

# Unlocking Success in **MEDICAL BILLING:**

---



**Three Essential  
STRATEGIES FOR  
Enhanced Reimbursement**

# AT A GLANCE

+

3

IMPORTANCE of accurate medical billing

+

4

THREE STRATEGIES TO improve your medical billing

+

8

SERVICES that can help your practice enhance its billing process

+

11

SUMMARY



# IMPORTANCE OF **accurate medical billing**

Medical billing is pivotal in ensuring medical practices' success in the ever-evolving healthcare landscape. According to a [2022 SAGE Open Med article](#), medical coding and billing are critical components of daily practice that determine a medical establishment's financial stability and legal compliance.

## **Efficient and accurate medical billing practices** ARE ESSENTIAL FOR HEALTHCARE PROVIDERS TO:



Provide high-quality  
patient care



Maintain healthy  
cash flow



Receive timely  
reimbursements



The complexities of medical coding, insurance regulations, and reimbursement processes can present significant challenges, often leading to delayed payments, denials, and revenue loss. Therefore, it has become increasingly crucial for medical billing and healthcare professionals to prioritize continuous improvement in their billing processes.

By implementing effective strategies and embracing technological advancements, medical practices can optimize revenue streams, enhance operational efficiency, and achieve long-term financial sustainability.

This whitepaper will explore three valuable strategies to empower providers and their staff with the knowledge and tools they need to streamline their medical billing operations, overcome common obstacles, and maximize their financial performance.

# THREE STRATEGIES to improve YOUR medical billing



# 1. ENSURE ACCURACY IN PATIENT information, particularly eligibility

Maintaining accurate and up-to-date patient information is vital for healthcare providers to deliver high-quality care and optimize administrative processes. Among the various aspects of patient information, eligibility verification holds significant importance.

Efficient and precise verification of a patient's insurance coverage eligibility is vital throughout the claim process. Verifying this information before each appointment is crucial, as any inaccuracies could cause payment delays. By diligently verifying eligibility, healthcare providers can avoid complications such as claim denials, delayed reimbursements, and potential financial losses.



**A claim may be a loss from the beginning if you provide services without verified insurance.**

To ensure accuracy in patient eligibility information, healthcare organizations should implement robust processes and employ reliable verification methods such as cross-referencing patient details with insurance providers, confirming coverage status, and verifying other pertinent information such as copayment, coinsurance, and deductible amounts.

## Some other TECHNIQUES to improve your eligibility and benefits process are:



### Implement technology-driven solutions

An automated eligibility verification system can streamline the process and minimize errors. These systems can seamlessly integrate with electronic health record (EHR) systems, allowing real-time eligibility checks during patient registration or appointment scheduling.

By leveraging such tools, healthcare providers can efficiently identify discrepancies or potential issues before they impact patient care or financial outcomes.



### Conduct regular audits and periodic reviews of patient eligibility data

These reviews are essential to identify and rectify any inaccuracies or outdated information. This proactive approach ensures that patients receive the appropriate coverage, reducing the risk of claim rejections or incorrect billing.



### Have effective communication channels between healthcare providers, patients, and insurance companies

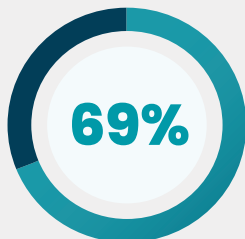
According to **Policygenius**, 96% of Americans do not understand basic health insurance terms, such as deductibles, coinsurance, copay, and out-of-pocket maximum.

Medical practices should help patients understand what their insurance covers and out-of-pocket costs are. Clear and concise explanations of insurance coverage and eligibility requirements can help patients better understand their responsibilities, increasing the likelihood of paying and reducing confusion and potential billing disputes.

## 2. TAKE A PROACTIVE APPROACH towards denial management

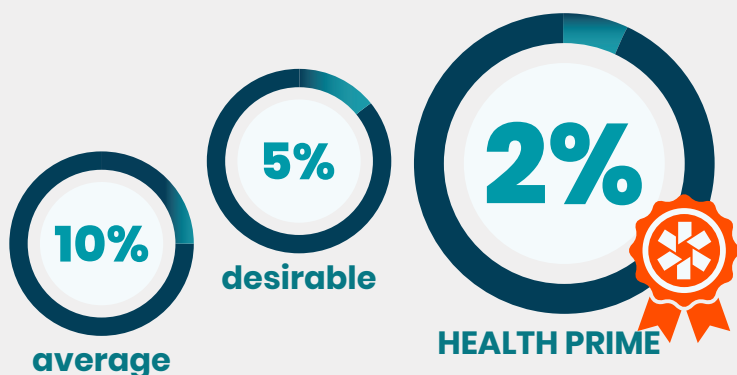
According to an  
**MGMA STAT POLL**

69% of healthcare leaders report their organization's denials increased in 2021.



Denial management stands as a critical process for healthcare providers. Managing denials proactively is essential to minimize losses, optimize your RCM (revenue cycle management), and maintain patient satisfaction.

Before trying to control your denials, you must identify your denial rate. It represents the percentage of claims denied by payers during a given period. This metric quantifies the effectiveness of your RCM processes. A low denial rate indicates that your cash flow is healthy, and fewer staff are needed to maintain that cash flow.



According to MGMA, a 5% to 10% denial rate is the industry average but keeping the denial rate below 5% is more desirable for your practice. Health Prime's benchmark for controllable denial percent is below 2%.

\*Controllable denials can be controlled by improving front-end or billing processes.

Healthcare providers should establish clear processes and workflows to manage denials proactively and effectively.

### Some strategies to PREVENT denials in your practice are:



#### Understand the actual denial reasons:

Deep dive into your denial reports and identify the main reasons your claims are denied. Based on that, you will be able to know where your practice is specifically having issues and then focus on correcting those.



#### Run a report of your top denial reasons:

According to an [article published on the MGMA](#), most practices find that 80% of their denials result from 20% of the problems. Look closely at your denial reports to identify trends. Put these into general buckets, and you will be left with just a few core causes.



#### Choose one of the denial core causes at a time:

Select one of the leading causes that you found is increasing your denial rate. Work through your core issues individually and set a SMART goal for improvement. Try to tackle only some denial reasons at a time.

Read more about effective techniques to manage your denials in our blog [Simple steps to get your denials under control](#).

## 3. PAY CLOSE ATTENTION TO patient balances and statements

While the financial success of a medical practice is often placed on submitting claims and securing reimbursements from insurance providers, it is equally essential to pay close attention to patient balances.



According to the **CMS's 2021 National Health Expenditure (NHE) report**, out-of-pocket spending grew 10.4% to \$433.2 billion in 2021.

Ensuring accurate and timely patient balance management benefits the healthcare facility, enhances patient satisfaction, and strengthens the overall revenue cycle. Traditional patient billing happens after the insurance payment is received. Best practices suggest sending a statement immediately after receiving the insurance payment (i.e., the same day) and following up with a second statement in no more than 30 days.

An automated reminder phone call or text message can also be helpful around the 30-day mark. Provide your patients with different options to pay their bills, including paying balances with credit cards over the phone and online and offering payment plans for patients facing financial hardships.

According to the **2022 InstaMed Trends in Healthcare Payments Annual Report**,

**91% of consumers pay recurring bills online.**



Therefore, your medical practice must suggest patients use your online bill-pay services.

Try to collect as much of the patients' balances up-front as possible.

Collecting amounts due from patients at the time of service offers numerous benefits to practices:

**INCREASING** cash flow

**REDUCING ACCOUNTS** receivable

**REDUCING MEDICAL** billing and back-end collection costs

**DECREASING THE** administrative burdens of tracking and writing off bad patient debt

**MANAGING THE GROWING** portion of practice revenue generated from patient payments

However, if collecting patients' balances up-front is not viable in some cases, **polite but persistent follow-up activities are crucial to collecting patient balances past service time.** Learn more about it in our previous whitepaper [How to Improve Your Patient Collections Process](#).

**SERVICES**  
**THAT CAN**  
**help your practice**

---

**enhance its billing PROCESS**

---





## PrimeRevenue

---

At Health Prime, we understand the importance of effective RCM for the financial health of your medical practice. Our unique process enables healthcare organizations to succeed financially by efficiently assessing, planning, and improving practice operations.

**PrimeRevenue** takes a holistic approach to your medical practice, relieves you from administrative burdens, and transforms complex revenue cycles from end to end. The results are increased revenue, reduced costs, process improvements, and enhanced patient experience.

## PrimeVerification

---

An impactful solution that takes the burden off the check-in staff. Allow your front desk team to focus on customer service with your patients. Our bilingual agents will help you verify insurance coverage, important information such as deductibles, coinsurance and copay information, out-of-pocket maximums, and network status (scheduled provider).

By verifying eligibility, practices can determine a patient's medical insurance coverage status before the appointment. This way, the staff can accurately report demographic information on insurance claims.

Health Prime helps your organization's financial security and minimizes claim rejections. Our eligibility and benefits verification process reviews your practice's procedure-specific coverage and benefits, so your patients know what is due before their visit. This process provides on-time patient payments and prevents unnecessary back-end collections, increasing patient satisfaction and maximizing revenue.

## Datalytics

**Health Prime's Datalytics**, a business intelligence platform, offers timely and actionable insights and complete visibility into key performance metrics so you can focus on changes that will have the most impact.

Our feature-rich data analytics platform focuses on insights that other medical billing business intelligence solutions neglect. Datalytics carries the burden, making it easier to determine go-forward strategies, eliminate surprises, and provide a clear view of every step in the revenue cycle process.

Keep your finger on the pulse of the overall health of your account at one glance and have access to all your information with ease so you can place it into meaningful reports.

## Bilingual Call Center Services

At Health Prime, we serve as the point of contact for all patients regarding their medical billing services. Our bilingual agents will explain to your patients their balances, help them make payments, handle refund requests, answer insurance-related questions, update insurance information, and more.

We also offer "balance reminder" phone calls, so your patients will know they have a balance with your office. They can pay or set up a payment plan before the bill is sent to collections.

Learn more about our solutions and how we can help you optimize your medical billing process and increase cash flow. Visit our website to read more: [SOLUTIONS - Health Prime \(hpiinc.com\)](https://www.healthprime.com/solutions)



# SUMMARY

Accurate medical billing practices are essential in the ever-evolving healthcare landscape. Efficient and precise billing ensures timely reimbursements, maintains a healthy cash flow, and supports high-quality patient care.

## Three key strategies to empower providers and staff in streamlining their billing operations TO MAXIMIZE FINANCIAL PERFORMANCE ARE:



### Ensure accuracy in patient information, particularly eligibility

Healthcare organizations can avoid complications such as claim denials, delayed reimbursements, and financial losses by implementing robust processes and reliable verification methods.



### Take a proactive approach towards denial management

By understanding denial reasons, running reports, and addressing the core causes one at a time, healthcare providers can effectively manage denials and improve their cash flow.



### Pay close attention to patient balances and statements

Sending statements promptly, offering multiple payment options, and collecting upfront payments whenever possible reduce accounts receivable, increase cash flow, and decrease administrative burdens.

By implementing these strategies, medical practices can enhance financial performance, deliver high-quality care, and ensure a positive patient experience.

For more information on how to improve your medical billing process to increase cash flow, optimize your practice and ensure you are getting paid for what you have earned, contact our team of billing experts at [Home - Health Prime \(hpiinc.com\)](https://www.hpiinc.com) or email us at [sales@hpiinc.com](mailto:sales@hpiinc.com).

Our team will schedule a meeting to discuss how Health Prime can maximize your cash flow by cutting costs and saving you time!

