

Out of State Medicaid Billing Solutions

NHI Billing Services, a Centauri Health Solutions company, offers a full-service Out of State (OOS) Medicaid management program. Since 1996, we've helped our clients identify revenue in accounts that would otherwise be written off.

Out of State Medicaid represents a very small portion of your overall accounts receivable. Complex requirements, that vary by state and payor, can take significant administrative resources on your end to pursue. We specialize in handling all aspects of the OOS Medicaid account process, saving you both time and money.

Key Differentiators

- We work with all Medicaid programs throughout the US – including the District of Columbia, the Virgin Islands and Puerto Rico
- Eligibility requests can be submitted 24/7. Our team works 365 days a year to ensure you receive timely and accurate responses on patient eligibility, authorization requirements and payor timely filing periods
- An extensive suite of reports is available 24/7 on our secure client site
- We are a tech-focused company which allows us to bill and follow-up on accounts in a quick and efficient manner
 - Ability to submit claims to NHI via 837 format or clearinghouse for immediate and secure receipt
 - Daily or weekly notes export directly to the hospital system demonstrating full transparency in the quality of our work

CHALLENGE

Infrequent interactions with unfamiliar OOS Medicaid programs can prove difficult and become a frustrating strain on resources.

Hospitals often write off these claims rather than try to navigate the uncharted waters leading to successful reimbursement.

SOLUTION

NHI Billing Services is always current with the many unique Medicaid rules and regulations of all 50 states plus those of the District of Columbia and United States Protectorates.

Our highly trained staff can help you navigate all of the unique steps needed to successfully go from registration to reimbursement.

RESULT

- Increased collections
- Fewer claim denials
- Quicker payment turnaround
- Less administrative work, freeing resources to focus on what's most important: taking care of patients and their families.

Provider Enrollment

Provider Enrollment is often a pressure point for hospitals and health systems. Our team of experts stays apprised of these ever-changing requirements to ensure you have the information you need.

- Key information gathered at implementation meeting
- Internal and secure data repository is created to ensure you never receive the same request twice
- Our monthly cumulative report highlights outstanding requests, payor outlined needs and estimated reimbursement, should enrollment be completed. This allows for informed financial decisions based on analysis of estimated reimbursement and enrollment

Client Experience

SOLUTION

Our team is familiar with the data that is common to every Medicaid provider application and we work with clients to develop an individualized, flexible strategy to obtain sensitive stakeholder information.

Once we gather the required data, it resides in our data repository system for all future provider applications. Designed to tailor to each state's application, our system pulls the needed information and populates it, saving staff time and reducing errors.

RESULTS

A large multi-hospital health system in the Southeast was having issues with rejected provider enrollment applications. Its biggest challenge was missing Board Member signatures.

By providing detailed reports that identify the growing loss of revenue due to missing information, educating on Medicaid Payor requirements and outlining the high security practices followed by our team, we were able to obtain the necessary Board signatures.

For more information please contact:

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