THE $100,000 BILLING HIRE

What It Really Costs to Build and Maintain an In-House Billing Team

An Eye Care Revenue Cycle and Practice Operations Report

The Salary Is Only the Beginning

When practices think about hiring a billing employee, salary is usually the first number that comes to mind. Yet compensation is only one part of the total investment.

Recruiting, onboarding, training, management time, employee benefits, technology, and the inevitable learning curve all contribute to the true cost of building an in-house billing team.

Even after a new hire is in place, it takes time for them to learn the practice's workflows, payer relationships, and operational processes before they can perform at the same level as an experienced team member.

The financial impact extends well beyond payroll. It also includes the opportunity cost of vacant positions, reduced productivity during ramp-up, and the disruption that occurs when experienced employees step away from their own work to train someone new.

The strongest revenue cycle is not simply built by hiring talented people. It is built through resilient systems that continue performing even as staffing needs change.

What Practices See on the Job Posting

$50,250

Median annual wage for medical records specialists

$45,620

Median annual wage within offices of physicians

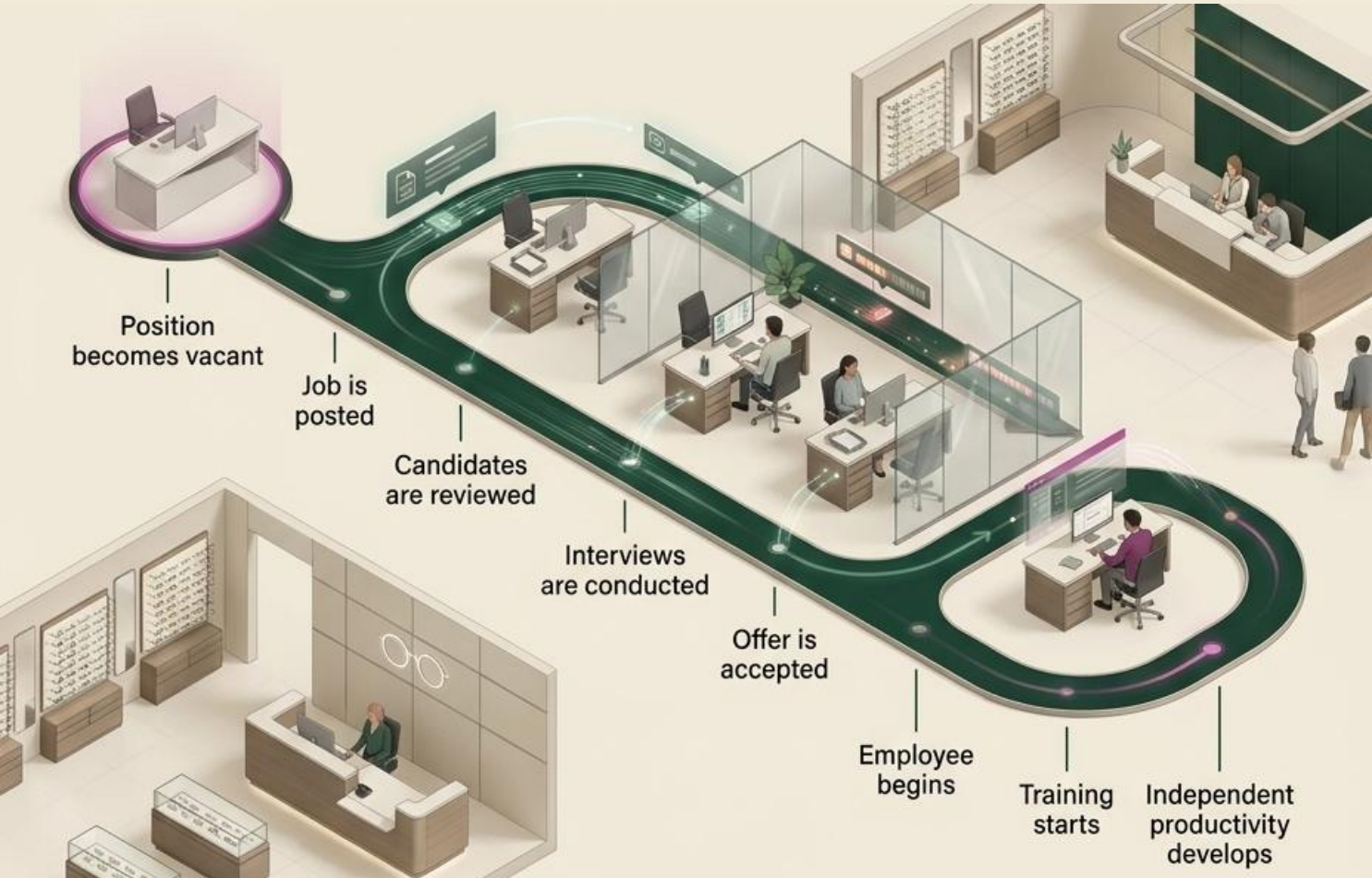
Salary is the most visible cost of hiring a billing employee, but it is not the complete cost of maintaining that position. Benefits, payroll taxes, paid time off, technology, software access, workspace, training, and management oversight all increase the practice's investment. The amount shown in a job posting may establish the starting point, but it does not reflect the full financial commitment required to recruit, support, and retain an experienced employee. These figures provide a relevant healthcare workforce benchmark, although compensation varies by role, location, experience, and practice setting.

Billing Work Does Not Pause While You Recruit

When a **billing position** becomes vacant, the work **does not disappear**. Claims still need to be reviewed and submitted, denials still require follow-up, payments must be posted, and patient balances continue to age.

During the hiring process, those responsibilities are often redistributed across the remaining team. Experienced employees absorb more work, managers step into operational tasks, and important follow-up may be delayed while everyone tries to maintain the same level of performance with fewer resources.

By the time a new employee starts, the practice may already be managing a backlog. The vacancy may be filled, but the effects of the staffing gap can continue long after the offer letter is signed.



Billing Expertise Cannot Be Learned Overnight

> “Hiring an employee fills a position. Developing expertise takes much longer.”

Every practice has its own workflows, payer mix, documentation standards, financial policies, and operational habits. Even an experienced billing professional needs time to understand how your organization works before contributing at full capacity.

Training extends far beyond learning software. New employees must become familiar with insurance verification processes, claim submission requirements, payment posting procedures, denial management, provider preferences, reporting expectations, and internal communication practices.

According to the Association for Talent Development, organizations spent an average of $1,254 per employee on direct learning expenditures in 2024, while employees participated in an average of 13.7 hours of formal learning during the year. These benchmarks represent only formal training and do not capture the additional time experienced employees spend coaching, reviewing work, answering questions, and transferring institutional knowledge.

$1,254

Average direct learning expenditure per employee

13.7 Hours

Average formal learning hours per employee

When One Employee Leaves, the Practice Loses More Than a Position

“The greatest loss isn’t another open position. It’s the experience, consistency, and institutional knowledge that walks out the door.”

Replacing a billing employee is about far more than finding another qualified candidate. Experienced team members carry years of knowledge about payer behavior, unresolved claims, provider preferences, internal workflows, and the countless details that keep the revenue cycle moving efficiently. When that knowledge leaves with an employee, practices often find themselves rebuilding expertise that took years to develop. The hiring process begins again, experienced staff shift their attention toward onboarding, and financial performance can be affected long before a replacement reaches full confidence.

Gallup estimates that replacing an employee can cost between 50% and 200% of that employee's annual salary, depending on the role and the organization's investment in recruiting, onboarding, and lost productivity.

50%–200%

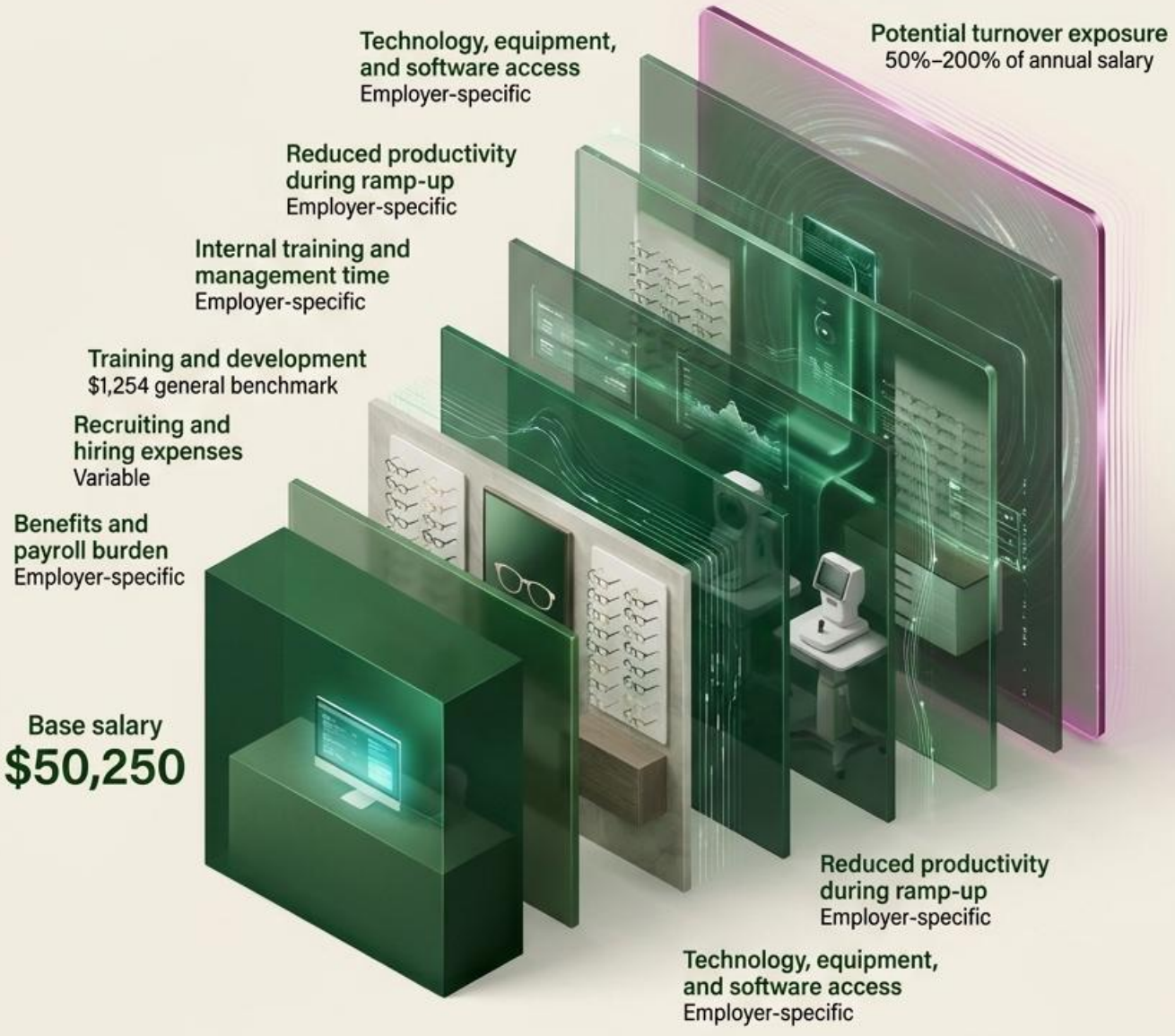
Estimated cost to replace an employee relative to annual salary

14,200

Projected annual openings for medical records specialists from 2024–2034, according to the U.S. Bureau of Labor Statistics.

How One Billing Position Can Become a Six-Figure Investment

The $100,000 figure is not a universal average. It is an illustrative scenario that shows how salary, employment overhead, recruiting, training, lost productivity, management time, and potential turnover can combine into a much larger financial commitment. The purpose is not to suggest that every practice will incur every cost at once. It is to help practice leaders evaluate the full financial exposure associated with building and repeatedly replacing an in-house billing position.



Disclaimer
This example is illustrative and is not intended to represent the cost experienced by every healthcare practice. Actual costs vary based on compensation, benefits, location, recruiting methods, training requirements, productivity, and employee retention.

How Resilient Is Your Billing Operation?

Many practices discover operational risk only after a key employee leaves. A resilient revenue cycle is built on documented **processes, shared knowledge, and continuity rather than dependence on a single individual.** Use the questions below to evaluate how prepared your practice would be if your primary billing employee were unavailable tomorrow.

- ☐ One employee manages most payer follow-up.
- ☐ Important billing processes exist only in one person's head.
- ☐ Claims begin falling behind when a billing em is on vacation.
- ☐ Managers regularly step into billing responsil
- ☐ Training a replacement would require signific time from experienced staff.
- ☐ The practice has struggled to recruit experier billing professionals.
- ☐ Billing performance is difficult to measure consistently.
- ☐ A resignation would immediately affect cash

The more statements that apply to your practice, the greater the operational risk. The strongest revenue cycle isn't built around one exceptional employee. It's built around systems that continue performing regardless of staffing changes.

The Goal Isn’t to Hire More People. It’s to Build More Capacity.

For decades, practice growth has often been measured by headcount. As patient volume increased, new administrative positions were added to keep pace with scheduling, billing, insurance verification, and collections.

Today, many practices are discovering that adding employees does not always solve operational challenges. Recruiting remains difficult, onboarding takes time, and valuable knowledge often becomes concentrated within a few key individuals.

The strongest practices are taking a different approach. Rather than relying solely on additional staff, they are building operational capacity through standardized processes, shared expertise, technology, and scalable support. The objective is not simply to fill positions. It is to create a revenue cycle that continues performing regardless of staffing changes.

Building capacity means creating a practice that is more resilient, more predictable, and better prepared for growth.

“The future of practice growth isn’t measured by how many people you hire. It’s measured by how effectively your systems scale.”

Your Next Billing Employee May Already Be Trained

After examining the true cost of recruiting, onboarding, training, and replacing billing staff, many practice leaders begin asking a different question.

Instead of asking, “Who should we hire next?” they ask, “What is the most reliable way to protect our revenue cycle?”

For some practices, that means strengthening documentation, improving internal training, and cross-training employees. Others invest in technology to eliminate repetitive administrative work. Increasingly, practices are also choosing experienced revenue cycle partners who bring established processes, specialized expertise, and operational continuity from day one.

The goal isn't to replace great employees. Instead, the goal is to reduce operational risk and build a billing operation that continues performing regardless of vacations, turnover, growth, or staffing changes.

The strongest revenue cycle isn't dependent on one person. It's supported by systems, processes, and experienced professionals working together.

“Sometimes the best hire isn’t another employee, but rather a stronger way of operating.”

Ready to Build a More Resilient Revenue Cycle?

Every practice is different, but the challenge is often the same: maintaining a billing operation that can support growth without becoming dependent on a single employee.

If this report prompted you to think differently about staffing, continuity, or the long-term cost of managing an in-house billing team, we'd welcome the opportunity to continue the conversation.

Learn how experienced revenue cycle professionals can help your practice improve financial performance while reducing operational risk.

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