



Empowering Providers, Powering Medicaid

A Playbook for Friction-Free
Provider Experiences

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Providers are the Lifeblood of Medicaid

For millions of Americans, access to healthcare depends on providers participating in Medicaid. However, administrative complexity from enrollment to revalidation is making the “cost” of doing business with Medicaid too high for many providers, which is exacerbating a shortage and leaving people without quality healthcare.^{1,2}

This problem will grow as Medicaid programs expand services to address health-related social needs. These non-clinical providers are often new to Medicaid, can lack National Provider Identifier Standard (NPI) numbers and require special assistance.

Decision support through data, analytics and high-touch enrollment services is key to successfully onboarding new providers, managing them in the system and enabling them to practice at the top of their licenses.

¹Pittman, Patricia PhD and Chen, Candice, MD, MPH, “The Doctor Won’t See You Now—Provider Access is a Major Challenge for Medicaid Patients,” August 14, 2023

²Lagasse, Jeff, “Mental Health Crisis Straining Medicaid, According to KFF,” January 19, 2023.



A Bold Vision for Change

Improving the provider experience is critical — and there's never been a better time for change. The right technologies, expertise and creativity are available and affordable. With technologies and tools like robotic process automation (RPA), artificial intelligence (AI) and data analytics, states can reduce friction and speed up processes in ways that were out of reach before.

States are also increasingly willing to reconsider burdensome policies and processes to benefit providers. Finally, agencies can combine people, processes and technologies to reinvent the provider experience without compromising validation and verification. It's a matter of modernizing Medicaid ecosystems to create the kind of experiences that enable providers to best care for patients.

State Medicaid agencies can set bold provider experience goals and start building the scaffolding now to reach them.

- ▶ **15-minute application completion**
- ▶ **1-day application processing**
- ▶ **90% of applications get automatic decisions**
- ▶ **Less than 10% of applications returned**

Reducing Friction for Providers:

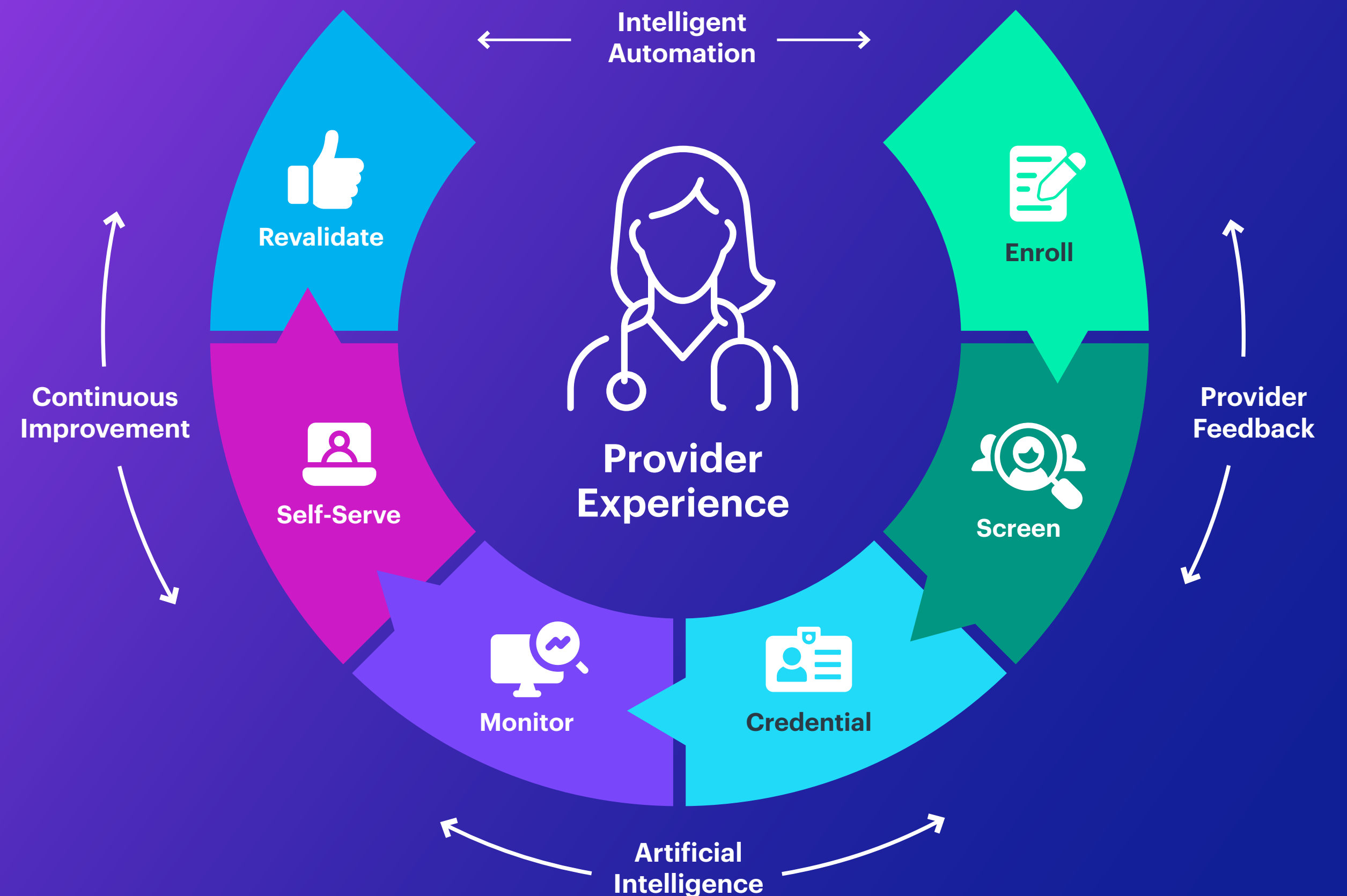
Four Plays for Simpler, Faster and Less Work

Improving provider experiences doesn't automatically require long and complex implementations. Getting the best outcomes takes a holistic plan that addresses the end-to-end journey. Provider feedback and insights from intelligent provider solutions offer critical directional cues.

While each state has its own unique circumstances, Gainwell Technologies' work with Medicaid agencies across the country reveals four plays for any agency looking to reinvent provider experience:

- Get Enrollment Right the First Time
- Simplify the Revalidation Process
- Empower Providers Throughout the Process
- Use Provider Feedback to Continually Innovate

Reinventing the Provider Experience



Get Enrollment Right the First Time

Provider enrollment is often time consuming and complex. Our analysis shows providers typically have several clicks or pages to navigate before reaching the enrollment application. Completing the application can take as much as two hours, 18 steps and 150 fields. Steps within steps add more complexity and frustration. After all this effort, applications are often returned because information is incorrect or missing. And then the process starts again, requiring a resubmission.

“Our goal is to enroll qualified providers within 24 hours.”

State Medicaid CIO

States with intelligent provider solutions can analyze provider data to pinpoint friction during enrollment. For instance, it helps to know the average number of submissions to complete an application, which questions are answered incorrectly or left unanswered and how often applicants contact the call center — and why. It’s also insightful to know return to provider (RTP) metrics by provider and specialty. Fast, first-pass provider enrollment can help end this cycle of inefficiency.

Develop Pre-enrollment Checklists

These checklists detail the information needed at the time of enrollment for each enrollment, provider and specialty type. Providers and administrators can start the application process prepared, making it easier and faster to enroll.

Modernize the Portal Experience

Providers engage with modern, customer-centric portals in other areas of their lives. They bring these expectations with them when interacting with Medicaid agencies. In a modern portal experience, providers can access their online application immediately. As they move through the application process, fields are auto-filled with data they have previously entered, eliminating the frustration of duplicate data entry. Creating provider-centric experiences like this is possible with human-centered design approaches.

Streamline Attachment Requirements

In addition to reducing the number of required attachments, such as licensure documentation, certifications and W-9 forms, Medicaid agencies can restrict application submissions until all necessary attachments are uploaded. This can reduce the number of RTPs due to missing attachments.

Adapt Applications to Individual Users

Templates can speed application data entry. Georgia is a case in point. Organizations there continuously enroll providers into their group and are only required to enter the shared office information into a provider enrollment template once. This template is then applied to new applications, reducing the burden of data entry efforts.

Some states are implementing auto-adjudication for simple application types and using RPA to process certain specialties. For example, in Colorado, primary care providers are auto approved. States and solution providers are also expanding opportunities to pre-populate enrollment applications fields with third-party data from highly qualified sources that simply need to be validated by the applicant.

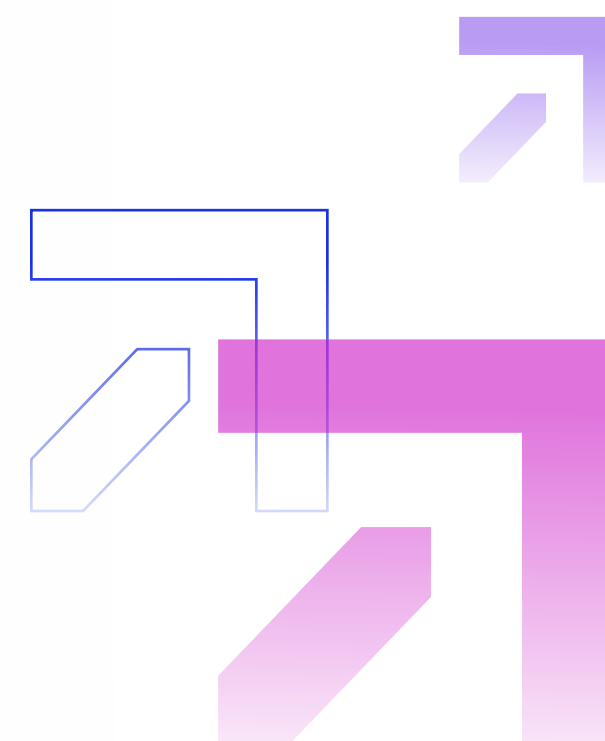
Innovation in Practice: Accelerating Provider Enrollment in Vermont

Vermont selected Gainwell's Medicaid Enterprise System (MES) Provider Solutions in response to a high-priority legislative initiative to reduce the enrollment timeframe for Medicaid providers.

The project's original goal was to reduce the average provider enrollment timeframe from 120 days to less than 30 days. The approach exceeded the original goal by processing 100% of all applications under 30 days since implementation while utilizing 36% fewer staff.

Additional outcomes include:

- **Decrease average provider application time from one to two hours to 15 minutes**
- **Decrease average application screening time from more than one hour to 20 minutes**
- **Initial 150% increase of monthly enrollment and revalidation processing, which continues to be maintained**



Simplify the Revalidation Process

The Centers for Medicare and Medicaid Services (CMS) and states require providers to revalidate enrollment every three to five years, which is taxing, especially for groups, facilities and hospitals with many providers. The process can lead to the termination of non-responsive providers and difficulty revalidating all providers within the required timeframe.

Enrollment administrators who oversee many provider revalidations, including those that work at large practices, facilities or hospital systems, often struggle with the complexity and time required for updates. Completing a revalidation can take an average of 30 minutes per provider, and some specialties can take much longer. Multiply that by hundreds of providers and there is a clear efficiency issue requiring full-time resources dedicated to re-enrollments. There are a number of ways state Medicaid agencies can simplify revalidations.

“We need a way for our groups, facilities and hospitals to complete bulk revalidations.”

State Medicaid Executive

Facilitate Bulk Enrollment and Revalidation

The most efficient way to manage re-enrollment is through a bulk update process. Automation of several enrollments at once allows enrollment administrators to quickly process re-enrollments and eliminates the time-consuming process of working through single provider updates. Managing all providers in one practice, facility or a large hospital system through one bulk revalidation process is essential to successful and efficient revalidations.

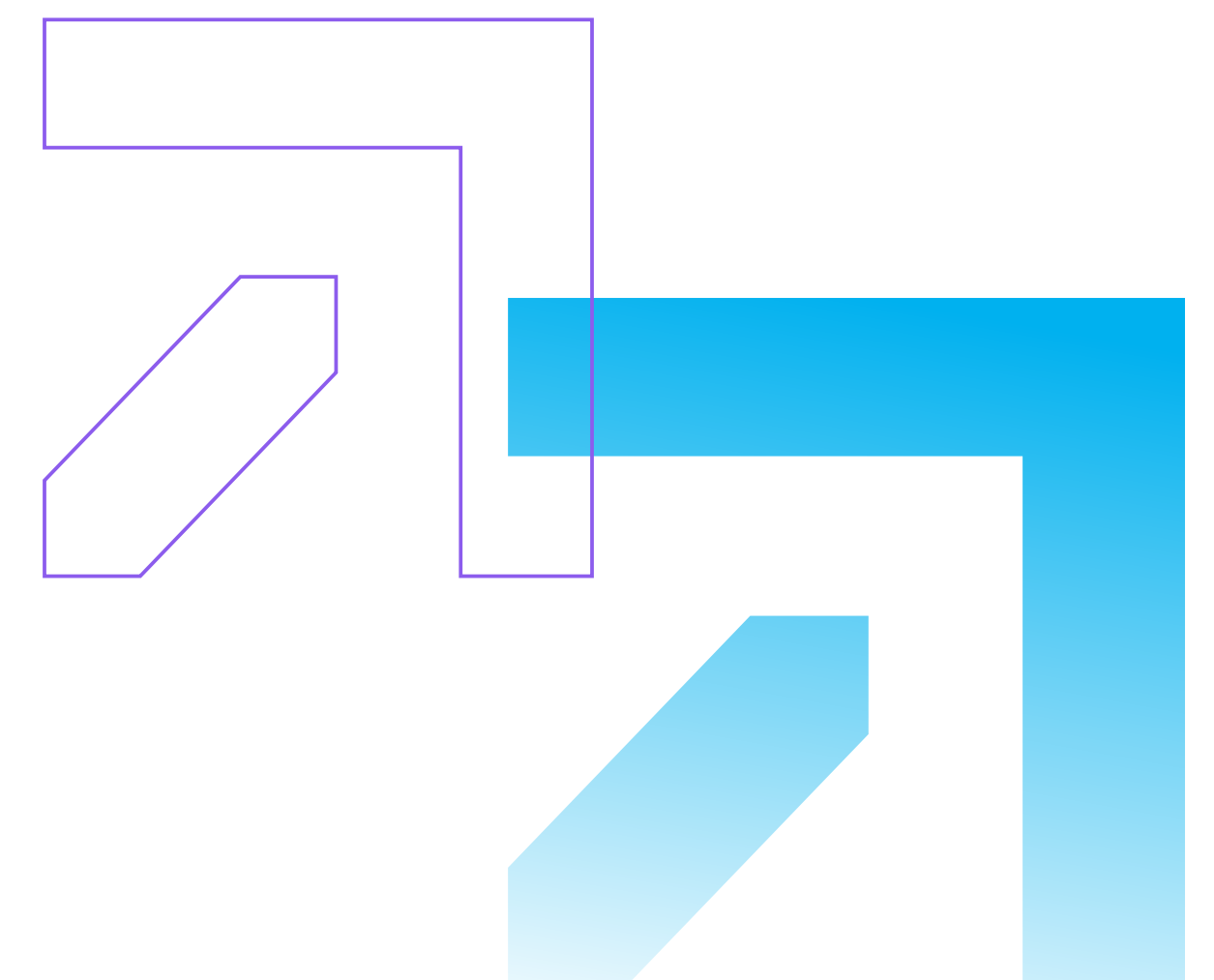
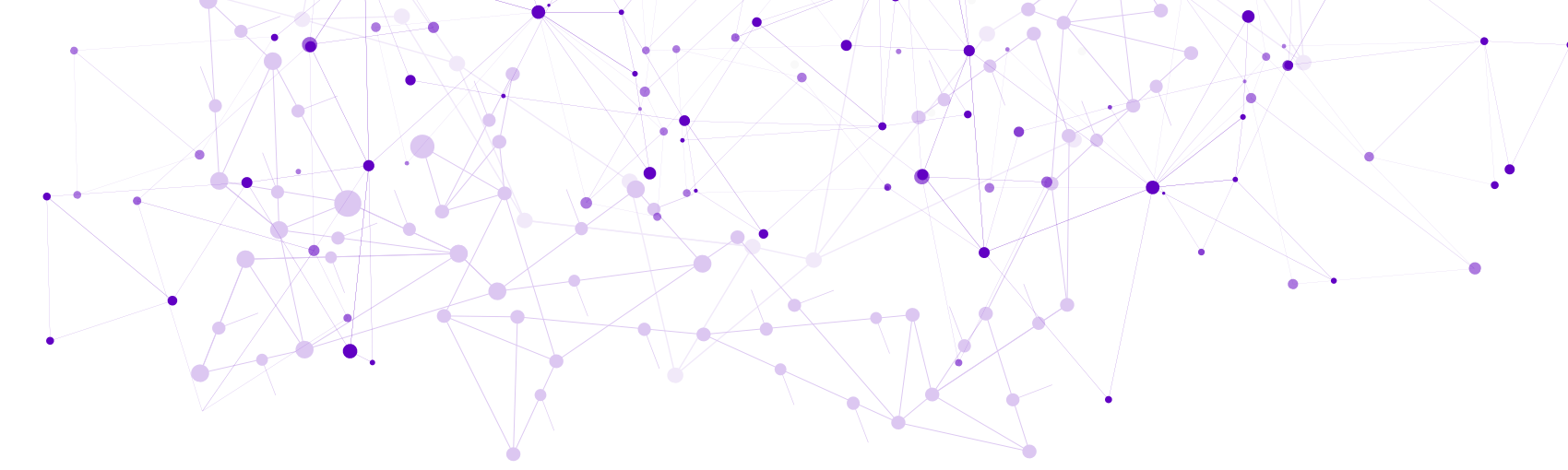
Access Medicare Provider Information

The system for enrolling providers in Medicare — the Medicare Provider, Enrollment, Chain and Ownership System (PECOS)— holds critical, validated information about providers’ standing and CMS status. Accessing this system for providers who are also state Medicaid providers can lighten the administrative burden of duplicate data

entry. Provider enrollment administrators in Arkansas, for example, review categories of Medicare providers to determine if their Medicaid revalidation can be completed based on data matching with PECOS in alignment with CMS requirements. Both providers and the state benefit from a more seamless and accurate way to validate providers.

Remove Unnecessary Requirements

Working within CMS guidelines, state Medicaid agencies can take an objective look at current revalidation activities. They can seek out opportunities to streamline the process by removing provider agreement and attachment requirements. There are also opportunities to simplify the application format.



Innovation in Practice: Hitting Fast Forward on Enrollment

One state is working with Gainwell to enhance provider experience by streamlining initial enrollment and revalidation in its Medicaid Enterprise System.

Bulk initial enrollment and revalidation is key to the transformation. In the near future, groups, hospitals and facilities will be able to supply their full provider network for a system check and reconciliation against National Provider Identifier and taxonomy combinations without having to submit separate applications. Automating the screening and review process will reduce the manual application reviews for most of this population. Also, revalidation

applications are prepopulated with the data stored in the system, and there's no redundant data entry.

The enterprise's connection to PECOS allows some providers to bypass the revalidation requirement. If PECOS has the NPI and a current validation, the revalidation date is updated to align with the PECOS revalidation date, and a second revalidation isn't necessary. Since implementation, half of the state's providers no longer need revalidation. Future plans include incorporating more PECOS data, such as site visit information, fingerprinting and background checks to eliminate more administrative burdens.

In addition, the state's medical assistance portal offers providers more fast-track options. These include the ability to complete disclosure statements at any time. These disclosures are screened systematically, cutting down approval time to 15 minutes and eliminating manual staff review.

Empower Providers Throughout the Process

The Medicaid enrollment process can feel like a black box. Ambiguous requirements can create confusion and unnecessary work. What's more, once an application is submitted, providers can be left wondering about the status. There are effective approaches for improving providers' visibility into the process.

Promote More Transparency

It's important for providers to be able to track the status of their application after submission. In fact, our analysis reveals that one of the top reasons providers contact call centers is to inquire about the status of their enrollment application.

Extend Self-Service Capabilities

From self-checkout at the grocery store to automated kiosks at the airport, people are accustomed to easy, self-directed engagement that requires no assistance. Medicaid agencies can improve portals and user interfaces to deliver a similar experience. It should be easy for providers to update and manage their information, submit claims, check member eligibility, access the provider directory, request prior authorization and more. In one state, AI-powered conversational voicebot Gabby at Gainwell™ is transforming self-service. In just nine months, there's been a 34% reduction in calls routed to agents. At the same time, callers

“Providers need the ability to easily access and manage their information.”

Medicaid Provider Enrollment Lead

are spending 30% less time “talking” with Gabby than they were with the traditional Interactive Voice Response (IVR) system, freeing up agents to focus their attention on more complex calls and escalations.

Leverage Existing Data When Available

Gainwell insights reveal that the average enrollment has over 185 fields. More than 70% of this information can be found elsewhere. By tapping into this information, Medicaid agencies could eliminate the need for applicants to re-enter data that's already known.

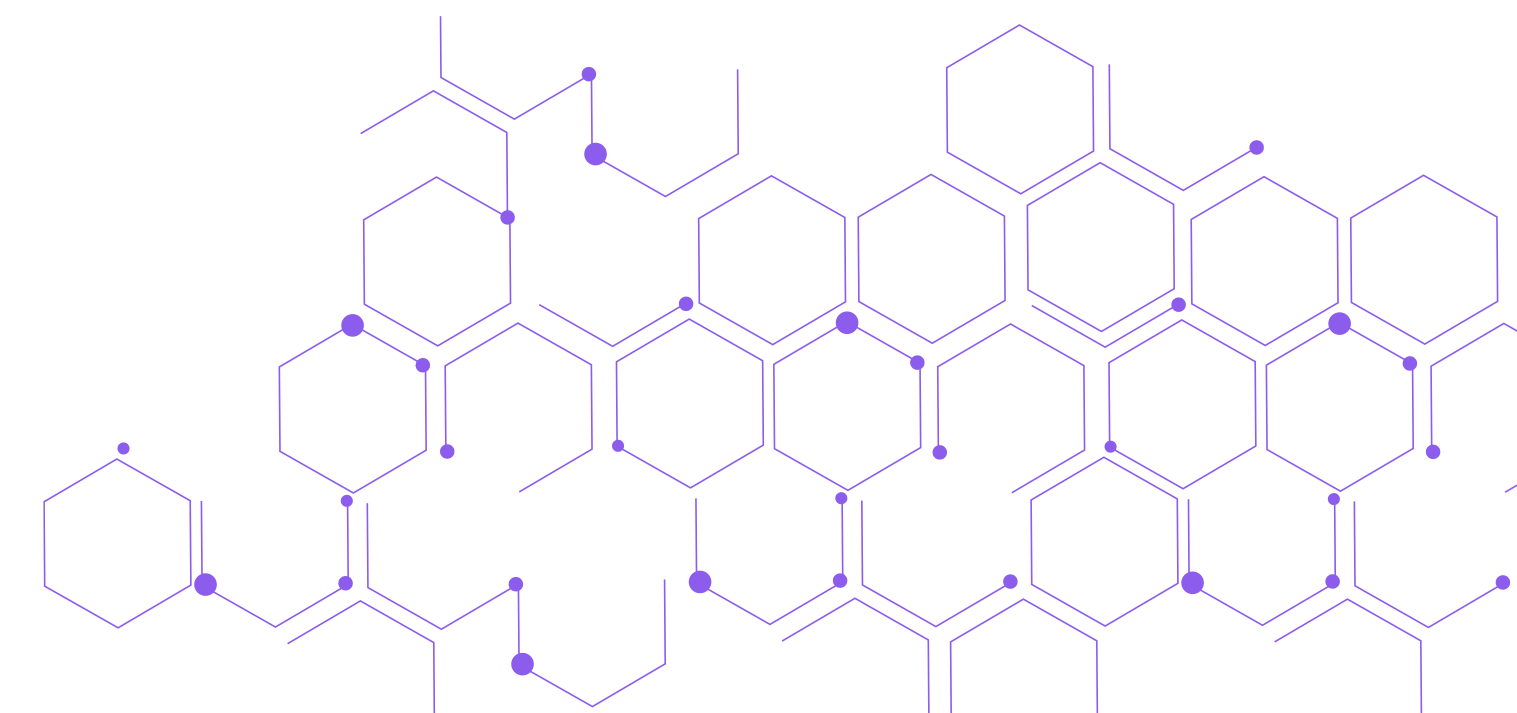
Use AI to Predict and Eliminate Risk and Errors

AI is an excellent tool for psychographic profiling because it can easily and quickly classify providers based on how they interact with enrollment systems to predict their expected experiences. Providers' psychographic risk score is available to call centers so they can avert adverse experiences. Medicaid

agencies can use this approach to predict providers who are at risk of having an adverse experience based on inputs such as portal touchpoints, surveys, call center touchpoints, emails, complex patients and prior authorization denials. Medicaid agencies can also use AI to predict providers who are most likely to have adverse reactions such as failed enrollments, revalidations or RTPs because of missing data. With this insight, agencies can proactively develop call center and portal protocols to close gaps in missing data.

Apply Process Mining and Journey Mapping

By developing process models and provider journey maps of high-risk areas, Medicaid agencies can take a comprehensive and “outside-in look” at all the elements of the provider experience to define areas for improvement. These techniques can also be used to predict which provider enrollments are at risk of manual intervention.



Use Provider Feedback to Continually Innovate

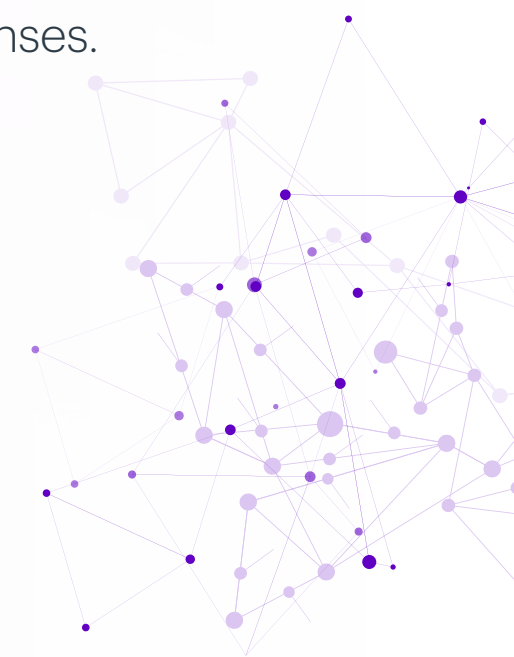
Providers' needs are changing all the time. Medicaid agencies must continually adapt their systems and processes in line with a deep understanding of these needs.

Advanced analytics and self-service tools help to create this feedback loop that vendor partners should be using to translate insights into innovation. For example, Gainwell analyzes calls that interact with the Gabby voicebot to understand the types of inquiries flowing

Innovation and service are foundational to exceptional provider experiences. GainwellWhiteGlove delivers continuous support from technology-enabled interactions to personal, in-office assistance — identifying opportunities to reduce administrative complexity for providers and staff.

through the system and where in the process they are transferred to agents. This data informs opportunities to expand Gabby's self-service capabilities or improve the system so that agencies can be sure their members and providers are getting what they need faster and easier.

The best experiences are created when providers are invited into the development process. At Gainwell, we deploy many strategies for engaging providers at this stage. We host provider user groups and continually engage providers and state leaders in the iterative process of creating experiences that enable providers to practice at the top of their licenses.



Reduce Complexity, Improve Lives

Medicaid providers are driven by the desire to positively impact the lives of people in their communities. They should not have to weigh the tradeoffs between this commitment and the administrative burden of participating in the Medicaid program.

This is not a new dynamic. Providers have had to strike a similar balance before — two decades ago, processing Medicaid claims was problematic, and providers sometimes had to chase states for reimbursement. Thanks to advances in technology and ways of working, processing claims today is reliable and real-time.

The provider experience is on the precipice of a similar reinvention. It is poised to have a profound impact on provider relationships, ways of working in Medicaid agencies and healthcare outcomes.

To drive change, state Medicaid agencies need intelligent provider solutions, human-centered design and feedback loops that account for providers' shifting needs. The moment has arrived. Agencies have the will to embrace this innovation. And industry-leading tools, technologies and approaches provide the way.

15
Minute
Application
time

24
Hour
Approval
turnaround

90+%
First pass
Application
rate

Create a Best-in-Class Provider Experience with Gainwell

A streamlined provider experience is at the heart of our solutions by design. With Gainwell, agencies can create best-in-class provider experiences by eliminating bureaucratic obstacles, leveraging CMS enrollments and data, implementing a prior authorization gold card process and enhancing technological and operational efficiencies.

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