

# Scheduling Delays and Coding Backlog Resolved By Third Party Support For Texas Radiology Group

Our customer is a radiology group operating in five locations in a medium-sized city in Texas. They offer patients a full spectrum of imaging technologies, from X-rays, MRIs, ultrasounds, CT scans to bone density screenings and advanced mammographies.



# Staffing Shortage Causing Significant Patient Access Backlog & Scheduling Delays

The practice kept pace by providing its teams of board-certified radiologists and technicians with state-of-the-art facilities and equipment, but they struggled to recruit and retain qualified administrative staff from the limited local talent pool.

Because experienced medical coding, preauthorization, and billing professionals were scarce in the surrounding area, the practice's customers endured a constant administrative backlog—often reflected in unfavorable patient feedback after vital imaging procedures were delayed or incorrectly denied by the insurance payers.

- Insurance verification particularly affected by inconsistency in local talent pool
- Prior authorizations lagged behind schedule—forcing rescheduled appointments or high priority procedures to be performed without proper insurance authorization.
- Payment postings made by the in-house team ran on a 10-15 day backlog routine
- ICD-10 coding bottlenecks created where almost 30% of medical records delayed over 48 hours



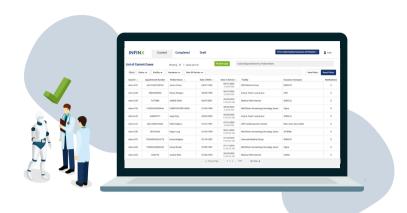








## **Infinx Chosen To Provide Customized End-To-End RCM Support**



After conceding that having only inhouse office staff was not sustainable, senior management began searching for a better alternative. After evaluating several vendors, they eventually turned to us to implement a custom-tailored, endto-end RCM solution.

Initially, we established a Standard Operating Procedure, which outlined the client's preferred 'dos-and-don'ts' for transactions with specific payors, including Medicare. After determining the required resources, we assigned several radiology, coding, and billing specialists from our existing team, and familiarized them with the customer via online training sessions. Our ramp-up process concluded with initial productivity targets for the first 30 days, with goals increasing beyond the following 30-90 days.

## Insurance Eligibility And Prior Authorization Workload Reduced By

70% Due To AI + RPA Solution

Our insurance eligibility and benefits verification software verifies patients' rapidly through direct coverage electronic integration with payers. Our authorization prior solution uses artificial intelligence to determine if authorization is necessary through a national database of payer rules. When needed, it submits claims to payer portals with robot process automation, reducing the manual workload by 70%.





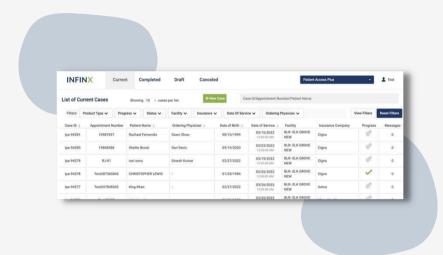








We also use RPA for automated status checks, which allows our A/R personnel to only have to step in when handling exceptions, such as requesting additional documentation. Our human-assisted AI approach allows for 100% coverage of prior authorization cases, minimizing demands on the limited staffing pool.



### Patient Access Plus Dashboard

Our patient access solution's dashboards displays all of your patient access cases in one place with the ability to filter your view based on multiple data points.

## **Payment Posting Backlog Eliminated During PMS Migration**

Our new partnership with this customer coincided with their planned transition to a new patient management software (PMS) system. We were able to successfully support them, as our specialists are familiar with most standard PMS platforms. During the transition, we solved the group's 10-15 day payment posting backlog.

## Scheduling Delays Reversed; Patient Access, Payment Posting, and Coding Backlogs Eliminated

The group's issue with previous scheduling delays due to their lagging patient access process was finally eliminated. They saw the positive results and were extremely pleased about how easily our solutions had helped their offices' workflow.











#### PRIOR AUTHORIZATIONS



98+% accuracy of prior authorizations, and dramatic insurance verification & prior authorizations increase

### **PMS MIGRATION**

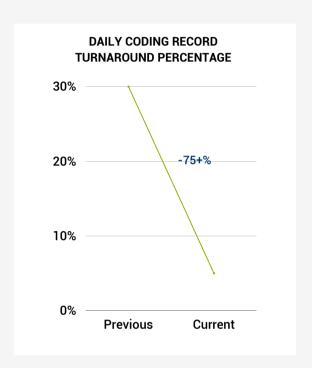


A successful PMS migration, which eliminated the previous payment posting backlog

### **DAILY CODING**

20-30% (previous record)

5% (target goal)



Daily coding record turnarounds dropped from the previous 20-30% towards targeted goal of only 5%.

The administrative issues which had plagued their operations were also significantly alleviated. Overall, the radiology group's resolved problems led to more satisfied patients and stronger relationships with the referring providers.



Could your practice benefit from expert support in coding or billing? Schedule a demo today to see what we have to offer. https://www.infinx.com/schedule-a-demo/