STABILIZING CASH, ACCELERATING CLAIMS, AND RECOVERING LEGACY AR DURING A REVENUE CYCLE TRANSITION

THE SITUATION:

Entering a Fragile Revenue Environment

When we assumed responsibility for hospital revenue cycle operations in August 2025, the organization was facing a familiar but dangerous reality:

- Claims were being batched and delayed before transmission
- Payment performance lacked visibility and accountability
- Legacy AR had gone largely untouched, with older DOS balances assumed uncollectible
- Cash flow fluctuated month to month, making revenue forecasting nearly impossible

The challenge wasn't a lack of effort, it was a lack of process discipline, real-time data, and end-to-end ownership.

PHASE 1: FIXING THE FRONT END BILLING DISCIPLINE & TIMELY SUBMISSION

Problem

Claims were often held and batched before being sent to insurance, creating unnecessary delays and increasing downstream denials.

What Changed

- Implemented a strict 48-hour claim transmission SLA
- Eliminated claim batching behavior
- Established a clean-claim-first approach
- All clearinghouse edits reviewed and corrected before submission

Results

- Timely claim transmission improved from 88% → 91% within two months
- Second-month billing performance improved by 5 percentage points year over year
- Claims entered payer systems faster, improving adjudication velocity and payment timing

The biggest win wasn't speed alone, it was predictability.

PHASE 2: TURNING PAYMENTS INTO INTELLIGENCE, NOT SPREADSHEETS

Problem

Previously, payment tracking lived almost entirely in Excel. There was:

- **No denial trending**
- **No payer behavior analysis**
- **No insight into cash movement**

What Changed

- Introduced daily payment and denial monitoring
- Built payer-level and service-level payment trend analysis
- Shifted focus from "what paid" to "what didn't and why"

Results (Aug–Dec comparison)

- First-month insurance payments improved by 0.20%
- Second-month insurance payments improved by 0.30%
- Faster identification of systemic denials allowed targeted fixes instead of blanket rework

This clarity transformed payment posting from a back-office function into a decision-making engine.

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PHASE 3: LEGACY AR, RECOVERING WHAT WAS WRITTEN OFF MENTALLY

Problem

Older dates of service had seen limited follow-up. Many balances had stalled simply due to lack of sustained effort.

What Changed

- Dedicated AR focus on high-value legacy balances
- Aggressive payer follow-up supported by denial intelligence
- Prioritized recoverability instead of aging alone

Results

- $196K collected on 2024 DOS that had previously stalled
- $2.34M collected on 2025 DOS incurred prior to transition
- $2.54M total legacy AR recovered through focused AR strategy

This wasn't found money. It was earned through persistence, data, and accountability.

PHASE 4: CASH STABILIZATION & REVENUE VISIBILITY

Problem

Cash receipts fluctuated month to month, with no reliable forecasting mechanism.

What Changed

By connecting billing discipline, payment intelligence, and AR execution:

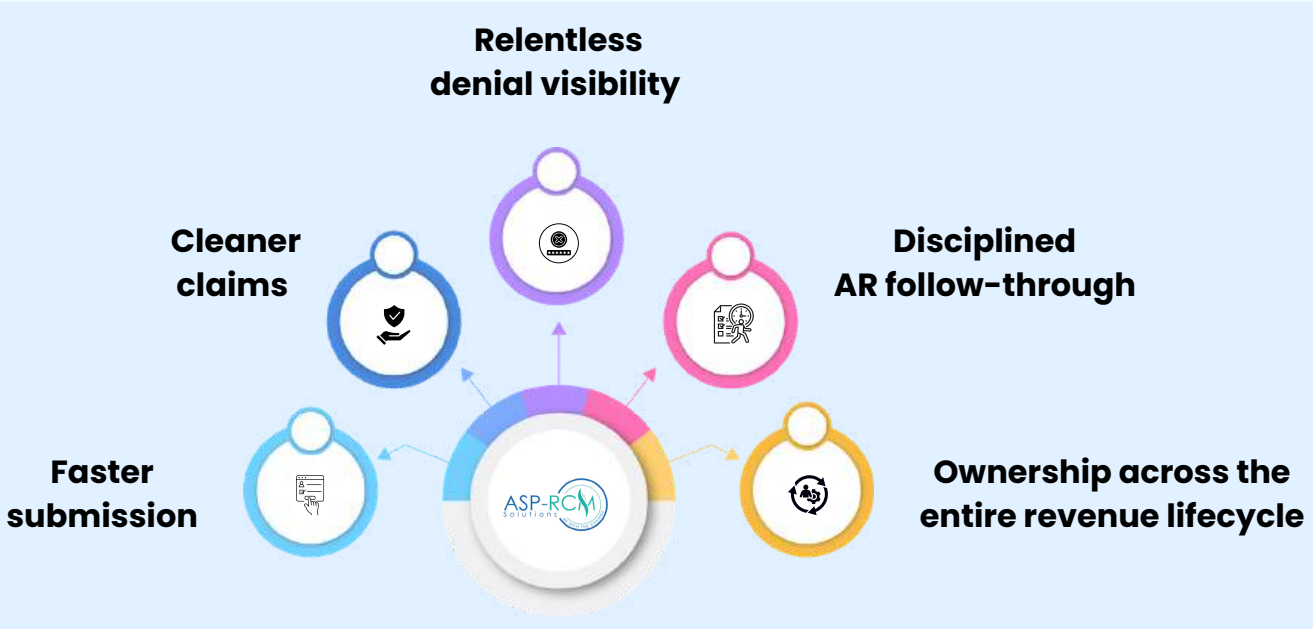
- End-to-end revenue flow became measurable
- Variance reduced
- Leadership gained confidence in monthly projections

Results

- Average monthly hospital insurance cash increased from $2.6M → $3.0M
- Improved consistency enabled more accurate forecasting
- Revenue leadership moved from reactive to proactive decision-making

The Bigger Lesson: Transitions Don't Have to Mean Disruption

This transformation didn't rely on system overhauls or headcount spikes. It was driven by:



Executive Takeaway

"Stabilizing revenue isn't about chasing dollars harder, it's about removing friction from billing, turning payments into insight, and treating AR like a strategy, not a backlog."

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