Managed Medicaid QUICK HINTS

1. PROBLEMS WITH MANAGED MEDICAID ARE DAUNTING

- ☐ Failing to adapt to payer mix shifts jeopardizes revenue.

- ☐ The good news is that none of these problems are new: Insurance verification, authorization, payment compliance, and poor claims processing have always been challenges.

> *The solution is simply to do everything you've always done…just better, more comprehensively, and more precisely.*

2. MANAGED MEDICAID IS ITS OWN CLAIMS CLASS!

- ☐ Simply following commercial claims edits or Medicaid edits is not enough. Many Medicaid HMO payers have implemented strict front-end edits – to match their edits your claim scrubber may need to be run in a specific sequence to ensure the right outcome is achieved on the final bill.

- ☐ Passing out of your claim editor *does not* mean the claim was accepted into the TPAs system, which can lead to inappropriate timely filing denials.

> *Don't accept "we never received that claim" from a call center representative.*
> *Use the trace number and pursue payment!*

3. DEFINE INSURANCE VERIFICATION UNIVERSE

- ☐ Coordinate with Manage Care Contracting to assemble a detailed list of Managed Medicaid Plans contracted with your health system; build a training package; maintain this list at least quarterly.

- ☐ Review the Coordination of Benefits section on the eligibility check result (271 transaction) with all staff performing insurance verification.

> *Implement a "1st of the Month" process to re-verify all in-house patients with Managed Medicaid plans to catch cases with eligibility cut over between plans between months.*

4. BUILD AN AUTHORIZATION MATRIX

- ☐ This matrix will serve as a quick reference tool; the monthly process of updating this job aid doubles as staff training, and floor managers will know if staff are up to date on authorization requirements.

- ☐ Address specific needs: e.g., implement a set process to handle newborn Medicaid cases. Each managed Care payer is likely to handle babies differently; a process will systematically ensure the newborn is covered either through traditional Medicaid or Managed Care Medicaid.

> *An automated Auth. Matrix tool helps, but even an excel spreadsheet on a shared drive reduces auth-related denials.*

5. UNDERPAYMENTS AND DENIALS MANAGEMENT

- ☐ Reimbursement rules are complicated and volatile: so an underpayment detection process, either through internal efforts or through a vendor, important. Review results and capture the themes so you can work with payers to systematically stop the underpayments *and* avoid excess vendor fees.

- ☐ Managed Medicaid tends to have significantly higher rates of initial denials than commercial payers – track these denials closely. Build a denials management scorecard and a cross-functional team to implement process changes to prevent denials.

> *Dive deep on denials such as non-covered or lacks information, which often serve as a catch-alls for more specific claim info– including NDC codes, NDC units, or missing procedure codes.*