

The Medicaid Status of these encounters just changed!



There are countless reasons why retro-eligible encounters are frequently missed. Most have nothing to do with internal errors, lack of resources, or the vendors that providers have in place.

That's because the patient's eligibility status goes far beyond the simple response of "eligible", "not eligible". There are many variables to a patient's eligibility status that can change at any time, even after eligibility is confirmed.

Did you
receive
the alerts?

"It's this fluidity that demands so much more than a simple Eligibility Check."

Eligibility can be won or lost, the scope of benefits can expand or decrease, secondary and tertiary payers can be added and removed.

It's this fluidity that demands so much more than a simple "eligibility check". It requires constant monitoring of the patient's status to ensure these changes are captured and every dollar owed is reimbursed.

Stop "*Checking*" and Start "Monitoring" Medicaid Eligibility!

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