

Claims Administration

Secure, efficient and on-time payments

ACS helps government customers find practical ways to manage and improve healthcare programs. We design, develop, implement and operate large-scale, mission-critical solutions for government programs, such as Medicaid, state children's health insurance, federal workers' compensation benefit programs, and pharmacy benefits management programs. Our healthcare clients include hospitals and health systems, and federal and state government health agencies.



CLAIMS AND ADMINISTRATIVE SOLUTIONS

Government healthcare program administration has changed dramatically over the past 30 years. Improving program administration and integrity, mission effectiveness, and efficacious service delivery are at the top of the list for ACS' claims and administrative services.

In keeping with our history of advancing healthcare program management, we have significantly expanded our capabilities to meet today's needs and continue our record of achieving important industry firsts.

FIRST TO ADMINISTER MULTIPLE PROGRAMS

In the mid-1990s, ACS was first to implement a multi-payer Medicaid Management Information System (MMIS). Today, our MMIS is a fully integrated, multi-payer solution that streamlines administration across multiple programs. It also supports multiple service delivery and reimbursement models, including fee-for-service, primary care case management (PCCM), and both fully and partially capitated managed care models.

ACS supports the goals of the Medicaid Information Technology Architecture (MITA), a CMS framework to facilitate interoperability. ACS envisions a coordinated and effective healthcare delivery system that shares information and can quickly identify national trends, outcomes, and expenditures.

FIRST IN LEVERAGING THE WEB

ACS delivers the most feature-rich Web portal solution yet deployed in the state healthcare market, bringing the convenience of self-service to traditional functions such as provider enrollment, eligibility verification, prior authorization, claim submission, and payment inquiry. It provides a host of capabilities for providers, recipients, administrative users, and the general public.

ACS' QUALIFICATIONS IN CLAIMS AND ADMINISTRATIVE SOLUTIONS

- Supports healthcare programs in more than 35 states and the federal government
- 5.1 million bills processed per year for the Department of Labor's Office of Workers Compensation
- Medicaid fiscal agent in 15 states
- Processes more than 550 million Medicaid claims annually and \$50 billion in payments
- Developed the only MMIS in which all secure transactions can be performed via the Web
- A pioneer in Medicaid fraud and abuse detection and prevention
- HIPAA compliant
- Encrypted with FIPS 140-2 standards
- Maintains a 30-year track record of successful claims system implementations

ACS PROVIDES:

- Healthcare core competencies
- Government health program administration
- Federally tailored claims management and bill payment
- Electronic health records
- Eligibility administration and enrollment
- Medical and pharmacy claims processing
- Electronic payment card solutions
- Health information analysis
- Fraud and abuse detection and protection
- Cost containment solutions
- Document imaging and records management
- Citizen communication; customer service

FIRST ENROLLMENT BROKER FOR GOVERNMENT HEALTHCARE

ACS is the nation's most experienced enrollment broker. Each year, we successfully enroll hundreds of thousands of eligible applicants into the State Children's Health Insurance Program (SCHIP) and Medicaid managed care programs. We offer enhanced systems and proven strategies that maximize voluntary enrollment, provide high-quality customer service, and help state programs operate more efficiently.

FIRST IN PHARMACY BENEFITS MANAGEMENT

ACS was the first company to integrate online, real-time claims adjudication with drug utilization review to automatically screen for therapeutic problems, recipient eligibility, and benefit coverage at the same time. ACS' MMIS and pharmacy systems are designed to function together to provide an integrated claims processing and payment solution.

Today, these systems are nationally recognized for their flexibility, efficiency, and performance. In addition, ACS' staff of licensed pharmacists and registered nurses provide a consultative approach to critical issues of utilization, prescribing patterns, prescriber and patient education, and disease management. These programs are improving the quality of care while generating 15 to 20 percent in savings to government.

FRAUD AND ABUSE PROTECTION

ACS provides comprehensive fraud and abuse management services to combat fraud schemes and assist governments with fraud investigations. Our three-tiered approach focuses on prevention, payment abuse, fraud, and waste identification, and retrospective detection. We use advanced claims auditing techniques to identify inappropriately billed claims before dollars are spent.

Other capabilities include a flexible, data warehouse-based surveillance and utilization review solution with advanced peer group analysis, allowing investigators to compare providers and recipients with similar characteristics to identify aberrant behavior.

FIRST TO OFFER THE BROADEST RANGE OF CAPABILITIES

In short, ACS offers the broadest range of program and claims administration services and systems in the industry today. Our focus is on providing better access to data, more meaningful information for program administrators, and outstanding customer service. Beyond merely processing claims, ACS helps government customers analyze demographic, utilization, and financial data to understand the primary factors driving costs. Our solutions provide a framework to help governments spend dollars more effectively, implement administrative changes more efficiently, and improve healthcare delivery overall.

ACS Government Solutions
1800 M Street, NW
Washington, D.C. 20036

www.acs-inc.com

expertise in action™

