



## FEATURES OVERVIEW

### **Improve your claims management business process with Matrix Claims Management (powered by ePREMIS).**

Matrix Claims Management helps you streamline business office processes and more efficiently manage claims editing, transmission, claims audit trail, and compliance, like CCI (Correct Coding Initiative) and Local coverage determinations (LCDS) edits, ultimately leading to accelerated cash flow and an improvement in your Accounts Receivable processes. These edits significantly reduce rejections and rebilling, resulting in faster reimbursements and the ability to raise first time acceptance rates, improving cash flow.

### **PROCESS YOUR CLAIMS EFFICIENTLY AND CONSISTENTLY**

Matrix Claims Management (powered by ePREMIS) currently offers thousands of electronic connections to Medicare, Medicaid and other commercial insurance payers for the transmission of UB's and 1500's along with ability to pick up remittance advices. Electronic remittances can automatically post to billed charges and also offer a number of different reporting options.

Matrix Claims Management's unique system architecture provides pertinent improvements in the claims validation and transmission process, resulting in enhanced consistency. The comprehensive claim history records activity information for each claim, including claim creation and transmissions. Claim status and processing information from various payers is also posted for quick reference at the claim level. The intuitive user interface makes it easier to correct claims errors which saves follow-up time and also provides information for timely filing.

### **CLEARINGHOUSE MAKES SUBMITTING CLAIMS EASY**

The Matrix Claims Management clearinghouse assumes batch verification and connectivity maintenance to you for all payers you are enrolled with to send claims to electronically. The clearinghouse ensures a connection to each of your payers exists and makes software and/or enrollment/payer agreement changes on your behalf when upgrades and/or software requirement changes are necessary. The clearinghouse also monitors each batch of claims sent to all payers daily to ensure they are sent and received successfully. If any issues are detected, they are corrected automatically on your behalf.

With its increased functionality, Matrix Claims Management simplifies rebilling and secondary billing for your staff. You can streamline processes through additional querying, filtering and automated setup and notification capabilities.

### **REPORTING**

Matrix Claims Management also offers a number of valuable reports that allow you verify your claim information from beginning to end to ensure your claims are as accurate as possible.

- **Claims Triple Check Report**

This report contains charge, resident demographic and physician information along with clinical and MDS status information. You can run this report after charge calculation prior to creating claims to reconcile and review claim information with clinical staff.

- **Claim Creation Results Report**

This report allows you to review past claim creation information displaying the batch id, date created, service dates, payers, residents and claim type.

- **Released Claims Report**

This report contains information on claims that have been released as electronic or paper from Claims Management. You can use this report to monitor and evaluate claims data. You can run the report for current batch submissions within the MEC process or you can include historical claims data as well.