

OmniMD Resolves Credentialing Backlog, Helping Solo Practice Lift Revenue 80%

Solara Medical Care clears credentialing issues, reaches 98% claim acceptance, and reports 80% higher monthly revenue with no change in patient volume.

HAWTHORNE, NY, UNITED STATES, August 12, 2026 /EINPresswire.com/ -- OmniMD, a U.S. healthcare IT company providing electronic health records, [AI RCM](#), and interoperability services to medical practices for more than two decades, today announced results from its billing and credentialing engagement with Solara Medical Care LLC, a solo practice run by Dr. Maki Furguson that sees approximately 50 patients per month.

“

OmniMD has proven to be reputable and reliable, and the team worked with me quickly to resolve any issues that came up”

Dr. Maki Furguson, Solara Medical Care LLC

Within one month of engagement, Solara Medical Care resolved every outstanding payer credentialing item, raised its claim acceptance ratio to 98 percent, and increased

monthly revenue by 80 percent, with no change in patient volume or scope of clinical services.

OmniMD is a leading provider of electronic health records, AI RCM, and interoperability services to medical practices.

As a solo practitioner, Dr. Furguson's entire revenue stream ran through one set of payer relationships. Unlike a multi-provider group, where other providers' claims can offset a denied claim or a stalled credentialing file elsewhere in the practice, a single-provider practice has no such buffer. Two issues were constraining collections before OmniMD's engagement began:

- Unresolved credentialing issues with payers were limiting the provider's ability to bill for services already rendered.
- A low claim acceptance ratio meant a significant share of submitted claims were being rejected or denied on first pass, requiring rework and delaying payment.

Billing had already been outsourced prior to OmniMD's involvement, but revenue was still being held back by problems upstream of the billing process itself.

OmniMD's outsourced billing and credentialing team conducted a review of Solara Medical

Care's payer enrollment status and claims workflow. The team:

- Identified and resolved all outstanding credentialing issues with the practice's payers.
- Reviewed and corrected claims for accuracy and completeness prior to submission, rather than addressing denials after the fact.
- Managed the full outsourced billing cycle on a single platform to maintain visibility across credentialing status, claims, and collections.

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One month after the engagement began:

- Open credentialing items: 0
- Claim acceptance ratio: 98 percent
- Monthly revenue: up 80 percent

"OmniMD has proven to be reputable and reliable," said Dr. Maki Furguson, Solara Medical Care LLC. "It was not a smooth start with the initial billing and claims process, but the team worked with me quickly to resolve any issues that came up. I was assigned to one of their best billers, Vishal, and he has made a significant difference in my practice's revenue. OmniMD values customer satisfaction and goes above and beyond to maintain a productive relationship. They have my trust."

With credentialing resolved and most claims cleared on first submission, Dr. Furguson reports spending less time on back-and-forth communication with the billing department and more time on direct patient care.

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Credentialing status and claim acceptance rate are among the most direct levers a [solo or small practice](#) has on collected revenue, since there is no volume across other providers to absorb a denied claim or an unresolved payer file. The outcome at Solara Medical Care reflects revenue that had already been earned through completed patient visits and was recovered by correcting the credentialing and claims processes supporting that same volume of care.

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OmniMD has served U.S. healthcare practices for more than 20 years, providing electronic health records, practice management, AI-powered revenue cycle management, medical billing, credentialing, and related services designed to reduce administrative burden on providers and improve practice collections.

Divyang Dave

OmniMD

+ +1 844-666-4631

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