**CASE STUDY | REVENUE CYCLE MANAGEMENT**

Transforming Revenue Performance for a Multi-Location Primary Care Practice in Texas

*Jusme Healthcare Solutions gave a 22-provider primary care group the operational discipline it needed to turn preventable revenue leakage into steady, predictable growth.*

| $500K+ | 13% → <5% | 97%+ |
|---|---|---|
| Additional revenue recovered from aged AR | Denial rate reduction in six months | Net Collection Ratio improved to |

On paper, this group looked financially healthy. Strong patient volumes, a mature operation across several Texas locations. Underneath, revenue cycle inefficiencies were quietly eating into collections. Leadership figured the pressure was just normal industry stuff. A structured review found something else. The practice was losing recoverable revenue at nearly every stage, and most of it was avoidable.

## Client Overview

An established multi-location primary care organization operating across Texas, backed by more than 22 providers.

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| **Specialty** | Primary Care |
| **Location** | Texas, United States |
| **Practice Size** | 22+ Providers \| Multi-Location |
| **Annual Revenue** | ~$14 Million |
| **EMR Platform** | eClinicalWorks |

## The Business Challenge

Patient demand was steady, the operation was well-staffed, and still the financial strain kept building. Leadership identified a number of reoccurring issues:

- Increase in claim denial rate
- Irregular cash flow, delayed reimbursements
- Accounts Receivables (AR) days improvement

- Aging AR accumulating on older balances
- Eligibility and authorization gaps at the front-end
- Inconsistent follow-up because of personnel limitations

On closer examination, the normal industry friction that leadership had assumed was there was significant preventable revenue leakage across the entire cycle.

# Major Challenges Identified

### 1. Higher Rejection Rates

Denials were in the 11% to 13% range and fell into three buckets: eligibility verification gaps, permission difficulties and code and documentation errors.

Real reimbursement delays and an increasing rework load on an already overworked team are the consequences for the business.

### Interminable Revenue Cycle

Multiple issues arose, including a four- to six-day delay in charge entry, persistently late claim submission, and inconsistent follow-up on outstanding claims.

**Impact on business:** Increasingly unpredictable cash flow and the aging of AR.

### 3. The Receivables Aging Process

Problems with escalation protocols, uneven follow-up from payers, and inadequate recovery on historical accounts have contributed to nearly $2.4M in AR aging during the past 90 days.

**Business impact:** Greater write-off risk, revenue at a standstill.

### 4. Operations Not Fully Visible

There was no clear sense of denial patterns, team productivity, net collection ratios or AR movement therefore inefficiencies were not being diagnosed.

**Business impact:** Operational gaps stayed hidden and unresolved.

# The Jusme Healthcare Solutions Approach

Jusme ran a structured, execution-focused Revenue Cycle Management transformation. No new technology. The work centered on operational discipline, accountability, and consistent follow-up across five workstreams.

### Front-End Optimization

We put enhanced insurance eligibility verification, authorization tracking, and pre-bill quality checks in place to catch preventable denials before claims went out.

### Charge Capture Acceleration

Standardized provider-to-billing workflows and faster documentation review pulled charge turnaround under 48 hours, cutting days of avoidable delay from the front of the cycle.

### Denial Management Framework

Dedicated denial ownership, root-cause denial categorization and organized appeal and rework workflows broke the recurrent patterns and accelerated claim resolution.

### Program for Recovery of Organized AR

A targeted recovery campaign focused on high-priority aging buckets with an aggressive payer follow-up cadence and escalation-driven strategy to improve recovery rates and reduce aging exposure.

### Performance-Based Management

Daily operations became more transparent and responsible with the use of real-time dashboards for key performance indicators, weekly performance reviews, and optimized workflows.

## Results in Less Than Six Months' Time

### Impact on Revenue and Accounts Receivable

- Recouped more than $500,000 in additional funds from audits that were no longer valid

The overall collecting efficiency was increased by 22%.

- Operational simplification leading to a greater than 97% Net Collection Ratio

The percentage of rejections decreased from 13% to 5%.

The number of AR days was reduced from 52 to 34.

After being five days, the charge lag is now two days at most.

### A Review of Financial Results

An improved and faster transfer of capital

Minimized vulnerability to aging and write-offs

- It was possible to increase operational scalability without hiring more internal workers.

## Crucial Indications

> The problem and its solution were both related to the execution. Without adding more employees, Jusme Healthcare Solutions turned a continuous loss of revenue into a measurable gain through the implementation of accountability-driven processes, thorough follow-up, and well-defined workflows.

## Relevant Details About Jusme Healthcare Services

Jusme Healthcare Solutions assists healthcare companies nationwide in reaching measurable financial objectives through a methodical approach to the revenue cycle. Essential skills include:

- All-Inclusive Revenue Cycle Management
- Overcoming Denial
- Enhancement and Quickening of AR
- EMR Constraints and Workflow Transformation

Performance Metrics for Enhanced Operations

### How About You Come Hang Out With Me?

Companies dealing with rising rejection rates, rising AR days, delayed collections, or revenue leakage may find it difficult to identify operational gaps and uncover quantifiable financial progress. Allow Jusme Healthcare Solutions to assist you.

✉ **Contact us at contact@jusmehealthcare.com**