NEXACC

Billing, Books, and Payroll for Skilled Nursing and Long-Term Care Facilities

Phoenix, Arizona - serving healthcare clients nationwide since 2021

Census-driven revenue, payer conversions, and a close that survives a cost report.

In skilled nursing, revenue is census times payer mix, and both move daily. A resident converting from Medicare to Medicaid pending, a therapy minute that was not captured, or an ancillary charge that never reached the claim all show up as a quiet reduction rather than a denial you can see.

BENCHMARKS

Days in A/R target: Under 50

Medicaid pending drives the tail

Medicaid pending: Under 60 days

Average time from application to approval

Bad debt: Under 2%

Of annual net revenue

Where the money leaks

Payer conversion timing

Medicare-to-Medicaid conversions billed against the wrong payer for the overlap days.

Medicaid pending applications

Residents sitting pending for months with no one working the application to approval.

Uncaptured ancillaries

Therapy, pharmacy, and supply charges that never reached the claim before it dropped.

How we run it

01 Daily census reconciliation

Admissions, discharges, and payer changes captured the day they happen.

02 Triple-check before billing

Census, clinical, and charges verified together before the month drops.

03 Medicaid pending pipeline

Every pending application tracked to approval with a named owner and a date.

04 Ancillary capture

Therapy and pharmacy charges reconciled to the claim, not to the invoice.

05 Cost report ready close

Ledger mapped to cost report categories every month, not once a year.

Payers we bill every month

- Medicare Part A
- Medicare Advantage plans
- State Medicaid
- Managed long-term care plans
- Private pay residents
- Long-term care insurance

State rules we work under

Medicaid programs, payer portals, and payroll rules change at the state line.

Arizona (AZ)

AHCCCS (Arizona Health Care Cost Containment System) - AHCCCS

Metros: Phoenix, Scottsdale, Mesa, Tempe

Maine (ME)

MaineCare - Maine Department of Health and Human Services (DHHS)

Metros: Portland, Bangor, Lewiston-Auburn, Augusta

New Jersey (NJ)

NJ FamilyCare - New Jersey Department of Human Services

Metros: Newark, Jersey City, Princeton, Cherry Hill

North Dakota (ND)

North Dakota Medicaid - North Dakota Health and Human Services (ND HHS)

Metros: Fargo, Bismarck, Grand Forks, Minot

Oregon (OR)

Oregon Health Plan (OHP) - Oregon Health Authority (OHA)

Metros: Portland, Salem, Eugene, Bend

Washington (WA)

Apple Health - Washington State Health Care Authority (HCA)

Metros: Seattle, Bellevue, Tacoma, Spokane

Texas (TX)

Texas Medicaid - Texas Health and Human Services Commission (HHSC)

Metros: Houston, Dallas-Fort Worth, Austin, San Antonio

Questions we get

Do you handle Medicaid pending applications?

We track every pending application to approval with a named owner and a date, because pending residents are the largest single source of aged receivables in long-term care.

Can you support the triple-check process?

Yes. Census, clinical documentation, and ancillary charges are verified together before the month drops, which is where most SNF reductions are caught.

How do you handle multi-facility operators?

Each facility closes as its own entity with a consolidated roll-up, so per-bed and per-payer performance is comparable across the portfolio.

Is your close cost-report ready?

Yes. We map ledger accounts to cost report categories monthly so the annual filing draws from books that were already organized for it.

Run your own numbers

Estimate recoverable revenue for your skilled nursing facility at https://www.nexacc.com/estimators/healthcare?facility=skilled-nursing

Book a free 30-minute consultation: https://www.nexacc.com/schedule

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