

CASE STUDY

Your Trusted Partner in
MEDICAL BILLING Services



FQHC BILLING FROM ECARE

Case Study on
one of our
Large
FQHC Practice
showcasing
Ecare's
expertise
in Increasing
Collections
by 31%



FQHC PRACTICE SET UP

A large FQHC Practice based in New York
with multispecialty Medical services



Service Offered: Charge Entry with Eligibility Verification, Validation, Rejection, Denials and Unpaid



Specialty: Adult Care service, Behavioral Health, Family medicine services, Pediatrics Services, Specialty Services, OBGYN Services, and Dental care services



Practice Management System (PMS): Allscript PM

CLIENT CHALLENGES

Why our Client
Approached
Ecare?

Our FQHC Practice had many challenges handling the claims and were going through a tough time understanding the reason for their increased claim denials and underpayments.



They approached Ecare as their denial percentage seemed to be increasing affecting the cash flow.



ISSUES IDENTIFIED

Ecare dives
deep down to
identify the
root cause
of challenges!

Ecare allocated a team of billing and coding experts who observed the major issues as :



- Decrease in payments and Gross Collection ratio.
- Inordinate volume drop in Charge submission.
- Increase in Coding related denials.



Based on our analysis we understood that the charge volume was down trending for the practice therefore Ecare employed a team of auditor to find out the root cause for the above challenges and identified the below pitfalls in their process :

- Bulk claims were getting rejected due to invalid provider name and ETIN combination.
- On further research, we observed that the claims were billed under individual provider instead of group.

ISSUES IDENTIFIED

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Ecare team identifies root cause of Client's Billing Challenges with our Expertise!



- More than 500+ claims for a provider were not passed through the billing system due to incorrect provider selected by doctor's office.
- Under Mental health department claims, providers were either selecting incorrect combination of Psych and Medical office visits together or medical office visits instead of Psych visits, which were getting denied.



Ecure Solution

Solution by
Ecure's team
Of Experts
via
Strategical
Approach



Ecure Strategical Approach to fix the challenges



- We fixed the invalid Provider name and ETIN issue permanently by working closely with the payer and resubmitted around 360+ claims, which were processed and **paid successfully making our client extremely satisfied with our first result!**
- Ecure ensured that the claims were correctly billed under the group instead of the provider which certainly corrected the payment issues
- We promptly corrected the provider data in the billing system and re-submitted the erroneous claims within the TFL and collected maximum reimbursement.

Ecure streamlined the entire billing process to ensure Quality Billing and Coding. With our efforts the practice enjoys maximum collections and seamless RCM benefits!

Benefits to
our client
with Ecure
as its
Outsourcing
Partner

Achievements!



- ✓ With Ecure's strategic approach, our client was able to drastically reduce claim denials and denial percentage
- ✓ 360+ claims resubmitted ensuring higher collections
- ✓ With Ecure client increased their Gross Collections Percentage by 31% !



About Ecure

Ecure is a 23 year old, leading Medical Billing Company in India. We provide end to end Revenue Cycle Management Solutions to 120+ clients across the US with experience over 35+ specialties.

Apart from End to End RCM Services, Ecure has years of experience in "FQHC Billing" and with our team of FQHC experts guarantee maximum results!

To know more about Ecure and our services log on to [FQHC Medical Billing Company - FQHC Medical Billing services \(ecareindia.com\)](http://FQHC Medical Billing Company - FQHC Medical Billing services (ecareindia.com))



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