

Practices want to know, 'How can we get paid faster, easier, and more?'

FAQ

We answer 5 of the most common questions about revenue management services.

If your practice is considering using a revenue management service, it's usually for a good reason: You know you could use some help.

In a recent webinar, [The billing breaking point: when you know you need help](#), our attendees asked questions we often hear from providers interested in increasing their practice's revenue. Below we answer five of their most common questions to explain how Greenway Revenue Services becomes an extension of your team, enabling your providers to focus more on their patients — without having to worry about the health of your practice.

FAQ

Question 1: "What specifically do you do to improve my revenue?"

Greenway Revenue Services works hard to get every dollar due to your practice. We improve revenue by reworking denials and rejections daily to get corrected claims out the door quickly, sending patient statements and collection letters in a timely manner, setting up charge edits to ensure claims are submitted correctly on the front end based on payer guidelines, and sending appeals and reconsiderations for old A/R within the timely filing limit. Our Greenway Revenue Services customers benefit from:

- An average 32% decrease in days in A/R.
- Payment posting within two to three days of remit receipts.
- E&M coding tools to ensure you can bill at the highest clinically appropriate level for each visit.
- Trend analysis to eliminate recurring denials.

FAQ

Question 2: "How do you rework claims?"

We rework claims down to \$5 or less, including appeals, but we also attack issues at the source. We work with you to develop best practices so that you face fewer denials.

As soon as a claim is denied or partially paid, our payments team posts a \$0 payment to the claim and tags it with a denial/follow-up reason code. Then, the Claims Analyst makes needed corrections to the claim and resubmits a "corrected claim," based on payer guidelines (claim frequency code/ICN requirements, etc.). The claim goes back out the door quickly, and no claim slips through the cracks.

Not only that, but our analysts are specialty-trained, and we use our extensive experience and knowledge to dramatically increase our customers' clean claims rate. We provide daily billing, error management, and review of delinquent claims with a system that's integrated with your practice management and EHR system. No one knows our system better than we do, and we strive every day to get your practice the revenue you deserve.



Question 3: "What specific reports do you supply to customers?"

With our End-of-Month (EOM) package, customers can expect a monthly report with an A/R recap, including:

- Current days in A/R.
- Clean claims rate.
- Aging percentages.
- Visit count by billable provider.
- Clearinghouse rejection count.
- Provider revenue summary, which includes net charges, payments, adjustments by provider, or any custom view the practice would like.
- Service analysis report.

We are also happy to customize the EOM package to meet your practice's specific needs. Greenway Revenue Services customers also benefit from weekly and monthly status calls to report on performance and consult on solutions. For those customers with Greenway Clearinghouse Services, your practice and our team gain additional insight into why claims are rejected or denied before they reach the payer. This service translates into significant financial benefits for these practices because customers using Greenway Clearinghouse Services see 25% fewer rejections (98.84% acceptance rate) than our customers who do not take advantage of our clearinghouse services.



Question 4: "What do you do to decrease turnaround time on claim submissions?"

We are proud to say that our Greenway Revenue Services team has a 99% clean claims rate with days in A/R below industry averages.

We have a proactive approach to ensure that claims are submitted correctly on the front end, resulting in faster reimbursement to the practice. After charges are entered, our team works any clearinghouse rejections and submits claims daily. Charge edits are added to ensure all claims leave the system correctly and will be paid in full on the first pass.



Question 5: “What is included in your ‘best practices training?’”

Our best practices training is part of the Greenway Revenue Services implementation process. Training sessions include topics such as eligibility and referral management functionality, tips and tricks for patient payment posting, and how to scan cards and upload documents into the EHR.

Through this training and our services, we provide a comprehensive revenue cycle management strategy that spans the front, back, and clinical offices. Practices see real improvements in their revenue management.

Have more questions about Greenway Revenue Services? Want to learn more about Greenway Health’s fully integrated suite of ambulatory solutions? [Schedule a conversation](#) with a Greenway representative today!