

Claims Management

ACCELERATE YOUR CASH FLOW AND IMPROVE EFFICIENCY WITH MATRIXCARE[®] CLAIMS MANAGEMENT

MatrixCare Claims Management is an easy-to-use tool that streamlines claim processing, resulting in faster reimbursements and improved cash flow. This one-stop shop provides everything you need to process your claims easily and efficiently:

- Connections to thousands of payers
- Best in industry edits ensure an acceptance rate of over 93% upon first submission
- Integrated rejection and denial workflow
- Electronic remittance with thorough remit-to-claim matching
- Easy access to claim data via the Claim Tracker, enabling you to trace the progress of each claim

PROCESS YOUR CLAIMS EFFICIENTLY AND CONSISTENTLY

Via our clearinghouse, Claims Management currently offers electronic connections to almost 2,000 Medicare, Medicaid and other commercial insurance payers for the transmission of UBs and 1500s. Our vast payer list grows larger each day as we continue to build new connections with payers as they become available. State legislation continues to require providers to send and receive claims and ERAs electronically, so MatrixCare Claims Management enables you to be ahead of the curve in accommodating the diverse payer pool required for your electronic claims and remittance transactions.

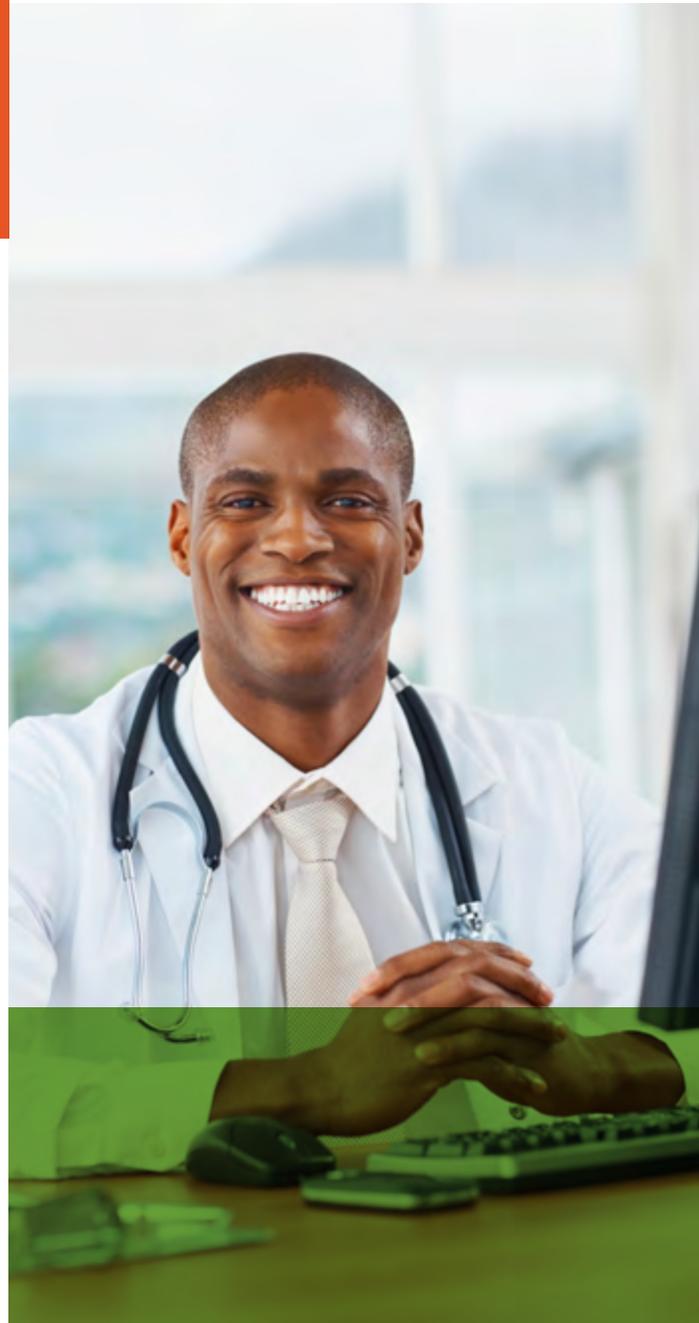
In addition, as state Medicaid payers increasingly transition to Managed Care Organizations (MCOs), MatrixCare manages this transition to ensure uninterrupted reimbursement for our clients. Our clearinghouse completes all beta testing with the new payer(s) to determine the changes required for a successful transition.

ONE UNIFORM CLAIMS TRANSMISSION INTERFACE

Our clearinghouse maintains the connections to the many payers you submit to electronically each month for you, so your business office doesn't need to spend time on the provider-specific enrollments, connections (sometimes at a cost), and/or hardware required. Because our clearinghouse maintains this on your behalf, your staff does not have to spend a minute of their time on connectivity, and transitions are handled seamlessly by the clearinghouse.

CLAIM TRANSMISSION MONITORING AND MANAGEMENT

Our clearinghouse assumes the responsibility of monitoring all claims transactions sent to and received from payers on your behalf. Edits are delivered daily, with system alerts built in to identify batch or claim rejections immediately, and batches are updated and resubmitted on your behalf. Once claims are confirmed successful, 276 messages are sent for you, and 277s received from payers are posted directly to your claims for your reference.



The Claim Tracker tool offers a full audit trail for each claim, enabling you to trace the status and progress of each claim. This tool enables your staff to track the claim lifecycle and provides the visibility needed for just-in-time response to minimize delays.

Claims Tracker											
Total Claims: 300		Total Payers: 14,000		Date Range: 11/11/2013 - 11/17/2013		View Claims Overview		View Claims Details			
Claim ID	Payer Name	Batch ID	Batch Amt.	DATE OF SERVICE	Received	In-Process	Revised	In-Process	Finalized	Finalized	REMITTANCE ADJUSTMENT
1407	BlueCross of Georgia	2760205101	\$4,140.00	03/16/2013	✓	✓	✓	✓	✓	✓	0.00
1408	Freedom Blue Cross	2702849234	\$10,000.00	02/18/2013	✓	✓	✓	✓	✓	✓	0.00
1409	Assuredent	140001	\$400.00	01/05/2014	✓	✓	✓	✓	✓	✓	0.00
1410	Auto	4500000000	\$99,000,000.00	12/30/2013	✓	✓	✓	✓	✓	✓	0.00
1411	Medicare (MO)	020001	\$0.00	08/26/2013	✓	✓	✓	✓	✓	✓	0.00

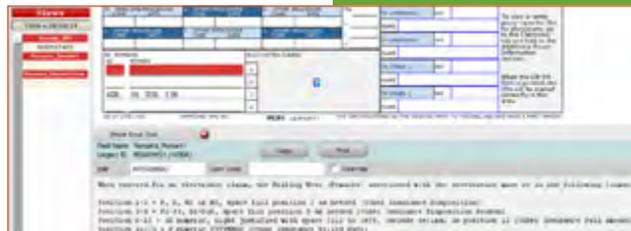
835 electronic remittance advice (ERA) files are posted automatically to claims in MatrixCare, initiating the automatic creation of deposits, cash receipts, and charge distributions. Remit delivery is monitored, so that if an expected remit delivery is not received, an alert is sent and action is taken to contact payers immediately to investigate. You can easily review the imported remit detail on the payer's activity, and a variety of reports help you review payments.

INCREASE ACCURACY AND FIRST TIME PAYMENTS

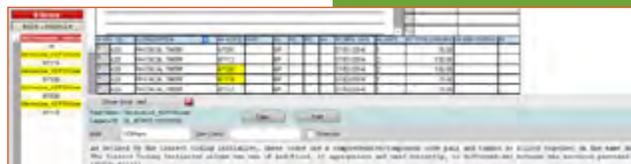
In addition to providing connectivity to thousands of payers electronically, Claims Management contains edit errors that are specific to each payer's unique billing requirements. These edits are designed to identify possible billing and/or coding errors to prevent rejection and ensure first time payment. Our clearinghouse reviews thousands of publications daily and updates the edit errors every night to stay up-to-date with each payer's requirements.

The following list highlights a few of the edits built in to Claims Management:

ALL long-term care state-specific edits, such as Texas Medicaid.



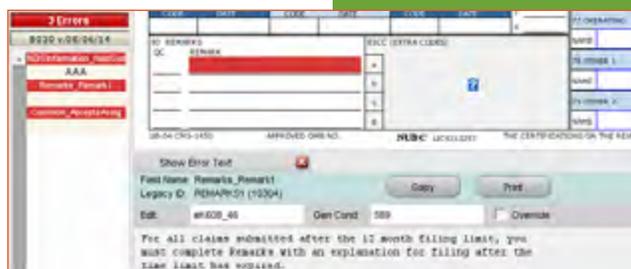
Correct Coding Initiative (CCI) edits, which can be set to error or warn based on an organization's preference.



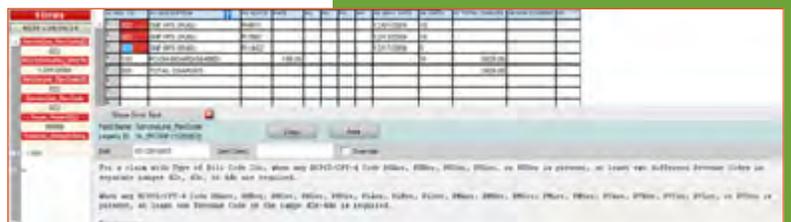
Medical Necessity edits, which connect you directly to the CMS site for more Local Coverage Determinations (LCDs) upon clicking More Info.



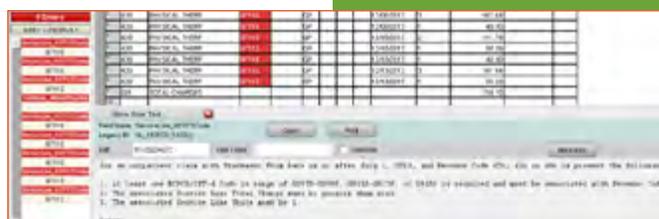
Timely filing requirement edits, which can be set up to prohibit claim release or to require delay information as necessary.



Medicare Part A edits to flag claims missing therapies, per RUGs.

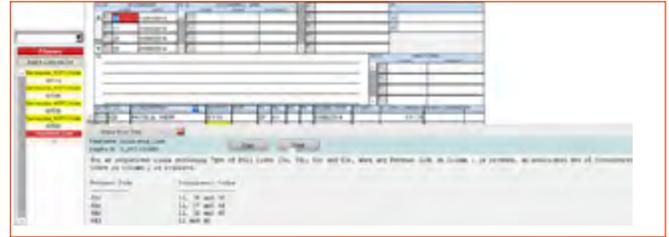


Medicare Part B G-code edits.

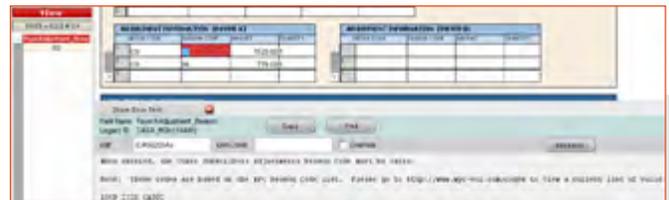


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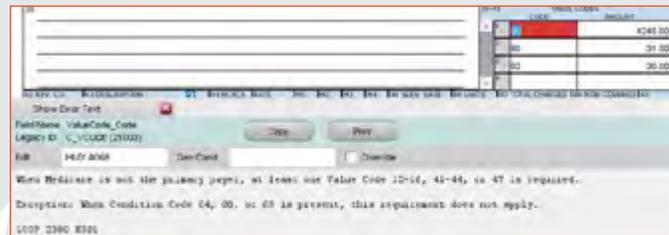
Medicare Part B edits to flag missing occurrence codes.



For co-insurance/secondary claims, edits for each payer/LOB for primary payment information. For example, MI Medicaid (as copayer).



Medicare as Secondary (MPS) edits.



These edits ensure that claims are correct upon first submission, significantly reducing rejections and rebills.

RELAYHEALTH, TOP RATED CLEARINGHOUSE

Our Claims Management clearinghouse, RelayHealth, is the top-rated claims clearinghouse, ranking number one in customer satisfaction in Black Book's Healthcare Technology & Managed Services rankings for 2013. RelayHealth leads the market in revenue cycle management, and was the first in the industry to be ICD-10 compliant and offer clients a true end-to-end payer testing solution for the ICD-10 transition. Processing claims for over 2,500 healthcare organizations, RelayHealth reports a consistently high success rate, with over 93% of claims going directly to the payer.

MatrixCare®

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Call 866.469.3766 to Learn More — or visit matrixcare.com

About MatrixCare

MatrixCare solutions have powered the long-term care continuum for over 30 years. MatrixCare is the largest LTPAC technology provider in the US and the first to offer a true full-spectrum solution. Used in more than 12,000 facility-based care settings and 2,000 home care and home health agency locations, MatrixCare's solutions help skilled nursing and senior living providers, life plan communities (CCRCs), and home health organizations to prosper as we migrate to a fee-for-value healthcare system. Visit www.matrixcare.com and www.carecommunity.com for more information.