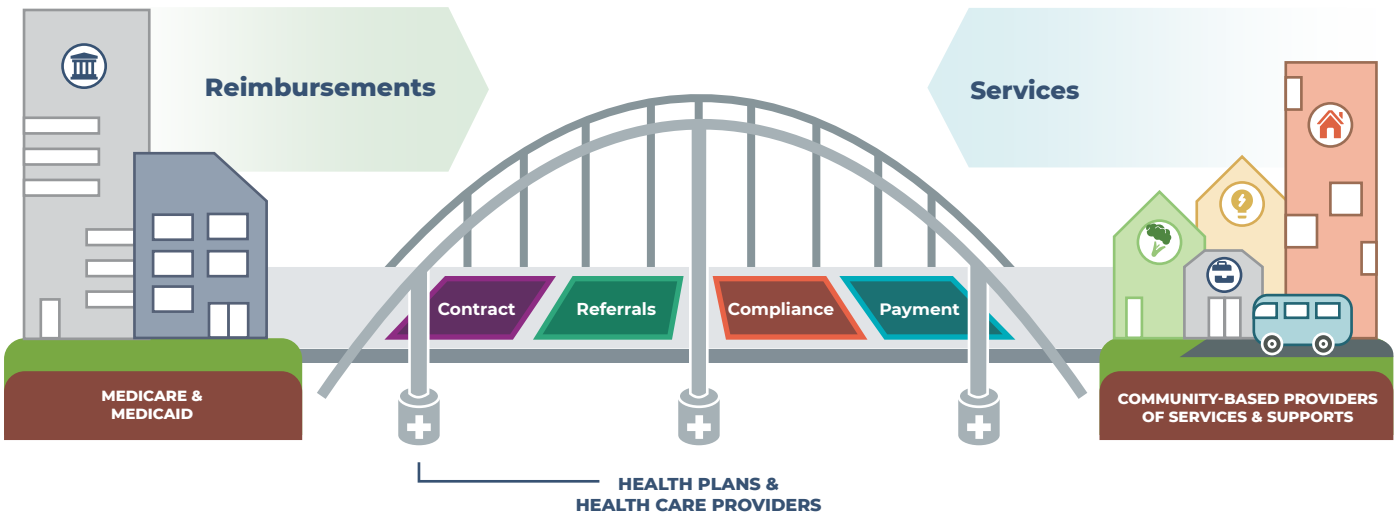
The Infrastructure of Integration

Community-based providers of food and nutrition, housing, transportation, and similar supports are increasingly contracting to furnish Medicare and Medicaid benefits. Regulators, CBOs, health plans, and health care providers all have a role to play in the process of integration.



The foundations of insurance program participation

Contracting & Credentialing

The legal agreements that must be in place to provide services in the insurance program. Contracting and credentialing involves vetting service providers for licenses, insurance, policies, and other qualifications to meet health care and regulatory standards.

Eligibility, Referrals & Authorizations

Activities to verify who qualifies for which services, under what conditions, and for how long. Activities may include verifying Medicaid status, checking benefit coverage, and obtaining prior approvals before service providers can deliver services.

Policy, Compliance & Reporting

Law, policy, and other other rules that influence operations. Among other topics, requirements may relate to data privacy, documentation, audits, quality reporting, and program integrity safeguards.

Billing, Claims & Payment

The navigation of claim forms, coding rules, resubmissions, denials, and payment timelines so that service providers are paid.

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