CASE STUDY | REVENUE CYCLE MANAGEMENT

Recovering $850K+ for a Florida Multi-Specialty Group Inside Advanced MD

Jusme Healthcare Solutions handed a 30-provider specialty group the operational discipline it was missing, turning preventable revenue leakage into steady, predictable collections.

$850K+	12% → <5%	97%+
Recovered from aged AR	Denial rate in six months	Net Collection Ratio

The business relied on an experienced billing staff using AdvancedMD, had high patient volumes, and grew to many sites throughout Florida. By all appearances, stability seemed to be the order of the day. Behind the scenes, however, money was slowly disappearing. Initially, the top management believed the stress was coming from the typical industrial issues but further research proved it was not. The audit revealed revenue leaks throughout the entire cycle. A lot of recoverable money was lost due to unnecessary process gaps that caused many of these leaks.

Client Overview

An established multi-specialty healthcare group operating across Florida, backed by more than 30 providers.

Specialties	Internal Medicine, Cardiology, Orthopedics, Pain Management, Family Practice
Location	Florida, United States
Practice Size	30+ Providers | Multi-Location
Annual Revenue	~$18 Million
EMR Platform	Advanced MD

The Business Challenge

Demand was steady, the team was sizable, and the financial strain still kept building. Patient increase was outpacing collections. Several recurrent problems were highlighted by leadership:

- Rejection rates remain stagnant between 10% and 12%
- More than $3.1M in AR with a 90-day sitting period
- Four or five days after the visit, charges are not captured.
- Payer follow-up is lacking and irregular.
- Defects in staffing that disrupt business operations
- Very little insight on patterns of denial or AR movement

Upon closer inspection, it became apparent that the friction that the leadership had previously dismissed as routine was actually a preventable leakage throughout the entire cycle.

What the Assessment Found

1. Preventable Denials Were Doing the Damage

Denials ran 10 to 12 percent and traced back to four sources: eligibility verification gaps, missed authorizations, coding inconsistencies, and weak documentation. Nearly 65 to 70 percent of them never should have happened.

Business impact: real reimbursement delays and a growing rework pile on an already stretched team.

2. Slow Charge Capture Was Choking Cash Flow

Charge entry took four to five days. As a result, reimbursement dates were pushed out, and AR aged before anyone could touch it, all because claim filing was delayed.

Company effect: cash flow is uncertain and accounts receivable are accumulating.

3. AR's Deterioration Was Difficult to Manage

While substantial amounts lay idle, there was no escalation process, bucket ranking was erratic, and high-value accounts went unnoticed.Every day that they were left unattended, recovery windows would close.

Increased write-off risk and stagnant revenue are the results for the business.

4. Operations Ran in the Dark

There was no clear read on denial root causes, team productivity, net collection ratios, or AR trends. You can't fix what you can't see, and most of these gaps stay hidden.

Business impact: operational problems went undiagnosed and unresolved.

The Jusme Healthcare Solutions Approach

Jusme ran a structured, execution-focused RCM transformation built around the group's existing AdvancedMD workflows. No new technology. The work came down to operational discipline, accountability, and consistent follow-up across five workstreams.

Front-End Optimization

Advanced eligibility verification, real-time authorization tracking, and pre-submission quality checks went in to catch preventable denials before claims ever left the building.

Charge Capture Acceleration

Standardized provider-to-billing workflows, defined turnaround benchmarks, and delayed-encounter monitoring pulled charge turnaround under 48 hours.

Denial Management Framework

Dedicated denial ownership, root-cause categorization, and organized rework and appeals workflows broke the recurring patterns and sped up resolution.

Organized AR Recovery

A targeted campaign on the high-priority aging buckets, an aggressive payer follow-up cadence, and an escalation-driven strategy lifted recovery rates and trimmed aging exposure.

Performance-Based Governance

Real-time KPI dashboards, weekly executive reviews, and continuous workflow tuning made daily operations transparent and accountable.

Results in Under Six Months

Revenue and AR moved fast once the discipline was in place:

Metric	Before	After
Revenue recovered from aged AR	—	**$850K+**
Collections performance	baseline	**+26%**

Net Collection Ratio	—	**97%+**
Denial rate	12%	**<5%**
AR days	58	**36**
Charge lag	5 days	**<2 days**

What It Meant for the Business

- Faster, more predictable cash flow
- Less exposure to aging and write-offs
- Room to scale without adding internal headcount
- Clearer financial visibility for leadership

The Takeaway

The group never needed a new EMR. Everything that changed happened inside AdvancedMD. Jusme Healthcare Solutions turned a steady revenue loss into a measurable gain through accountability-driven processes, disciplined follow-up, and well-defined workflows. The problem was execution. So was the fix.

About Jusme Healthcare Solutions

Jusme Healthcare Solutions helps healthcare organizations across the United States hit measurable financial targets through a methodical approach to the revenue cycle. Core capabilities:

- End-to-end Revenue Cycle Management
- Denial prevention and recovery
- AR optimization and acceleration
- EMR-aligned workflow transformation
- KPI-driven operational improvement

Let's Talk

Rising denials, climbing AR days, delayed collections, revenue leaking out of the cycle? Jusme Healthcare Solutions can find the operational gaps and turn them into measurable financial gains.

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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.