



# Beyond Billing: Rethinking Revenue Cycle Strategies for Lasting Growth

In today's complex healthcare environment, while revenue cycle management (RCM) is foundational, it's not self-sufficient. Practices relying solely on billing and collections are missing critical opportunities to enhance revenue, improve compliance and streamline operations.

To build a truly successful and sustainable practice, providers must think beyond billing—adopting a holistic, data-driven approach that touches every operational point. From system design to payer contracts, documentation to automation, real revenue optimization happens when every aspect of the business is working in concert.

## The holistic lens: rethink the RCM process

Success begins with a top-down system evaluating every component of the billing process: **who's involved, when tasks are performed, how data flows and whether automation is used effectively.**



**Lisa Johnson**  
VP of Operations Support

With nearly 40 years in billing, she has spent the past 27 at Coronis Health—serving as COO from 2012 to 2020 before her promotion to VP. She has worked across multiple departments and specializes in credentialing, compliance, cross-walking, contracts, fee schedule audits, and new client implementations. Her passion is optimizing operations and delivering solutions that drive organizational success.

A structured review often uncovers inefficiencies like non-automated steps, duplicated tasks or overlooked billing opportunities. Other cornerstone components to scrutinize:

- **Payer contracts:** Rarely standard, practices shouldn't assume terms are fixed. Negotiating elements like filing limits, reimbursement rates and service exclusions can dramatically affect the bottom line. Securing even 30 additional days for filing can prevent thousands in lost revenue.

- **Financial operations:** Shifting from manual deposits to lockbox services introduces greater security and accelerates payment cycles. Lockboxes ensure all payments and correspondence are processed centrally and securely often including electronic uploads. Reducing dependency on checks and moving toward electronic fund transfers (EFT) further streamlines cash flow and minimizes risk.
- **Documentation:** Are you accurately recording services performed? Regular documentation audits ensure all services rendered are billable and documented to the level required. Even minor documentation gaps can lead to missed revenue. This naturally ties into coding—where accuracy is essential not just for revenue capture, but for compliance. Coding reviews, especially by certified coders, confirm services are coded correctly.
- **Compliance:** Whether it's protecting PHI, adhering to timely filing requirements or ensuring documentation supports coding levels, compliance must be embedded into every process. The difference between compliance and risk can come down to a single sentence in a patient note.

## Learn your business in-depth



Many practices operate for years without fully understanding the financial mechanics. Accurate, timely reporting is essential for

evaluating revenue trends, identifying problem areas and making informed decisions. Denial patterns, charge variances and payment timelines all offer insight, but you must have the right data and know how to interpret it.



- **Data integrity** is closely tied to reporting. Incorrect demographics, missing insurance information or system file errors often result in delays or outright denials. Collaborating with IT is essential to ensure file structures are correct, patient records are complete and all services are captured timely. Inaccuracies at registration or during discharge can compound into significant revenue losses if not caught early.
- **Financial analyses** of testing and services is also vital. High-volume tests that seem essential may actually be operating at a loss. Reviewing payer reimbursements, denial rates and overall profitability can help determine whether certain services should be continued, renegotiated or even discontinued. Similarly, reviewing your fee schedule ensures all performed tests are listed and billed at rates that reflect their value.
- **The power of networking** should never be overlooked. By collaborating with peers, practices can identify regional payer issues, share best practices and support one another with real-time insights. Whether solving a shared billing issue or helping a relocating physician find a new opportunity, strong

connections within the healthcare community create collective resilience and strength.

## The outcome: operational clarity and financial health

Automation and better workflows allow staff to focus on patient care and strategic initiatives. **With cleaner data, improved processes and stronger contracts, practices are positioned to capture all revenue, minimize denials and respond proactively to industry changes.**

Looking beyond billing and embracing a **holistic approach reaps substantial rewards** from uncovering missed billing opportunities and overlooked services to optimizing pricing on low-margin tests.

Sustainable practice success comes from stepping back, seeing the bigger picture and making deliberate improvements across every business to improve financial performance and future-proof your practice. **RCM is just the beginning.**



Move beyond billing—connect with us to unlock your practice's revenue potential.



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