

# Out-of-State Medicaid

Overcome Out-of-State (OOS) Medicaid complexity to maximize reimbursement and shorten the AR cycle

## WHY OUTSOURCE

Without the expertise to manage the growing challenges associated with OOS Medicaid, most complex claims vendors avoid this RCM segment entirely, resulting in write-offs.

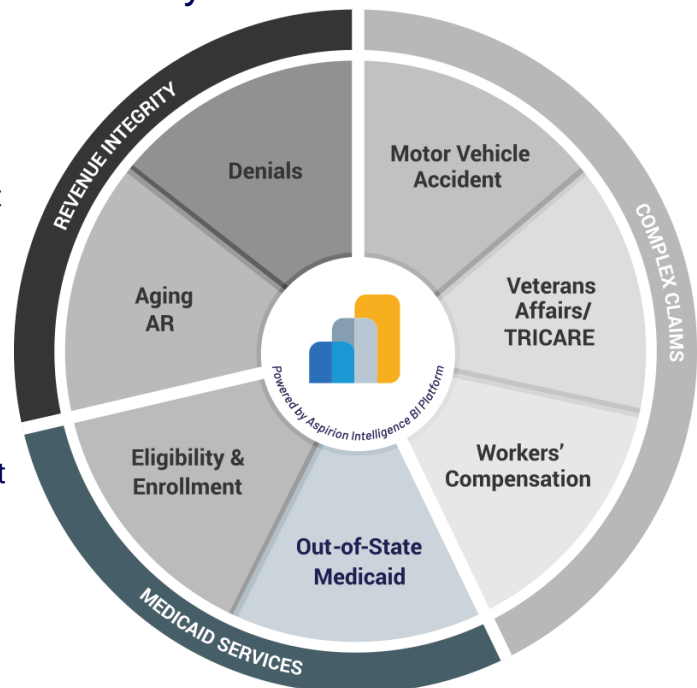
## THE ASPIRION DIFFERENCE

We believe that no complex RCM service is complete without OOS Medicaid—and our expert team is trained to efficiently handle various challenges and secure timely reimbursement.

We leverage electronic claim submission, produce custom reporting, and adhere to strict data security standards to ensure you get the reimbursement you're owed from this often-overlooked segment.

## With Aspirion as your partner, you will get:

- High recovery rates
- In-depth knowledge of requirements across all states
- Prompt, initial evaluation to determine claim viability
- Timely and accurate follow-up
- Management of both facility and physician enrollment/revalidations
- Expertise in billing both hospital and professional claims



## COMMON DENIAL CAUSES

- Evolving billing requirements that vary from state to state
- Differing provider enrollment requirements for each state
- Inability to determine the correct payer source at the time of admission
- Providers and the facility aren't credentialed for multiple states
- Missed timelines for re-credentialing

Engage with Us

www.aspirion.com | info@aspirion.com | 866.621.3601