

Optimizing Processes in Medicaid Communications Management

WHITEPAPER:
STATE AND LOCAL GOVERNMENT



Optimizing Processes in Medicaid Communications Management

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ABSTRACT

The History of Medicaid

MEDICAID, THE STATE-FUNDED ENTITLEMENT PROGRAM DESIGNED TO MEET THE MEDICAL CARE REQUIREMENTS OF THE FINANCIALLY NEEDY, IS ESSENTIALLY A SAFETY NET PROGRAM. THE SYSTEM WAS DESIGNED TO PROVIDE CRITICAL NEED SERVICES TO PREGNANT WOMEN, PARENTS AND CHILDREN, THE ELDERLY, AND INDIVIDUALS WITH DISABILITIES. THESE GROUPS ENCOMPASS THE POPULATION AT LARGE THAT ARE UNABLE TO OTHERWISE AFFORD HEALTHCARE. THE PROGRAM PROVIDES COVERAGE FOR 54 MILLION INDIVIDUALS AT A COST OF APPROXIMATELY \$350 BILLION.

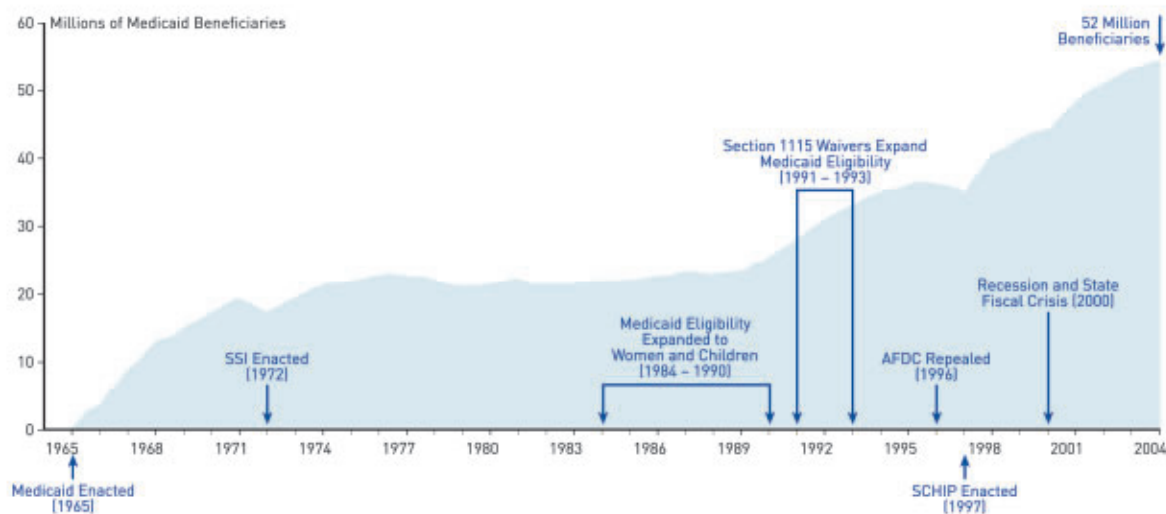
SINCE ITS INCEPTION IN 1965, MEDICAID HAS GROWN SIGNIFICANTLY. TOGETHER WITH THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP), MEDICAID NOW PROVIDES OVER 35% OF THE NATION'S HEALTHCARE COVERAGE.¹

HISTORICALLY, APPROXIMATELY 25% OF ELDERLY AND DISABLED ADULTS HAVE BEEN RESPONSIBLE FOR 70% OF MEDICAID COSTS.²

WHILE THE COST OF ADMINISTERING THE MEDICAID PROGRAM HAS GONE FROM 3.1% OF EXPENDITURES IN 1979 TO 1% IN 2000, FRAUD IS CONSIDERED TO BE ENDEMIC BY SOME.³ MEDICAID POPULATIONS ARE OVERWHELMINGLY INDIGENT—WITH 60% OF FAMILIES EARNING LESS THAN \$30,000 PER YEAR IN 1999⁴—AND OFTEN TRANSIENT. IN ADDITION, THE COMPLEXITY OF CARE HAS INCREASED SIGNIFICANTLY. IN 1966, 87% OF BENEFITS WERE PAID TO INPATIENT HOSPITALS. IN 2001, 35 YEARS LATER, THE INPATIENT PERCENTAGE DROPPED TO 39%, WITH THE REMAINING PERCENTAGE BEING PAID TO OUTPATIENT FACILITIES, HOSPICES, NURSING HOMES, AND HOME HEALTH PROVIDERS.

THESE RECENT INCREASES IN PATIENT VOLUME, COMPLEXITY OF CARE, AND COMPLEXITY OF BENEFITS PRESENT A SPECIAL CHALLENGE TO COMMUNICATIONS MANAGEMENT—DEFINED AS THE PROCESS OF COMMUNICATING BENEFITS, COSTS, POLICIES, AND DIRECTIVES TO BENEFICIARIES, PROVIDERS, CONTRACTORS, AND OTHER MEDICAID CONSTITUENTS.

FIGURE 1: MEDICAID ELIGIBILITY MILESTONES 1965-2003



Medicaid Management Information System

The Medicaid Management Information System (MMIS) is a mechanized claims processing and information retrieval system. The federal government requires every State to implement MMIS, unless a waiver is issued by the Secretary of the Department of Health and Human Services (DHHS).

The objectives of MMIS implementations, which are partially funded by the US Government, are to oversee and regulate:

- Administrative costs
- Service to recipients and providers
- Claims and computer operations
- Management reporting for planning and control

In December 2006, a Medicaid Commission mandated the use of information technology to not only reduce the administrative costs associated with Medicaid processing, but to allow beneficiaries automated access to their medical record information.

Other Commission recommendations portend the future of medical information management in general, such as the implementation of electronic health records by 2012. A 2006 Executive Order mandated that “health care programs administered or sponsored by the Federal Government promote quality and efficient delivery of health care through the use of health information technology, transparency regarding health care quality and price, and better incentives for program beneficiaries, enrollees, and providers”.

States may operate their MMIS systems independently, outsource completely, or in-source using contractors. More information on the actual status of MMIS system deployments can be found at <http://www.cms.hhs.gov/MMIS/Downloads/mmisfaqr.pdf>.

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MMIS Communication Requirements

One of the primary objectives is to support the continued decrease in administrative costs. For communications management, this decrease is translated into a reduction of labor in producing communications between State agencies, beneficiaries, and providers. Most State Medicaid agencies are in contact with a wide variety of constituents, although beneficiaries and providers typically represent the bulk of the transaction volume.

Beneficiary Communications

The communications between the State and the beneficiary are critical to both the success of the administration and the access of quality healthcare for the beneficiary. If the beneficiary does not receive clear, consistent, high quality communications, then their ability to access care is blocked and the care system fails.

Beneficiaries need to know that the enrollment forms, identification cards, provider directories, explanations of benefits, and service approvals that are sent to them are timely, accurate, and intelligible. Conversely, beneficiaries need to be able to submit address changes and life status changes to the State as easily as possible. Effective communication, both inbound and outbound, reduces administrative costs and improves member experience.

Provider Communications

Providers follow a well-defined lifecycle in their interaction with Medicaid agencies. They contract to participate in the program, provide care, and bill for the care provided. Providers must not only be notified of administrative changes in the programs with which they participate, but should also be informed of the patients assigned to their primary care services. The provider's final, and most significant, aspect of the lifecycle is the receipt of payment, reimbursing them for their services.

Most of these communication transactions can be automated since they are triggered by predictable and measurable events.

Communication Challenges

Maintaining correct and up to date information has historically been a difficult task for the Medicaid system. Medicaid beneficiaries repeatedly change addresses due to their transient lifestyle and frequent need for temporary housing. A MMIS system that supports effective communications with beneficiaries must support—at a minimum

- All aspects of address maintenance and storage including:
- Frequent updates
- Multiple or alternative addresses
- Format validation
- Delivery point determination

The reality of a 'black market' for Medicaid identification cards imposes another constraint on Medicaid Communications Management (MCM). The system must be highly adaptive and allow the facile re-issuance, validation, and verification of beneficiary identities.

To be truly effective, all MCM communications must be delivered in English, Spanish, Vietnamese, and Farsi with equal facility.

Providers practice in multiple locations and can practice as solo practitioners, hospitalists, or members of a multi-provider practice. Sending information to the wrong office location can result in delay of patient care and payment. Therefore, an effective MMIS system must accurately maintain a physician's information in their multiple contracted locations and roles.

MITA Standards

The Medicaid Information Technology Architecture (MITA) is a standard developed by the Centers for Medicare and Medicaid Services (CMS), an agency within the US DHHS.

FIGURE 2: MITA BUSINESS PROCESS HIERARCHY



MITA is intended to employ industry standards, off-the-shelf software, secure data storage and transmission, and a common 'look and feel', while allowing for the independent use of specific software or hardware. MITA serves as a guideline and a standard for State agency request for proposal (RFP) and request for information (RFI) specifications.

MITA defines best practices in the areas of business process definition, data management, and technical architecture.

Technical architecture is comprised of two distinct service areas -business services and technical services. Business services perform defined services regardless of implementation platform, while technical services manages the resources provided by a technical platform.

MITA is considered by many to be the next-generation for many State IT capabilities and is expected to have significant impact on the operations of Regional Health Information Organizations (RHIO). *"With its historic requirements for State data warehouses and MMIS, the MITA will be introducing new standards for data sharing, component reuse, modularity, open architecture, collaboration, and security that are sure to exercise significant influence on State systems and, in turn, the entire national health IT effort. Given that Medicaid spending amounts to 22% of all State spending, State CIOs should ensure that whoever in their State is engaged on the MITA is also engaged in developing the State's health architectural domain."*⁵

It is clear that the new Medicaid MMIS initiatives are of great importance to the States, and that MITA-compliant Communication Management is an important success factor for MMIS and State RHIOs.

Transaction Volumes

Over 54 million beneficiaries are expected to take advantage of Medicaid services in 2009. The elderly represent one quarter of that population, but require nearly three quarters of the funding. One can reasonably infer that significant portions of the ongoing beneficiary communication traffic will be made mainly via postal mail. This is due to the fact that, traditionally, the elderly lag behind the population in the use of electronic transactions.⁶

It is surprisingly difficult to determine the number of transactions communicated within the Medicaid system, since this data is not commonly published. In 2002, approximately 44 million Medicaid claims were executed by close to two million beneficiaries and providers in Georgia. That equals nearly 28 claims per year, per Medicaid participant. In California, with the largest beneficiary population of all the States, this would be approximately 124 million claims per year, or approximately 500,000 claims per day. To put this into perspective, Pitney Bowes processes transactions for large commercial institutions at a rate of 5.5 million per day, therefore State Medicaid communication volumes do not present a problem for MCM.

Medicaid Communication Management (MCM)

Over the last few years, Pitney Bowes Business Insight has developed Customer Communication Management (CCM) as a business process concept. CCM comprises the complete event-to-response sequence of every customer-to-business-to-customer interaction. CCM often spans multiple business areas or departments, and in a commercial context usually involves customer service, marketing, sales, and finance.⁷

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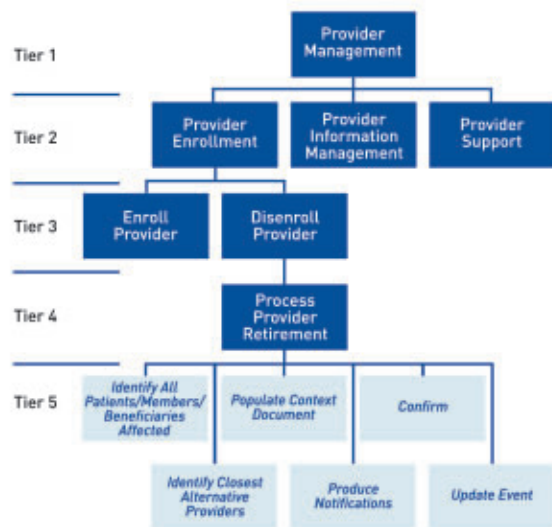
Medicaid’s unique process requirements provide an opportunity to bring the productivity improvement benefits of CCM to the communication processes involved in the administration of these programs, resulting in MCM.

MCM consists of multiple, interacting solution sets that seek to provide comprehensive management of communications between Medicaid agents. In the MITA Business Process Hierarchy (BPH) model, MCM represents a collection of Tier 5 business process groups that meet the communication needs of the Tier 4 or higher business processes.

The example shown in Figure 3 puts into context a single communication transaction thread. To explain further, approximately 6% of the physician population retires each year. When this occurs, it is common for the retiring physician’s staff to reassign the primary and ongoing care patients to alternative physicians. The staff must ensure that the new physician is suited to the patient not only medically, but also in language and location. Many updates are needed when this type of change occurs. For example, not only do new Medicaid cards need to be issued with the new physician’s name listed as the primary care physician (PCP), but the beneficiary records must be updated to reflect the new information.

These steps can, for the most part, be automated, such that a physician retirement notice that may affect 50 or 100 beneficiaries can be processed by a single administrator in a few minutes. This is an example of the advantage of Communications Management in the Medicaid context. It is both an information service in the sense of MITA definition, as well as a method of managing and reducing communication costs.

FIGURE 3: MITA BPH CONTEXT

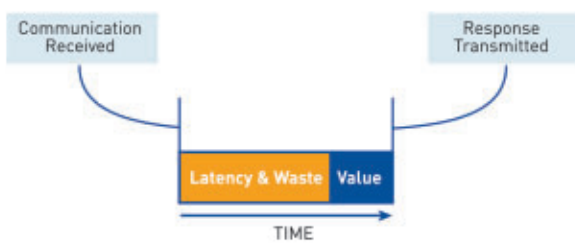


Communications Latency Reduction

As the underlying efficiency driver for communications optimization, MCM eliminates information latency from administrative Medicaid business processes. Latency is defined as the timeframe in which retained information does not add value. This timeframe is depicted in Figure 4.

The timeframe between when communications are received and responses are transmitted, consists of multiple steps and variables. Initially, information is received and stored in either paper or electronic form. It may be moved, stored, or transformed in a variety of ways that do not satisfy customer requirements, and therefore does not imbue an effective response. Subsequently, a set of relevant activities will use the information to transmit an effective response. The total time spent generating the value-add response is usually considerably less than the total lifetime of the received information. Our objective with MCM is to reduce the total lifetime cycle as much as possible, thereby adding value and reducing the information cycle time.

FIGURE 4: LATENCY TIMEFRAME



Reduced cycle time implies reduced retention and latency, resulting in greater information 'travel speed' and less effort.

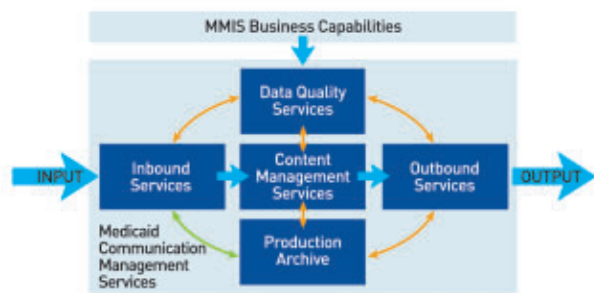
The MCM benefits to State MMIS operations, include:

- Increased labor productivity due to the reduction of manual activities (latency) in the preparation, generation, and processing of communications
- Specified communications based on constituent preferences without incremental cost or productivity loss
- Supported medical record management
- Superior, best-in-class data quality resulting in improved communications
- Customized communications enabling the efficiency of bulk production while generating unique messages

MCM Business Services

The MCM system itself is comprised of several loosely coupled services that are clustered around data management functions. The relationship between the various MCM services follows the sequence of communications processing—consisting of capturing inbound communications, storing the content, determining the required response or action, and generating and transmitting the outbound responses. Ancillary services ensure that the data is accurate and retained for future use.

FIGURE 5: MCM BUSINESS SERVICES



The MCM Business Services, as illustrated in Figure 5, consist of the following:

- **Inbound Services**—accepts and indexes inbound, multi-channel communications
- **Data Quality Services**—normalizes and corrects a wide range of MMIS relevant data
- **Content Management Services**—provides transactional integrity, identification, business intelligence, and workflow support to other MMIS systems
- **Production Archive Services**—manages the archival of communication data
- **Outbound Services**—generates outbound communications based on contextually relevant requests from MMIS business systems

MCM supports the many changes made to today's MMIS business processes. Some of the key process benefits of a modularized communications management system for Medicaid include Closed-Loop Communications, Automated Notifications, and Wellness Management.

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Closed-Loop Communications

Inbound communications must be related to the proper constituent, a process called indexing. Indexing is a two step process. First, an image is received and assigned to its correct provider or beneficiary record. Second, other transactional information is associated to the same record within the processing system. This process encompasses up to 12% of the total claims labor—accounting for the majority of the work effort in claims and other communications for today's organizations.

Closed-Loop Communications are intended to eliminate the need for manual indexing. To achieve this, it is a priority for the communications agent to receive machine readable context information. In this way, the image, and its scanned result, can automatically be presented to the responsible administrator without further human intervention.

For paper transactions involving signatures, the closed-loop process is accomplished by utilizing forms with two-dimensional bar codes already affixed (either mailed or printed from the State agency website). These bar codes are read by the scanner and auto-indexed directly to the attention of the administrator working on the case. MCM handles e-mails similarly by creating either context personas (“please click here to reply”) or web e-mails. Electronic Data Interchange (EDI) and similar bulk electronic transmissions are already auto-indexed via ANSI protocol regulated via the Health Insurance Portability and Accountability Act (HIPAA).

FIGURE 6: CLOSED-LOOP COMMUNICATIONS



Automated Notifications

A tremendous amount of effort is spent generating periodic or event driven communications in legacy systems. The following outlines three examples of semi-automated MCM transactions:

- MCM utilizes event triggers to monitor authorizations that are nearing expiration by date or number of services. MCM then provides proactive messages to both beneficiaries and providers to extend or review the authorizations.
- MCM includes State agency specific messaging in enrollment and benefit documents to streamline processes. Specific message generation rules can include exception mass-customized considerations in paper or electronic form. No longer must administrators provide the exception text to the entire population in pre-defined letters.
- The introduction of a generic drug that replaces or augments an expensive brand drug can be used to trigger an automated message to all beneficiaries asking them to purchase the generic version as of a certain date—without additional administrative overhead.

Wellness Management

The following two examples illustrate, in detail, how MCM supports large population Wellness Management plans as part of routine transactions:

- Beneficiary birth dates or similar life events can trigger predefined, recommended messages suggesting preventative measures, reducing exposure to later treatment costs.
- State Medicaid agencies can augment their on-line enrollment of new dependents to existing beneficiaries. The MCM system generates temporary identification cards which are available on screen. Follow-up documentation, such as age specific wellness mailings, can be included in the mailing of the permanent ID card. Supporting documentation can also be uploaded to the beneficiary's website 'persona', if required.

These are just some of the hundreds of communications 'threads' or transactions that MCM can optimize.

FIGURE 7: TECHNOLOGY VALUE-ADD FOR MEDICAID BUSINESS PROCESSES

| BUSINESS PROCESS | CURRENT TECHNOLOGY RESOURCES | FUTURE MMIS RESOURCES | MCM VALUE-ADD |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claims Entry | <ul style="list-style-type: none"> HIPAA transaction Data Entry Proprietary formats | <ul style="list-style-type: none"> Scan/OCR Data Entry HIPAA transaction Direct entry Additional formats | <ul style="list-style-type: none"> Auto-indexing support Closed-loop transaction |
| Claim Edits | <ul style="list-style-type: none"> Pend-codes, pre-defined | <ul style="list-style-type: none"> Rules-based | <ul style="list-style-type: none"> Code data quality, matching and mapping |
| Claim Pricing | <ul style="list-style-type: none"> Pre-determined | <ul style="list-style-type: none"> Rules-based | <ul style="list-style-type: none"> Support for automated transmission of EOBs |
| Ad Hoc Reporting | <ul style="list-style-type: none"> Inflexible, focused tools Little or no Decisions Support Systems (DSS) | <ul style="list-style-type: none"> DSS Adaptive Web-enabled | <ul style="list-style-type: none"> Communication and location intelligence |
| Surveillance and Utilization Review Services (SURS) Eligibility | <ul style="list-style-type: none"> Manual fraud detection, inflexible Legacy tools, hard coded eligibility rules | <ul style="list-style-type: none"> Continuous checks, profile alerts, web-enabled Rules-based data sharing Web-based | <ul style="list-style-type: none"> CCM repository identifying all communications transactions by agent Data quality (identification, master record) |
| Provider Certification | <ul style="list-style-type: none"> Manual | | <ul style="list-style-type: none"> Data quality (identification, master record) General communication |
| Inquiry | <ul style="list-style-type: none"> Telephone, mail, HIPAA transaction | <ul style="list-style-type: none"> HIPAA transaction Web-enabled Simplified mail Interactive Voice Response Systems (VRS) | <ul style="list-style-type: none"> Web, mail, or HTML-enabled bi-directional communication |
| Archive Access | <ul style="list-style-type: none"> Paper files Microfilm/fiche | <ul style="list-style-type: none"> COLD Web-enabled | <ul style="list-style-type: none"> Archive/document repository Inbound subsystem |

MCM Technical Services

Many of the major communications business processes, currently implemented within most State Medicaid agencies, can significantly benefit from effective MCM.

To clarify the value of MCM in MMIS system development, consider the matrix of technology value-add for Medicaid business processes in Figure 7.

To be successful, every MCM system must be easily adaptable to existing State MMIS technology environments. To achieve this, MCM must be integrated with legacy systems, and existing inbound and outbound communications equipment must be utilized. Figure 8 depicts the operational context of a deployed MCM system.

Data Management

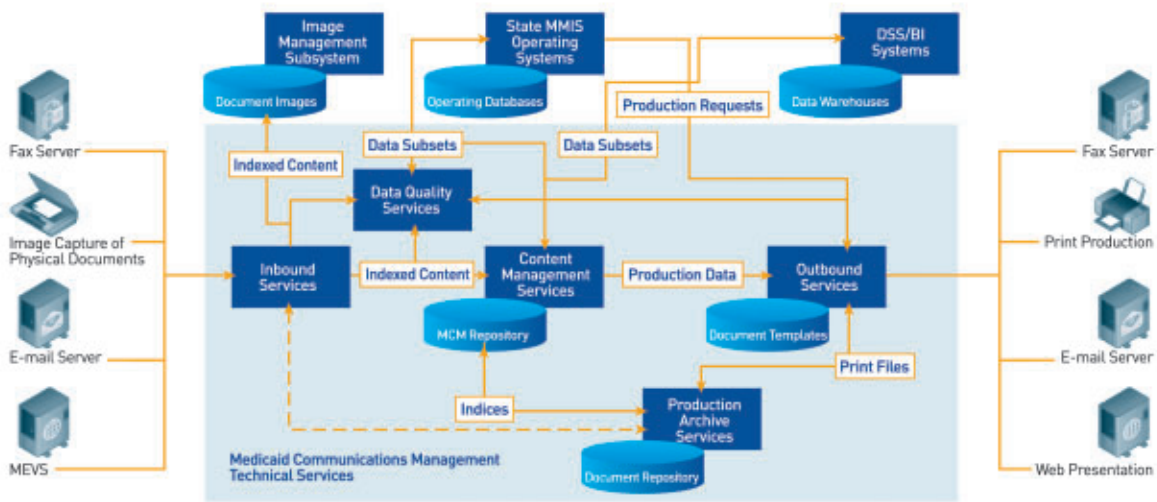
The MCM Data Management strategy fully embraces the MITA Hub model. In order to fully benefit from MCM communications competence, MMIS communications-relevant data must be accessible, shared, and integrated with overall metadata definitions.

MCM must be able to read and import data on a continuous basis from operating and other sources. MCM features a full complement of CCM-specific Extract-Transform-Load (ETL) capability that can connect to hundreds of structured and non-structured data sources. In this way, MCM is able to create a repository that associates external communication agents with each individual communication sent and received, regardless of channel. Conversely, this important information can be made available to MMIS business systems as requested with arbitrary frequency.

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FIGURE 8: MCM IN DEPLOYMENT CONTEXT



The transition from a mainframe-centric implementation to a distributed service-oriented architecture is not sudden. History has shown that the large amount of capital invested in legacy databases and database technologies makes them practically indispensable in many operations. The MCM data systems must provide the ability to extract and submit data to databases such as IMS, Btrieve, and similar systems. Furthermore, critical information is contained in unstructured data sources such as text files, documents, and spreadsheets.

Data Quality Services

Data Quality is critical to meaningful MMIS operation. This includes not only accurate names and addresses, but also provider information, contractor information, and service codes. Correct information is absolutely essential for effective communication with Medicaid constituents.

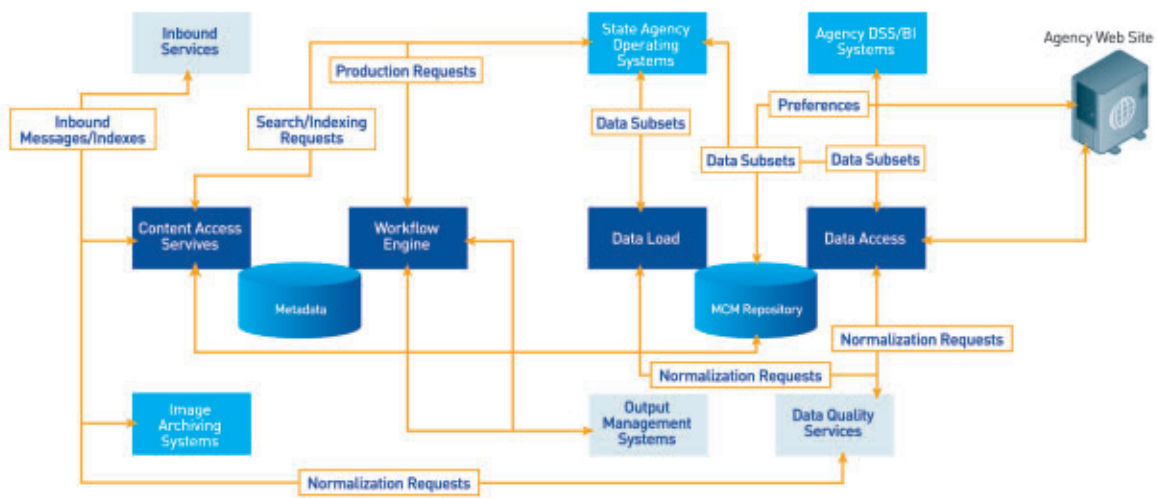
COMMON DATA NORMALIZATION SERVICES

The MCM system provides a common system set in the form of Data Quality Services (DQS). These systems provide a list of services to validate names, addresses, codes, code mappings, telephone number formats, and e-mail addresses. MCM DQS is a graph programmable system that provides architects and system administrators with the ability to quickly and simply define data quality rules. The DQS can be used for a variety of data normalization uses, such as generating unique provider or customer key data, or providing anonymous extracts for HIPAA-compliant review lists.

SERVICE CODE MAPPING

The conversion and simplification of HIPAA rules has significantly impacted state operations. In particular, service code and code indexing systems were pervasively constituent in software and databases throughout MMIS operations. The MCM DQS provides a simple way to offer transactional mapping services as a bridge solution that maps old to new codes for internal operations without immediate re-programming.

FIGURE 9: MCM CMS



ENTITY IDENTIFICATION

Beneficiaries and providers frequently rely on e-mail to discuss issues relating to claims, care, and questions. Some commercial claims processors are deluged by hundreds of thousands of free text e-mail queries and information responses.

This phenomenon demands that a communications management system associate not only reply to the sender but also include content related to the claim or case context for which the e-mail was sent. This can be done by identifying entities that are embedded in the e-mail text, such as names and addresses.

HOUSEHOLD IDENTIFICATION

A common problem in eligibility management is the identification of household members. People living in a household do not necessarily share the same last name. The MCM DQS is able to determine associations based on address only, or on other data items as determined by State eligibility analysts.

Inbound Message Services

Documents are captured via FTP, HIPAA-compliant EDI, e-mail servers, OCR/scanners, bar code readers, and other similar devices. Inbound images can be stored either in the MCM repository or indexed into an external image management system.

Content Management Services

The MCM Content Management Services (CMS) system, as shown in Figure 9, is the heart of the MCM system. This is the point where inbound meets outbound communication, and where data from operating systems is updated from inbound communications as well as merged into outbound processes.

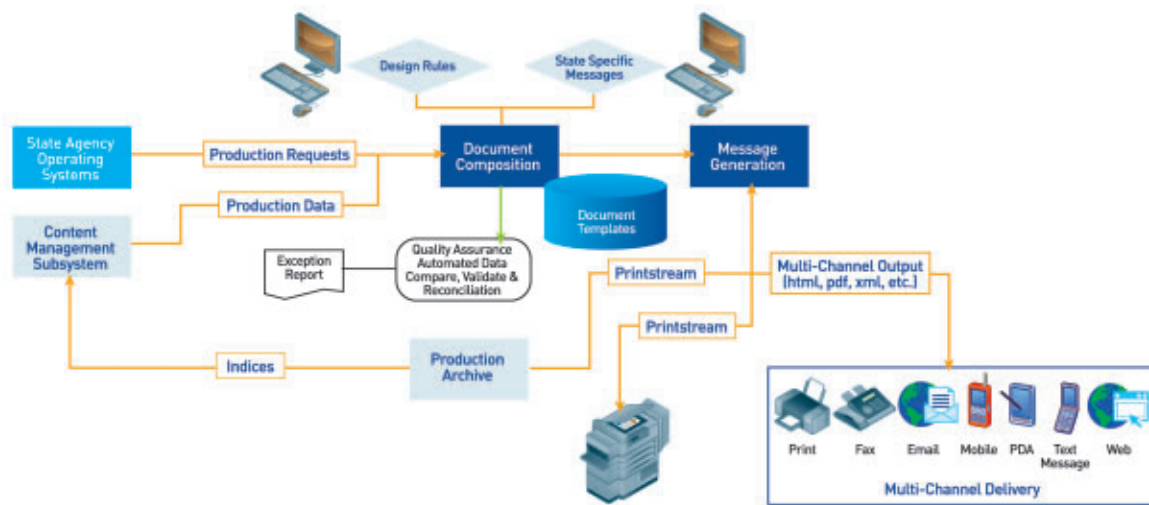
The MCM content management system:

- Identifies communications content
- Manages content and communication data relationships via the MCM repository

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FIGURE 10: OVERVIEW OF MCM OUTBOUND SERVICES



- Provides limited workflow services to partially automate the production of messages
- Exchanges communications-relevant data with existing and legacy systems
- Provides communication intelligence support for DSS

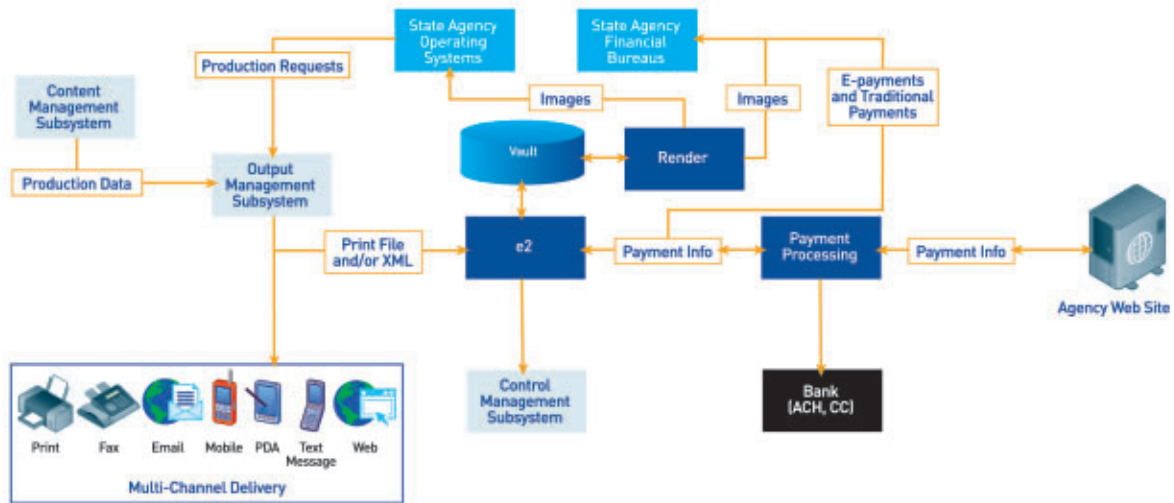
The CMS offers integrated viewing of 180 document types, full text searches, and sophisticated content search filters with Boolean, wildcard, and fuzzy comparison algorithms. It also provides version control with master and sub-file support to construct visual association of documents. MCM CMS also offers a wide variety of e-mail management capabilities. The records management capability allows administrators to define and execute document and communications retention policies.

Outbound Message Services

COMPOSITION

The MCM outbound subsystem provides facilities to efficiently author professional, personalized member correspondence with a system-managed word-processor-like interface. Once suitably configured, it populates fields with data from the MCM repository, reducing manual, error-prone key-entry. State administrative analysts share approved content stored in the MCM repository and can easily author ad hoc content for immediate or high-volume batch production. The composition system scales to support thousands of concurrent users. It also supports remote and distributed access via a customer-care cockpit, an intranet, or an external internet.

FIGURE 11: OVERVIEW OF MCM PRODUCTION ARCHIVE SERVICES



As depicted in Figure 10, the features of MCM Composition Services include:

- Creating and controlling of document content by end user departments
- Integrating with MCM repository
- Allowing users to safely and securely assemble, proof, approve, and signoff on documents from any web browser
- Scaling to support workgroups, departments, or enterprise-wide users
- Transforming word processing documents or graphic files into interactive templates that prompt end-users for answers.
- Enabling state agency supervisors and analysts to create templates without IT resources

MESSAGE GENERATION

Message Generation consists of converting a document template into an image. Data parameters in the templates are populated with data from the MCM repository.

The invocation of a Message Generation service is usually initiated by a claims processing, provider management, or care management application. Any appropriate business service has the capability to generate pre-defined messages and transmit them to a Medicaid constituent by a simple service request.

Message Generation includes:

- Commingling (merging of single prints into a composite) and splitting of print streams
- Inserting two-dimensional barcodes, keyline information, and postnet or four-state barcodes
- Archiving reprints

The message channel is usually selected by the transmitting business systems, but can be selected by beneficiary preference. This preference can be captured via web service or customer support application in the MCM repository. Subsequent transmission of messages can then use this definition and preferred channel -e-mail address instead of postal mail, or postal mail instead of facsimile.

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Production Archive

The Production Archive provides a central repository for the long-term storage of customer communications and other relevant historical information. The Production Archive is the outbound storage complement of the MCM repository and forms a central point of collection for all outbound documentation.

The MCM Production Archive services provide real-time indexing, compression, storage, and retrieval of high-resolution business documents, regardless of age or size. This provides very fast loading and retrieval speeds independent of size or age of a document.

This remarkable capability is accomplished in part by storing documents in their native print format. This native form, compressed source character set, is not readable by humans. It requires a render engine, shown in Figure II, which recreates readable documents in real-time in the customer's preferred format upon retrieval. In essence, the archive trades retrieval speed and space efficiency for access-time processing power. In addition, the Production Archive:

- Provides a high speed, scalable solution—ingesting millions of compressed outbound documents per hour
- Supports high-speed retrieval of documents and high volumes of concurrent users, with no degradation in performance
- Eliminates the need for expensive, high maintenance storage devices
- Satisfies legal and records management requirements for archiving
- Stores and retrieves all print document types and other data as well
- Includes easy add e-payment option as part of web-based provider or beneficiary services

Online Account Management

The OnlineAccount Management (OAM) suite provides web-based self service and a common invoice or account statement presentation portal.

Medicaid constituents, such as beneficiaries and providers, are able to review all types of documents, including EOBs and account statements, online. The system also offers secure and flexible electronic payment capabilities. With this technology, users can deploy on-line presentment providing customers with easy enrollment, e-mail notification, and electronic payment options.

Providers have immediate, secure online access to multiple years of claims, statements, correspondence, and other communications, if so configured. Pre-processed claim forms can be printed from the Internet for manual completion, or submitted via the Web.

The MCM OAM capability provides:

- Documents distributed and archived to remote locations
- Native documents rendered in real-time, providing a common platform for paper or electronic submission of messages and information
- Bill presentment and e-payment capabilities
- Features and benefits page access
- Regulatory or advisory documentation views
- State Medicaid services web site integration providing common look and feel
- Future value-add information services support for State agencies

Summary

To serve the public in the best possible way, State Medicaid agencies are required to continually improve their services. To achieve this goal, a number of State and Federal initiatives have been launched to lower costs and improve services. Communications Management is an integral part of this important effort.

Pitney Bowes Business Insight offers Medicaid Communications Management processes and services that help State agencies to:

- Increase labor productivity by reducing the manual activities involved in the preparation, generation, and processing of communications
- Provide providers and beneficiaries with the ability to specify their communications preferences without incremental cost or productivity loss to agency operations
- Support emerging medical record management
- Ensure data quality to improve communication precision
- Implement mass-customized communications to constituents

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2. Pew Center on the States, Special Report on Medicaid: Bridging the Gap between Care and Costs, January 2006
3. CHAIRMAN’S STATEMENT Hearing: “Bolstering the Safety Net: Eliminating Medicaid Fraud”; Senator Tom Coburn, M.D., Subcommittee on Federal Financial Management, Government Information, and International Security, March 28, 2006. “...estimates of the scope of Medicaid fraud are all over the map, but are likely to be no lower than 10%, and could be, in some states such as New York, during some years, as high as the 30-40% range. In just one year, New York was defrauded by, some have estimated, as much as \$18 billion.”
4. KFF Medicare Chartbook, 2001. <http://www.kff.org/medicaid/index.cfm>
5. The (IT) Doctor Is In: The Role of the State CIO in Health IT; NASCIO Issue Brief, February 2007

6. Pew Internet and American Life Project surveys: Internet User Demographic Profile. Note that the typical Medicaid beneficiary is least likely to use the Internet.

Pew Internet & American Life Project, February 15 – April 6, 2006 Tracking Survey. N=4,001 adults, 18 and older. Margin of error is ±2% for results based on the full sample and ±2% for results based on internet users. Please note that prior to our January 2005 survey, the question used to identify internet users read, “Do you ever go online to access the Internet or World Wide Web or to send and receive email?” The current two-part question wording reads, “Do you use the Internet, at least occasionally?” and “Do you send or receive email, at least occasionally?”

Last updated April 26, 2006.

| AGE | |
|---------------------------|-----|
| 18-29 | 88% |
| 30-49 | 84 |
| 50-64 | 71 |
| 65+ | 32 |
| RACE/ETHNICITY | |
| White, Non-Hispanic | 73% |
| Black, Non-Hispanic | 61 |
| English-speaking Hispanic | 76 |
| COMMUNITY TYPE | |
| Urban | 75% |
| Suburban | 75 |
| Rural | 63 |
| HOUSEHOLD INCOME | |
| Less than \$30,000/yr | 53% |
| \$30,000 – \$49,999 | 80 |
| \$50,000 – \$74,999 | 86 |
| \$75,000+ | 91 |

| EDUCATIONAL ATTAINMENT | |
|------------------------|-----|
| Less than High School | 40% |
| High School | 64 |
| Some College | 84 |
| College+ | 91 |

7. Pitney Bowes Group 1 Software White Papers:

- Communication Intelligence and ‘Straight Through’ Policy Production: Bringing More Accuracy, Responsiveness, and Efficiency to Policy Production and Underwriting Automation
- From Bottleneck to Breakthrough: How Real-Time Claims Communication Can Optimize Customer Experiences, Productivity, and Profit
- A ‘Wellness Plan’ for Subscriber Documents: Best Practices in Document Design and Delivery for Superior Customer Communication Management



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