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3 Top Challenges for Home Care Providers Embarking on the Medicaid Market

How to overcome common hurdles



Many in-home care providers have historically worked with Medicare or patients to deliver home health following an acute-care episode or another health event. Yet in a market that is increasingly focused on coordinated care and diversification among health care providers, some are looking more closely at the opportunities around delivering care to Medicaid beneficiaries.

It can be a lucrative move from a business standpoint, but there are challenges associated with entering any new payment reimbursement space. Here are three of the top challenges providers face when they start delivering care to the Medicaid population, and some best practices around how to overcome them.

► VOLUME ISN'T WHERE IT NEEDS TO BE

Medicaid in-home care clients carry a much lower average billing rate than those associated with Medicare enrollees. In fact, it can take up to ten times as many Medicaid patients to comprise the same profit associated with a single Medicare patient. High volume is critical when entering the Medicaid space.

► WHAT YOU CAN DO:

Some organizations opt to expand into new states and markets as a way to increase visit volume. Others target specific referral channels and partnerships as a way to drive more business. Whatever the strategy, consider that entering new markets with new rules requires preparation, and a technology partner can help by providing operational efficiencies in areas where your business may not have previously offered services.

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▶ NEW STAFFING CHALLENGES ARISE AS CONTINUITY OF CARE INCREASES

One major difference between serving a Medicare beneficiary market and serving Medicaid beneficiaries is the duration of a patient-caregiver relationship. While Medicare-reimbursed post-acute episodes may last a number of days or weeks, Medicaid-reimbursed care relationships can last months or even years. This can be a mindset-shift for care staff who are accustomed to short-term relationships with patients, and also to management in light of a challenging staffing environment where turnover is a primary concern.

▶ WHAT YOU CAN DO:

Focus efforts on retaining staff and reducing turnover, as the relationships with patients are likely to be much longer than they are when working with Medicaid beneficiaries. Inform staff about the key differences between in-home care as a covered Medicaid benefit and home health care, as a covered Medicare benefit. Ensure that staff understand the two programs and how they work. When it comes to managing billing, scheduling and other day-to-day operations, train staff in advance on the changes they will encounter under payment structures that are new for the company.

▶ OPERATIONS AREN'T ALIGNING

The Medicaid-reimbursement market is known for having low margins, which puts added pressure on operations in areas such as scheduling, visit verification and billing. In Texas, for example, care providers are required to adhere to Electronic Visit Verification (EVV) rules under a state-specific system, and all states will have a requirement around EVV starting in 2020.

Changing regulations add to these pressures, particularly for operators that are new to the space. A missed visit cuts deeper, for example, when the margins are lower. Or, entering data relating to visit verification may be something an organization has not planned for in terms of its resources. Therefore, it's critical to have operations ready and in alignment to handle the new environment.

▶ WHAT YOU CAN DO:

Lean on a software partner that has expertise in both Medicare and Medicaid. This partner should be able to support your organization's needs, including being up to date on changing rules and regulations, with software updates to accommodate changes as they take place.

The shift to providing care services for Medicaid beneficiaries can be challenging, but it can also serve as a worthwhile business expansion for companies providing in-home care services.

ABOUT CONTINULINK

ContinuLink has the ability to seamlessly manage multiple lines of businesses across different locations and states as well as the support for virtually all payers. Medicaid across 49 states, Medicare, insurance, private pay puts ContinuLink in a class of its own.

ContinuLink uses effective revenue cycle management to help businesses deliver quality care and realize an immediate revenue increase—this is a solution your business won't outgrow.

About Complia Health

Complia Health is a leading global provider of technology and expertise for the long-term and post-acute care market. Nearly 3,000 home health, residential, community care, and hospice organizations count on Complia Health for the clinical, operational, and financial solutions required to deliver quality care. Complia Health's innovative products—including Procura, ContinuLink, Suncoast, Igea, and Progresa—are supported by a team of global health and technology experts located in the United States, Canada, and Australia.



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