

# Full-Service Revenue Cycle Management

## Client Profile

### Size

9 Providers

### Location

PA

### Specialty

Dermatology

## Services Deployed



### Revenue Cycle Management

## Overview

- + Our Client wanted to urgently remove their RCM leader and redeploy associated RCM resources as their internal RCM department was underperforming.
- + Our Client's lack of denial and AR management was resulting in high Days in AR and %AR > 90 days.
- + Remittances were not entered in their system, including expired checks and credit cards never credited, and they had multiple unposted Electronic Remittances with little reconciliation to their bank account.
- + The Client also had a lack of follow up on credentialing causing denials and appointment woes.

SCALE was engaged to catch up on outstanding remittances to bring accounts up to date, maximize collections on old unworked claims, and provide feedback to practice on individual insurance guidelines to minimize denials and loss, maximize claims throughput in addition to ongoing proper insurance denial and AR action.

## Execution

- + SCALE was initially engaged to provide consulting for our Client, but within 2 weeks of our contract signing transitioned to Full-Service RCM services.
- + We researched the root cause of denials and created custom claim scrubbing rules to fix claims prior to submission.
- + We provided feedback to the Client on insurance specific guidelines resulting in claim denials.

## Results

- + Our Client posted \$205k in payments over 45 days old within 3 months (approximately 1 month of income) of our engagement.
- + We were able to decrease AR over 90 days old by 50% in 6 months and Days in AR by 38% in 6 months.
- + SCALE was able to immediately find the issue with pathology billing being paid in network instead of out of network, causing large financial loss.
- + We implemented a daily payment reconciliation process to ensure all payments are posted and accounted for timely.
- + We held weekly meetings with our Client's Billing Manager to ensure proper communication of issues.
- + Our Client's claims and payments are now current – daily submission and posting with an average lag time 1 day.
- + We assumed control of the patient statement process and increased frequency from once per month to weekly.
- + SCALE added a phone tree with direct access to the Client's billing department to decrease incorrectly routed phone calls.
- + We reduced paper checks and associated processing by enrolling in insurance EFT/ERA.
- + SCALE increased the cashflow and claims transmission reliability by auditing and properly setting up EDI claims transmission where they were missing.