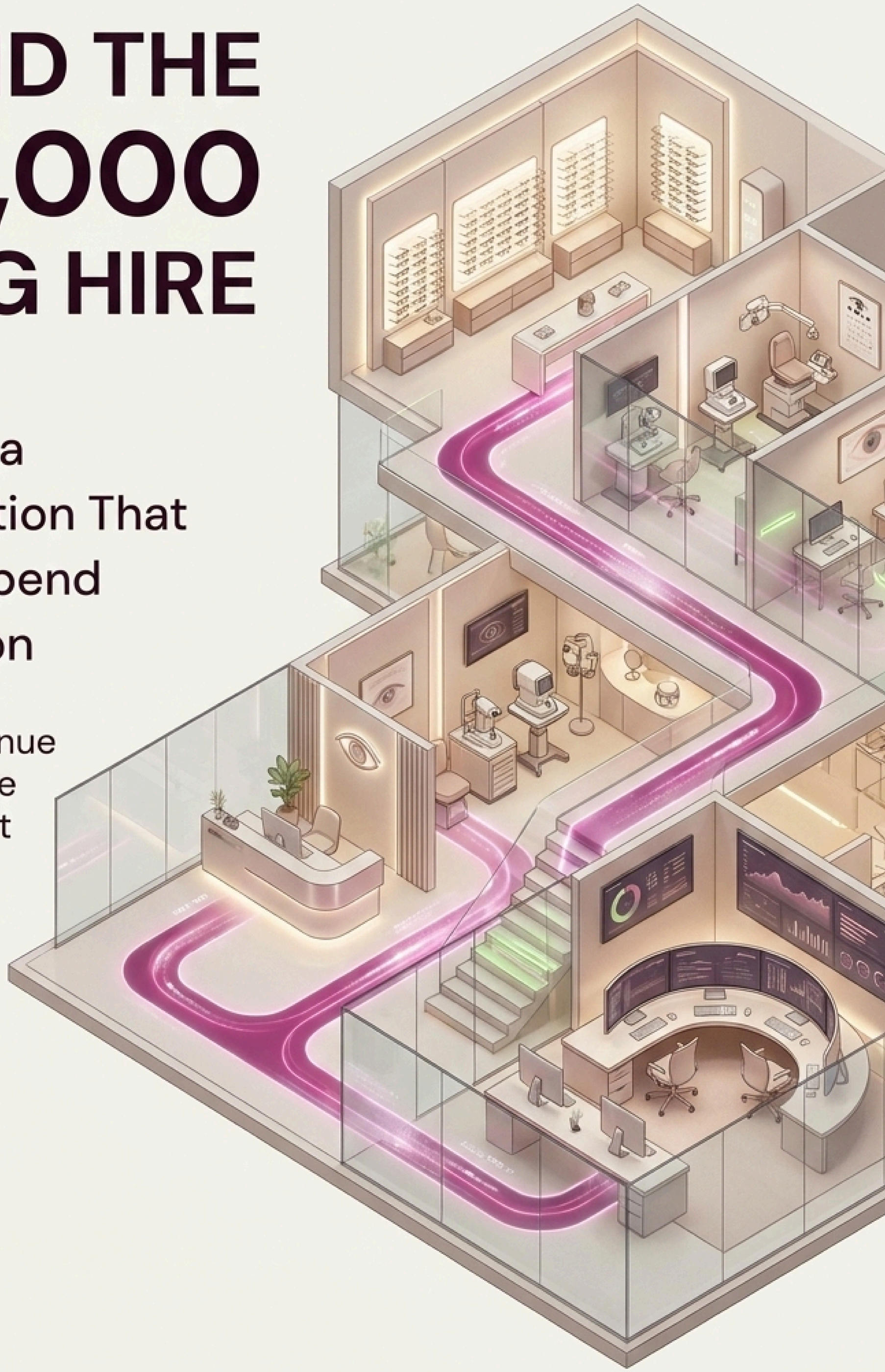
BEYOND THE $100,000 BILLING HIRE

How to Build a Billing Operation That Does Not Depend on One Person

An Eye Care Revenue Cycle and Practice Operations Report



PART TWO

PART ONE EXPOSED THE COST. PART TWO BUILDS THE ALTERNATIVE.

In The $100,000 Billing Hire, we examined what it can cost to recruit, onboard, manage, and eventually replace an in-house billing employee. But the financial calculation raises a larger question.

Even after making that investment, has the practice created more capacity, or has it simply transferred critical billing responsibilities to another individual?

A strong billing operation should not depend on one person remembering every payer requirement, working every aging claim, or keeping the entire process moving during an absence.

It combines experienced people, documented processes, shared visibility, and technology that handles repeatable work consistently.

Part Two explores how practices can build that model, protect the team they already have, and prepare the revenue cycle to support growth without automatically adding more administrative headcount.

TWO KINDS OF BILLING WORK

ROUTINE

Eligibility, claims, posting, and denial tracking

EXPERT

Complex denials, payer follow-up, and patient questions

Most billing departments ask the same people to manage both categories at once. The repeatable work is essential, but it consumes time in small increments throughout the day. Eligibility must be checked. Claims must be reviewed. Payments must be posted. Denials must be monitored.

The work requiring experience and judgment is different. It involves investigating unusual payer responses, resolving documentation issues, speaking with patients, and deciding what should happen next.

When both types of work compete for the same limited attention, urgent tasks win and important follow-up is delayed. Building capacity begins by deciding which work requires a person and which work can move through a consistent, automated process.

THE RISK STARTS EARLIER. A VACANCY MAKES IT VISIBLE.

A practice does not need an open position to experience billing vulnerability. It begins when essential work slows during vacations, sick days, busy weeks, or unexpected increases in patient volume.

When one person owns the process, the rest of the practice often has limited visibility into what is complete, what is waiting, and what requires immediate attention. Managers step in only after a backlog has already formed, and experienced employees spend more time **keeping routine work moving than addressing the exceptions that need their expertise.**

The question is not only whether the team can manage today's workload. It is whether the billing operation can maintain the same discipline when volume increases or availability changes.

CAPACITY CANNOT BE BUILT ON MEMORY ALONE

“A resilient billing operation makes the process repeatable, visible, and easier for the entire team to support.”

Experienced employees will always be important to the revenue cycle. The risk appears when the process depends on knowledge that has never been documented, shared, or built into the workflow.

A stronger operating model gives the team a consistent way to complete routine work, identify exceptions, and see where attention is needed. Responsibilities are clear. Performance can be measured. A vacation does not require the rest of the practice to reconstruct the process.

This does not remove human expertise. It protects that expertise by reducing the number of repetitive steps experienced employees must personally carry every day. The result is not simply more activity. It is more usable capacity.

4 AREAS — 1 VIEW

Eligibility, claims, payment posting, and denial tracking

Clear status, ownership, and exceptions requiring attention

AUTOMATION SHOULD CARRY REPETITION, NOT REPLACE EXPERTISE

"The value of automation is not fewer people. It is fewer routine tasks competing for the team's attention."

The strongest use of automation is not to imitate every decision a billing professional makes. It is to manage predictable workflow steps consistently and surface the situations that require experience.

When routine eligibility checks, claim review, submission, payment posting, and denial tracking move through a defined process, the team can spend more time investigating exceptions, communicating with payers and patients, and protecting cash flow.

The technology provides consistency. The people provide judgment.

A modern billing operation divides the work intentionally. Automation carries volume and repetition, while experienced staff remain responsible for oversight, complex follow-up, and decisions that affect the practice and its patients.

CONSISTENCY

EXPERTISE

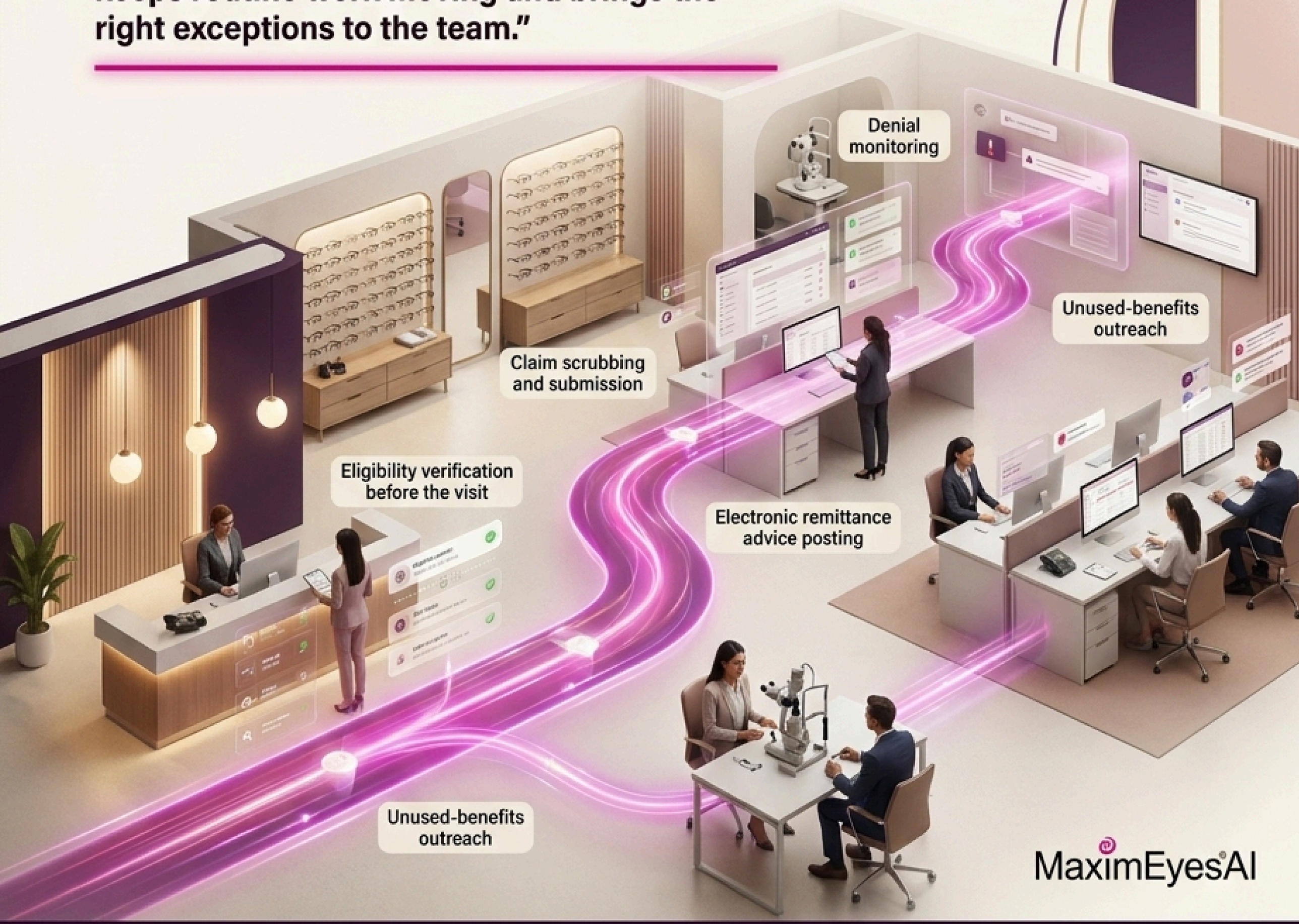
WHERE THE BILLING ASSISTANT CREATES CAPACITY

The MaximEyes AI Billing Assistant, powered by EVAA, is designed to support the recurring work surrounding the revenue cycle. It can help verify eligibility before the visit, scrub and submit claims, automatically post electronic remittance advice, monitor denials, and support unused-benefits outreach.

Each workflow removes a different point of administrative friction. The practice gains greater consistency across repetitive tasks, while the billing team retains visibility and control over the work that requires review. The goal is not to hand the revenue cycle to a disconnected tool.

It is to bring automation into the workflow so routine steps continue moving and employees can focus where their knowledge creates the greatest value.

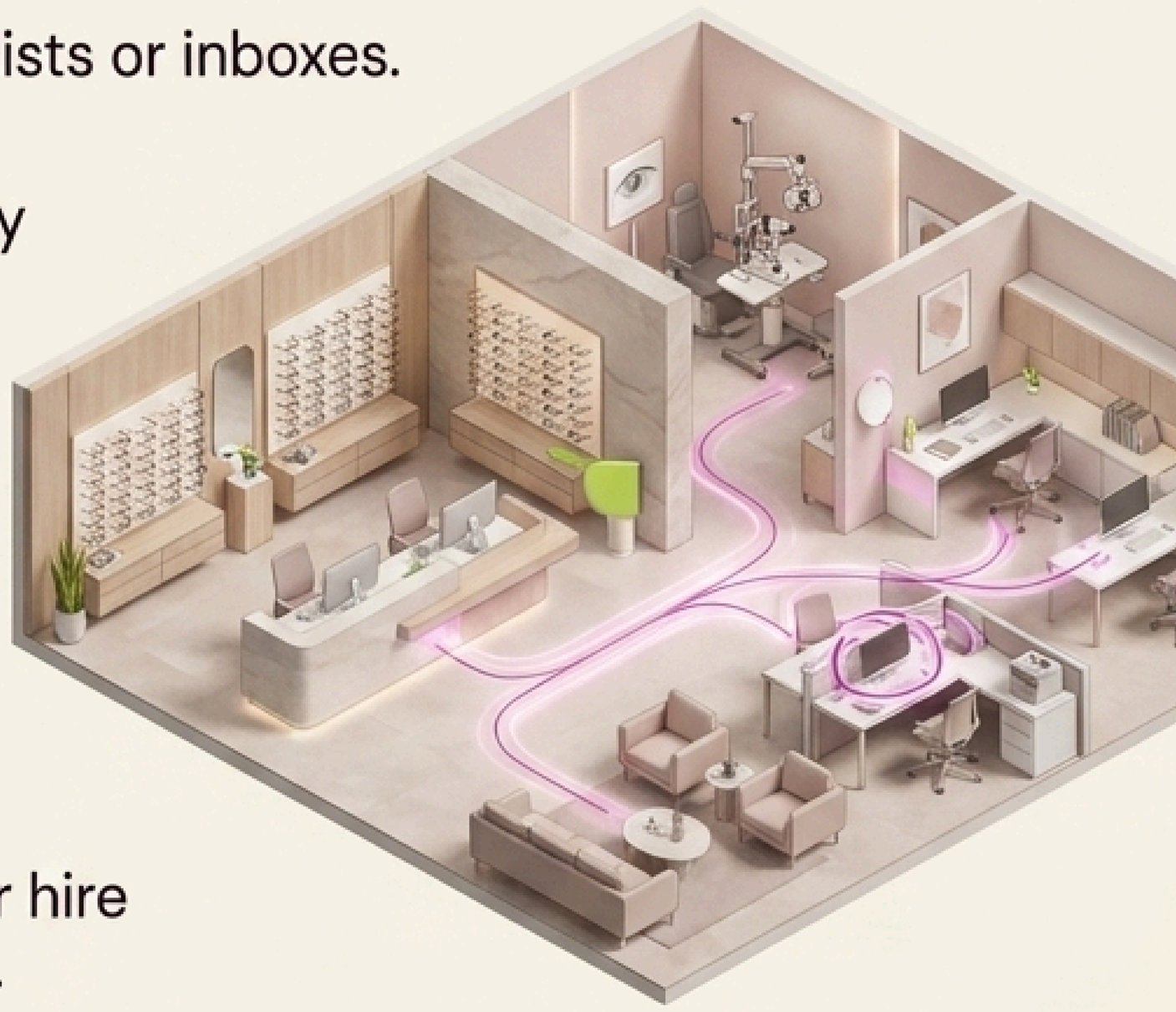
“Technology creates capacity when it quietly keeps routine work moving and brings the right exceptions to the team.”



HOW PREPARED IS YOUR BILLING OPERATION TO SCALE?

A resilient billing operation is visible, repeatable, and easier for more than one person to support. Use the questions below to identify where your current model may still depend on individual effort rather than a shared operating system.

- ☐ Eligibility becomes a bottleneck during busy days.
- ☐ Claims wait for manual review before submission.
- ☐ Payment posting can fall behind during busy periods.
- ☐ Denials live in separate lists or inboxes.
- ☐ Managers cannot quickly see priority work.
- ☐ Routine tasks depend on one person being available.
- ☐ Staff spend too much time on routine work.
- ☐ Growth requires another hire to maintain the process.



If several statements apply, your capacity still depends on individual effort. The next step is a more consistent way for routine work to move.

WHAT A MORE RESILIENT BILLING DAY LOOKS LIKE

Before the first patient arrives, eligibility work is already moving through a consistent process. The team begins the day knowing which accounts require attention rather than searching for what was missed.

As visits are completed, claims move through review and submission without waiting for someone to work through an entire queue manually. Electronic remittance information can be posted with less repetitive data entry, and denials remain visible instead of disappearing into separate lists or inboxes.

Experienced employees still oversee the revenue cycle. Their day simply shifts toward exceptions, payer follow-up, patient questions, and the decisions that require context. Managers gain clearer visibility without stepping into every task.

That is what operational capacity looks like: not the absence of people, but a better use of their time and expertise.

"A stronger billing operation does not ask people to work faster. It gives routine work a better way to move."

THE MODERN BILLING DEPARTMENT

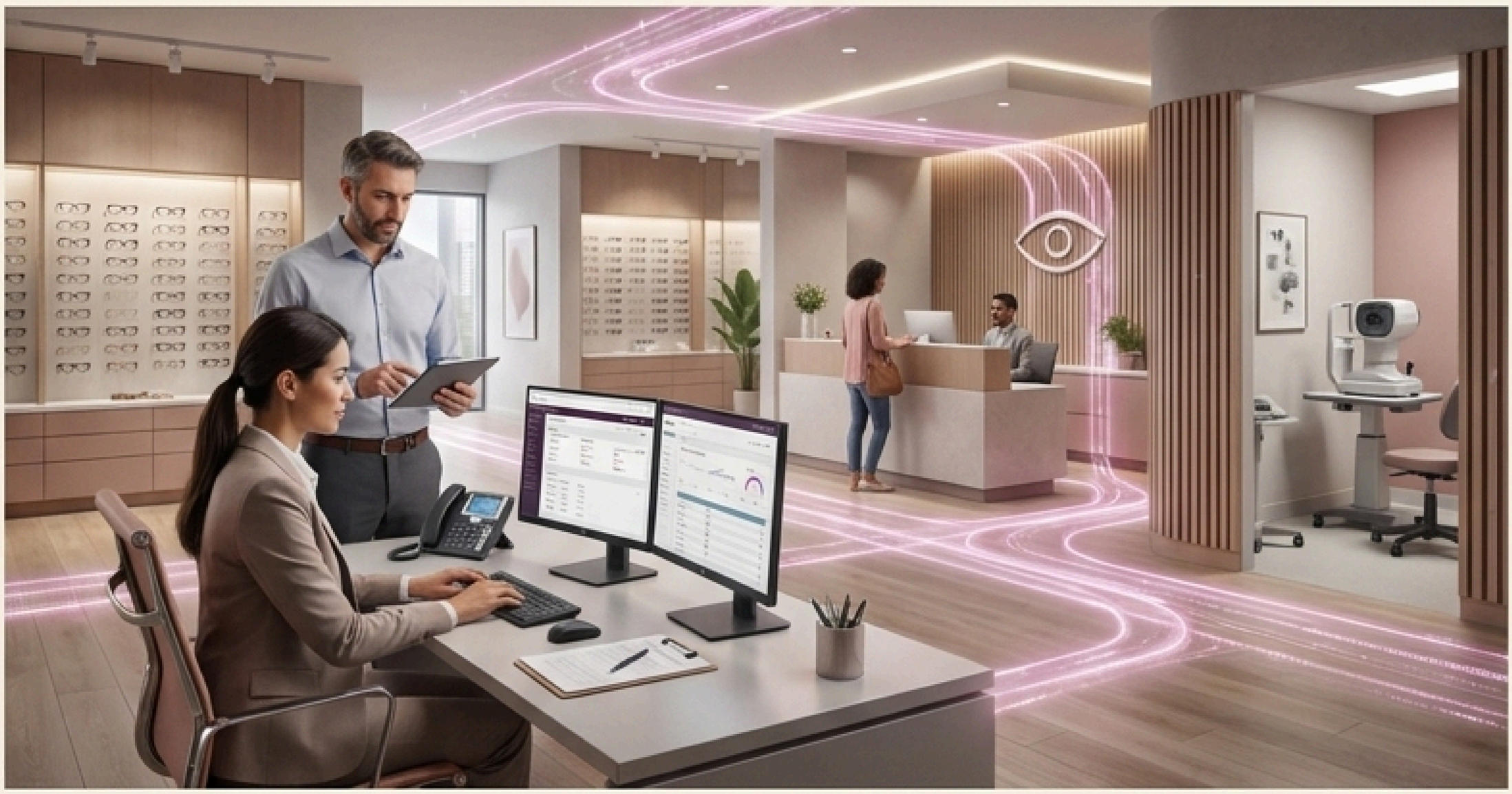
A resilient billing department is not built by choosing between people and technology. It is built by assigning each the work it is best equipped to handle.

Automation provides consistency across repetitive tasks. Experienced employees interpret exceptions, resolve complex issues, communicate with payers and patients, and make decisions that require context. Managers gain visibility without becoming the backup process for every staffing gap.

This model also makes growth less disruptive. When patient volume increases, the practice is not forced to recreate the billing department one hire at a time. The underlying workflows are already prepared to carry more activity, while the team remains focused on oversight and financial performance.

The goal is not to reduce the value of the billing team. It is to stop consuming that value with work that can be handled more consistently.

When people, processes, and embedded automation work together, the revenue cycle becomes easier to manage, easier to measure, and less vulnerable to change.



“The best billing technology does not replace expertise. It gives expertise more room to matter.”

READY TO BUILD MORE CAPACITY INTO YOUR REVENUE CYCLE?

Your practice may not need another billing employee to create meaningful operational capacity. It may need a more consistent way to handle the repetitive work already competing for your team's attention.

See how the MaximEyesAI Billing Assistant, powered by EVAA, can support eligibility verification, claims, payment posting, denial tracking, and unused-benefits outreach while keeping your experienced team at the center of the revenue cycle.

Schedule a personalized demonstration to explore where embedded automation could strengthen your current billing operation.

maximeyes.com/solutions/ai

[sales@first-insight.com]

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Prepared by MaximEyesAI. Building more connected, resilient operations for eye care practices.