# INTERNAL MEDICINE PRACTICE INCREASE COLLECTIONS WITH "ECARE'S" E2E MEDICAL BILLING SERVICES



## CASE STUDY – On Increasing Collections for Internal Medicine!

### ABOUT THE CLIENT

The client provides high risk member management services to health plans throughout the country. The client deals with Internal Medicine and their Physicians and Nurse Practitioners service over 500 nursing homes as well as skilled nursing facilities throughout the country.

This client used the service of another Vendor before choosing us and to start with, the client asked us to start providing billing service for their facilities located in New York as a trial. On experiencing our exceptional service, the client decided to utilize our services for all their facilities located in different states of the US.

| Specialty | INTERNAL MEDICING |
|---|---|
| Service Offered | COMPLETE RCM SERVICE |
| Practice Management Software | MYSIS TIGER |

### CHALLENGES

- ➢ Huge Backlog of uncollected claims
- ➢ High Denial Percentage with AR aging bucket around 78 days
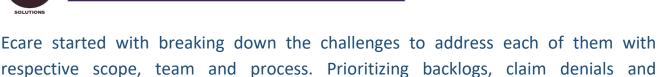- ➢ Clients Billing Partners (third Party Vendor) efforts were not qualitative.

### ISSUES IDENTIFIED

- ✓ Client had regular backlog in Charges.
- ✓ Budget constraints were preventing the Client from adding additional resources to handle Insurance Verification and Eligibility check.
- ✓ Average AR Days was at 78 days.
- ✓ The Collection Percentage was a mere 39%.
- ✓ Client was using another vendor to handle the billing who was non-responsive and not pro- active to changes happening in the industry resulting in poor handling of the Accounts Receivables.

### SOLUTION FROM ECARE'S EXPERTS

Ecare started with breaking down the challenges to address each of them with respective scope, team and process. Prioritizing backlogs, claim denials and uncollectable reimbursement to engaging a strategic approach and streamlined process in place in handle both the daily chores and the backlogs at once! Below steps helped ecare bring back the practice from the ordeal and gain progress with process expedition.

- • Timely Entry, Audit and filing of Electronic claims helped to improve efficiency.
- • Eligibility Verification Prior to entering Charges and timely follow up with Patients to obtain accurate Insurance Information. This resulted in clean claims and faster turn-around of payments.
- • Proper review of front-end edits and immediate resubmission of corrected claims.
- • Timely Follow-up on outstanding claims.
- • Updating denials into the Practice system and appropriate action.
- • Addressing Credentialing issues with Insurance Carriers and resolution.
- • Providing frequent update on the current billing rules to the Team to avoid errors.
- • Daily Batch completion and AR follow-up reports emailed to client.
- • Daily and periodic reports provided to the client on the production, collections and flow ofwork etc.
- • Registered on different Insurance website for online claim status checks to ensure fasterand better control on the Accounts Receivables.

### OUTCOME & ACHIEVEMENTS WITH ECARE SERVICES

- ➢ Multiple Submission of Clean Claims daily to Insurance Carriers
- ➢ Eligibility Verification at the time of Service helped the practice to collect Co-pay's immediately.
- ➢ Quicker resolution to denials brought the AR days down to 31 days.
- ➢ Collection Percentage increased to 53%.
- ➢ Global Issues were Identified and resolved immediately so that cash flows did not get affected.