

## 5 Tips for Securing and Recovering Claims Revenue

As the post-acute care landscape evolves with new regulations, as well as new payment models and requirements – fine-tuning your management practices can keep your revenue stream on track. Here are some tips for making sure your claims centers are paid accurately...and on time.



**Know the Code.** Accurate coding is fundamental, especially since CMS implemented ICD-10. Know the ins and outs of ICD-10 and ensure staff is competent and well-trained. With the closing of the ICD-10 Coordination Center (ICC), CMS has added more educational resources to the CMS.gov website. Education and open lines of communication between billing and clinical staff are critical to preventing repeat errors and other coding mishaps.



**Mind the Fine Print.** Multiple managed and accountable care contracts are now the norm and keeping track of each contract's requirements is challenging. To avoid underpayments and delays, ensure administrators, MDS nurses, care team and billing staff are on track with varying authorizations, exclusions and requirements. You may even consider designating a key go-to person to manage these contracts.



**Cleanliness Counts.** Pre-scrubbing for errors, inconsistencies and typos is paramount to efficiently moving your claims through payer processes. There are many and frequently-overlooked mistakes that can hold up claims. And, the cost of held-up claims can range from delayed payment to increased staff and overtime.



**Go the Distance.** For claims corrections and resubmissions, steadfast follow through and tracking – particularly if you're filing by mail – is a must. It's not unusual to resubmit a claim multiple times. Secondary claims represent a huge post-acute care revenue opportunity, with Medicare co-insurance being the most common type. Requirements and deadlines vary widely. To maximize revenue recovery, you must stay on top of them.



**Quality Pays.** As part of its value-based purchasing program, CMS plans to withhold 2% of your 2017 Medicare payments to build an incentive pool for reduced rehospitalizations. Maintaining a low rehospitalization rate also appeals to managed and accountable care organizations seeking to minimize cost. So, achieving positive patient outcomes within the shortest-possible stay can definitely pay off – in incentives and referrals.

Need help? Meet primeCLAIMS – by Prime Care Technologies – the ONLY end-to-end claims management solution built exclusively for post-acute care.