



Our Real Stories is a series of actual accounts where our stethoscope approach improved Revenue Cycle Management. We listened, diagnosed and delivered prescribed solutions for a lucrative result.



The ebix team of expert medical coding and billing professionals help keep a medical practice autonomous and realize up to 11% more revenue by focusing our efforts on coding expertise, denials minimization, and data analytics & reporting.

- Initial Credentialing is Free
- Free Eligibility Checking
- Medical Coding Experts
- Fast Claim Submission
- Advanced Data Analytics
- Claim Scrubbing and Coding Review
- Contract Reimbursement Analysis
- Accountability & Transparency



Mystery Solved: The Case of the Chronic Under-Coder.

Although our client, an independent, Michigan based, Multispecialty Family Physicians Group managed their medical billing, collections, and revenue cycle management; the group sensed that maximum reimbursements were not achieved. They wanted ebix, Inc. to be their silent partner to review the medical records

HERE'S THE STORY

The ebix, Inc. team got to work by implementing a squad of AHIMA-certified coders who had vast experience in the required specialties. A project manager was assigned for the management of the production and process. The quality of coding is essential since only a correct code can help secure maximum reimbursement. So ebix had weekly meetings for reviewing the quality of the coding and also ensuring that all expectations and protocols are met. In short, the coding solutions were high quality, confidential and cost effective.

The client first wanted a trial. So they sent us 20 scanned charts uploaded on our FTP. We followed the coding requirements specific to the locality of the provider and provided all linked ICD-10 and associated modifiers required for proper billing. The coded files were returned via spreadsheet.

THE SOLUTION NOTED LUCRATIVE IMPACT

On returning the work, the client was not only impressed with ebix's accurate coding, but also benefited from some issues we identified that could directly impact the provider's revenue.

We discovered that the providers were under-coding in many cases that not only decreased reimbursement but could also lead to the payor initiating an audit. We could offer guidance when there was a lack of medical documentation in the chart, and also crosswalk codes depending on the billed insurances. Our AHIMA-certified coders are experts in federal as well as commercial coding and billing guidelines.

The client is extremely pleased with the ebix team's medical coding services and competitive prices too. Outsourcing the coding has had a very positive impact not only on their business but also on that of the people they serve.

Hence the Case of the Chronic Under-Coder is closed.

KEY DIFFERENTIATORS

“At ebix, the coders are trained to look at the physician's coding and check to ensure the physician is documenting properly. ebix's physician education, with auditing, provides the on-going feedback to combine sound documentation principles and implement the use of well-documented comprehensive coding policies. ebix provides consultative services to assist with every aspect of business operation.”

Hospitalist
Milwaukee, Wisconsin

Leaders in Revenue Cycle Management.



CERTIFIED MEDICAL CODING EXPERTS

Ensure higher reimbursement by properly aligning services with medical diagnosis.

The ebix team has a strong reputation for expert medical coding service. By and large, medical billing begins with accurate and complete documentation in the medical record. Hence, coding is the way your intellectual services and labor are translated to a code used to bill insurance and document the value of your service.

Therefore, the transforming of a provider's narrative or description of disease, injury, and procedures into universal medical code numbers for application of the insurance claim is the fundamental purpose of medical coding. For this reason, our team of professional certified medical coders ensure higher reimbursement by properly aligning services with medical diagnosis. Consequently, this doesn't just assure that you're properly reimbursed. It will also minimize denials resulting from the incorrect association of diagnosis and procedure codes.



DENIAL MINIMIZATION

Claim resolution experts get our practice's claims processed quickly and secure maximum payment.

According to Medical Group Management Association (MGMA), even the best-performing medical practices have 4 percent of their claims denied. MGMA estimates that up to 65 percent of denied claims are never re-submitted. It costs approximately \$25 to re-submit a denied claim. Furthermore, if you don't research the denied claim and correct and re-submit the claim within the time frame required by each individual payer (which many times is as short as 90 days) you may not get paid.

Your medical practice should never accept a first-round denial as routine. In effect, to minimize medical claim denials, the ebix team of expert claim resolvers get your practice's medical claims processed clean and quick. We investigate the reason for the denial. And when necessary, we offer an extensive practice education and training session.



ADVANCED ANALYTICS & REPORTING

Identify trends, track actual vs. contracted payments which brings a level of transparency and insight to what is being accomplished on your behalf.

Data Analytics and Reporting is the process of inspecting, cleaning, transforming and modeling data. The goal is to highlight the most useful information. For this reason, the skill and experience to translate data into useful information can be the difference between getting ahead and being left behind.

For example, our team of analysts will help you identify trends and track actual vs. insurance allowed amounts. The reports provide detailed data information that is needed to manage your practice and maximize your profitability. Comparatively, this is what sets ebix apart from other Revenue Cycle Management companies. We don't just expertly code and submit. We help you identify and capitalize on unique opportunities for your practice to maximize profitability.



Trusted accurate healthcare billing and coding service since 1976.



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