Healthcare Billing and Revenue Cycle Management.

A SILENT PARTNER FOR INDEPENDENT HEALTHCARE PROVIDER GROUPS.

We have a proven track record of helping private healthcare practices capture up to 10% more revenue through coding expertise, denial minimization, determined and timely claim follow-up and data analytics which will help you run a smarter and more profitable practice.

You have invested years, resources, and energy to become a medical provider. And you do not want to spend your time managing your billing and revenue cycle. Specifically, that is why ebix, Inc. is here. We have the talent, methodology, and resources to help your practice flourish.

The ebix team of expert medical billing service professionals help keep your medical practice autonomous and realize up to 10% more revenue by focusing our efforts on coding expertise, denials minimization, and data analytics & reporting.

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

The key to successful Revenue Cycle Management is understanding all your practice's revenue challenges. Our team will help improve profitability by monitoring, measuring and managing all those challenges while providing you understandable feedback on your progress.

The ebix team has superior tools and experience in capturing and correcting claim errors prior to submission resulting in high acceptance rates. But our people make the difference, personalizing service to your needs and your patent's needs. Courteous patient representatives and well-trained claim follow up staff ensure reduced write-offs and enhanced patient satisfaction.

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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