlines changing the member's status to a different MCO simply by reconfiguring associated business rules. Our module boasts an extensive collection of embedded business rules as well as a number of built-in rules configurations. The change to a new MCO service can occur as soon as there is a notification of the event.



Benefits

- Leverage flexible business rules
- Enhance capitation payment services
- Track MCO provider networks
- Meet federal CMS requirements

#1

Provider of Medicaid Services

2.4M

Providers engaged daily

~48M

Medicaid members covered

Managed Care Service provides the unique capability to track the provider network for every MCO, which is important for understanding whether their number of contracted health professionals is adequate to meet the task of providing quality services for Medicaid enrollees.



Thanks to our flexible business rules model, the system resets all capitation calculations in real time. This is an effective way to relieve the complications of manually managing the changes that will result as enrollees move between different MCOs.

The service supports electronic data interchange with MCOs, including staying current with MCOs' negotiated capitation payments, which can vary by factors such as provider type, member location or age, or whether the member has additional insurance. Our capability to stage capitation payments throughout the month, rather than calculate them at the end of each month as is typical, enables your agency to project payments in real time for the next month as long as there is no change in MCO status — and for the months after, for better control of and more accurate alignment with each MCO's contract.

As part of our approach to capitation payments, Managed Care Service implements a “stop and review” approval process, giving your agency the opportunity to re-examine everything, and hold back on releasing funds if something is not in order. Being able to identify outliers — for example, where a clerk may have mistakenly added an extra zero for what is a \$100 service — gives your agency more control over funds before money goes out the door.

Automatically assigning Medicaid clients to a provider also is enhanced when your agencies have ready access to reports that can draw from the provider network database information about a primary care provider's contract details with the MCO. For instance, how many members can she care for? What populations is he willing to serve? Are there any contract restrictions? Managed Care Service can take all these factors into consideration.

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About Gainwell Technologies

Gainwell is the leading provider of technology solutions that are vital to the administration and operations of health and human services programs. Gainwell is a new company with over 50 years of proven experience, a reputation for service excellence and unparalleled industry expertise. Gainwell offers clients scalable and flexible solutions for their most complex challenges. These capabilities make Gainwell a trusted partner for organizations seeking reliability, innovation and transformational outcomes. Learn more about Gainwell at gainwelltechnologies.com.