



CASE STUDY | REVENUE CYCLE MANAGEMENT

Fixing Hidden Revenue Cycle Gaps for a Multi-Specialty Medical Group in California

What looked like routine revenue cycle challenges on the surface was quietly costing a California multi-specialty medical group significant revenue. Collections were slowing, reimbursement opportunities were slipping through the cracks, and operational bottlenecks were making future growth difficult.

To reverse the trend, the group partnered with Jusme Healthcare Solutions. The engagement focused on strengthening the revenue cycle from end to end, streamlining workflows, improving clinical documentation, reducing preventable denials, and introducing performance-driven KPI tracking. Within nine months, the results were clear: higher collections, fewer denials, and substantially lower AR days, creating a healthier financial foundation built for long-term growth.

\$4.2M

in additional annualized collections

19%

Increase in monthly collections

58%

Reduction in denial rates

45%

Reduction in AR days

Client Overview

A multi-specialty medical group operating in California, running on Epic, with 28 providers across six service lines.

Specialty: Internal Medicine, Cardiology, Orthopedics, Gastroenterology, Pain Management, Primary Care

Location: California, United States

Practice Size: 28 Providers

Annual Collections (Pre-Engagement): ~\$22 Million

Monthly Claim Volume: ~8,500 Claims



EHR Platform: Epic

The Business Challenge

The patient base was solid and clinical operations were established. Underneath that, the revenue cycle had real leaks. Leadership ran into a familiar set of issues:

- Claim denials running high
- Provider documentation all over the place
- Charge capture lagging
- Slow reimbursement
- AR piling up on older balances
- Almost no visibility into the metrics that mattered
- Workflows that differed from one specialty to the next

Together these meant revenue slipping away, more admin work for everyone, and a financial picture nobody could predict with confidence.

The Jusme Healthcare Solutions Approach

Jusme ran a structured transformation built on three workstreams. The emphasis stayed on documentation, disciplined workflows, and reporting people would actually use.

Documentation Optimization

Working with clinical and operational staff, Jusme set specialty-specific documentation standards, tightened diagnosis specificity, and improved medical necessity records. Provider education kept everyone aligned on the new way of doing things.

Workflow Redesign

A full review of revenue cycle operations led to stronger eligibility verification, payer-specific claim validation, more accurate charge capture, faster claim submission, and a real denial prevention process at the front of the cycle.

KPI-Driven Management

Jusme put executive-level reporting in place covering clean claim rate, denial rate, AR performance, net collection rate, payer analytics, and revenue leakage. That gave leadership the numbers to make decisions early instead of reacting late.

Measurable Results

<i>Metric</i>	<i>Before</i>	<i>After</i>
<i>Clean Claim Rate</i>	<i>87%</i>	<i>97%</i>



<i>Denial Rate</i>	<i>14.2%</i>	5.9%
<i>Accounts Receivable Days</i>	<i>71 Days</i>	39 Days
<i>Net Collection Rate</i>	<i>89%</i>	97%
<i>Claims Submitted Within 48 Hours</i>	<i>68%</i>	96%
<i>Accounts Receivable >90 Days</i>	<i>31%</i>	12%

Financial Impact

Increased Collections

Monthly collections climbed from roughly \$1.83 Million to \$2.18 Million, a 19% jump.

Additional Annualized Revenue

Across the year, that added up to about \$4.2 Million in additional collections, driven by:

- Fewer denials
- Cleaner, more accurate documentation
- Faster claim processing
- Quicker reimbursement cycles
- Stronger revenue cycle workflows

Faster Cash Flow

AR days fell from 71 to 39, which meant:

- Better working capital
- More predictable cash flow
- Steadier financial performance overall

Operational Impact

Beyond the money, the practice saw lighter admin load on providers, better coding accuracy, more consistent documentation, clearer operational visibility, standardized workflows across specialties, and room to scale when growth comes.

Crucial Indications



The problem and the fix both came down to execution. By combining better documentation, disciplined workflows, and reporting leadership could trust, Jusme Healthcare Solutions turned steady revenue leakage into measurable, lasting gains.

Key Outcomes At A Glance

\$4.2M <i>Additional annualized collections</i>	58% <i>Reduction in denial rates</i>
45% <i>Reduction in AR days</i>	19% <i>Increase in monthly collections</i>
97% <i>Net collection rate</i>	Jusme Healthcare Solutions

Disclaimer: Client details have been anonymized to protect confidentiality. Results are based on a specific engagement and may vary depending on specialty, payer mix, operational maturity, and organizational factors.