



---

## **Patient Financial Services Report February 2026**

---

### **Workforce Wellness**

The PFS Manager and Team Lead participate in a daily meeting with our remote billing team to ensure alignment, open communication, and a unified approach to our work. We recently began inviting in-house staff to attend one day each week, creating additional opportunities for collaboration, discussion of questions or challenges, and shared problem-solving. These meetings have strengthened teamwork, increased understanding of each group's processes, and enhanced overall knowledge of the Revenue Cycle from start to finish.

PFS is fortunate to have a highly experienced team with extensive expertise in claims management, billing, and reimbursement. This depth of knowledge has been instrumental in successfully transitioning billing operations in-house while maintaining consistent performance and a steady, uninterrupted cash flow.

### **Community Engagement**

PFS, in collaboration with Finance, has reinstated the monthly Revenue Cycle meetings with departmental managers to address all aspects of the medical claim lifecycle—from registration through reimbursement—focusing on denials, medical necessity, and coding issues to improve front-end accuracy, promote clean claim submission, and accelerate reimbursement.

### **Patient Centered Care**

The completion of the WERC Building has created additional space within the PMC Administration area, allowing PFS to establish a dedicated private meeting space for staff and patients. This new area will provide a quiet, confidential setting to discuss financial assistance, encounter or billing inquiries, and to review and complete necessary forms and applications. The addition of this space enhances both the patient's experience and our team's ability to provide personalized, professional support.

### **Facility**

PFS is currently evaluating claims management software that can be integrated with our existing EHR, Cerner. This solution would allow us to more effectively monitor insurance reimbursements and compare payments against our current payer contracts, helping to ensure accuracy and appropriate reimbursement. Implementing this tool would strengthen our oversight capabilities and support ongoing revenue integrity efforts.

### **Financial Wellness**

One of our current priorities is to review our claim scrubber, SSI, to ensure we are maximizing all available payer connections that accept electronic claims. Increasing electronic claim submissions will help accelerate reimbursement timelines and reduce the need for manual handling by billing staff. This review supports our continued efforts to improve efficiency, accuracy, and overall revenue cycle performance. Over the past six months, we have maintained an average of 1,960 electronic claim submissions per month, achieving a 90% clean claim rate.

**Submitted by:** Carrie Lantiegne

---