

## CASE STUDY

# How a strategic revenue cycle partnership boosted billing accuracy and efficiency for a leading medical center

## BACKGROUND

Ten years ago, our client, a global healthcare business group, introduced a new kind of medical center in the United States. Today, they offer accessible, low-cost, and high-quality health services to 3 million people and operate primary and urgent care, labs, and tests in more than 800 cities in North and South America.

The business group's rapid market expansion and the complexity of healthcare billing necessitated a change in their revenue cycle operations

## SUMMARY

Our client wanted a revenue cycle model that would better support their expanding U.S. operations.

### Legacy Model

- Hindered by organizational bottlenecks, preventing optimal efficiency
- Suffered from global staffing shortages
- Lacked system-wide revenue cycle standards and performance reporting
- They outsourced key revenue cycle operations to us, Advantum Health.

### Current Model

- Migrated billing, A/R follow-up, cash posting, and credentialing
- Implemented real-time dashboards that improved data visibility across the system.
- Developed best practices and trained regional billing, front desk, and clinical teams.
- Streamlined processes to achieve faster claim billing—within seven months and decreased its monthly unbilled claims by 52%

## CHALLENGE

From day one, our client experienced tremendous growth in the United States. In seven years, they opened 13 locations across four states. But, their revenue cycle model needed more capacity to support their expansion.

### Staffing Shortages

Billing and A/R Follow-up teams worked in geographic silos and developed region-specific workflows and reporting tools. This limited management's ability to shift resources based on staffing shortages, patient volume, and expertise.

This affected the billing team's ability to get claims out the door quickly and accurately.

### Process & Reporting Standardization

Clinical standards enabled the global medical group to deliver high standards of care and achieve consistent patient outcomes. But, clinical standards didn't necessarily align with insurance billing standards, and if not proactively managed, led to claim denials.

Medical billing rules vary across payors, locations, and services. As a national healthcare organization, the client needed more expertise in national, regional, and local payor regulations—government and private.

They wanted to standardize their billing practices and reporting to help support their overall revenue cycle strategy. Before standardizing their billing practices, our customer needed subject matter experts to identify, define, and implement revenue best practices.

## SOLUTION

To accelerate their growth and maximize revenue collections, our client consolidated their revenue cycle operations and created a robust, system-wide reporting capability.

### Outsourced back-end revenue cycle operations to a trusted partner

In October 2021, they migrated the management of billing, A/R follow-up, credentialing, and cash posting to us - Advantum Health.

The partnership created a collaborative relationship built on trust and transparency. We consolidated their revenue cycle operations from an oversight perspective but kept the regional teams intact.

We, Advantum Health, worked with our customer to quickly integrate revenue cycle best practices across the five regions. This included key performance indicators (KPIs), standardized training, and real-time data dashboards.

## BENEFITS

### Improved billing accuracy

- Implemented billing standards based on industry best practices
- Educated clinicians and front desk staff on best practices within their operations

### Enabled data visibility across all regions

- Shared KPIs created accountability
- Timely reports empowered leadership to champion changes

### Boosted productivity with team consolidation

- Cross-trained regions
- Prioritized work based on volume and time
- Added staff with experienced team members
- Set up electronic transactions with 40 payers for faster payment posting