

# Execute all administrative processing management

Claims, Encounters & Financials Service



## Fast and accurate solution for Medicaid claims and encounters processing

Claims and encounter management must be accurate, efficient and cost-effective. But the challenge of achieving this grows as states adapt to an increasing volume of Medicaid enrollees, as well as comply with ongoing federal policy changes.

Gainwell can help you prepare to meet the challenge. The Gainwell Claims, Encounters and Financials Service module accurately processes claims and encounters and enables rapid deployment of policy changes. It facilitates maximum security, integrity and output to diverse trading partners and providers while meeting federal requirements.

Decades of experience in the Medicaid industry make us uniquely qualified as your partner in the delivery of quality healthcare while ensuring that your state meets CMS requirements within budget. The Claims, Encounters and Financials Service is an essential component of our Medicaid Management Solutions. This wide-ranging set of cloud-based services for healthcare interoperability combines automation, standardization and process maturity to support all aspects of Medicaid management, claims and payments.

The configurable module contains the tools to manage all aspects of claims, encounters and financial transactions. Your state can efficiently adjudicate and accurately process and pay large volumes of claims and encounters in real time.

Claims, Encounters and Financials Service provides enterprise-wide COTS modularity to support state-specific Medicaid needs and other health and human services programs. The module includes a world-class rules engine to support configurable, scalable and interoperable business functions. The service supports fee-for-service and managed care models.

## Claims and encounters symmetry

Our solution enables your agency to oversee program funds, operations and member information management for accurate billing and reimbursement as well as for compliance. The service's robust audit trail, referred to as "step-edits," captures every step of adjudication logic in plain, easy-to-understand language that stays with the claims and

### Benefits

- Enable fast and accurate processing of large volumes of claims in real time
- Deploy robust adjustment auditing and pricing capabilities
- Gain access to data to make better business decisions
- Adjust quickly to address all state-specific needs
- Meet federal Medicaid modularity requirements

# #1

Provider of Medicaid Services

# 2.2M

Providers engaged annually

# ~48M

Medicaid members covered

In order to facilitate true end-to-end claims and encounter processing, the module comes with a highly configurable AP/AR/General Ledger functionality.



encounter records throughout their history.

The service provides the data management fundamentals that are required for all state-managed programs. Encounters are adjudicated using the same rules and date-driven configuration as claims. Whether claims or encounters, the same data is captured to feed the rich reporting dashboards included in the module for analysis and oversight of managed care programs.

### Claims and encounters management fulfillment

Our service addresses all the key areas of claims and encounter management including corrections, auditing, mass adjustments and pricing.

You can define the policies, and the service automatically executes the procedures to implement those policies. The module incorporates all the tools and data you need to support your informed, evidence-based decision making.

It easily supports any combination of functionality and program data required, including:

- **Financial and business relationship management:** Rock-solid financials with full accounts receivable and accounts payable functions and management of program budgets, with comprehensive reporting and analysis.
- **Plan management:** Configurable, accurate reference and rate information and health benefits administration.
- **Operations management:** Payment, reporting and claims adjudication following the Medicaid Information Technology Architecture (MITA) framework.

The solution is proactively updated to address advancements in the Medicaid market, and is fully aligned with all relevant standards and frameworks, including MITA, HIPAA, Medicaid Enterprise Certification Toolkit (MECT) and CMS standards and conditions for Medicaid IT.

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#### About Gainwell Technologies

Gainwell is the leading provider of technology solutions that are vital to the administration and operations of health and human services programs. Gainwell is a new company with over 50 years of proven experience, a reputation for service excellence and unparalleled industry expertise. Gainwell offers clients scalable and flexible solutions for their most complex challenges. These capabilities make Gainwell a trusted partner for organizations seeking reliability, innovation and transformational outcomes. Learn more about Gainwell at [gainwelltechnologies.com](http://gainwelltechnologies.com).