

case study:

Third-Party Billing & Fiscal/Employer Agent Services for State and Medicaid Waiver Programs in New Jersey



THE CLIENT

New Jersey Department of Health and Seniors Services (DHSS), Division of Aging and Community Services (DACS)

THE PROJECT

Statewide third-party billing agent and Fiscal/Employer Agent services for two home and community-based services (HCBS) programs administered by DHSS-DACS.

"Always a pleasure to talk to your staff when I need assistance."

-Agency provider in New Jersey

THE OPPORTUNITY

New Jersey DHSS-DACS administers two statewide HCBS programs, Global Options (GO), a Medicaid waiver program serving a variety of populations; and, Jersey Assistance for Community Caregiving (JACC), a state-funded program serving adults with physical disabilities who do not qualify for Medicaid. These programs provide long-term services and supports for eligible individuals with disabilities and senior citizens to reside in the community as independently as possible.

In August, 2006, PCG Public Partnerships, LLC (PPL) was awarded a contract for a statewide third party billing and fiscal employer agent services, replacing a local vendor. One of Public Partnerships's early contributions to the state was the initial quality check and assistance in improving the HCBS database and service authorization system. These tasks required re-designing significant portions of the system while in live production.

THE PPL APPROACH

Upon award of the contract, PPL performed the following:

- Customized PPL information technology systems to meet unique state program requirements;
- Collaborated with DHSS-DACS to implement enhancements to the HCBS database and service authorization system;
- Developed and implemented accounts payable systems and processes to support participants to receive case manager authorized agency and vendor services;
- Developed and implemented payroll and tax systems and processes to support participants to exercise employer authority by hiring participant-employed providers;
- Developed and implemented a Medicaid claiming system for submitting claims to the MMIS vendor;
- Developed and implemented co-pay billing and collection processes based on the sliding scale for the financial participation in JACC; and
- Developed and implemented a state-of-the-art customer service call center.

THE RESULTS

- Seamless transition of approximately 4,500 participants from the incumbent vendor to PPL;
- Program growth from 4,500 participants in 2006, to more than 6,700 active participants in 2011;
- Accounts payable services for over 300 agency providers annually;
- Payroll services for over 700 participant-employed providers annually;
- Bi-weekly payroll and Medicaid claims submission in excess of \$500,000;
- Collection of co-pay requirements for over 600 JACC participants;
- Effective working relations with care coordinators, care managers, and county liaisons.