

What Happens After Your Self-Pay Patients Leave?

A patient's Medicaid Benefit Profile can change at any time.

Eligibility can be initially denied only to be appealed months later. The patient can be slow to provide proper documentation delaying the final determination. Benefits can expand eliminating any coverage limitations. Secondary and tertiary payers can be added.

RetroCAID® passively monitors all your uncompensated encounters daily for the full length of their respective timely filing periods. If the Benefit Profile information of any encounter changes, your facility is immediately alerted and provided the details of the specific change. This includes all essential billing information required for reimbursement.

Captured changes can include:

- Medicaid Eligibility Status Changes
- Dually Eligible and Secondary Discovery
- Spend-Down Monitoring
- Benefit Redetermination
- Benefit Changes (Increase, decrease, Lapsed benefits)
- Late addition Secondary and Third Party Payers (TPL)
- Payer and PCP Changes
- And so much more

Verifiable FQHC Results

First 6 Months of Service

FQHC Located In	Retroactive Reimbursements
DC	\$509,752
MO	\$259,884
CA	\$168,803
MO	\$257,022
NC	\$704,461
TX	\$443,754
NC	\$704,461
AR	\$496,379
KY	\$236,431
TX	\$443,754

100% Contingency Based

Retroactive Medicaid Tracking

No Integration Required • Month-to-Month Agreement • Implemented by Phone in Less than 60 Minutes