



# ***Our Digital Journey to Improving Agency Management***

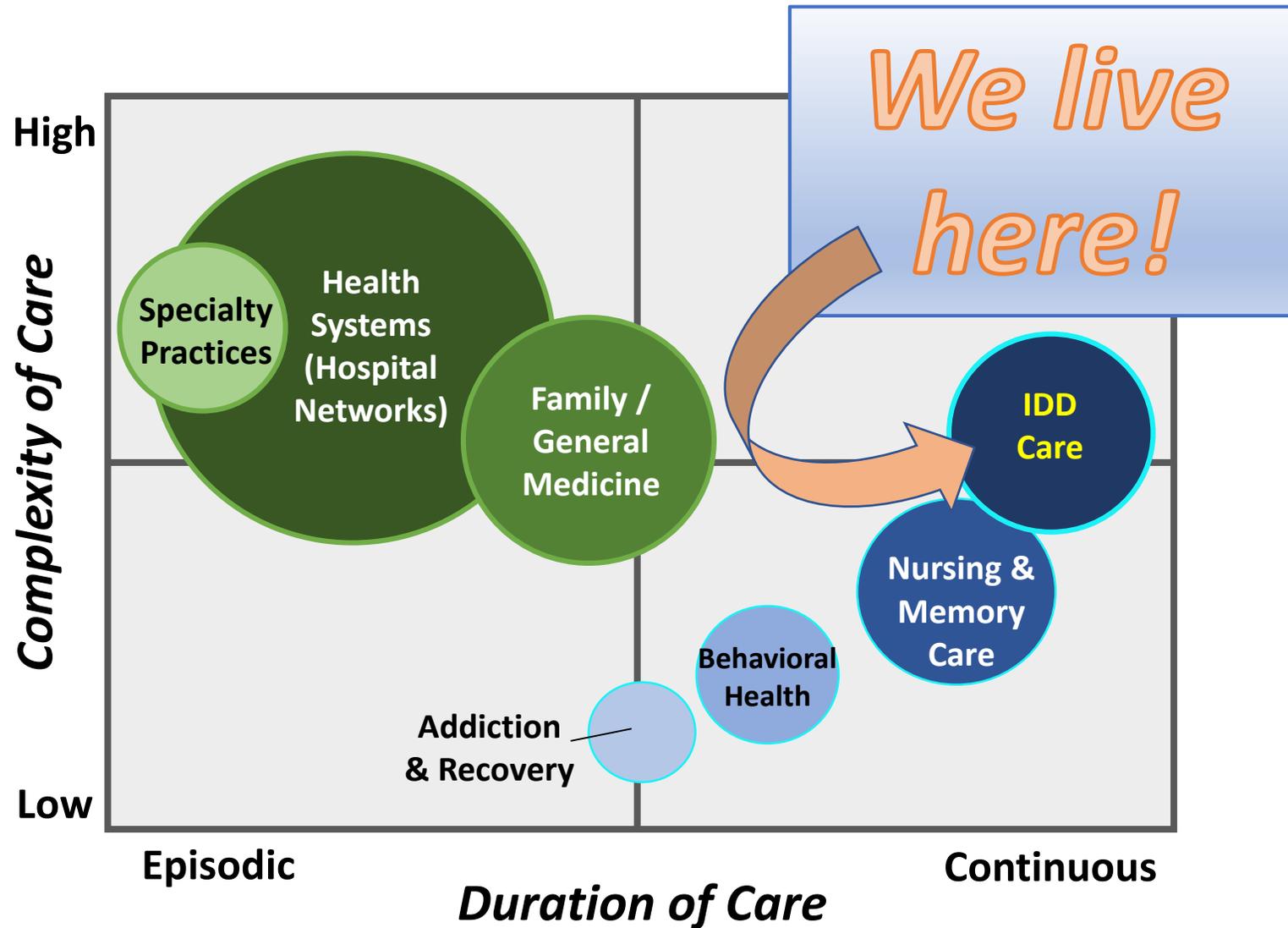
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2019 Alliance Summit  
Breckenridge, CO



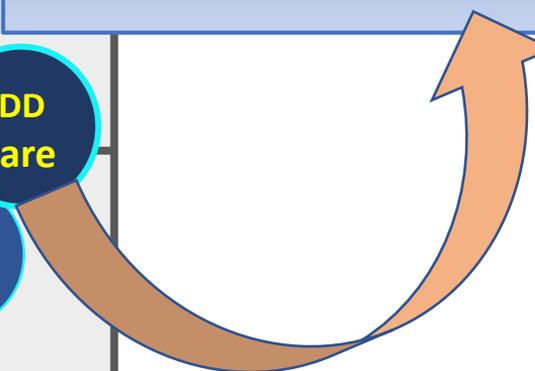
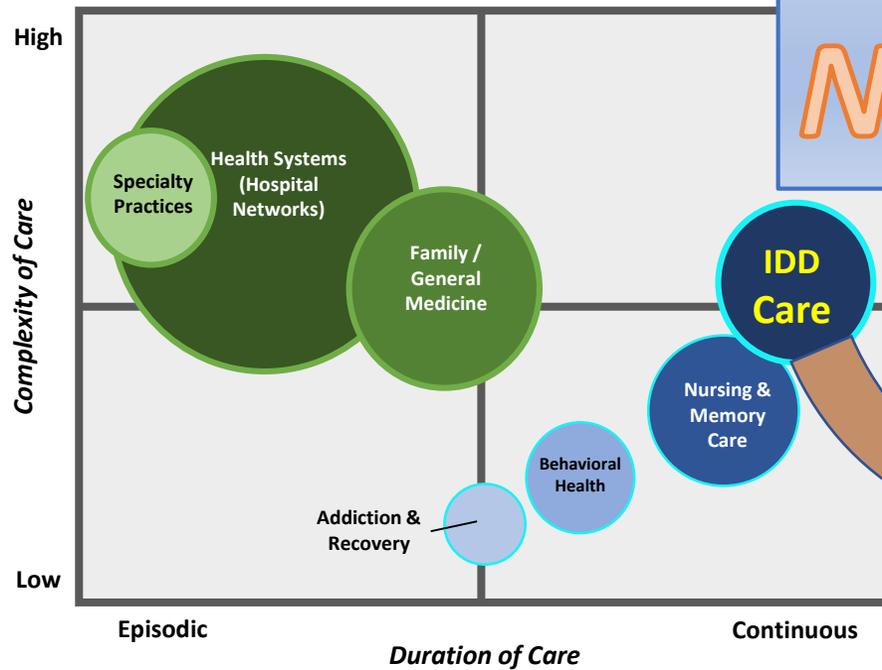


# Medicaid Documentation Complexity





*Agencies create  
250 – 4500+  
Notes Per Week*



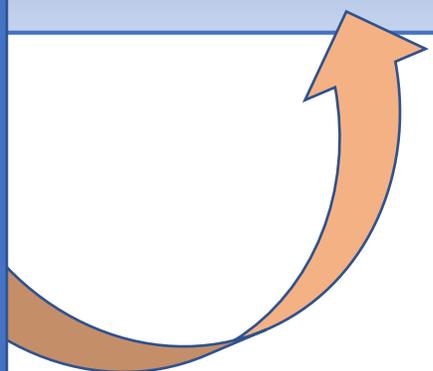


The **bulk of all documentation errors** occur at **data entry by direct caregivers**, leading to Medicaid Billing Errors.

*“Error Rate Drops, but Medicare Still Lost \$31.6 Billion to Preventable Billing Errors in FY2018” Council For Medicaid Integrity, 2019*

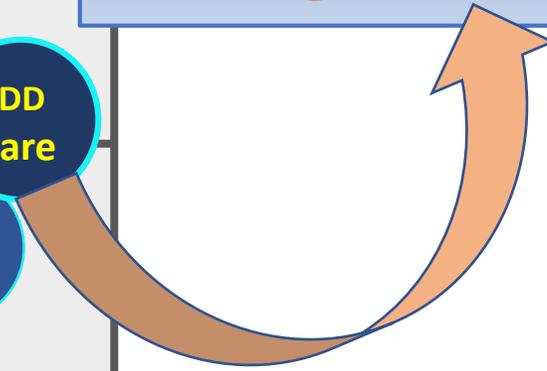
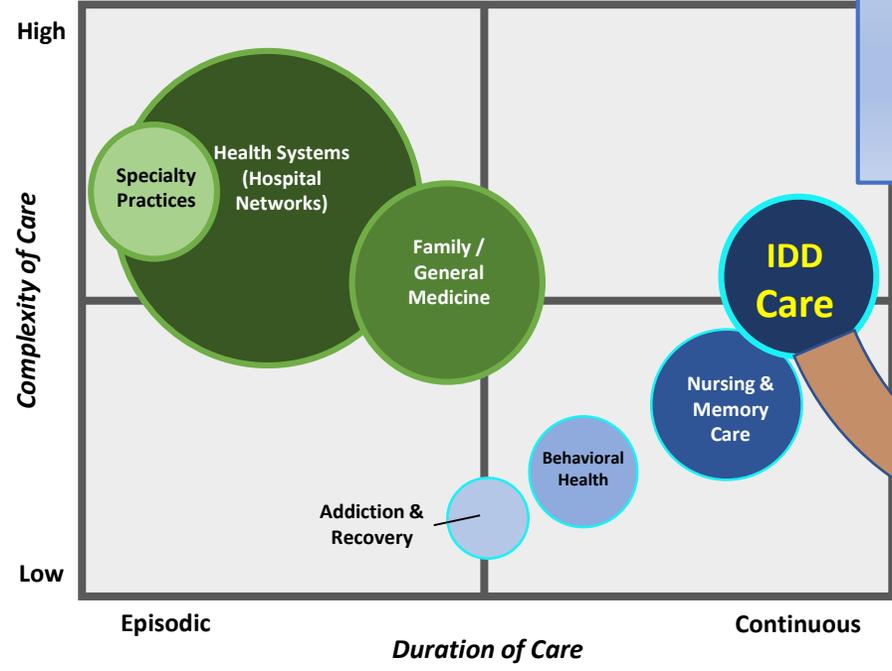
*“Advocacy group intensifies push for prepayment audits as Medicare loses \$36.1B” McKnight’s Group, 2017*

**Agencies create  
250 – 4500+  
notes Per Week**





*Each Note has  
Complex CMS  
Requirements*





**Section 12006 of the 21<sup>st</sup> Century CURES Act  
Electronic Visit Verification Systems**

*Session 1: Requirements, Implementation, Considerations, and State Survey Results*

**Disabled and Elderly Health Programs  
Group**

**Center for Medicaid and CHIP Services  
December 2017**

*Each Note has  
Complex CMS  
Requirements*

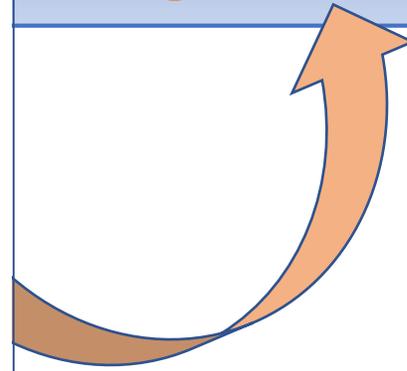


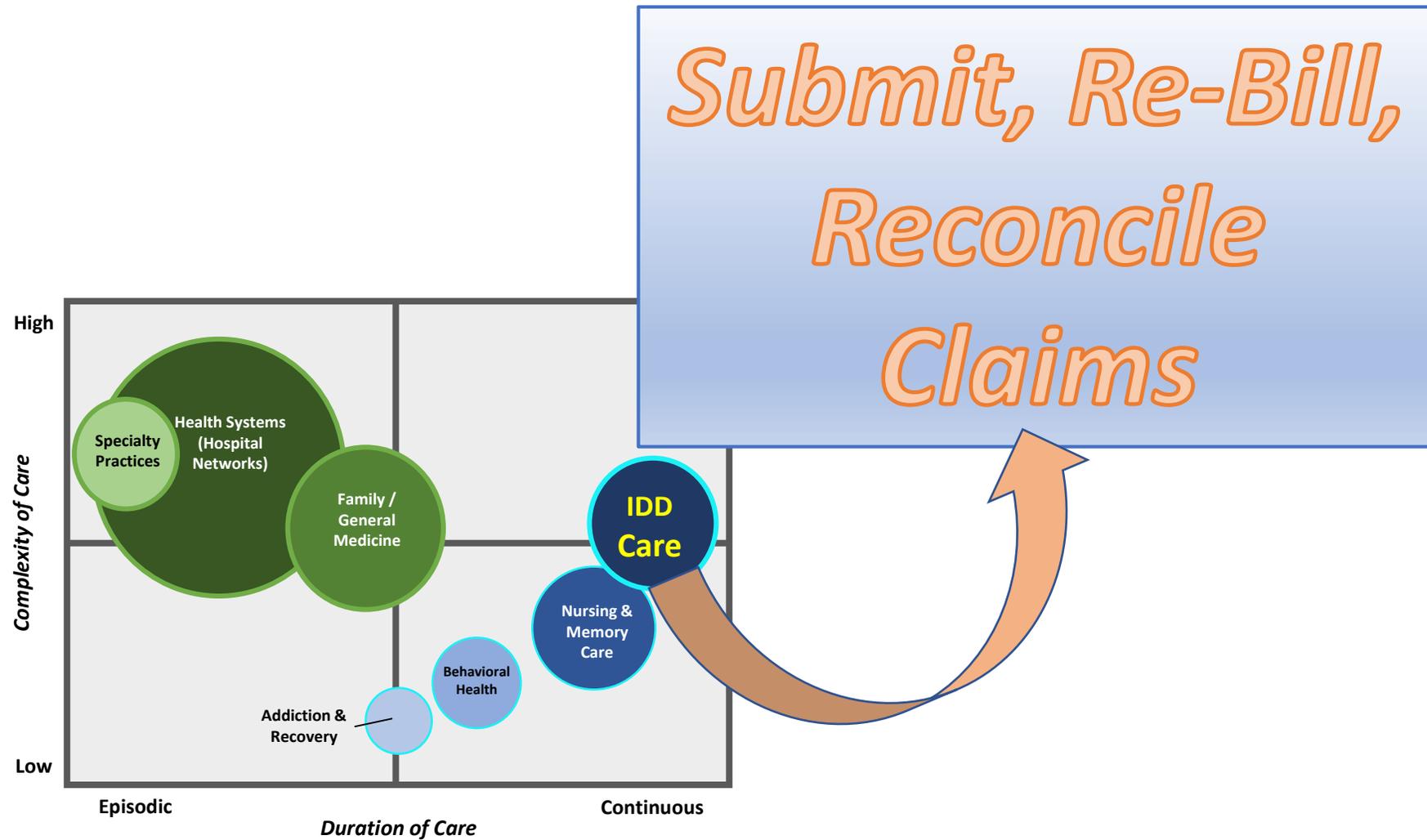
**Section 12006 of the 21<sup>st</sup> Century CURES Act  
Electronic Visit Verification Systems**

*Session 2: Promising Practices for States Using EVV*

**Disabled and Elderly Health Programs Group  
Center for Medicaid and CHIP Services**

**January 2018**



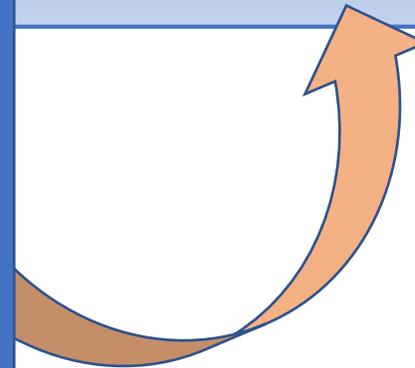




## *Submit, Re-Bill, Reconcile Claims*

The **average agency spends as much as 30% of the budget** on administrative cost. An employee in charge of **billing can spend over 25 hours/week** on billing issues alone.

**“The Astonishingly High Administrative Costs of U.S. Health Care”** *Hidden from view: The complexity of the system comes with costs that aren’t obvious but that we all pay.* NYTimes Article





# Summary of Issues

- The bulk of Medicaid billing errors occur because of poor documentation systems and incomplete information from caregivers.
- Quality assurance is difficult if there's no direct view from notes to review to billing (in that order).
- Billing is time-consuming and costly – major administrative cost to an agency



*We believe that compliance and administrative tasks should never overshadow time spent with individuals.*

***Administration should be accomplished in a simple 1-2-3 workflow.***

Step 1 or 3

## ***Caregivers documents services in a note***

- ***Caregivers learn to enter notes in less than 15 minutes***
- ***Automated quick entry forms check for all Medicaid required data***
  - ***Quick entry forms are customizable to gather any data you want***
- ***Caregivers submits notes once all items entered are validated***
  - ***Notes can trigger immediate notifications based on response given***
  - ***Takes few minutes to complete thorough notes***
- ***Validated notes are automatically moved on for quality review***





Step 2 of 3



## ***Manager reviews notes for quality***

- ***Managers learn to review notes in less than 15 minutes***
- ***Notes are reviewed for content quality of caregivers***
  - ***Ability to send notes back to caregivers for clarification or more data***
- ***Reviewed and approved notes are automatically moved for billing***

## Step 3 of 3

### ***Biller submits claims fast***



- ***Billers learn to submit electronic claims files in less than 15 minutes***
- ***Post all reviewed and approved notes and create submissions***
  - ***Automatically resubmits previous claims that may have been denied***
  - ***No more paper or spreadsheets to track re-bills!***
- ***Upload submission files to Medicaid payer – Done***
- ***Automatically reconcile paid claims and quickly disposition denied claims***

# 1-2-3 Workflow (Compliance-Guided Workflow™)

