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Interview:
Ashley Kilmartin
Director of Strategic Partnerships

Financial Vital Signs: Strategies for Reducing Errors and Improving Cash Flow

Q: What is the importance of Key Performance Indicators (KPIs) in medical revenue cycle management?

Key Performance Indicators (KPIs) are critical because they serve as quantifiable measures that gauge the financial health and operational success of a medical practice. They enable healthcare organizations to monitor cash flow, evaluate the efficiency of billing processes, and identify issues such as coding errors and claim denials. By using KPIs, practices can make data-driven decisions, streamline operations, improve compliance with healthcare regulations, and ultimately enhance the patient experience by reducing billing errors and wait times for insurance processing. KPIs like the claim rejection rate, Net Collection Rate (NCR), and average time to payment are vital for continuous assessment and improvement of the practice's financial activities.

Q: Why is the claim rejection rate an important KPI, and what does it indicate?

The claim rejection rate is a crucial KPI because it directly reflects the accuracy and effectiveness of a practice's billing processes. A high claim rejection rate indicates problems within the coding, data collection, or claim submission processes, and signifies potential revenue loss. Monitoring this rate closely allows practices to quickly address and correct underlying issues, reducing the number of rejections and improving financial outcomes.

Q: What is the national average for first-time approval of medical claims, and how can a practice compare to it?

The national average for first-time approval of medical claims is around 83%. Practices can compare their performance to this benchmark by calculating their own first-time approval rate and analyzing the gap. If the rate is below average, the practice needs to scrutinize their billing processes to identify the discrepancies and inefficiencies. Implementing a system like PhyGeneSys can help practices exceed the national average by ensuring that claims are correct and complete upon initial submission. In fact, PhyGeneSys has a 98.5% clean claims rate.

Q: What are the consequences of coding errors?

Coding errors can have severe financial consequences, including lost revenue and increased administrative costs due to claim rejections and resubmissions. PhyGeneSys helps by providing a robust coding and billing system that automatically updates with new coding guidelines and checks claims against current coding conventions. This proactive approach minimizes the chance of errors and facilitates faster payment, contributing to a more robust and reliable revenue cycle.

Q: How does PHIMED's PhyGeneSys software enhance the management of medical revenue cycles?

PhyGeneSys software provides an integrated platform that automates and validates the billing process. The software ensures that all claims are accurate and compliant with the latest coding guidelines before submission, thereby increasing the chances of first-time approval and reducing the need for costly resubmissions. PhyGeneSys's ability to track KPIs allows for a real-time overview of a practice's financial performance, to pinpoint inefficiencies and promptly rectify them. The software's analytics capabilities assist in making informed decisions that can lead to improved cash flow and patient satisfaction.

Q: What steps can a practice take to ensure their collection time and cash flow are optimal?

To optimize collection time and cash flow, practices should regularly review their billing cycle, ensuring that claims are submitted promptly and follow-ups on denials are swift. They should also analyze payment patterns to identify trends and delays in payer reimbursements. Implementing automated billing systems like PhyGeneSys can help streamline these processes. Additionally, engaging with patients about their financial responsibilities and offering flexible payment options can enhance collections from the patient side.

Q: How does PHIMED Technologies support medical practices in revenue cycle management?

Our PhyGeneSys medical management system, simplifies the complexities of practice management and billing. The system integrates all aspects of the revenue cycle, from patient check-in to final payment, and provides training on how to use the software effectively. PHIMED's expertise and support helps practices improve their financial performance by maximizing revenue, reducing errors, and ensuring compliance with industry standards.

This report is brought to you by PHIMED Technologies.



PHIMED Technologies vision is to be at the forefront of driving the adoption of automation technology in medical billing management and advancing the field as a whole. We strive to be a trusted partner for healthcare providers, empowering them with innovative solutions like PhyGeneSys. Our role is to continuously innovate and refine our automation technology to meet the evolving needs of healthcare billing. We actively collaborate with industry experts, regulatory bodies, and healthcare professionals to understand the challenges they face and develop tailored solutions.

For more information call Ashley Kilmartin at 800-909-7240 and visit phimed.com.