

MCRA Reimbursement Services

Core Reimbursement Services

Strategic Planning

- Evaluation of Current & Future Codes; Payment Assessments;
- Reimbursement Readiness Assessment

Coding & Add-On Payment Applications

- Prepare Applications for CMS, AMA & Others
- Represent Company In Front of Payors

Healthcare Policy Development

- Develop Request for Coverage Submissions with CMS, State Medicaid, TriCare, Kaiser, Federal Health System & Major Insurance Carriers

Utilization Analysis

- Assist with Health Economic Outcome Studies
- Demonstrate Cost Effectiveness, Quality of Life & Resource Utilization

Predictive Economic Utilization Modeling

Integration with MCRA's Other Divisions

Regulatory

- Recommend Regulatory Pathway Based on Current Coding & Client's Financial Resources
- Infusing Healthcare Economic Data Within Regulatory Submissions for Future Coding Purposes

Clinical

- Clinical Study Review & Recommendations
- Inclusion of Appropriate Measures in Protocol Design to Demonstrate "Substantial Clinical Improvement"
- Inclusion of Insurance-Required Sub-Populations
- Integration of Healthcare Economic Data

MCRAs reimbursement services guide companies throughout the multiple healthcare economic pathways: from technology development, to commercialization and beyond.

As regulatory and clinical endeavors are paramount to streamlined and successful reimbursement, MCRA's integration of our five services is both unique and effective. MCRA is the preeminent team for evaluating existing technologies' current coding, coverage and payment options. Further, MCRA's team can work to assist your company's desires to affect trends and changes in healthcare policy.

Companies with an early stage technology will find MCRA's integration imperative, while companies who have had complications in the past will find MCRA's first-in-class services invaluable.