

Agile Health Provider Management



Addressing Enhanced Requirements for Provider Networks

Enroll, Screen and Manage Networks

The Affordable Care Act (ACA) mandated significant changes to states' management of health provider networks — particularly the screening, enrollment and ongoing management of provider relationships. DecisionPoint™ for Provider Services helps your state satisfy these rigorous requirements to shift beneficiaries to managed care, and prepares your state to accommodate future requirements.

DecisionPoint™ for Provider Services offers several options to help states navigate this uncharted territory with agile and flexible ideas that offer alternatives to cumbersome legacy Medicaid Management Information Systems (MMIS). Our solution addresses these challenges through a technology-enabled approach. DecisionPoint for Provider Services can be acquired as a stand-alone technology system operated by your personnel, or as a full-service business solution that includes the provider data management system (PDMS) technology and all customer support functions.

Our provider management solution helps you:

- Ensure only qualified providers who are free of financial misconduct are allowed to serve state beneficiaries
- Provide a simplified approach to establishing and maintaining an efficient relationship with a qualified provider network

- Establish an effective process of provider risk segmentation, assessment and site-based confirmation that ensures integrity
- Create the flexibility to accommodate future health initiatives like increasing beneficiary participation in and utilization of managed care

These capabilities can be implemented with minimal impact to your current operation because they require no modifications to your existing MMIS and can be hosted and fully staffed by MAXIMUS.

Medicaid Expertise Snapshot

MAXIMUS has expanded our knowledge and expertise on the provider-facing side of Medicaid for more than a decade.

- A national leader in providing low-risk, cost-effective solutions for Medicaid administration
- Vendor of choice for many states, serving one out of two Medicaid managed care beneficiaries nationwide
- The largest Independent Medical Review organization
- Operator of more than 100 contracts with contact center components in the United States and Canada, responding to more than 98 million calls each year

Success in Action

We have worked with the State of Tennessee since 2011 to develop and operate its provider data management systems solution, which supports the electronic enrollment of providers (individuals, groups and entities) statewide through a modern Web portal. We register and support providers, in addition to providing supplemental financial payment/receivables support and managed care network monitoring. Our solution is compliant with the Medicaid Information Technology Architecture, Service Oriented Architecture and Centers for Medicare & Medicaid Services' Seven Conditions for Enhanced Funding standards.

Improve Your Effectiveness and Agility

DecisionPoint for Provider Services externalizes the system, enabling states to implement a new slate of enhanced functionality without the limitations of the claims processing model within MMIS. This approach supports the expansion of and improved utilization by managed care populations, and facilitates the modernization of provider management functions.

It can be deployed quickly and adapt to changing requirements, including future health care mandates and state initiatives, to increase beneficiary enrollment in managed care. DecisionPoint for Provider Services includes self-service functionalities, like a provider portal, electronic document submission and payment options. These are backed by well-trained customer service representatives, enrollment specialists and outreach staff to assist providers who may encounter problems or need assistance.

The Technology You Need, Personalized

DecisionPoint for Provider Services has the flexibility to tailor the optimal balance of technology and services to fit your state's policy objectives and operational preferences. By decoupling provider management from the limitations of older technologies, our solution builds functionality around the needs and expectations of medical providers and state workers. This encompasses:

- Provider access to online screening and enrollment functions backed by responsive customer service
- Seamless integration to big data, which improves application processing speeds and accuracy dramatically
- Greater understanding and integrity of the provider network

- Scalability and flexibility for change
- Significant reduction of reliance on paper files

Maintaining Data Integrity

The success of your state's provider screening and enrollment project will be heavily dependent on the accurate and timely exchange of data between the PDMS and your existing state systems. The PDMS uses a flexible data model that allows automated feeds using a service-oriented architecture to cross reference and ensure the integrity of provider data. These interfaces can be managed in real-time or as daily updates between systems. To create a sound data foundation, MAXIMUS works closely with your state at the start of the program to define, configure and convert initial provider data.

DecisionPoint provides states with actionable information to make better, more accurate and consistent program decisions faster.

One Focus, One Source

MAXIMUS has maintained a single focus on government service since 1975. It is our sole purpose, and our dedicated professionals help government agencies provide essential human services with a caring attitude and deep subject matter expertise. We invite you to contact MAXIMUS to discuss how our capabilities can support your needs.

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