WRSHealth

"THIS IS **NOT** YOUR GRANDMOTHER'S BILLING SYSTEM"

NEW Generation Revenue Cycle Management

Tools to Increase Billing ROI

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EXECUTIVE SUMMARY

So much of our lives have moved online. The immediate access, technical innovation and lightning speed of the web has changed life as we know it. We expect to do things faster, easier and smarter. The old medical office billing paradigm has also undergone a striking metamorphosis with the advent of state-of-the-art, cloud-based, integrated Electronic Medical Record (EMR) and Revenue Cycle Management (RCM) solutions. The billing office of 2013 bears no resemblance to the billing office of yesteryear. Internet connectivity and high-speed broadband access has ushered in a new age in RCM.

One thing is for certain… *this is not your grandmother's billing office any more.*

Highly automated, optimized processes have replaced outdated methods for maximizing Return on Investment (ROI). The new generation of RCM solutions are delivered on cloud-based platforms with a seamlessly, integrated workflow. This is the wave of the future. Everything leads to RCM optimization. This document is meant to get you up to speed quickly, so that you can prepare to maximize your ROI for medical billing solutions.

INTRODUCTION

RCM is the process of managing claims, payments and reporting on revenue generation. It entails using technology to keep track of the claims process at every point of the cycle, enabling practice owners and RCM personnel to actively manage the process and address any issues that arise. This enables a steady stream of revenue.

Multiple factors in the healthcare industry, and the overall economy have squeezed the medical practice bottom line. These include increased deductibles; dramatic rise in unemployed/ uninsured patients; and a wave of government regulations, such as Meaningful Use ICD-10, PQRI, and 5010. The outcome is decreased ROI, forcing medical practices to find ways to increase revenue and optimize efficiency… just to break even. The good news is that a new generation of integrated, cloud-based, RCM systems offer you alternatives that can be far more than just a neutralizing solution. This new breed of billing software coupled with best processes and solutions present increased efficiencies and optimized business processes that actually help you increase ROI and come out ahead of the game. The following is an examination of the critical elements to be examined in the quest to increase RCM ROI.

According to Healthcare IT News, "The process includes keeping track of claims in the system, making sure payments are collected and addressing denied claims… can cause up to 90% of missed revenue opportunity. RCM encompasses determining patient insurance eligibility, collecting copays and properly coding claims. Time management and efficiency are crucial components in RCM, and a physician's choice of an EMR should be largely centered around how their RCM is implemented."

http://www.healthcareitnews.com/resource-topics/financialrevenue-cycle-management

1 INCREASE ROI - FASTER PAYMENTS

For most small businesses, including medical practices, cash flow is the life blood of their thriving enterprise. Medical practice owners want and need to get paid faster. The speed of charting, coding and generating is key to this factor.

Automatic Claim Generation

Edward Rossi, M.D., of Your Hometown Pediatrician in Warwick, N.Y. is also maximizing his billing returns with web-enabled billing software. "When you do your note and sign off on your note, a claim is created, the system picks up everything off of the note and puts it on the CMS 1500 form for you. You or your biller can go over that and if there is a question, they can go back to the note and see, 'This is a 15-month checkup and normally this vaccine is done, let me go back to the note and see why it wasn't showing up.' The note will say that the child has a fever and a cold, and the biller will say, 'Okay I don't need to put this on here.' The whole thing is seamless. We are getting paid much faster," said Dr. Rossi.

The experience of Gail Wyatt, Office Manager of Trilogy Women's Health in Grapevine, Texas underscores how a new OB/GYN practice can use an integrated EMR with billing to get paid quickly. Wyatt said, "Dr. Robert is a solo practitioner who works with a Nurse Practitioner. At the end of the day, it's all about our billing. Our billing is being done properly and quickly. You have to get paid so that you can keep your lifeline. Having gone on our own, we have more bills to pay. We are able to pay these bills. We would not be able to do that if we did not have a good billing system in place. We've been very pleased that the claims are getting paid in a timely manner. Our claims are getting paid very quickly. We are typically paid in two weeks. That's phenomenal."

When Gregory Nestor left a large clinic to open his own primary care practice in 1987 he hired an outside billing company, but later found out that they weren't doing a stellar job of collecting the amount that he was owed. Chantel Jackson, practice manager said, "Through hard lessons, we learned they were not collecting even 50% of what we were sending over. Now, our turnaround time on our claims is the best part. We generally get paid within seven days. Our EMR system has helped us 100% . As far as the billing goes, processing the claims has been the easiest thing. It pulls out your error and acknowledges it to you before it even gets to the point of the clearinghouse. It scrubs the claim prior

to sending it out, which is a big help. It's a really huge feature. For instance, if we accidentally put in a double diagnosis on line 2 and line 1 or if we put a diagnosis that doesn't cover a certain procedure, the system won't let us go any further until we correct it. Billing mistakes don't occur any more. We learned our lesson. Compared to the billing we had before, our system generally saves us two to three hours a day."

Transmit Claims Sooner

With a truly integrated, cloud-based billing system, surgeons are able to bill while they are still in the operating room. Consider the case of Victor Kareh, M.D., of Texas-based neurosurgery practice Brain & Spine Surgery Associates. "When I do an operation and I finish my surgery in the operating room, I can dictate my case for the hospital. On the same computer that I use to do my hospital charting, I open another window and I enter the surgery codes. The information is already in my office and they can do the billing five minutes after I do my surgery," said Dr. Kareh.

William R. Blythe, M.D. of East Alabama Ear, Nose & Throat seconded Dr. Kareh's sentiments. "I do all of my own billing. When I do a surgery, for example, a tonsillectomy--before I ever leave the OR, I create a surgery note and enter the patient's charges into the system. My protocol is: I do the surgery, I dictate, I write orders, I enter the patient's data, I create a surgery note on the system and I talk to the family. I can do a lot of that all at one time and it takes me one minute. Before I leave the OR the bill for the procedure is already at the clearinghouse connected via the EMR software. It's ready to go. It's fast."

Dr. Blythe added that his billing for in office patient visits benefits from instant connectivity of a web, as well. "Before a patient reaches our front desk office, visit claims are already at the insurer. We got really efficient at that. Most patients' claims are in real time as opposed to the old days where we created a super bill and a front desk person would enter those claims and then we would review them at night, batch them and they'd go out the next day. The surgery charges would go out a week later after we had a chance to code them. Now it's all instantaneous."

Track Payments Quicker

Electronic Remittance Advice (ERA) is another time-saving, cloud-based RCM tool that makes sure your claims are being paid promptly. An ERA is a standard report that can be read by a computer system detailing payments made. Choosing a system that accepts ERAs allows practices to cross-examine those payment details against payer contracts, so the practice can ensure it's collecting according to its contracts.

Tennessee-based Faith Family Medical's Office Manager Marie Burriss revealed, "We can go into the system when we get those checks and automatically deposit them and then we've already posted those adjustments to the claims. A lot of the insurances automatically go through their Explanation of Benefits (EOB). Our cloud-based system goes into our ERA. We can go ahead and get those adjustments made and bill the patient for their deductible or their copay if they didn't pay that when they were seen. That's beneficial to the practice, especially with the 90-day collections window that we have."

Post Payments Automatically

Posting checks manually is part of the old billing paradigm with the advent of Automatic Payment Posting featured on many of the new cloud-based, RCM systems. "What used to take an hour, now takes 10 minutes," said Desiree Centalonza Florida-based Park Medical Center's Billing Specialist. She explained, "Instead of having to manually post the entire check, depending on whether it's commercial or Medicare, nine times out of 10 all I do is just enter the contracts and I'm done with that particular post. Before we used this system, we had to do everything. Now, it's just a click away from being done, it's great. Because we are receiving remittances electronically, the **turnaround is just between 14 and 18 calendar days**. Because we are filing daily versus using a service that files weekly, we have a daily cash flow versus a weekly to biweekly cash flow."

Money is deposited in the bank and the payment is automatically posted, explained and adjusted quicker.

Since electronic payment occurs on average two weeks sooner than paper checks, this has a dramatic positive impact on your cash flow. In addition, automated processes free up your billing staff to concentrate higher level billing functions.

2 INCREASE ROI - ACCURATE & COMPLETE PAYMENTS

It is crucial that your system is built on a single integrated Practice Management, EMR and RCM database so that you can get paid quickly and accurately for all services rendered. New generation, cloud-based RCM Systems include integrated charge capture and automated claim generation, all encompassed within an optimized, end-to-end workflow. When you perform the service, you chart your procedure and with the click of a single key, it is automatically queued for billing. This eliminates the inefficiency of paper super bills and need for dual data entry required with many "old style" billing systems.

Integrated E&M Advisor

Dr. Audrey Spencer, added, "Our cloud-based system helps to make sure you are coding for the right level. Many doctors under code because they are afraid, but our system automatically determines the level of service you documented. All you do is click 'okay' and you can override it if you want to. You can change a level 3 to a level 4. The system definitely lets you code appropriately."

No novice to entering billing codes, Denton Combs, CNP, in South Dakota said, "I've been doing coding for 12 years, so I already know what should come up. If it doesn't, my system gives you a suggestion and tells you if you are missing things, such as one element of the exam. If it comes up wrong then I know I must have missed 'this or that' so I just fix it right away and it is done. I pay for someone to audit my charts every six months and I've been doing very well. Right now, we get five rejections a week. That's a low number," said Combs.

Dr. Lynda Wright was facing a dilemma. She was spending 45 minutes to one hour with nine to 11 patients every day, but she wasn't getting paid nearly what she deserved for all of the services she was performing at OB/GYN practice in Kittery, Maine. Rather than reduce the quality time she spends with patients, Dr. Wright started using an EMR with integrated billing capabilities. "We have very few rejected claims. We are more likely to be using correct codes and using all the codes that we can use for a visit because of the prompts that are in our system. I have those additional prompts and can find specific ICD-9

codes to go with the condition rather than look through the book or try to find it online. That's really helped," said Dr. Wright.

Coding the Correct Level

Dr. Wright continued, "I'm certain my Medicare reimbursement has gone up. When we see a Medicare patient, there's a level of service charge and because I've always been concerned that I'm not over coding, I am aware now that I had been chronically under coding for Medicare visits. With my system, having the ability to cross check that my level of service makes sense has allowed me to comfortably code for the time I'm spending, rather than under code. I usually spend at least a half hour, if not 45 minutes with a yearly type visit and I do a lot of menopause consultations, which are one hour encounters and I cover a lot of preventive territory with patients. If you've over coded the system certainly pops up indicating that you don't have enough documentation to qualify for that code. This allows you to either add the documentation you haven't bothered to put in that meets the coding or to reconsider your code."

Coding to Prevent Audits

Being audited can be a harrowing experience. "Because of the way I practice, it was just a matter of being afraid to really ask for what I deserved from Medicare, especially because of the fear of being audited. Now I don't have that fear of being audited because I can double check that I've met the standards through my documentation for coding in 99215 level

of service for most of my visits. Before I was coding mostly 99214 and sometimes 99213 for visits that clearly qualified for a 99215 and the reimbursement is at least $25 or $35 dollars more for each one of those (99215) visits. If I do 10 of those visits a week, that more than pays for my system. At least I get everything that's available to me because my system helps me to be comfortable that I haven't over coded," said Dr. Wright.

3 INCREASE ROI - HOLD PATIENTS FINANCIALLY RESPONSIBLE

Although most physicians' top priority is spending time treating patients, they must also concentrate on the task of collecting payments from them. "Patient collections is the latest

cause of practice administrators' sleepless nights," said the author of an article in Medical Group Management Association's (MGMA) Connexion Magazine, because "practices have to concern themselves with collecting $1 of every $4 directly from patients." The article also points to ***"MGMA Practice Perspectives on Patient Payments" research recently conducted with Visa Inc., in which participating practices reported that 23.2% of total patient services revenue is attributed to collections from patients.***

With patient payments assuming a larger portion of the total reimbursement for services rendered, having a system in place that helps ensure that patients are held financially responsible while preserving your patient relationships is more important than ever.

Automatic Eligibility Checking

Automation is a big part of the new paradigm, especially when it comes to holding patients financially responsible for services rendered. A state-of-the-art RCM system will allow automated queries with the insurance company to immediately provide your front desk with the correct copayment, deductible amount and coinsurance when a patient checks in or out. The correct balance, including outstanding balances, can be collected from patients when they are in the office. When all of this information gathering automatically happens at the front desk, it frees the billing office from the burden of manually confirming eligibility. In addition, when information is available at the front desk, you don't have to wait until the end of the billing cycle to make patients responsible for their visits.

It is critical that practices be informed when a patient's insurance has changed. Postma said. "Sometimes patients don't willingly tell you that they changed insurance. We have Real Time eligibility capability, which is wonderful. That means we can ask the patient, did you get new insurance this month, because the system is telling us and it is able to go right into their insurance company's Web site."

Integrated Collection Services

No doubt about it. You want to collect payments, but you don't want to rock the boat with patients and let collections jeopardize your patient relationships. If collections do become necessary, it's important that your patients are billed the

correct amount in a timely fashion. Your patient relationships are crucial for your success and a cloud-based EMR and Practice Management system helps preserve this relationship with a professional, accurate and timely patient payment workflow.

It's critical that billing is not separated from registration, charting, scheduling, patient portal, and other functions in the system. All interactions should be designed to capture data correctly and early as well as to alert users when there may be an impact on billing. From alerting surgeons to the global period of encounters, to ensuring payment for immunization administration, to notifying the front desk as to the status of the patient balance, helps ensure that all parties are held financially accountable at the earliest point possible and that problems are detected before they happen.

4 INCREASE ROI - PREVENT CLAIM DENIALS

The AMA points to a 2007 National Healthcare Exchange Services (NHXS) study, which found that the average physician billed for 374 services per month, and the average monthly underpayment rate was a total of $889 per physician. "Using the typical research and correspondence methods employed by most physician practices, the cost to dispute a single underpaid service is $22 for the physician practice and equally as much or more for the health insurer. The economics of dispute resolution overwhelmingly favor first-time payment accuracy by the health insurer," stated the AMA.

Claim Rules Engine

So, how can physicians get paid correctly the first time that a claim is submitted? A powerful system, which combines automated eligibility checking with a powerful rules engine comprised of 50,000 of claims rules, ensures that physicians get paid correctly the first time a claim is submitted. A rules engine that is always updating

and adapting its rules alerts practices of the most current claim denial trends, enabling the practice to constantly improve its collection rates. A system with an advanced rules engine

prevents your claims from being denied, which means you save more money and spend less time resubmitting claims. If you have real time information at your disposal you can act on it.

Local Coverage Decisions

Look for an advanced system where local coverage decision ICD-CPT crosswalk edits and Correct Coding Initiative CPT bundling edits happen automatically. A top system that can provide direct access to CMS's database on a quarterly basis, instantly provide you and your staff with the most up-to-date rules. When this data is combined with real-time form edits, it ensures that items, such as insurance card number and demographic data, are entered correctly. When a claim is rejected, you immediately see the clearinghouse or insurer denial reason so that rejected claims can be instantly corrected and resubmitted. When billing for multiple procedures, a system that gives you modifier alerts allows claims to be correctly processed. Likewise, incorrect claims are identified and the user is given an alert.

Optimized Process for Working Rejections

A medical billing solution that provides you with a suite of reports that are run automatically and present you with the information you and your billing staff need also ensures timely, correct and complete payments from all insurers and patients. Reporting is one of the major features and benefits that can make a significant difference in your billing solutions. It can help you target A/R days, provide productivity reports, enable you to view collections by payer and referring provider as well as post lag.

A recent study by James Kahn, MD, from the University of California, entitled, "*Billing and Insurance-Related Administrative Costs: Burden to Health Care Providers*," showed that practices typically spend

8%-14%

of overall revenue on clerical follow-up on rejected claims.

http://www.iom.edu/~/media/Files/Activity%20Files/Quality/VSRT/Kahn1.pdf

Anita Jackson, M.D. of Greater Carolina Ear, Nose & Throat in North Carolina said, , "Our cloud-based billing system allows us to be able to look at every claim and the status of its filing. We can see whether it's been filed, whether it's gone to secondary (insurance), whether it was filed but never received or whether it's pending, and that's really important."

Jackson added, "My staff inputs all the data. Unlike paper charts where things can get lost and go missing, the EMR is a long-term record. Whenever a claim is denied, you can go back and determine whether you had the right (insurance) number or not. It's helpful to have a copy of the card, but at least you have something to compare to say the data entry was inaccurate."

Syed M. Rizvi, M.D., owner of S.M. Hammad Rizvi M.D. Inc. in Upland, California, is able to track any rejected claims with his new cloud-based system. "I've seen a much better improvement in revenues, I've seen much better cash flow. Through the billing system, we can track which claims were rejected. We get the electronic rejections and we can fix the problem quickly. We don't have very many rejections. The last time, we had 99.9% accuracy," said Dr. Rizvi.

5 INCREASE ROI – CUT RCM COSTS

This new generation RCM also enables physicians to hire fewer staffers. Joseph Flint, M.D., a solo practitioner at Delavan Pediatrics in Illinois said, "I am more efficient because all of the insurance information and codes that I enter in the note, auto-populate. I am the billing person at this time. There's just not a lot of time required. My system saves me money because I don't need to hire a billing person."

Cutting Costs with Integration

Dr. Flint added, "I was really looking for an EMR with the ability for charting and billing to be connected easily—a seamless connection. I like the integration. I was looking at another company that had charting, but you had to go with another company to do the billing. They were somewhat integrated but if you didn't register the patient in one system first, you'd have to go through and register them in the other one so you'd have to remember which way to do it. My system saves a lot of time when you register the patient, do your chart and create a claim. It populates the claim form automatically. Only a few modifications have to be made."

Using separate software modules from different companies can drain a practice's finances. Jeffrey Kunkes, M.D. said, "Before we were using a different module and we had to hire a billing company. We were spending $4,000 a month between billing, collections and medical records. When we switched to an EHR with an integrated billing module we've saved $2,000 to $3,000 a month. Because everything is under one company, we have saved the hidden costs of billing and collecting, going from one screen to another and printing things. We've been able to cut our printing and copying costs significantly. We have saved a significant amount of money on billing and collection without missing a step."

COST BENEFIT ANALYSIS

Automatic Patient Statement Services

OLD WAY	
In-House Printing Patient Statements	
Based on labor rate of $15 per hr. labor	2000 statements per month
Data: gather statement data, check patient balance reports	$60 (4 hours)
Labor: print 2000 statements, stuff envelopes, print postage, take to PO	$180 (12 hours)
Materials – printer, ink, paper, envelopes, postage meter labels/ink	$500 (.25 each)
Postage - .46 per first class envelope	$920 (.46 each first class stamp)
Labor – research, correct and re-mail returned statements	$45 (3 hours)
Average cost per statement	.85 ea.
Grand Total	$1705

NEW (BETTER) WAY	
Automated Cloud-based Patient Statement Service	
Cloud-based RCM System with auto transfer to cloud-based Statement Service	2000 statements per month
Data*	included
Printing	included
Materials	included
Postage	included
Corrections (Labor)	included
All Inclusive	.67 ea.
Grand Total	$1340
PAY 20% LESS	**SAVE $365 Mo.**
	SAVE $4380 Annually

Cutting Costs with Automation

Placing patient statements in envelopes, affixing postage and then sending them in the mail is a drag on office staff's efficiency and it can substantially delay payments. Automatic patient statement generation enables patient balances to be sent on a weekly basis. When statements are automatically enveloped, stamped and mailed, this eliminates the need for your staff to run statements once a month. When payment isn't received in a timely fashion, successive dunning letters can be sent automatically until payment is received.

This process includes data setup, printing, stuffing envelopes, affixing postage and taking them to the post office on a monthly basis. This process has become passé. Today's systems typically offer an automated connection to an electronic statement service. All data gathering, printing and mail is done out-of-house. This approach offers a great level of practice control and saves a great deal of money:

6 INCREASE ROI - REAL-TIME DATA, WORKFLOW ACCOUNTABILITY & REPORTING

Mistakes or errors in the billing department cannot be identified instantaneously, but if you don't have information readily available, you can't act on it. During the course of normal billing and collections operations, a plethora of valuable information is collected, such as when a specific

payer is consistently failing to make payments in line with the contractual obligations it has with a practice. Gleaning that information can help physicians to make better decisions dealing with that payer in the future. Analytics reports, such as data about payers, information about what services are bringing in the most revenue, and other important metrics can help practices improve their operations and profitability.

Workflow Accountability

A workflow that is infused with accountability promotes fast claim payment. Real time reporting means that your workflow is infused with financial accountability. When the billing, front desk activities and EMR are connected, the entire workflow is infused with financial accountability. Picture your EMR "talking" to your billing, and your billing "communicating" with your front desk. When all interactions are designed to capture data correctly and early and alert users when there may be an impact on billing, you maximize your ROI. A problem checker, infused with the workflow should be included with your EHR.

Advanced Analytics

Practices often don't have the tools or the time to organize data and compile reports, so having advanced analytics and assistance with revenue forecasting from software that provides data reporting capabilities is a necessity. Physicians benefit from data that details how much revenue is collected in a given period. When using dynamic rules intelligence tools, physicians have a more accurate idea of the funds they expect to accrue in the future.

Reports that are set up automatically, as well as those that are customized to the data you need to help run your practice, will enable you to experience a level of control, planning and management that will help ensure the continuing financial success of your practice.

Real-Time Data

The best data reporting capabilities include reports that run automatically 24/7 in real time and provide your billing and accounts information as well as graphical trend reports that provide a quick snapshot of your financial health.

An RCM system should provide you and staff with a surplus of reports that run automatically to present you with the information you and your billing staff needs to ensure timely, correct and complete payments from your patients and insurers. Your system should provide you with the ability to view individual reports as well as a graphical trend for a quick snapshot. You shouldn't have to stay up until midnight to run your reports. Reports should be set up one time

and run automatically every 24 hours and they should be customized easily to fit your needs.

The experience of Derrick Wallace, M.D., of Ear Nose & Throat Solutions in Nutley, N.J., underscores how a higher level of control, planning and financial management can help ensure financial success. Dr. Wallace said, "That's another feature that I wanted -- to be able to track what's happening. I can pull up a report while I am at home relaxing and see the status of my collections whenever I want to. I don't have to call up a billing person to get a report or wait for some report at the end of the month. I can look at it whenever I want."

One of the many benefits of the Billing Module is that it is helping Kuraoka Clinic to enjoy a low claim rejection rate. "The system gives you little warnings about certain issues that may have come up during note creation and fills in the blanks for the CPT codes for you. That makes it easier for you as far as decreasing the claim rejection rate. If there are any rejected claims, resending claims is super easy to do. The system pulls everything in and we just send it off and it goes to the clearinghouse and we're done," said Dr. Mark Rheaume, who runs the billing side of his wife's Kuraoka Clinic in Georgia.

Noting that he recently transferred his day to day billing responsibilities to the practice's Office Manager, Dr. Rheaume saids, "My Office Manager was able to take over from me without having any real billing experience. She was trained by me and I think that with a lot of other systems it wouldn't have been so easy to do. The system will automatically populate the CMS 1500 form based on what you did in your note and what orders you put in; so you don't have to go and fill that in, which is the reason why the Office Manager is able to do it. It's not like you have to read the note and try to figure out what you need to put in there. It will fill in the note for you."

Customized Reports

Staying apprised of your company's financial status is paramount to success, especially if you are expanding your practice. By using reports generated by his billing system, Dr. Mark Rheaume keeps abreast of practice finances at two locations in two states. "I really like the report generation. If there's any information I need about how our company is doing compared to prior years, I can get it almost instantaneously," said Dr. Rheaume.

Emphasizing how crucial it is to keep track of payments, Dr. Rheaume added, "You can tell who has paid and who hasn't paid and try to figure out what's going on. The collection reports show the amount of money collected, from whom and if it's been applied yet. The claims filed reports show what claims are still pending and why they're

still pending. Are they pending because a patient hasn't paid, the insurance hasn't paid or because they haven't been filed yet? You can keep track of where you are."

Colleen Postma certified professional coder and practice manager of Ear, Nose & Throat Associates of Syracuse, N.Y., said, "The report shows your billing charges and the number of codes you billed. Ninety days in A/R (accounts receivable) -- anything that's been sitting out there over three months -- really, really, really should be looked at. That's money that's out there that shouldn't even be out there. You shouldn't have a lot of money that's still with an insurance company that's out there over 90 days without some explanation. It could be lost revenue."

SUMMARY

By using billing and revenue management software to capture more revenue, you and your staff can be relieved of the administrative burdens that are associated with billing so that you can focus on providing care to patients. Integrated, web-based billing and collection tools offer the following benefits:

Checklist for New Generation RCM

In order to facilitate these benefits, it is essential that your new RCM system contains full functionality for the following:

- **Web Access** – true web-native architecture allows 24/7 access, connectivity, integration, security
- **Workflow Integration** – Seamless integration of scheduling, EMR & RCM
- **Automation** – eligibility, auto posting, auto statements
- **Connectivity** – clearinghouse, labs, CMS & government, NPI, state registries, insurers
- **Business Logic** – coding advisor, rules engine, scrubbing, LCD, modifier alerts,
- **Reporting** – customizable, accessible, smart data

The adoption and implementation of an integrated EMR and billing system can be a daunting task, but with the selection of the proper tools it can be a solid win for the small medical practice.

David Frank, Office Manager of Franks Wellness Center in Seminole, Florida, could very well be called the poster child for maximizing a medical practice's ROI. "We started using our new EMR with billing capabilities on May 1, 2012, and our revenue picked up at least 40% almost immediately. The Billing Module allows us to utilize the system more efficiently by posting payments and sending claims to the insurance companies on an immediate basis versus delaying it a week or more. There were a lot of things that weren't previously being billed out. They were still sitting in queue," said Frank.

With the healthcare landscape continually changing, time is of the essence in reassessing old business practices. New generation RCM allows you to examine all aspects of your billing and collections cycle and is optimized for performance improvement and automation opportunities. Your medical practice requires automation and integration to maximize billing and collections. The new billing paradigm has arrived. As we mentioned earlier… this is not your grandmother's Billing System any more.