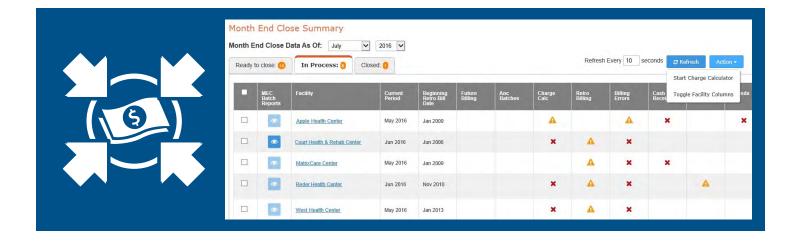# MatrixCare®
Integrated Care. Better Outcomes.

Revenue Cycle Management

The superior solution for skilled nursing providers to maximize reimbursement, optimize cash flow, and vastly improve workflows.

With MatrixCare, you will experience centralized processing, exception-based workflows, automated month end close reports, on-demand billing, and feature rich claims management with electronic connectivity to over 2000 payers. MatrixCare Revenue Cycle management closely integrates with resident census and MDS to maximize reimbursement and optimize cash flow – even for your most complicated managed care payers.

Month End Close Summary

Month End Close Data As Of: July 2016

Ready to close: 14 | In Process: 6 | Closed: 1

Refresh Every 10 seconds | Refresh | Action ▾

Start Charge Calculator
Toggle Facility Columns

☐	MEC Batch Reports	Facility	Current Period	Beginning Retro Bill Date	Future Billing	Anc Batches	Charge Calc	Retro Billing	Billing Errors	Cash Rece...	...nds
☐	👁	Apple Health Center	May 2016	Jan 2009			⚠		⚠	✖	✖
☐	👁	Court Health & Rehab Center	Jun 2016	Jun 2006			✖	⚠	✖		
☐	👁	MatrixCare Center	May 2016	Jan 2009				⚠	✖	✖	
☐	👁	Reder Health Center	Jun 2016	Nov 2010			✖	⚠	✖		⚠
☐	👁	West Health Center	May 2016	Jan 2013			✖	⚠	✖		

Centralized Billing Processing

The easy and automated Month End Close feature ensures that each month is closed with effectiveness and efficiencies. Corporate views allow you to see at a glance the number of facilities ready to close, those not ready to close, and those that are closed. The indicators for warnings, errors, and the number AAA Rug Scores across the organization proactively identify issues. Once you have identified an error or warning, navigation links from the page will take you directly to the facility and area in question to further analyze and correct any issues. The Month End Close Summary view monitors, manages, and completes charge processing, month end close reporting, AND month end processing for one, some, **or all of your facilities at one time.**

Exception Based Workflow

Increase cash flow and manage your business efficiently with MatrixCare's Revenue Cycle Management exception based workflow. These workflows guide you through processes and direct you to outstanding items or items that need rectification.

- **Dashboards** - Dashboards alert you to "to do" items and quickly navigate you to the specific area for processing and/or to identify if and what further action needs to be taken. Examples include:

    o **Undistributed Remits:** Corporate view of remits that just arrived from payers and are waiting to be automatically distributed to residents

    o **Cash Status:** Multiple views of your Cash Status by payer and dollar amounts ie. Undistributed, Monthly Distributed, Monthly Cash Glance, Monthly Cash Status

- **Denial Management** – efficiently monitor and manage the reasons claims are being denied across your payer base to proactively catch issues before they occur and follow up on denials faster
- **Charge Calculator Warning and Errors** – Because you can run the automated charge calculator daily, you can monitor and act on charge exceptions and correct them earlier in the month to make your month end close process more efficient
- **Cash** – Save time posting cash across your organization by utilizing the automated cash posting features. MatrixCare automates various methods of cash importing and distribution to resident accounts including 835 remits, ACH payments at the corporate level, etc.
- **AAA** – AAAs happen, but MatrixCare helps you to minimize AAAs with built-in business rules and views at both the corporate and facility levels for easy monitoring of MDS schedules and completion status. Customize MDS schedules for your commercial and managed care payers.
- **Ancillaries** – Save time entering ancillary charges with our flexible ancillary API. Import charges from all of your various vendors i.e. Therapy, med supplies, pharmacy, barber/beauty or even from Excel documents.
- **Claim Errors by Payer** - MatrixCare claim edits are at the payer level resulting in a 97+% claim acceptance rate month after month. Every Medicare, Medicaid, commercial, and managed care payer has its own master edit list to ensure once your claims are "error free" they will be paid the first time they are sent to the payer. The edits compare data between fields, ensuring codes, dates, and ID numbers are not only consistent and complete for the type of claim and resident payer situation, but that they are valid with the required number of characters and format. The errors will even tell you if you have a high rehab RUG score and not enough therapy indicated on the claim to support it.

Automated Workflow

MatrixCare provides many automated processes within revenue cycle management to eliminate redundancies and manual tasks.
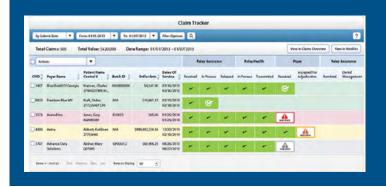
- **Retro Billing** - When making retroactive rate changes on a payer, MatrixCare automatically triggers the necessary residents for automated retro billing. You save time as MatrixCare updates resident accounts and creates the adjusting general ledger journal entries.
- **835 remit distribution** - The MatrixCare automated remit distribution automates the daunting take back scenarios as a result of, for example, retroactive rate adjustments.
- **Automated Penny Adjustments** - Save time with automated cash distributions by configuring MatrixCare to automatically adjust off any remaining small balances – positive or negative.
- **Sequestration.** MatrixCare handles the 2% sequestration either at the time of the charge or at the time of the cash posting. Either way, you save time.
- **Automatic Secondary Billing** - Once a primary payer makes a payment, MatrixCare automatically creates a secondary claim transmission to the next payer, increasing efficiency.
- **Batch Reports** - With the click of a button, MatrixCare generates your month end close reports with set parameters and configurations. Month after month, you save time and ensure consistency in your report outputs.

Managed Care

The cumbersome Medicare and Medicaid Managed Care system is simplified with MatrixCare. MatrixCare supports full integration and customizable rules and schedules between the census, MDS, billing, and claims features. In addition, you have the ability to restart or not start the MDS schedule when a payer changes from Medicare A to a Managed Medicare payer (or vice versa). Simplify your payer groupings of similar managed care contracts and improve your reporting experience with the fully customizable payer grouping abilities. If you have many managed care payers that act very similarly, you have the option to setup one payer and associate the more specific payer names for each resident to save you time on payer maintenance and enhance your reporting abilities.

Claims Management – Fully integrated

Fully integrated with Accounts Receivable, MatrixCare Claims Management is an easy-to-use tool that streamlines claim processing, resulting in less time spent managing claims and improved cash flow.

This one-stop shop provides everything you need to process your claims easily and efficiently:

- One log-in for ALL payers, for ALL of your facilities
- Electronic Connectivity to thousands of payers
- Best in industry edits ensure an acceptance rate of over 97% 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
- Historical views to track date/time/user involved on each claim as it went through the various statuses and steps of the claims management process.
- Manages payer transitions to Managed Care to ensure uninterrupted reimbursement

Bundled Payments

The importance of providing quality care, being able to fully document and deliver accurate and complete data, build relationships with acute-care providers, and maximize reimbursement is increasing. MatrixCare can help you succeed with value based reimbursement in the following ways:

- Effectively communicate to your care team when a resident is in a Medicare bundle
- Analyze days, and revenue and receivable activity across your organization for each payment model and type of bundle
- Report financial results and detailed journal entries of the bundled payers and types of bundles to your accounting software to provide an additional level of detail for financial statements around this industry trend
- Use embedded clinical decision support to assist you with the appropriate interventions that drive workflow and better outcomes for the resident bundles you are focused on

Revenue Cycle Management

Regulatory

Regulatory items are released on a timely manner ensuring compliance and efficiencies which result in a significant time savings as amounts, formulas, and other regulatory items change: Let MatrixCare do this work for you.

- **Payroll Based Journal (PBJ)** – Avoid manual data entry and experience improved workflow by creating a PBJ xml file at a facility or corporation level.
- **Medicare RUG Rates** – automated (please provide value point). Every October 1, MatrixCare updates all of your Medicare RUG Rates FOR YOU.
- **Fee Schedule rate updates** – automated (please provide value point). Every year or even quarter as CMS updates physician fee schedules, you can choose to automatically apply these updates to your ancillary charge master based on CMS formulas.
- **Yearly Medicare A Coinsurance amount updates** – automated (please provide value point).
- **Medicare B Therapy Cap amount updates** – automated (please provide value point)

Collections

MatrixCare Collections is a real-time system, tracking resident balances and days outstanding. The systems includes an automated Task Scheduler and allows for customizable, standardized collection statuses and tasks across your organization. Save time with automated collection letters generated from your own customized Word Template. You can view a full collection history with date/time/user info for each resident. Robust reporting features enable you to track collector statistics and amounts collected over time resulting in optimized collection efforts with visibility into comparing each of your collectors.

Resident Trust Fund

Using MatrixCare Resident Trust, you can track resident funds easily, including the ability to print checks, automatically distribute interest, receive high balance alerts, and utilize a cash drawer to help you manage resident trust petty cash. A separate month end close process enables you to close Resident Trust at your convenience, separate from AR. You can report on Resident Trust activity easily, including quarterly statements.

MatrixCare®

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About MatrixCare

MatrixCare solutions have powered the long-term care continuum for over 30 years. MatrixCare is the largest LTPAC technology provider in the U.S. and the first to offer a true full spectrum solution. Used in more than 11,000 facility-based care settings and 1,400 home care and home health agencies, MatrixCare's solutions help skilled nursing and senior living providers, continuing care retirement communities, and home health organizations to prosper as we migrate to a fee-for-value healthcare system. Through our common care coordination platform, we are also able to offer the industry's first solution for helping the emerging set of conveners and diversified LTPAC operators to deliver superior care and better outcomes across the full spectrum of care.