



Q: How is this different than my practice management (PMS) or enterprise system?

A: MX Medical is designed to work with your PM system. Your system is designed to handle billing your insurance company and then creating a paper bill to go to the patient. MX Medical lets you educate the patient about costs and make arrangements to pay with or without a statement.

Q: What integration is required?

A: MX Medical can integrate in a variety of ways. Ideally we gain access to patient information (usually through an HL7 provided through your practice management system). The ability to exchange payment information is also helpful and can be done via batch file or through a clearinghouse. The system also supports the loading of your chargemaster and insurance contracts.

Q: I have had the same tools and process for payment for years, why is this needed now?

A: Insurance companies continue to restructure health plan coverages and costs in an effort to keep employee plans affordable. As a result, provider organizations are now burdened to collect a larger part of the total cost of care directly from patients. Less than 10 years ago, patient pay was less than 5% of an organization's total payments. Now it's over 30% and growing rapidly. With the added fact that many specialties are seeing declining reimbursement from Medicare and other payers, if you are still using the same tools and processes, you will see your accounts receivable self-pay category continue to grow. To remain profitable in a changing market, it is imperative to evaluate improvements in patient collections. This is where MX Medical can help.

Q: What is the HL7 Process?

A: the HL7 process is a set of standards, formats and definitions for exchanging and developing Electronic Health Records (EHRs). We use this process to interface with your Practice Management System (PMS) and insurance feed that is likely already being used by other systems in your organization. All we need is a port opened by your system vendor.

Q: Are you a preferred vendor or have you interfaced with XYZ Practice Management system?

A: We are able to interface with any Practice Management system that can process access via the HL7 process.

Q: I track my payments in my PMS, how can you help me do that?

A: Our system allows the ability to post to the visit or encounter level. Throughout our products you can require visit numbers, which allow for specific matching to claims. We also have a strategic partner that can automate complex posting needs for both patient collections and insurance.

Q: I get these tool from fill in the blank (Clearinghouse, PM Vendor)? Or what makes you better than the competition?

A: It's our integration, workflow and configuration that set us apart from other system and competitors. MX Medical users do not have to enter multiple systems and can perform their workflow in one place without repetition. Platform integration from ePay, Portal, and QuickPay and the integration of workflow and payments throughout those products creates a highly functional platform. While components of our product use similar technology to our competitors we have taken the time to integrate those components together into a workflow that makes sense to the users and patients and is easy to manage, control, and configure. Having one product manage all the components and workflow creates a higher percentage of success and reduces cost.

Q: Do you have any experience with my area/specialty?

A: MX Medical has been deployed across all types of areas and specialties. You help define your process and the system stores and administers your policy and procedures.

Q: What makes this different than other estimator tools?

A: A stand-alone estimator tools likely will not be integrated not with your payment system, tied with your contracts and charge master, and most importantly rectified against the actual explanation of benefits after insurance has processed the claim. There are many reasons that may make estimates incorrect including: another provider could send a claim prior to your provider's claim, the insurance company could provide poor information, the provider or coder may change the codes after billing, or a modifier could change the payment percentage. While our estimates have a high degree of accuracy, MX Medical realizes the estimation process is not exact which is why we allow for payment plans to be made on those estimates and then we rectify those payments with the actual claim from the payer. In the event the estimate was incorrect these processes allow the payment plan to be adjusted.

Q: We have web-based payment processing already, why do we need to change?

A: Our solution not only enables web-based payments, but also feeds those payments seamlessly, it is easy to find a vendor that will allow you to take web-based payments. It is difficult to find a vendor that feeds those payments seamlessly into your practice management system and provides payments plans. MX Medical does all this and much more.

Q: How do I know if I need this?

A: Are you collecting at least 93% of your patient responsibility? If not, then you need to be doing something to fix your patient payment process.

Q: What if I already have eligibility?

A: Using an eligibility system to verify patients have valid coverage and load information into your PMS helps ensure a higher likelihood of getting claims paid by the insurance company, but can you use your current system to collect patient dollars, too? MX Medical handles both ends of the eligibility spectrum to not only ensure higher success for insurance payments, but also patient payments, which helps you get paid more, and quickly.

Q: What type of reports can I run?

A: MX Medical offers the following reports options:

Practice Clerk Summary Report – All payments taken by clerk by practice

Practice Daily Summary Report – All payments taken by the practice

Payment Plan Report – All patients on active payment plans

Clerk End of Day Report – All payments taken by clerk for their shift

Patient Identifiers – Used for batch payments – patients with their unique identifiers

Batch File Payments – Details on batched payments and their status

Statement Returns – Errors associated with statement runs

Q: We have a collection agency or back end billing staff that deals with our patient pay.

A: MX Medical can streamline your process and remove much of the cost associated with managing and collecting patient balances. Our solution improves on traditional billing practices by eliminating the needs to send multiple bills or transfer patients to collections in order to get their attention and secure payment. Our payment plans automate billing and make additional statements unnecessary. Not only do our payment plans automate billings, they make additional statements unnecessary. With MX Medical cost are lowered, collections are increased, and satisfaction increases (patients, providers, managers, and users).

Q: Do I need more staff?

A: No. You will not need to dedicate more staff to use the MX Medical solution. In fact, once you have maximized the integration and begin using our billing automation features, you may need significantly less staff to manage patient billing and workflow. Over time those staff members and other resources currently dedicated to billing and collection can transition to other roles in the organization. However, initially, it is helpful to assign some business office staff members to assist in getting started with MX Medical and work with us to tailor billing workflows and processes or integrations to meet your specific practice needs.

Q: How much difference can MX Medical make to my company?

A: MX Medical can increase your collections of patient out-of-pocket receivables over 50%. It speeds up the process of getting paid, reduces the need for paper statements, and reduces billing fees. Our current customers have seen an average of a 22% improvement in patient responsibility collections.

Q: How long does it take to install?

A: MX Medical consultants will meet with your team to assess your specific needs but most Providers can be taking payments in just a few weeks, with all functionality trained and enabled in a month.

Q: How much does it cost?

A: Your sales agent can help you understand the specific fees and cost for your implementation.

Q: Is my information about my patients safe?

A: MX Medical is fully compliant with both the latest health care (HIPAA) and payments data privacy standards (PCI DSS).

Q: Do I need special equipment?

A: All you need is an internet enabled computer with high-speed internet access and an optional card/check reader.

Q: What if my patients don't want to give me a form of payment?

A: Patients see knowing their responsibility early on in the process better than traditional medical bill surprises. MX Medical will provide you with training, scripts and best practices to increase your staff's comfort level and improve patient conversations. You can control payment rules and timing to balance the needs of both your patients and your practice. MX Medical can easily and automatically correct any over-payments your patients may have made. Workflow flexibility is the ultimate advantage to MX Medical is workflow flexibility. It is easy to change your policy rules as you get more comfortable to further improve your collection results.

Q: What if my patients can't pay?

A: MX Medical offers a financial assistance module which allows you to review a patient's credit status, asset information, and likelihood they will pay their healthcare bill. Using this information your clerks can offer patients different payment options to suit their needs.

Q: What if they default?

A: The rules are up to you. Most Providers will generate a missed payment report that allows them to quickly follow-up with patients and understand their situation. Generally if someone still does not pay they eventually end up in collections.

Q: How do my patients know when they have paid?

A: MX Medical can send out notifications via email of changes to estimates, claim payments, and upcoming and paid payment plans.

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