ALTA MEDICAL MANAGEMENT

Questions you should ask your billing partner

Q. How frequently do you submit claims?

AMM Answer. While many billing companies submit claims once per week, we feel it is vital to your revenue stream to submit claims every day.

Q. How frequently do you re-submit file rejections?

AMM Answer. Many billing services re-submit claims once per week or even once per month. In order to get your practice reimbursed as quickly as possible, we clear all rejected claims within 24 hours.

Q. How often do you mail patient statements?

AMM Answer. Patient statements are mailed every day. Batching and sending statements weekly or monthly adds needless days to your receivables.

Q. What are your clients' average DRO (Days Receivable Outstanding)?

AMM Answer. The best managed practices in the country have an average DRO between 35-40 days. The national average DRO, however, is nearly 50 days. We believe there is substantial room for financial process improvement in the vast majority of medical practices.

Q. What are your clients' average percentage of receivables over 120 days?

AMM Answer. The MGMA cites that receivables over 120 days are only 20% collectible and should not exceed 10% of the total. We strive to meet or exceed that benchmark with every client.

Q. Do you compare my negotiated fee schedule against the actual insurance reimbursement?

AMM Answer. This comparison is nearly impossible with most billing software packages. We provide and utilize GE's Centricity Practice Management software. We actively compare every reimbursement against the negotiated fee schedule and re-submit any claim paid below that fee schedule.

Q. Can you suggest process improvements in my practice to enable higher and more timely reimbursement? What are some examples of improvements you have suggested to other clients?

AMM Answer. We conduct a detailed Personal Practice Analysis with every client. We review that analysis with the Practice Manager and Physician and detail actionable suggestions for improvement. One common, but crucial improvement in practices we have worked with is ensuring that the data being entered from the front desk is as complete as possible to ensure timely and accurate insurance information is transmitted.