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Filling the Gaps in Medicaid Modularity

Don't Let HCBS Waiver and Self-Directed Benefits Programs Fall Through the Cracks

major technology transformation is underway across the U.S., as states act on recent mandates and incentives from the Centers for Medicare and Medicaid Services (CMS) to modernize their Medicaid Enterprise Systems (MESs). In calling for a modular approach to MES modernization that leverages interoperable COTS solutions and agile implementation methodologies, CMS has upended a staid, decades-old market. Regulators have expressly called on new entrants with proven business solutions to disrupt the Medicaid IT environment. But where can companies like MicroPact, with deep domain expertise and a low-code application development platform, entellitrak, that meet these requirements, add the most value?

HCBS 1915 Waivers and Self-Directed Services

Now a few years into MES modernization, states are making progress in the face of multiple challenges: ambiguous module definition, increased procurement complexity, multiple vendor relationships, and new project governance responsibilities. State Medicaid agencies are adjusting to their project management role, and legacy Medicaid Management Information System vendors are adjusting to their system integrator role, working with multiple vendors while continuing to provide foundational modules themselves. As states advance from module definition to procurement to implementation, it's becoming clear



that niche programs with special eligibility and service requirements are often outliers on the MES roadmap. MicroPact is ideally suited to fill these gaps. Medicaid home and community-based (HCBS) 1915 waiver program management is a great example.

Under HCBS waivers, states can provide services to eligible beneficiaries who prefer to get long-term care services and supports in their home or community. With four related options — 1915(c), (i), (j), and (k) — HCBS programs offer several advantages: services outside of an institution are typically far less costly, participants can remain in their community, and, if they choose to, participants or their representatives can select and manage the "self-directed"





services they need, within a budget. States can operate as many HCBS waivers as they want, and nearly all states currently offer them.

Self-directed care programs in particular require a completely different set of roles, permissions, coordinated workflows, and interfaces than typical care management systems. MicroPact's self-directed benefits solution is purpose built to manage all care plan development and monitoring, assessments and screenings, service authorization and coordination, payment authorization and disbursement, and reporting. Because entellitrak uses open standards, it can easily be integrated with the larger MES.

Purpose-built for the Public Sector

Beyond HCBS waiver management, MicroPact offers proven, continuously configurable COTS solutions ideally suited for Medicaid modernization. Here's why:

- Our low-code application development platform for case management, entellitrak, supports the CMS seven standards and conditions for enhanced funding, including alignment with the Medicaid Information Technology Architecture framework.
- MicroPact is a FedRAMPSM compliant cloud service provider, which means we meet the federal government's highest security standards for cloud environments. entellitrak-based solutions can be hosted on premise or via Platform as a Service and Software as a Service models.
- entellitrak can be obtained under a concurrent licensing model, which means agencies pay for how many people are using the system at the same time, not how many people might use it in total. Unlike back-office users or providers, public portal users such a Medicaid beneficiaries checking the status of a claim or encounter do not need a license to log in at all. This can amount to substantial savings compared with other licensing models.

For further details, please contact our sales team at 703.709.6110, or by email at sales@micropact.com.

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