

11 WAYS

to reduce your
operational overheads in
MEDICAL BILLING



Table of Contents

01

Chapter 1: Implementing Efficient Billing Practices

- 1.1 Streamlining the Billing Process
- 1.2 Utilizing Electronic Billing System
- 1.3 Improving Coding Accuracy

02

Chapter 2: Enhancing Patient Registration Procedures

- 2.1 Implementing Online Patient Registration
- 2.2 Verifying Insurance Information
- 2.3 Enhancing Data Accuracy and Compliance

03

Chapter 3: Optimizing Claims Management

- 3.1 Monitoring Claim Submission Timelines
- 3.2 Conducting Regular Claims Audits
- 3.3 Addressing Denied Claims Promptly

04

Chapter 4: Improving Revenue Capture

- 4.1 Adhering to Charge Capture Processes
- 4.2 Avoiding under-coding and over-coding
- 4.3 Implementing Fee Schedule Reviews

05

Chapter 5: Streamlining Payment Collections

- 5.1 Offering Multiple Payment Options
- 5.2 Implementing Automated Payment Plans
- 5.3 Enhancing Patient Financial Counseling

06

Chapter 6: Leveraging Technology for Efficiency

- 6.1 Adopting Advanced RCM Software
- 6.2 Utilizing Predictive Analytics
- 6.3 Integrating RCM with Electronic Health Records (EHR)

07

Chapter 7: Enhancing Staff Training and Education

- 7.1 Providing Ongoing Training Programs
- 7.2 Fostering a Culture of Accountability
- 7.3 Empowering Staff with RCM Knowledge

08

Chapter 8: Outsourcing Non-Core RCM Functions

- 8.1 Benefits of Outsourcing RCM Tasks
- 8.2 Choosing the Right RCM Back Office Partner
- 8.3 Ensuring Compliance and Data Security
- 8.4 Ideal scenarios of Outsourcing in Medical Billing

09

Chapter 9: Reducing Denials and Rejections

- 9.1 Identifying Common Denial Reasons
- 9.2 Implementing Denial Prevention Strategies
- 9.3 Developing Effective Appeals Processes

10

Chapter 10: Implementing Cost-Effective Revenue Recovery Strategies

- 10.1 Exploring Secondary Payer Options
- 10.2 Maximizing Reimbursements from Payers
- 10.3 Recovering Outstanding Balances

11

Chapter 11: Monitoring Key Performance Indicators (KPIs) of RCM

- 11.1 Tracking RCM Metrics in accounts receivable and collection rates
- 11.2 Analyzing Financial Performance to identify areas for improvement
- 11.3 Making Data-Driven Decisions to Optimize Revenue Cycle Performance

12

Appendix: Additional Resources

Links to relevant blogs for further reading and assistance.

13

Publication from
GeBBS Healthcare Solutions

14

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An introduction to optimizing operational overheads in **Medical Billing**



Rising operational costs in your medical billing processes drains your resources and cuts into your profits. Imagine an efficient billing system that not only saves you money but also enhances your revenue capture.

Welcome to "11 Ways to Reduce Your Operational Overheads in Medical Billing," your essential guide for mastering revenue cycle management (RCM) in the healthcare industry.

Discover actionable strategies that will transform billing processes, optimize your financial performance and ensures your practice thrives. Dive in and start your journey towards a more profitable and efficient future in medical billing!

With the average cost to process a single medical claim ranging from \$20 to \$30 and denial rates averaging 5-10%, the importance of efficient medical billing practices cannot be overstated. Among the changing rules and tricky payment systems, lot of healthcare stakeholders are dealing with higher costs and losing money they should be making.

In this e-book guide, we aim to provide healthcare professionals with hands-on knowledge and tested approaches to manage RCM challenges successfully. This covers everything from using technology to boost efficiency to delegating non-essential RCM tasks. Each section presents real solutions to enhance operations and ensure financial stability.



Make medical billing easier with our expert help!
<https://gebbs.com/revenue-cycle-management/>

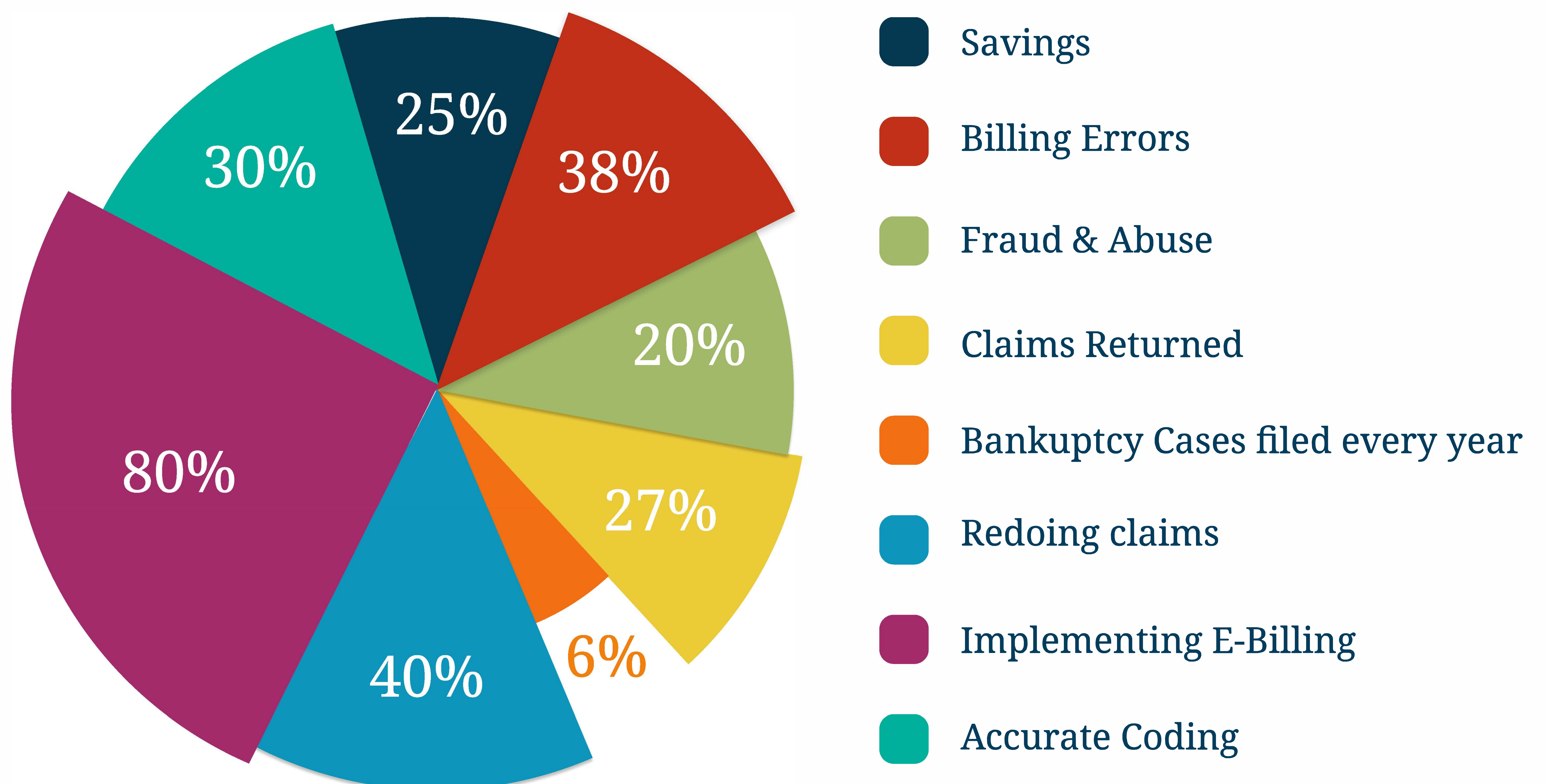
Chapter - 1

Implementing Efficient Billing Practices

Efficiency is really important when it comes to medical billing. In this chapter, we'll discuss some practical ways to make your billing process smoother, backed by industry insights. This will help you spend less money on running things and ensure you bring in as much revenue as possible.



Unforeseen Medical Billing Stats



1.1 Streamlining the Billing Process



Keeping billing simple is essential in medical billing, as it cuts out extra steps, makes procedures the same for everyone, and improves workflows. Improving how we handle billing, like MGMA says in the above chart, can save us a lot of money—up to 25%.

It also helps reduce redoing claims by as much as 40%. This means it takes less time and fewer resources to bill, lowering the chance of mistakes and delays.

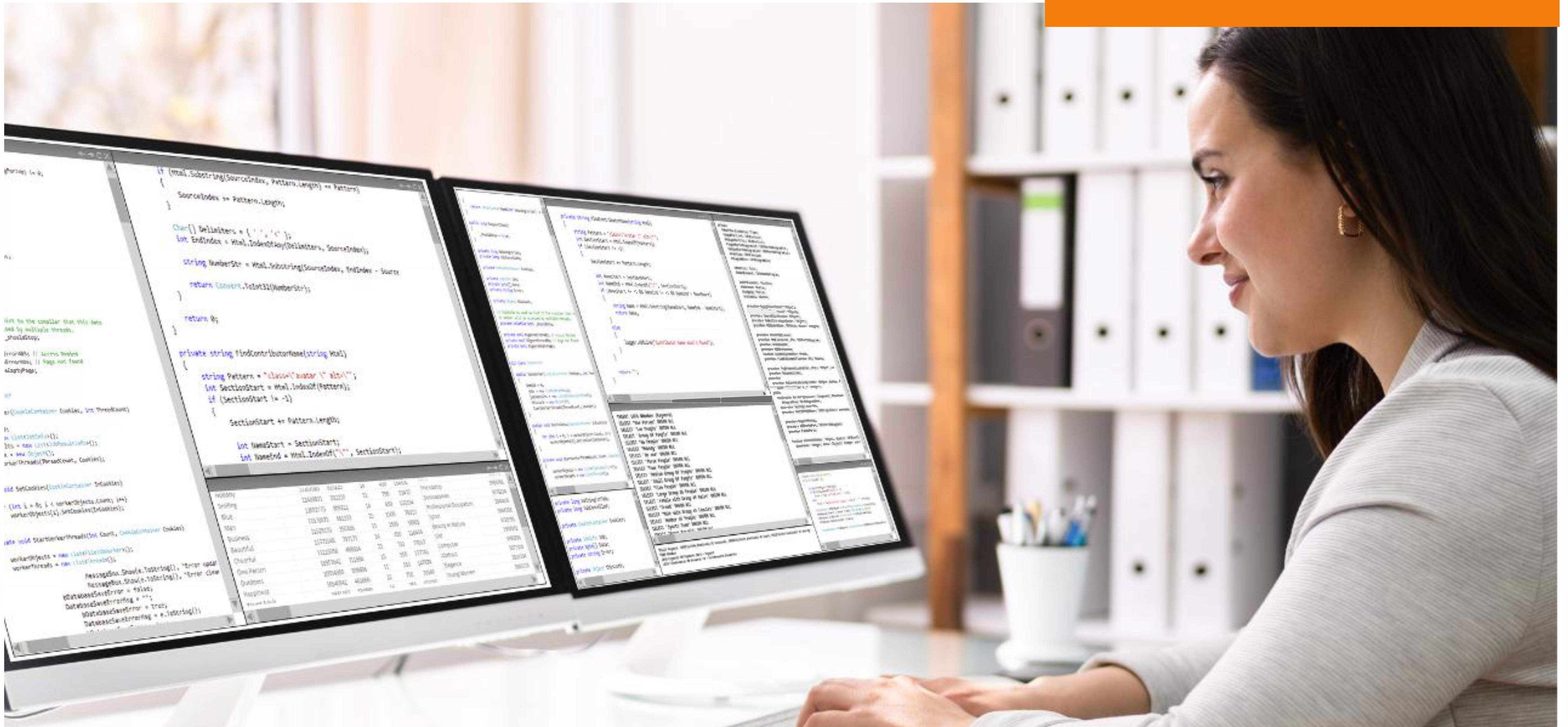
1.2 Embracing Electronic Billing Systems

Black Book Market Research found that 90% of healthcare organizations see substantial claim accuracy enhancements and up to 70% time savings in claim submissions after implementing electronic billing.



The rise of electronic billing systems has drastically changed medical billing. Instead of using paper, healthcare providers now use electronic platforms. This switch brings many advantages, like working faster, being more accurate and getting paid quicker. Electronic systems make sending claims easier, reducing mistakes and speeding up the billing process.

1.3 Improving Coding Accuracy to Reduce Your Overheads



Accurate medical coding is essential for successful revenue cycle management. If the codes are wrong, the healthcare business might not get paid on time or at all, and it could even break some rules. So, spending time and money is essential to ensure the coding is correct. This means giving the people who do the coding lots of training, setting up good checks to ensure the codes are accurate and using technology to make coding easier.

- HIMSS adds that if healthcare organizations focus on accurate coding, they might reduce the number of insurance claims that are denied or rejected by as much as 40%.
- AAPC says that getting medical codes right helps healthcare providers earn more—up to 15% more.

These plans allow healthcare providers to improve billing practices, reduce operational overhead costs and improve overall financial performance.

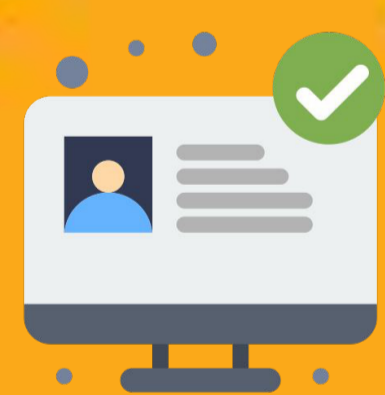
Chapter - 2

Enhancing Patient Registration Procedures

Inefficient patient registration procedures can significantly impact the revenue cycle, leading to errors, delays and missed opportunities for reimbursement. Here, we will cover strategies to enhance the patient registration process, ensuring accuracy, compliance and patient satisfaction.



01



Implementing
Online Patient
Registration

02



Verifying
Insurance
Information

03



Enhancing Data
Accuracy and
Compliance

2.1 Implementing Online Patient Registration

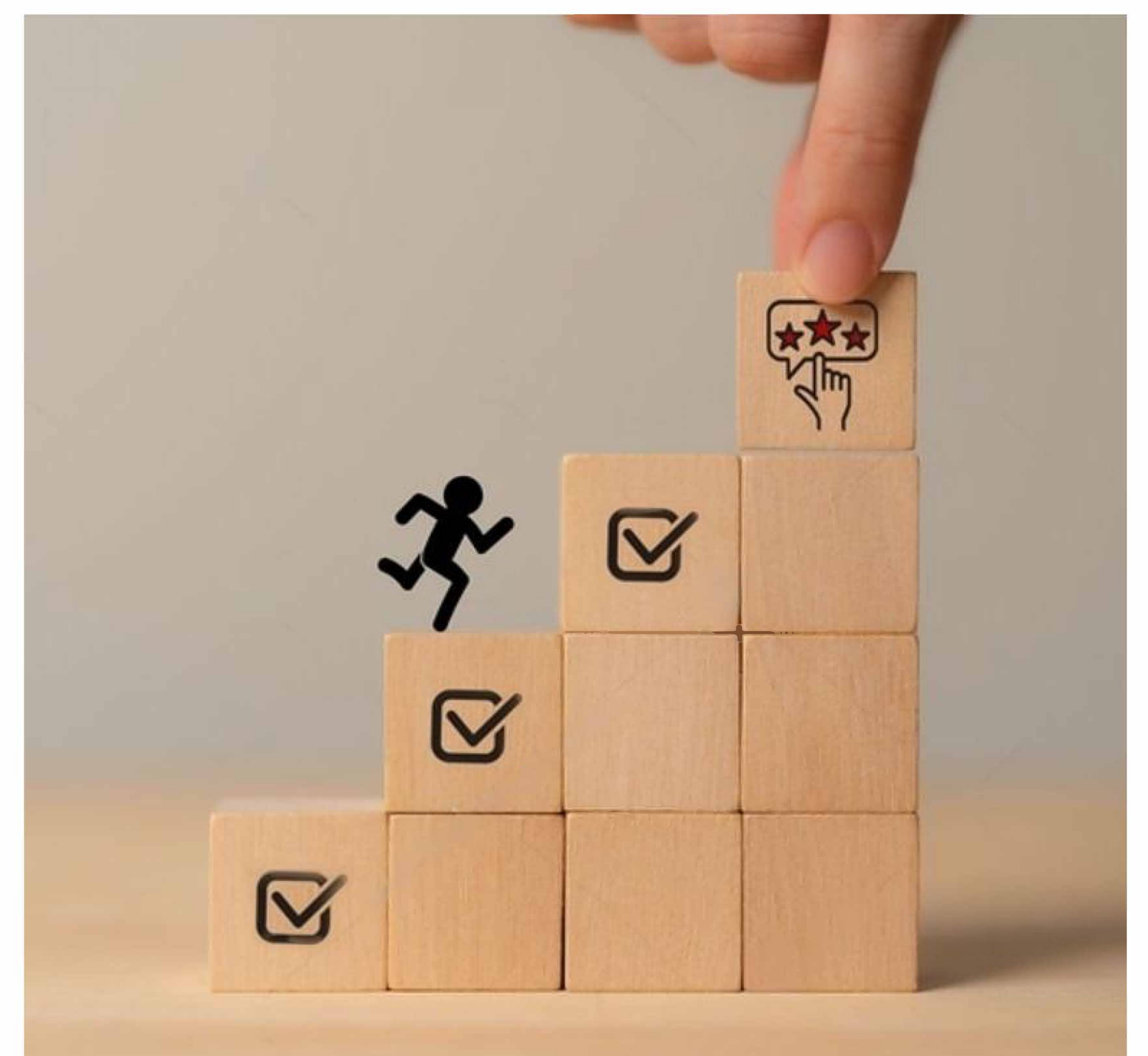


Researches confirm that online signing could shorten check-in times by up to 20%. Signing up for medical appointments online is a simple and handy way for patients and doctors. Patients can fill out forms online before they go for their appointment. This helps hospitals and clinics reduce waiting time, avoid mistakes and make patients happier.

Online sign-up systems help healthcare groups save about 30% of their money on administration costs. About 77% of patients are eager to use digital tools while scheduling their healthcare visits.

2.2 Verifying Insurance Information

Accurate insurance information is important for successful claims processing and reimbursement. Up to 80% of medical billing errors are insurance eligibility and coverage verification. Doing robust insurance verification procedures helps with a 30% reduction in claim denials to ensure that patient coverage details are up-to-date and accurate, reducing the risk of claim denials and delays.



Critical Steps for Insurance Verification:

- Verify patient insurance coverage before appointments to prevent surprises or delays.
- Confirm insurance eligibility and benefits to estimate patient responsibility accurately.
- Collect co-payments or outstanding balances at the time of service to improve cash flow.

2.3 Enhancing Data Accuracy and Compliance to Reduce Your Overheads



Data accuracy and compliance are essential for protecting patient privacy and regulatory compliance. Healthcare data breaches cost \$7.13 million per incident. At the same time, HIPAA violations can result in penalties ranging from \$100 to \$50,000 per violation, with a yearly maximum of \$1.5 million for repeated violations, as per IBM's Data Breach Report.

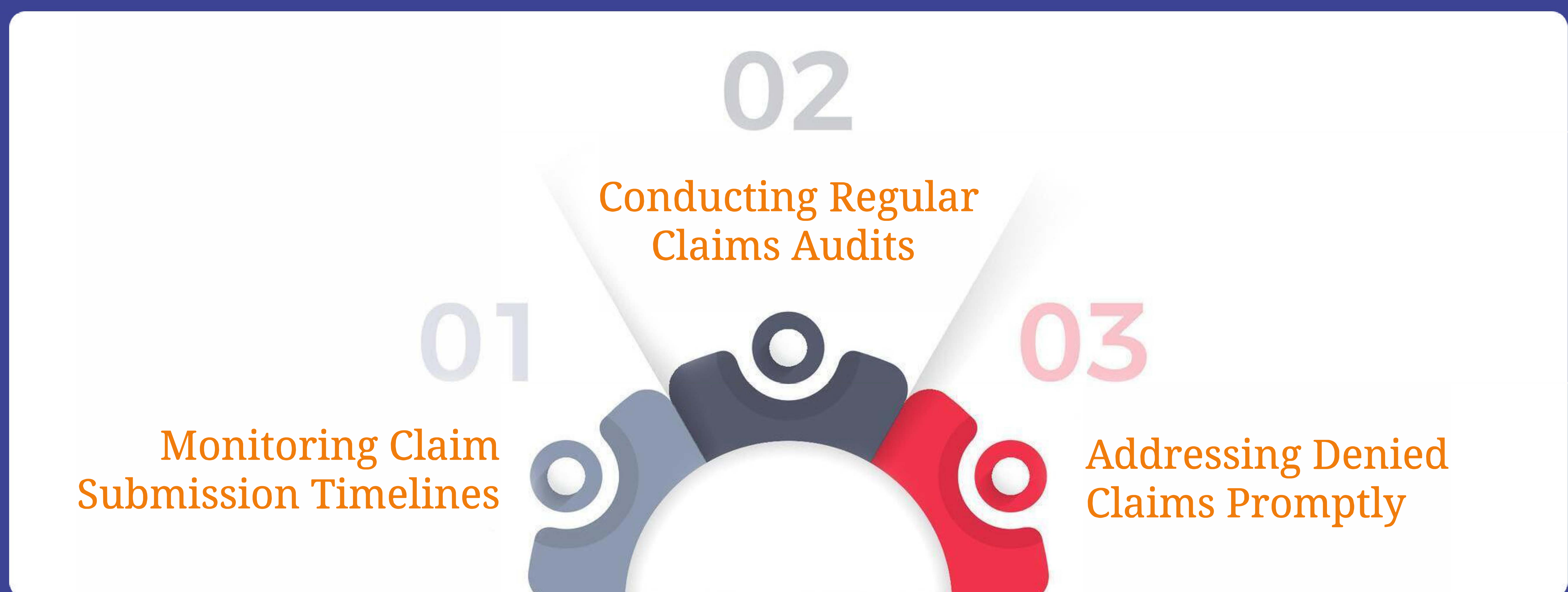
Healthcare facilities can safeguard sensitive information and mitigate the risk of data breaches or compliance violations by using strict data validation processes and sticking to industry standards.

Innovative Approaches:

- Implementing automated data validation tools to identify and correct errors in real time.
- Conducting audits of patient records to ensure accuracy and compliance with regulatory requirements.
- Providing ongoing training for staff on data privacy regulations and best practices for maintaining data integrity.

Chapter - 3

Optimizing Claims Management



Well-handled claims are getting paid right in medical billing. In this part, we'll discuss ways to ensure claims are handled smoothly so they're sent in on time, processed correctly and you get the maximum reimbursement possible.

3.1 Monitoring Claim Submission Timelines

Submitting claims on time is essential to get paid quickly. Industry experts say that healthcare providers who send in their claims within 48 hours of giving service can lower the chances of their claims being rejected and get their money faster.

To make sure claims get sent in on time, healthcare providers can set up sound systems. They can set clear deadlines, use reminders and check regularly to see if any risk of denied or delayed claims needs fixing. This helps avoid delays and ensures claims aren't rejected or taken longer time to get paid.



3.2 Conducting Regular Claims Audits

Researchers suggest regular claims audits are suitable for identifying errors, differences and opportunities for improvement in the claims management process. By reviewing claims data, healthcare providers can identify trends, patterns and areas of insufficiency, allowing them to correct and enhance accuracy and efficiency. This includes conducting look-back audits of denied claims, identifying root causes of denials and implementing corrective actions to prevent future occurrences.



3.3 Addressing Denied Claims Promptly to Reduce Your Overheads

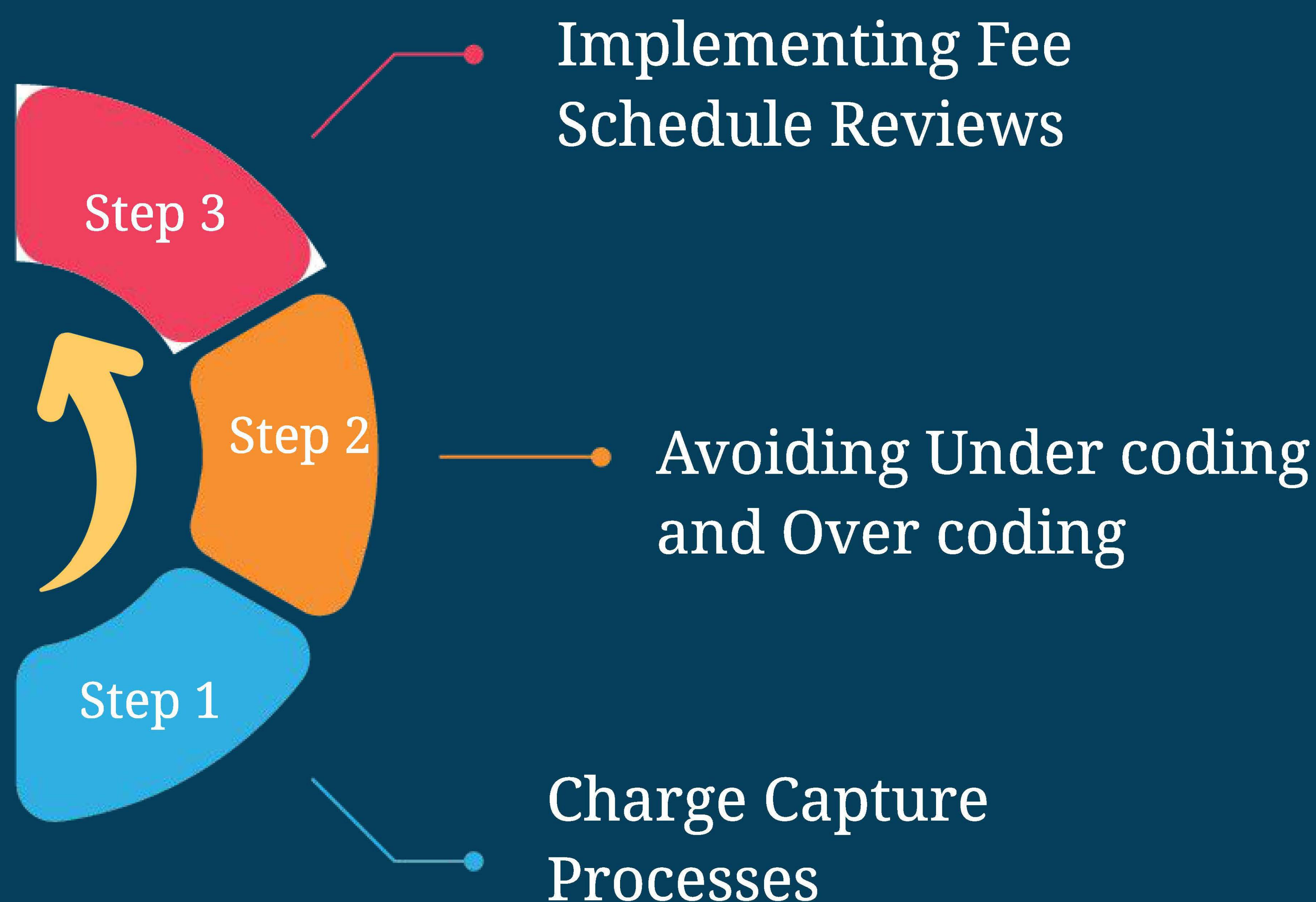
Denied claims can impact cash flow and revenue, leading to delays in reimbursement and increased administrative burden. That's why it's essential to deal with rejected claims quickly and effectively.

Some experts say that companies that promptly follow up on denied claims experience higher reimbursement levels and improved financial performance than those that do not.

This includes establishing transparent practices for claims follow-up, using technologies to track- manage denials and implementing Initiative measures to prevent future denials. By handling denied claims promptly, healthcare providers can minimize revenue leakage and manage their revenue cycle performance.

Chapter - 4

Improving Revenue Capture



Effective revenue capture is essential to the financial health of any healthcare organization. Let's discuss ways to ensure that the organization gets all the money it should, by improving its tracking of which services it provides and gets paid for.

4.1 Adhering to Charge Capture Processes

Charge capture is when doctors write down what they did for a patient so the hospital can bill for it. It's important because it ensures the hospital gets paid for all its services. To do this well, hospitals need to have robust charge capture processes. They need to have clear rules for how to write down charges, they need to check regularly to make sure everything is written down correctly, and they can use technology to help make the process smoother.

Studies show that those who practice effective charge capture processes experience higher revenue capture and lower levels of revenue leakage than those who use unproductive processes.

4.2 Avoiding Under coding and Over coding

Under-coding occurs when doctors or hospitals codes for services, fail to capture all the work performed during the provider-patient encounter. This means they might get only some of the money they should, from billing for those services.

On the other hand, over-coding occurs when they record or code services exceeding what is supported by the medical necessity, medical facts or the provider's documentation resulting in a higher reimbursement for the services rendered. This can cause problems with following rules and might lead to penalties.

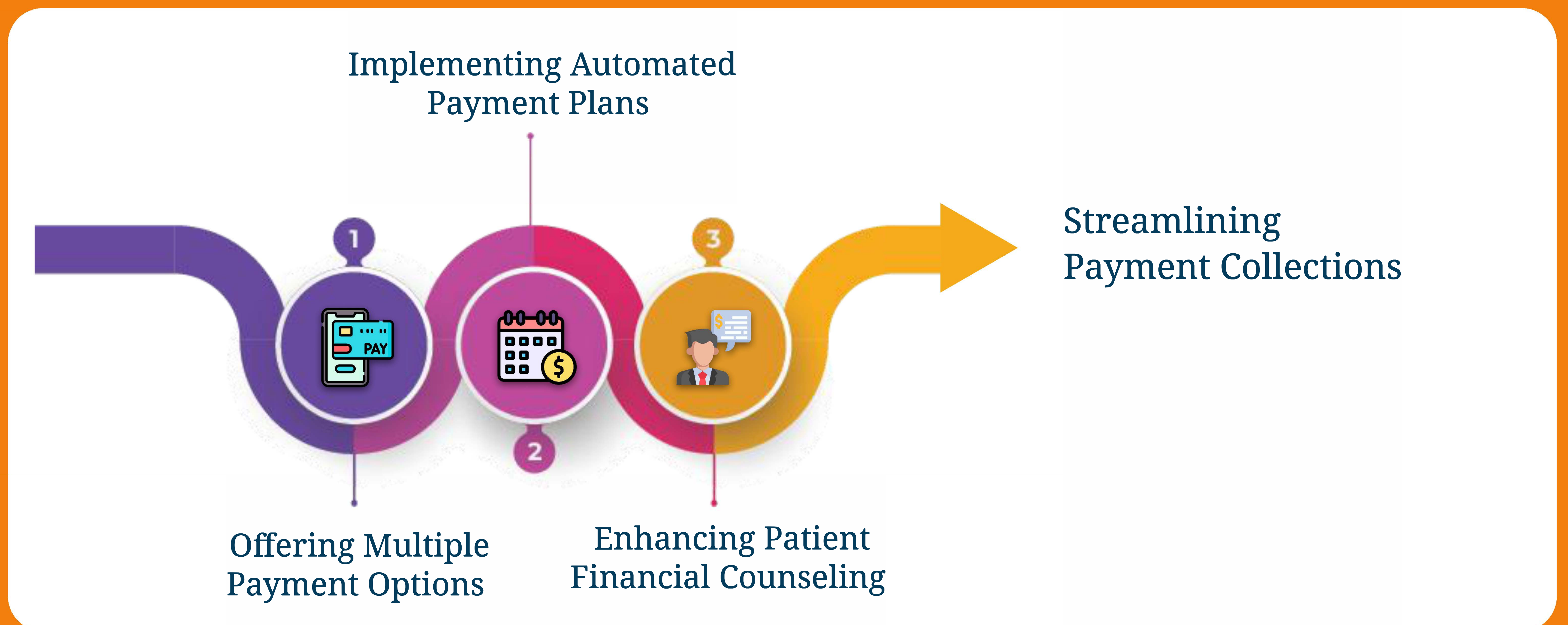
Healthcare providers must document everything properly and follow the coding rules to avoid under and over-coding. This helps them get the right amount for their services and ensures they follow the rules. Regular training, checking the codes they use and audits can all help lower the chances of making these mistakes.

4.3 Implementing Fee Schedule Reviews to Reduce Your Overheads

Regular review of fee schedules is necessary for healthcare providers. This helps ensure they're getting paid right for their services. By reviewing these schedules often and adjusting how much they get paid to match any changes from insurance companies, healthcare providers can avoid getting paid too little and ensure they get all the money they're owed. They must talk with insurance companies to get updated fee schedules, monitor how much they're getting paid and speak up for fair payment rates.

Chapter - 5

Streamlining Payment Collections



All stakeholders of the healthcare ecosystem must get paid on time to keep their finances running smoothly and avoid problems with their revenue cycles. So, let's figure out how to make patients happier, get payments quicker and make it easier for people to pay.

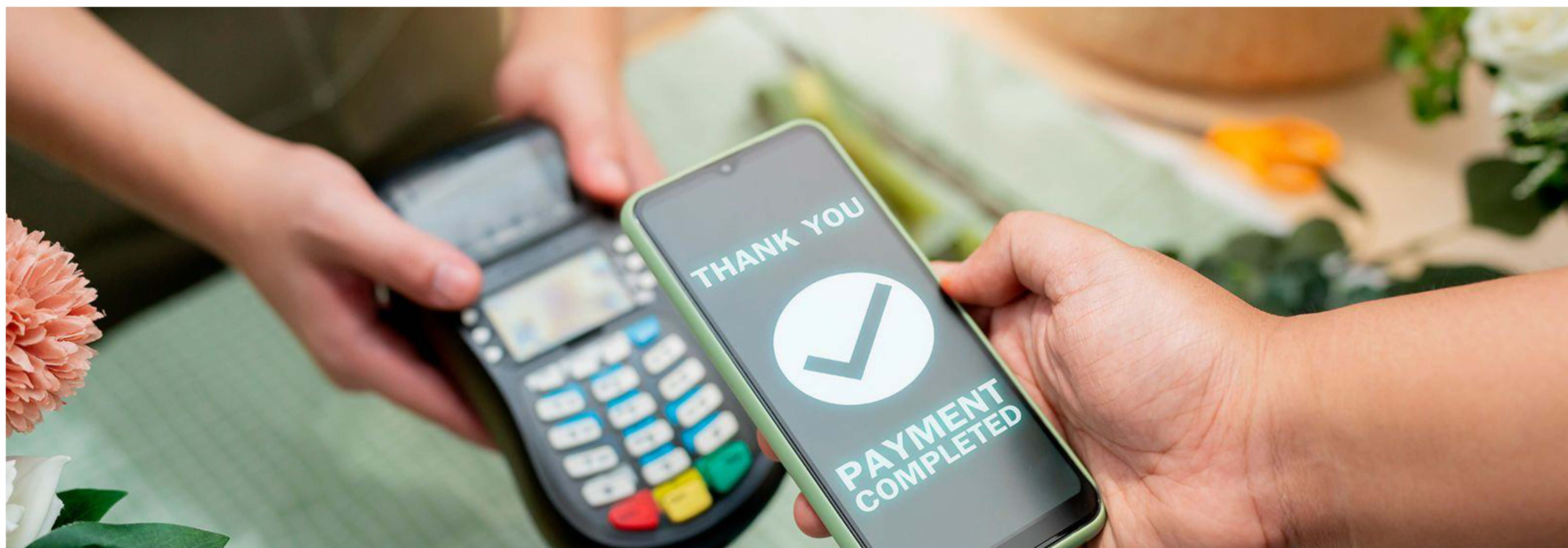
5.1 Offering Multiple Payment Options

Giving patients different ways to pay their bills helps clinics get more money. This means online payment websites, credit card swiping machines, automated payment schedules and electronic fund transfers. People like having choices and when clinics give them different ways to pay, they tend to pay on time more often.

Studies have shown that clinics that offer these options get more payments on time and have fewer old bills waiting to be paid.



5.2 Implementing Automated Payment Plans



Automated payment plans make it easier for patients to pay their bills and help healthcare workers do their jobs more efficiently. These plans set up regular payment schedules based on what patients can afford. Healthcare providers can count on getting paid regularly without worrying about missed payments or late fees. Places that use these plans have noticed fewer unpaid bills and more money coming in regularly.

5.3 Enhancing Patient Financial Counseling to Reduce Your Overheads

Good financial counseling for patients can prevent unexpected bills and help people make intelligent choices about healthcare costs. Clinics that explain clearly how much the treatment costs, what insurance pays for, how patients can spend etc., helps them understand and handle their bills better. This builds trust and openness, making patients happier and clinics better paid.

Chapter - 6

Leveraging Technology for Medical Billing efficiency



Adopting Advanced
RCM Software



Utilizing Predictive
Analytics



Integrating RCM with
Electronic Health
Records (EHR)

Healthcare providers use technology to improve and simplify their revenue cycle management processes. This chapter will show how they can use technology to generate more revenue, optimize efficiency and be more accurate

6.1 Adopting Advanced RCM Software

Revenue Cycle Management (RCM) software helps healthcare practices handle billing, claims processing and financial reporting. With RCM software, practices can automate tasks, follow set procedures and immediately see important performance details. These systems make work easier, lower mistakes and speed up getting paid, which helps practices manage their money better.

Practices using RCM software say they process claims faster and get fewer denials, which means they earn more money and do better financially.

6.2 Utilizing Predictive Analytics

Predictive analytics tools are like crystal balls for businesses. They look at old information and use statistical algorithms to guess what might happen next. In revenue cycle management, these tools can help spot patterns, determine how people will pay, and make billing smoother.

By studying insurance claims, payments and who their patients are, healthcare providers can fix problems before they get big, stop money from slipping away and get more reimbursement. Healthcare organizations that use these tools have noticed they're making more money, having less debt, and earning more profit.



6.3 Integrating RCM with Electronic Health Records (EHR) to Reduce Your Overheads

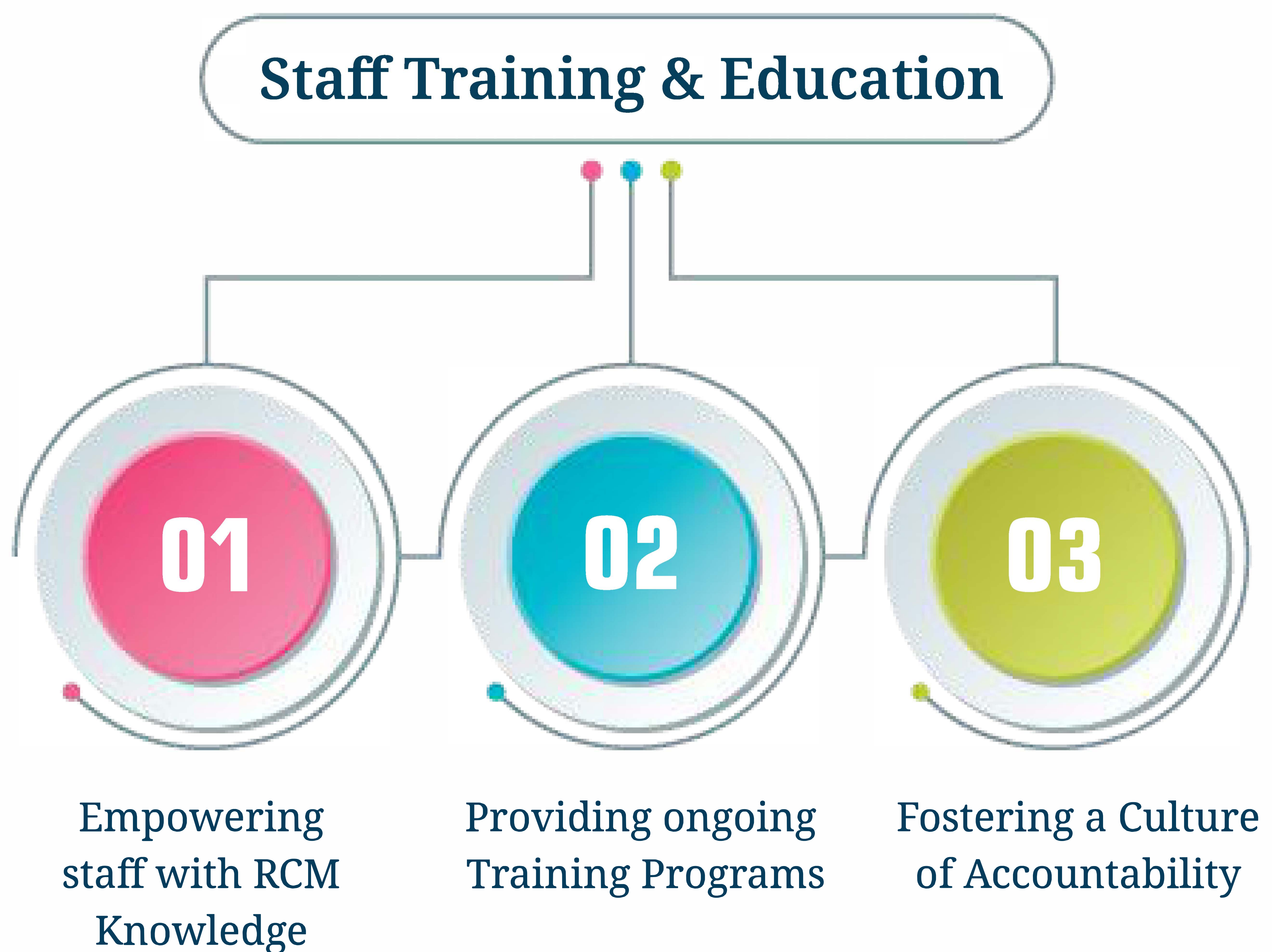
Connecting billing systems with Electronic Health Records (EHR) helps healthcare offices share information smoothly and work better. This means patient and medical information are linked to billing and insurance details. This connection makes things more accurate, avoids doing the same work twice, and speeds up getting paid. When these systems work together, it's easier for the medical and administrative staff to talk to each other.

This teamwork makes patient care and money matters go smoother. Offices that combine billing and medical records say their staff gets more done, there are fewer mistakes in billing and patients are happier.

GeBBS' cloud-based accounts receivable automation and workflow solution, iAR integrates with your existing billing system, optimizes workflow management, and provides detailed metrics and reports.

Chapter - 7

Enhancing Staff Training and Education



Medical billing, to run smoothly and to bring in money, requires staff with awareness about what they're doing. This chapter is about ensuring those staff are educated and trained well. That way, they can give patients good care, follow all the rules and do billing correctly.

7.1 Providing Ongoing Training Programs

Regular education and training is essential for keeping staff updated on how billing works, the changes in rules and new technology. The healthcare practices can help staff learn what they need to know to manage revenue through training sessions, workshops, quiz and interactive online courses.

7.2 Fostering a Culture of Accountability

It's essential in medical billing to ensure everyone takes responsibility. When people feel accountable, they take ownership of their work and are likelier to follow the rules and do their best. This helps the healthcare practice run smoothly and ensures everything related to managing revenue is done well.

7.3 Empowering Staff with RCM Knowledge to Reduce Your Overheads

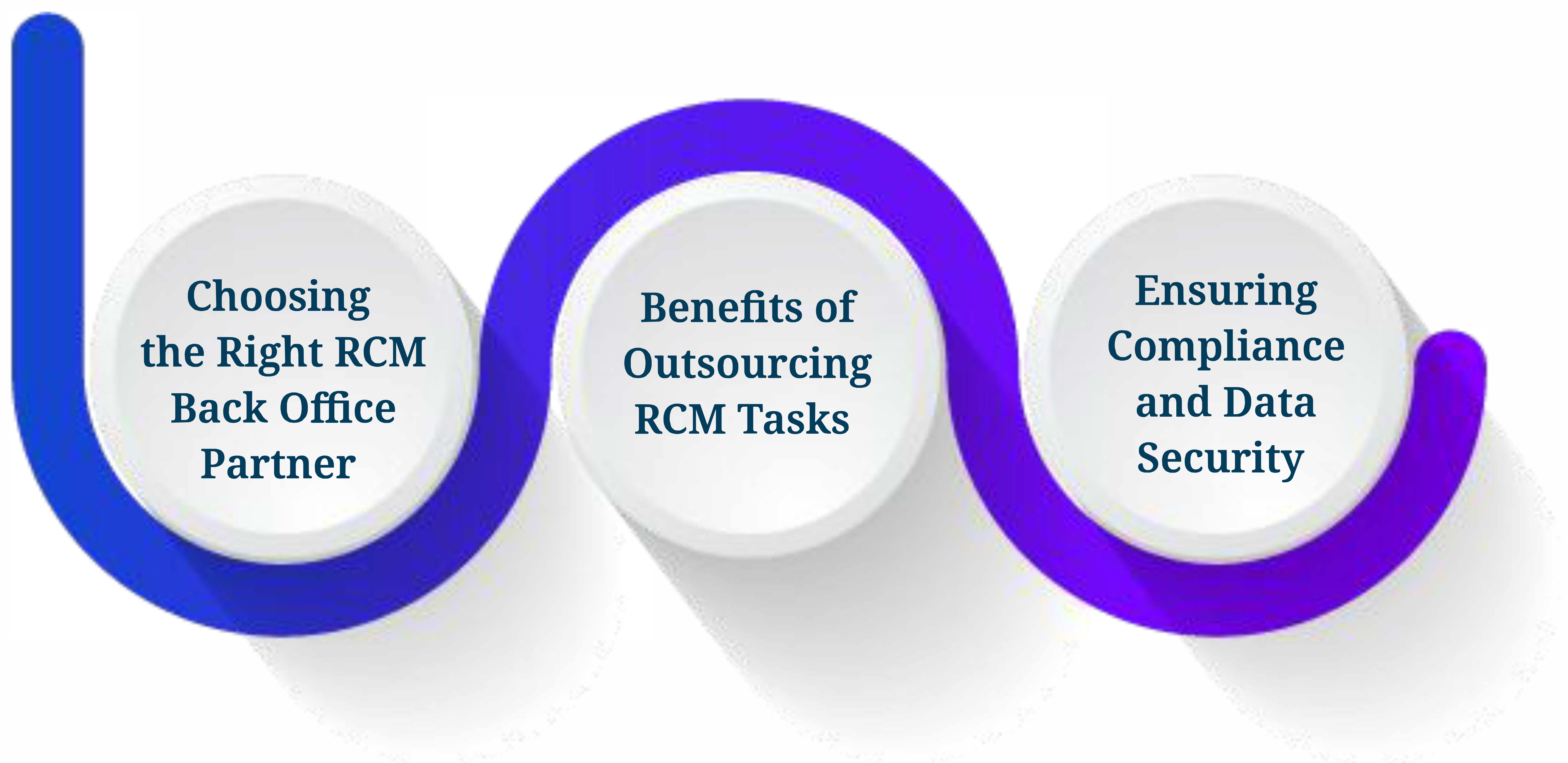
Employees who know much about revenue cycle management and medical billing can find ways to improve things, reduce problems and get good results with billing. Training staff about revenue cycle management is essential for making medical billing run smoothly and getting as much money as possible.

Healthcare practices that equip staff with periodic training materials, guides and work books about their domain verticals, could help them make intelligent choices, solve problems independently and improve the process over time.

Chapter - 8

Outsourcing Non-Core RCM Functions

Healthcare practices can earn more revenue by getting help with things like billing and managing payments. This means they can focus more on their primary jobs while experts help with revenue cycle management. Let us discuss why getting outside help for managing revenue is good and share the best practices while picking a suitable support system.



8.1 Benefits of Outsourcing RCM Tasks

Outsourcing non-core RCM functions, such as coding, billing, and claims processing, can provide several advantages for healthcare practices. By entrusting these tasks to specialized third-party vendors, practices can access expert knowledge and resources, reduce administrative burdens and improve efficiency and accuracy in billing processes.

Additionally, outsourcing collaborations can help practices adapt to changing regulatory requirements and industry trends without the need for significant investments in training or technology infrastructure.

Studies have shown that practices that delegate RCM tasks experience higher revenue capture, faster claims processing and reduced billing errors than those that handle these functions in-house.

8.2 Choosing the Right RCM Back Office Partner

Choosing the best outsourcing partner is critical to ensure RCM outsourcing works well. Healthcare practices must look closely at possible vendors, considering their experience, what others say about them, how well they've done in the past and whether they follow all the compliance and regulations. It's also important to consider whether the vendor has good technology, communicates well and can customize their services to fit the practice's needs.



8.3 Ensuring Compliance and Data Security to Reduce Your Overheads

When hiring someone else to handle your revenue cycle management tasks, the main things to consider are ensuring your healthcare business follows all the rules and keeps patient information safe. It's crucial that your outsourcing partner follows strict security rules, like ISMS, HIPAA and uses robust Business Continuity Plans (BCP) to keep the data secure and the operations run without any break. It would help if you also made clear service agreements about how they'll do the work and how well they need to do it.

When you hire someone to handle your revenue cycle management tasks, focus on following the rules and keeping data safe. This will lower the chances of breaking any laws, having data leaks, or harming your reputation.

8.4 Ideal scenarios of Outsourcing in Medical Billing

While managing the admin tasks involved in Medical Billing, outsourcing the below activities could reduce your staffing overheads by 60%.

- Referrals follow-up.
- Insurance verification and authorization.
- Consultation Documentation.
- Scheduling appointments.
- Billing Schedule.
- Devices- Order management & Follow up.
- Equipment usage compliance Follow up.
- Refills & Re-supplies follow-up
- Payment collections from patient.
- On call patient support.
- Scheduling and Retrieval of medical devices.
- Denial management.
- Payment posting.

This chapter summarizes why outsourcing non-core RCM functions can be beneficial and offers practical guidance on selecting a right partner like GeBBS Healthcare, to guarantee compliance, data security and overall operational efficiency.

Chapter - 9

Reducing Denials and Rejections



When healthcare providers aren't paid for their services, it can hurt their finances. This happens when claims are denied or rejected. In this chapter, we'll discuss ways to determine why claims are denied, how to prevent them from happening and how to appeal denials effectively. This helps healthcare practices get adequately paid and keep their revenue flowing smoothly.

9.1 Identifying Common Denial Reasons

To prevent claims from being denied, it's essential to figure out why they're being denied in the first place. Sometimes, claims get rejected because the patient's information isn't complete or correct, the codes used are mistaken, the treatment wasn't pre-approved, or the claim wasn't filed on time.

By looking at why claims are being denied, healthcare providers can see where things are going wrong and make changes to fix those problems. Studies show that 90% of claim denials can be avoided, so managing them proactively is essential.

9.2 Implementing Denial Prevention Strategies

Preventing claim rejection requires a proactive approach that addresses root causes and lessens risks throughout the revenue cycle. Healthcare practices can implement denial prevention strategies such as improving front-end processes, enhancing staff training and education, implementing coding validation processes, and leveraging technology solutions to identify and resolve potential denial triggers before claims are submitted.

9.3 Developing Effective Appeals Processes to Reduce Your Overheads

Even when you do everything right, claims are sometimes still denied. When that happens, healthcare providers need a robust system to appeal to those denials and get the money they deserve. This means having clear appeals procedures, keeping good records to support your case, and using technology to make the process easier.

Providers can ensure they get all the money they've earned and maintain their financial health by advocating for themselves and staying proactive with appeals.

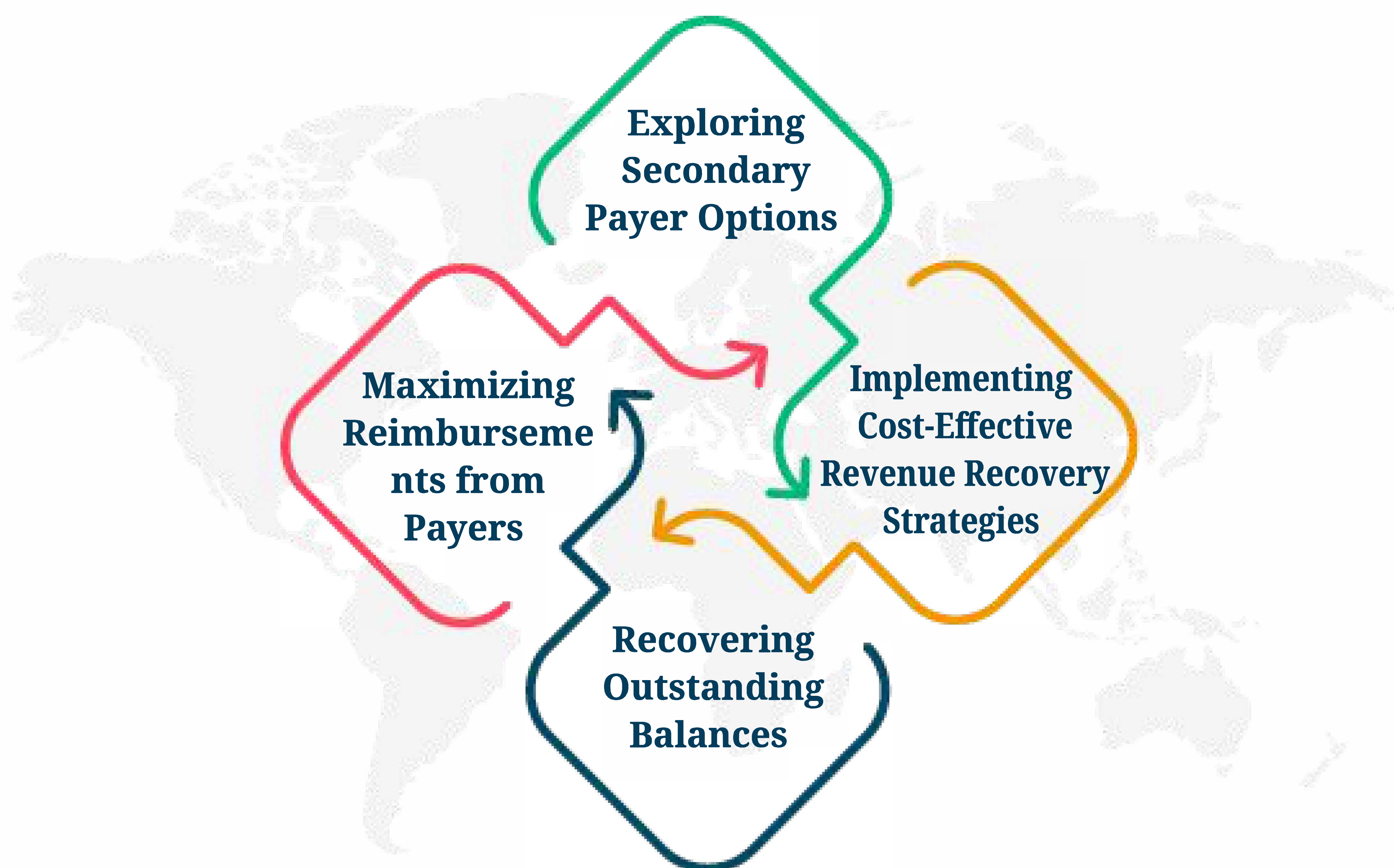
**Transform denials into dollars with
GeBBS expert claim denial agents!**

LEARN MORE

Chapter - 10

Implementing Cost-Effective Revenue Recovery Strategies

Boosting income and reducing losses is critical for healthcare practices that want to improve their finances. The below section will look at ways to spot chances to increase revenue, get the most from insurance payments and handle unpaid bills affordably.



10.1 Exploring Secondary Payer Options

When insurance companies reject or pay less for claims, healthcare providers can look into other options to compensate for lost money. This might mean determining if patients qualify for different types of insurance like Medicare or Medicaid for eligible patients or pursuing coordination of benefits (COB) with other insurance carriers to ensure maximum reimbursement for services rendered.

10.2 Maximizing Reimbursements from Payers

To get the most money from insurance companies, it's essential to keep a close eye on how much they pay, the rules of your contracts with them and how they pay you. Healthcare practices should check their contracts with insurance companies often, try to get better deals when possible, and push for fair payment for their services. They can also use technology to determine if they need to get paid more, keep tabs on their claims' status, and ensure they get all the money they're unsettled.

10.3 Recovering Outstanding Balances to Reduce Your Overheads

Addressing outstanding patient balances is essential for maintaining healthy cash flow and minimizing revenue leakage. Healthcare practices can implement practical approaches for collecting outstanding balances, such as offering flexible payment options, setting up payment plans and engaging in patient outreach and education.

Additionally, practices can leverage technology solutions to automate billing and collections processes, streamline patient communication and track payment status to expedite the recovery of outstanding balances.



Chapter - 11

Monitoring Key Performance Indicators (KPIs) of RCM

Tracking and analyzing key performance indicators (KPIs) is crucial for assessing the effectiveness of the revenue cycle management approach and identifying areas for improvement. In this chapter, we'll explore strategies for monitoring KPIs related to accounts receivable, collections rates, and financial performance to drive continuous improvement in revenue cycle management.

Analyzing Financial
Performance to Identify
Areas for Improvement



Tracking RCM Metrics in
Accounts Receivable and
Collection Rates

Making Data-Driven
Decisions to Optimize
Revenue Cycle Performance

11.1 Tracking RCM Metrics in Accounts Receivable and Collection Rates

Keeping an eye on accounts receivable (AR) ageing and collection rates provides valuable insights into the health of the revenue cycle. Healthcare practices should track metrics such as days in accounts receivable, accounts receivable turnover ratio and collection rates to assess their efficiency in billing and collections processes.

Regularly reviewing these metrics, practices can identify trends, spot potential issues, and take proactive measures to improve cash flow and reduce outstanding balances.

11.2 Analyzing Financial Performance to Identify Areas for Improvement



Understanding how well your healthcare business is doing financially is essential. It helps you see if you're making money, collecting payments efficiently and managing costs effectively.

By looking at how much money you're bringing in, collecting and spending, you can figure out where you're doing well and where you need to make changes. This can help you improve your financial health and keep your business strong.

11.3 Making Data-Driven Decisions to Optimize Revenue Cycle Performance to Reduce Your Overheads



Data-driven decision-making is essential for driving continuous improvement in revenue cycle management. Healthcare practices can gain actionable insights into billing trends, payer behavior, and revenue cycle performance using data analytics tools and performance dashboards.

This enables practices to make informed decisions, implement targeted interventions, and measure the impact of initiatives to optimize revenue cycle performance and achieve financial objectives.

By monitoring key performance indicators related to revenue cycle management, healthcare practices can gain valuable insights into their financial performance, identify areas for improvement, and drive continuous optimization of revenue cycle processes.

Conclusion:

Throughout this e-book, we've examined 11 ways to reduce costs in medical billing. These methods include simplifying billing processes, improving technology, and improving staff training.

These ideas allow healthcare professionals to make their work smoother, earn more revenue, and spend less. This means they can work better and make more profit. Now, let's conclude this journey; let's recap some key takeaways:

- Good medical billing practices are essential for healthcare organizations to do well, with 80% of healthcare claims containing errors, leading to annual revenue loss. It helps everything run smoothly and ensures that there is enough cash flow.
.....
- Using technology like electronic billing systems and special software can make things easier and more accurate and get revenue back faster. Electronic billing systems experience a 15-20% reduction in billing errors.
.....
- Investing in staff education witnessed a 30% decrease in billing discrepancies. It ensures everyone knows what they're doing and can handle the complicated money.
.....
- Sometimes, healthcare organizations should seek outsourcing partners' help for delegating non-core, repeating tasks that yield over 60% in cost savings. This also lets the core-operations team focus on their growth and strategic planning.
.....

In essence, when we talk about cutting costs in medical billing, it's not just about spending less money. It's about improving the revenue cycle process, earning more money and ensuring patients get good care.

If all the healthcare stakeholders focus on managing their revenue cycles smartly, they can set themselves up to do well while facing the emerging challenges in the world of healthcare.

Appendix: Additional Resources

For further reading and assistance on revenue cycle management and medical billing optimization, we have a list of relevant blogs on our website:

<https://gebbs.com/insights/#blog>

About the Author







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Anbarasu Natarajan, brings in his expertise in Marketing, Brand Communications & Content Strategies to promote new BPO partnerships, scale staffing & drive talent enablement. An MBA with 20+ years of cross-industry experience, he leads the Business Development & CRM initiatives.





Publishers

GeBBS Healthcare Solutions, an EQT portfolio company, is a leading provider of Revenue Cycle Management (RCM) services and Risk Adjustment solutions. GeBBS' innovative technology, combined with over 14000-strong global workforce, helps clients improve financial performance, adhere to compliance, and enhance the patient experience. Headquartered in East Haven, CT, GeBBS has won numerous accolades for its medical coding outsourcing and medical billing outsourcing, including being ranked in Modern Healthcare's Top 3 Largest RCM Firms, Black Book Market Research's Top 20 RCM Outsourcing Services, and Inc. 5000's fastest-growing private companies in the U.S. For more information, please visit www.gebbs.com.




HEALTHCARE BPO

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-  Revenue Cycle Management for Providers, Payers, DME & HME suppliers
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-  Property Inventory- Report Typing Services (UK)
-  Property Preservation & Inspection Back office services
-  Back office services for Mortgage & Insurance companies

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-  Mobile, Web & e-Commerce: App Development
-  Cybersecurity Services- Consulting, Audits & Certifications
-  Remote IT & Network Services- Managed Service Provider (MSP)

HR BPO SERVICES

-  Payroll Processing
-  Employer of Records (EoR)
-  Call Centre & BPO Training Services
-  Recruitment Process Outsourcing (RPO)



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