

## Concentrate on the Health of Your Patients; Leave the Health of Your Practice to the Experts

### The value of partnering with a Revenue Cycle Management Organization

By Richard Schickler



Why settle for 10 percent denial of claims when you could drop the rate by 50 percent or more? Wouldn't you prefer to see your employed and affiliated physician groups sustain an average days in A/R at 45 rather than over 90, and a collection ratio over 95 percent? With the impact of the recession and the growing pressures to pass through sophisticated insurance denial programs to receive reimbursement, it only makes sense to partner with a company that offers expertise and sophisticated technology in physician Revenue Cycle Management (RCM).

While some health organizations try to master the process in-house to keep operation costs down, we see time and again their trend analysis not moving in a positive direction and their collection rates lag behind best practice standards. By turning to an organization that understands physician practice operations and management, you can help your physicians improve the health of their practice while they spend time monitoring the health of their patients. MED3000 has with the tools to analyze A/R trends, monitor key indicators, and provide sophisticated technology tools. Technologies that incorporate plan rule changes to supplement ambulatory physician claims scrubbers, quick turnaround on patient statements, and a patient portal for reviewing statements and paying online, as part of our service deliverable. At the end of the day, improving financial, operational and patient outcomes is what sets healthy practices apart from dying operations.

With high unemployment rates translating into more uninsured patients and the continuing trend toward consumer-driven plans (often with higher deductibles), collecting your hard-earned dollar is much more complex. Not only is it becoming more challenging to collect monies owed from patients, it is inherently more difficult to collect monies from insurance companies due to their complex systems and "denial-first" approach. This coupled with the time-consuming and labor-intensive process of following up on denied insurance claims complicates healthcare receivables management. While many health organizations believe that

they can manage an in-house billing operation at a low-cost threshold, we believe that the focus of a lower-cost model is not always the most effective solution, mainly due to the lost revenue associated with the complexities of our health system. In other words, if one is able to run an internal billing operation at one to two percent below that of a professional managed RCM operation, we often find that the lost revenue far exceeds the cost savings. By outsourcing your physician revenue cycle management to a team of experts, the practice could see the denial rate below five percent, and increase in cash collections in excess of five percent of historical levels.

By turning to a source with expertise in producing improved financial results for physician practices, you can elevate the operational process with a multifaceted approach. Many hospitals have limited resources to manage the large volume of unpaid insurance claims for their managed physician groups, and obtaining reimbursement can be a painstakingly long process. When you think of all the issues facing physicians today, giving them access to a team of professionals to manage their operations could provide great resuscitation to a practice which is not financially stable and impacting your bottom line as well.

Focused on maximizing practice revenue, enhancing cash flow and cost efficiency, MED3000 delivers timely, accurate and affordable physician billing and collection services along with the monitoring tools to measure performance and improve revenues and patient care. The MED3000 Billing & Revenue Cycle Management team uses leading-edge technology and proven skills in revenue collection to deliver the information and support physician practices need to improve their billing performance and grow revenues. Our business process outsourcing solution differs from traditional and offshore solutions because we have knowledge and expertise from managing thousands of physicians since 1995. We are invested in producing results for our clients, or we simply don't get reimbursed. Our processes have been proven time and time again to outperform in-house operations as well as off-shored solutions.

Can you really afford not to move in this direction for your managed physician groups? †

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## Veterans missing out on free healthcare

Like the rest of Americans, many veterans are feeling the effects of a downturn economy. It is more important than ever for veterans to learn about the many ways the VA can help them with the healthcare they need and have earned.

There are an estimated 56,000 veterans living in Armstrong, Butler, Clarion, Lawrence and Mercer counties, but only approximately 18,000 have signed up to use VA Butler Healthcare's services.

One of the largest populations underrepresented are Vietnam-era veterans, despite the continued increasing of Vietnam-era eligibility and benefits. "Many veterans don't even know they are eligible for services here at the VA," said Bill Cress, social worker and program coordinator for VA Butler Healthcare.

In October 2009, Secretary of Veteran Affairs Eric Shinseki, a former Army chief of staff, made it easier for potentially 200,000 sick Vietnam veterans to receive service-connected disability compensation due to Agent Orange exposure. Service members who served in Vietnam or its coastal waters are automatically eligible for benefits due to possible Agent Orange exposure. Health issues such as B-cell leukemia, Parkinson's disease and ischemic heart disease have been added to the list of Agent Orange related care. Unlike other types of service connected disability, veterans do not have to prove direct exposure.

Benefits for the growing Iraq and Afghanistan veteran population are also being addressed. Iraq/Afghanistan veterans who have returned from a combat zone are eligible for no-cost VA care for five years. The five-year "clock" begins at the moment of discharge from the military, not from departure from the combat zone.

For information about VA Butler Healthcare programs and services, visit [www.butler.va.gov](http://www.butler.va.gov). †

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