

When & how

to select a

billing service

The best medical billing services do far more than just process claims. They follow up with insurance companies, appealing denials, working rejections, no-pays and slow-pays. They offer tools designed to boost your revenue. Manage patient payment plans. Handle monthly statement cycles. Plus, provide solid insight into your practice's financial health.

Why outsource your billing?

Five trends are largely driving more and more practices to seek a third-party medical billing service:

- 1 Industry shift to higher deductibles insurance plans and rising unemployment
- 2 Increasing costs to run the practice
- 3 Increasing complexity and reduced reimbursements among insurance providers
- 4 Changing government regulations (Meaningful Use, ICD-10)
- 5 Evolving technology to keep up with these changes



Although insurance and government stipulations have arguably been made in the name of 'patient care', the overall effect is that it has forced physicians to spend more time on administrative functions, outcome and cost reporting, patient care coordination, and staying current with specific carrier filing requirements, leading to less time for staff and providers to spend on patient visits and growing the practice.

One of the more challenging revenue management tasks to hit the private physician more recently is the problem of collecting on patient payments.

"Now practices have to contend with collecting \$1 of every \$4 directly from patients," reports the MGMA in its April 2010 issue of Connexion magazine, based on research results collected in its Fall 2009 "Practice Perspective on Patient Payments" survey. Since then, high deductibles have only gone higher.

Collecting from self-pay, high deductible health plan (HDHP) patients is more difficult and time consuming than collecting from insurers. In fact, in 2011, 49.1% of respondents in the annual MGMA Medical Practice Today survey reported patient collections were "a considerable or extreme challenge" for their practice.

In short, "doing it yourself" has become more demanding, causing more and more practices to look to third party medical billings companies to handle their patient billing and soft collections.

When you outsource your billing and revenue management, you and your staff are freed-up to spend more of your time on improving practice operations, improving patient satisfaction, addressing patient treatment follow up and preparing for the many industry-driven changes such as value-based reimbursement models and the transition to ICD-10.

Additionally, your revenue cycle management partner should be able to help you identify and remove revenue leakage points at every step of the revenue collections process.

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If you or your practice can answer “yes” to three or more of the following questions, now is the time to investigate establishing a business relationship with a stable, financially sound, revenue cycle management team that can help off-load some of the today’s challenges from your team. After all, you work with professionals for tax preparation and legal issues, why not work with revenue management specialists for your practice collections.

- The practice has experienced a steady decline in revenue collections and rising costs
- Finding and keeping qualified staff to manage the business-side of medicine has become increasingly difficult
- The practice is currently operating on a paper-based system, with few automation tools to help it transition to the new operational levels being driven by CMS or commercial insurers
- Providers are spending more and more time on administrative functions rather than patient care
- Practice owner/s have considered hospital employment or acquisition by a larger group
- Unable to find the time to prepare for the ICD-10 transition
- Participating in the CMS EHR Meaningful Use incentive program

