



Medicare Direct Entry (MDE)

MDE accelerates your cash flow by providing comprehensive front-end edits and expedited claim processing, enabling you to process Medicare A and B claims earlier and with fewer rejections. MDE reduces Return to Provider claims by 92%!

MDE checks claims for eligibility errors so that they are corrected within the system before they are sent to the payer. Then you submit claims directly to the Medicare system in real time, avoiding batch processing or fiscal intermediary delays.

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Benefits of MDE include:



Dramatically reduced rejection rates: MDE verifies real-time eligibility and demographic information on claims before submission.

MDE checks the claim data against the information on file with Medicare claims or the managed payer/HMO when applicable (including resident name, gender, ID and/or address). No waiting 14 days to find out that you had a name or ID wrong, or that you should have been billing the resident's HMO payer instead - all errors can be resolved immediately.



Accelerated cash flow: With this service, Medicare A and B claims go directly to Medicare, skipping clearinghouse entirely.

This process increases cash flow by at least 1 business day – in some cases, up to 3 days!



Real-time claim status updates: After claims are released, Claims Management pulls the claim status from Medicare – so you know immediately if claims are rejected or set to pay. Reports are also auto generated with this data, giving you quick insight into your claim rejections and reimbursements.

	Medicare Direct Entry	Traditional EDI Delivery
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Baseline Payer & HIPAA Edits	✓	✓
Compliance Edits (CCI, NCD, LCD, LMRP)	✓	✓
Beneficiary Eligibility (HIC / Name, Coverage Period)	✓	
Patient Demographic (Gender, Name, etc.)	✓	
Payer Demographic (Name, Address)	✓	
Service Frequency Exceptions	✓	
Max Service limits (Current Year, Lifetime, Reserve)	✓	
Medicare Free-for-Service, MSP, HMO Determination	✓	
Revenue Code / Procedure Relationship Code Edits	✓	
Duplicate Claims & Overlapping Services	✓	

The screenshot shows a Medicare eligibility verification form. The patient name is 'SAMPLE DORIS' and the address is '001 MAIN STREET'. An error message states: 'Field Name: Patient_First Name Legacy ID: P_FNAME (10281)'. Below the error, it says 'Patient first name does not match the Common Working File [DORIS V]'. There are buttons for 'Show Error Text', 'Copy', 'Print', 'Edit', 'Override', and 'Fix Error'. The 'Override' button is checked.

ePREMIS

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MDE provides eligibility verification and editing prior to real-time submission into Medicare

MatrixCare®

MatrixCare

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Call 800.869.1322 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 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.