

Claims Administration Secure, Efficient and On-Time Payments

Looking for practical ways to manage and improve your government healthcare programs? We can help.



For hospitals, health systems, and federal and state government health agencies nationwide, we design, develop, implement and run large, mission-critical solutions for government programs such as:

- Medicaid
- State children's health insurance
- Federal workers' compensation benefit programs
- Pharmacy benefits management programs.

Claims and Administrative Solutions

Administration of government healthcare programs has changed dramatically during the past three decades. Which is why we place such high priority on these goals for claims and administrative services:

- Improving program administration and integrity
- Mission effectiveness
- Effective service delivery

A History of "Firsts"

A pioneer in advancing healthcare program management, we have a long record of achieving important industry firsts. Among them:

First to administer multiple programs. We were 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 supports multiple service delivery and reimbursement models, including:

- Fee-for-service
- Primary care case management (PCCM)
- Fully and partially capitated managed care models.

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

Claims Administration

First to leverage the Web. In deploying the most feature-rich Web portal solution in state healthcare, we delivered the convenience of self-service to traditional functions such as:

- Provider enrollment
- Eligibility verification
- Prior authorization
- Claim submission
- Payment inquiry.

We provide a host of capabilities for providers, recipients, administrative users and the general public.

First enrollment broker for government healthcare. We're the nation's most experienced enrollment broker. Each year, we enroll hundreds of thousands of 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
- Help state programs operate more efficiently.

First in pharmacy benefits management. We were the first company to integrate online, real-time claims adjudication. Our automated drug utilization review simultaneously screens for:

- Therapeutic problems
- Recipient eligibility
- Benefit coverage.

Our Services

- 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

Our MMIS and pharmacy systems function together to provide an integrated claims processing and payment solution.

Today, these systems are nationally recognized for their flexibility, efficiency and performance. Our staff of licensed pharmacists and registered nurses provides a consultative approach to critical issues such as:

- Utilization
- Prescribing patterns
- Prescriber and patient education
- Disease management.

These programs are improving the quality of care while generating up to 20 percent in savings to government.

First to offer the broadest range of capabilities.

In short, we offer the industry's widest range of program and claims administration services and systems. Beyond merely processing claims, we help our clients to:

- Gain better access to data
- Obtain more-meaningful information for program administrators
- Analyze demographic, utilization and financial data to understand the primary factors driving costs
- Spend dollars more effectively
- Implement administrative changes more efficiently
- Improve overall healthcare delivery.

Fraud and Abuse Protection

We provide complete fraud and abuse management services to combat fraud schemes and help governments with fraud investigations. Our three-tiered approach focuses on prevention, payment abuse, fraud and waste identification, and retrospective detection.

To combat system fraud and abuse, we use:

- Advanced claims auditing techniques to identify inappropriately billed claims before dollars are spent
- A flexible, data warehouse-based surveillance and utilization review solution
- Advanced peer group analysis, allowing investigators to compare providers and recipients with similar traits to identify aberrant behavior.

Contact Us

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Our Qualifications

- Support for 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
- Processing of more than 550 million Medicaid claims and \$50 billion in payments annually
- 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
- Encryption with FIPS 140-2 standards
- 30-year track record of successful claims system implementations with ACS Federal Solutions

About ACS

ACS is part of Xerox's \$22 billion global enterprise with 140,000 employees serving our clients in 160 countries.

You can learn more about us at www.acs-inc.com.



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