PEARLS OF WISDOM

Billing & Revenue

What this Series will Cover

In the upcoming PPMA newsletters, we will release articles that will break down the revenue cycle into practical, manageable pieces, including:

- Front-end collections and why they matter more than ever
- Charge lag and how it impacts cash flow
- Claim rejections and how to actually reduce them
- A/R strategies that go beyond just "working the aging report"
- Building accountability between clinical, front desk, and billing teams
- Using data to identify where revenue is being lost

Each topic will focus on **real workflows, real problems, and real solutions** that pediatric practices can implement.....stay tuned!

The Truth About... Your Revenue Cycle

Let's talk about something every practice depends on:

Most pediatric practices are busy. Full schedules. Packed waiting rooms. Providers moving all day. But here's the reality I've seen over and over again: **Busy does not always mean profitable.**

You can be seeing patients all day and still:

- struggle with cash flow
- have growing A/R
- deal with constant claim issues
- feel like your billing team is always "behind"

Why? Because revenue is not just about volume. It is about **process.**

What the Revenue Cycle Really Is. The revenue cycle is not just billing. It starts the moment a patient is scheduled and ends when the balance is fully paid. That includes:

- Scheduling
- Insurance verification
- Front desk registration
- Clinical documentation
- Charge entry
- Claim submission
- Rejection management
- Payment posting
- Patient collections

Every single step matters. If one part breaks down, it affects everything downstream.

Where Most Practices Go Wrong

Most practices focus heavily on the *back end*: Working denials, Following up on A/R, Posting payments. But the biggest opportunities are usually on the *front end*. **Things like...**

- Incorrect insurance entered at check-in
- Missed copays or patient balances
- Poor documentation leading to coding issues
- Delays in charge entry

These are the small breakdowns that turn into big revenue problems later.

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Revenue Cycle Health Is About Flow, Not Just Numbers.

You can look at reports all day—A/R, collections, charges—but if you don't understand the **flow**, you'll always be reacting instead of leading.

A healthy revenue cycle should feel like:

- visits move quickly to charges
- charges move quickly to claims
- claims go out clean
- payments come back without constant rework

When that flow is off, you feel it:

- more rejections
- more aging
- more staff frustration
- more time spent fixing instead of preventing

The Mindset Shift

Here's the shift I encourage every practice manager to make...

Stop managing tasks. Start managing the system.

Instead of asking:

- "Did we work the rejection queue?"
- "Why is A/R high?"

Start asking:

- "Why are these rejections happening in the first place?"
- "Where is the breakdown in our process?"

Because the goal is not to chase money. The goal is to

build a system where money flows correctly the first time.

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Front-End Collections — Where Revenue Is Won or Lost

If there's one place in the revenue cycle that deserves more attention, it's the front end.

This is where revenue is either captured correctly—or quietly lost. Front-end collections include everything that happens before and during the visit:

- insurance verification
- eligibility checks
- copay collection
- deductibles and self-pay balances
- accurate patient demographics

And here's the reality: **If you don't collect it upfront, your chances of collecting it later drop significantly.**

Why This Matters More Than Ever

With high-deductible plans and increasing patient responsibility, families are now responsible for a larger portion of the bill.

If your team is not:

- identifying balances correctly
- communicating clearly
- collecting consistently

...you will see it later in:

growing patient A/R
more statements sent
more collection calls
lower overall collection rates

Where Breakdowns Usually Happen

Most issues aren't intentional—they're process gaps:

- Staff unsure how to explain balances
- Inconsistent workflows between team members
- Discomfort asking for payment
- Lack of real-time eligibility clarity
- No accountability or tracking

What Strong Front-End Collections Look Like

Eligibility is verified before the visit

- Patient responsibility is known ahead of time
- Staff communicates expectations clearly and confidently
- Payment is requested consistently at check-in or check-out
- Leadership supports the process

Manager Focus - This is not just a front desk issue—it's a leadership priority. Train your team. Give them scripts. Normalize the conversation. Because the front end is not just check-in— **it's the first step in getting paid.**