



RURAL HEALTH BILLING

Supporting Your Mission by Enhancing Your Revenue.

WHY SMALL BALANCE BILLING MATTERS

Small balances are a pain to collect. On a pure financial basis, sometimes it doesn't even make sense to bother. This is why the smallest bills sit at the very bottom of the pile while more and more the larger bills keep getting added to the top. Eventually, many bills under \$30 dollars end up in the trash can rather than in the mail.

It all makes sense on paper, but the truth is that \$20 dollar bill has a long tail. Failing to properly work even small balances can have a devastating effect on patient and staff satisfaction as well as hospital income.

Hospitals spend thousands of dollars building brand confidence in their markets, recruiting providers, and measuring satisfaction. The practice of ignoring small bills itself has a negative effect on hospitals finances, but more importantly, this tiny \$20 bill – and thousands like them – have the unproportional power to derail patient acquisition and staff retention efforts.

DAMAGES TO PATIENT SATISFACTION

In a rural community, patients are friends and neighbors, not numbers. If A/R staff does not work an account in a timely manner, the patient perceives the collection doesn't matter to the facility and has leverage for a complaint.

Clinic billing is notoriously underserved by hospital billing departments who don't have the staff or inclination to attempt collecting the small amounts seen in physician billing or, their departments are set up in a way that those smaller amounts are not prioritized. Ask your staff and providers what they hear about hospital management from their patients. They work hard to provide excellent clinical care, yet are bombarded by complaints non-stop in the office, at the restaurant, at the high school basketball game, etc.

Put yourself in the patient's shoes. A small balance for the hospital can be a big deal for your patient. Most insurance companies enforce strict time limits for filing the claim or any appeals, and if the small balances don't get worked properly, patients run into "timely-file" denials. As these bills are pushed to the bottom of the pile, patients forget, or assume you forgot about collection. If you allow your small balances to run into "timely-file" denials you are telling the patient that you don't care about their bottom line.

More damage is done when hospitals turn aged accounts that were never even attempted into collections. Not only does this practice give away money to the collection agency, it destroys any future relationship with the patient.

DAMAGES TO PHYSICIAN/STAFF SATISFACTION

Attracting and keeping talented providers, especially at rural clinics is a tough job - made even tougher if your facility is experiencing billing issues. A key symptom of lower cash collection and increased patient complaints is staff frustration and turnover.

Finding excellent providers to serve a rural clinic setting is incredibly difficult. Those who take these jobs are passionate about their mission to deliver quality healthcare to underserved areas. They work hard, and too often their reward is getting stopped on the street with perpetual complaints from friends and neighbors.

Additionally, they hear time and again, there is no money in the budget for additional staff, additional equipment or site improvements. This excuse is hard to swallow if the hospital is ignoring tens, if not hundreds of thousands in billed revenue from those very clinics.

DAMAGES TO HOSPITAL FINANCES

Billing is a challenging job under the best of circumstances, but especially so when dealing with the complications of hospital physician based billing, small single specialty groups, or small balance billing. There is a reason the clinic billing is at the bottom of the pile. They are comparatively small. However, they add up... considerably. Our average client sees an increase in revenue between 18 and 32 percent. Additionally we nearly eliminate patient billing complaints and free your staff to focus on patient care instead of paperwork.

WHY WE EXIST

In 2006, Donza Worden, M.D., was frustrated with poor service and lackluster billing results for the rural clinics he managed. He was also tired of getting stopped in the middle of the street by friends and neighbors dealing with unresolved billing issues.

In true rural fashion, he didn't complain about the problem, nor did he accept it – he simply fixed it. He decided to call Greg Robinson, a colleague with years of medical billing experience. Together they developed the processes and technology specifically designed for efficiently collecting on small balances.

Rural Health Billing is a successful combination of rural hospital/clinic management experience and medical billing experience. Through this combination RH Billing has been able to help Rural Health Clinics and Critical Access Hospitals keep their staff happy, reduce patient complaints and increase hospital income.



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