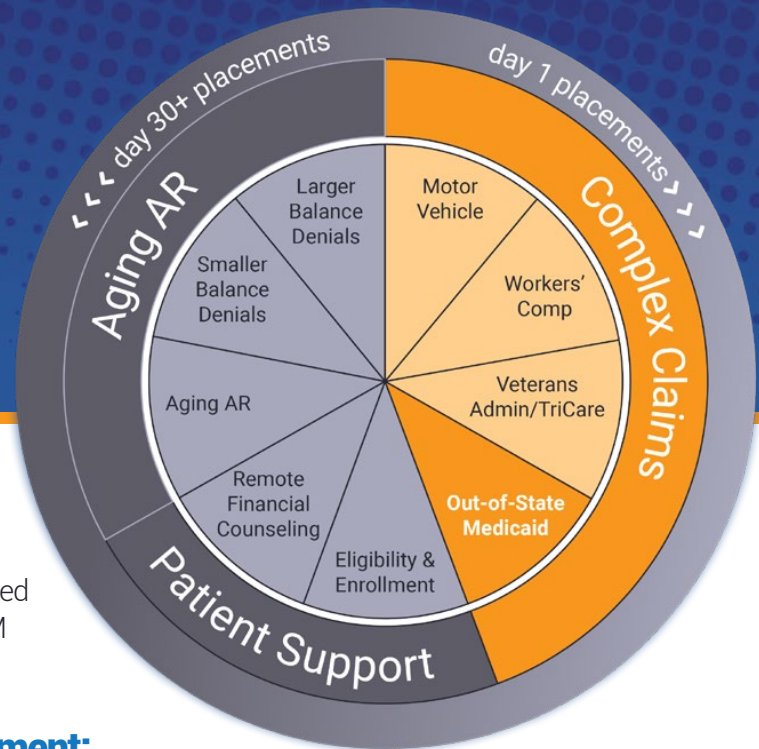


Out-of-State Medicaid Claims



Overcome OOS Medicaid complexity to maximize reimbursement and shorten the A/R cycle.



Why You Should Outsource Your Out-of-State Medicaid Services

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.

Common Barriers to OOS Medicaid Reimbursement:

- 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

The Aspiration 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.

When you partner with Aspiration, you get:

- 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
- High recovery rates

Maximize Your OOS Medicaid Collections

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. [Reach out to our team to start growing your revenue.](#)