

Claims, Encounters and Financials Service

Claims module

Medicaid claims management must be efficient, accurate and cost-effective. However, it must also be responsive to the ever-evolving needs of healthcare management. This challenge grows as states face ongoing federal policy changes, evolving community health needs and an increasing volume of enrollees. Gainwell enables the rapid response and flexible change management you need to meet the challenge.

The Claims module is part of our Claims, Encounters and Financials Service offering and is built on a robust commercial off-the-shelf (COTS)-based solution that is preloaded with baselined Medicaid rules in an operational environment on day one, ready to configure to support your individual state needs. The module supports fee-for-service and managed care processing, encounter processing, claims payment and capitation. In addition, the module offers Medicaid-specific support around processing functions such as buy-in, lock-in and waiver processing.

Respond rapidly to change

The Gainwell Claims module is highly configurable and enables a state to respond rapidly through point-and-click changes to business rules without programming intervention. Business analysts define, update and maintain the rules directly in the system, and once approved, the rules can be applied immediately. Rules are all date-driven, allowing them to be maintained within the system and applied to the processing of claims and encounters as appropriate, for the date ranges applicable for the rule time frame.

The module comes preloaded with over 1,900 business rules and 500 edits configured in thousands of ways to support Medicaid and CMS requirements. Claims are processed and adjudicated against configured service codes and policy and payment parameters. Step edits, which are easy-to-read systematic claims processing documentation, are maintained for the life of the claim — a unique feature of our solution cited by CMS as a best practice.

Gain robust functionality

Claims receipt and management: Fee-for-service and managed care claims are accepted in HIPAA-mandated formats. Captured metrics allow for continuous quality monitoring, as well as identification of business process improvements.



Benefits

- Increase operating efficiency with rapid deployment of policy, system and program changes
- Increase productivity with a user-friendly interface and actionable alerts
- Enhance accountability of program management through data transparency
- Reduce development and maintenance costs using configuration options rather than custom coding
- Protect your investment with an upgradeable solution conducive to long-term technology refreshes

#1

Provider of Medicaid Services

~48M

Medicaid members covered



Features

- Cutting-edge, scalable technology deployed in the cloud
- Proven, configurable COTS-based solution meeting current and evolving MITA standards and conditions
- Modern user interface designed with the end user in mind
- Pre-loaded with over 1,900 business rules and 500 edits/audits
- Dashboard-focused reporting

Configurable business rules: A baseline set of complete Medicaid processing rules (edits and audits) are configured with user-defined parameters. Each business rule is captured in an audit trail during adjudication and can be turned on or off through configuration by authorized users.

User-friendly design: Gainwell's user interface provides an efficient user experience across the claims and financial solution and its supporting toolsets, providing relevant information in one to two mouse clicks.

Visualization of key operational metrics: An extensive dashboarding tool allows for robust and interactive real-time reporting. Visualization includes pie charts, bar graphs, geo mapping, heat maps, threshold alerting and trend analysis.

Sophisticated pricing methodologies: Claims pricing methodologies include Medicaid and Medicare fee schedules, resource utilization group data, resource-based relative value scale data, relative value unit data, flat fees, custom fees, percent of billed, variable per diems, APC and DRG.

Multiple access channels: Requests are received by mail, fax, telephone, web portal or X12 transmissions. Call management and IVR functionality allow for facilitated call tracking, automated screen population of caller data, real-time contact metrics, and access to historical and trend reporting.

The Gainwell advantage

Gainwell has a strong heritage of developing proven Medicaid solutions, and we have more CMS certification experience than any other vendor in the Medicaid industry. Gainwell's experience with the most recent certification processes and checklists is leveraged to prepare our state clients for successful certification. We are uniquely qualified as your partner in the delivery of quality healthcare while ensuring that your state meets CMS requirements within budget.

Contact us at
info@gainwelltechnologies.com

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.