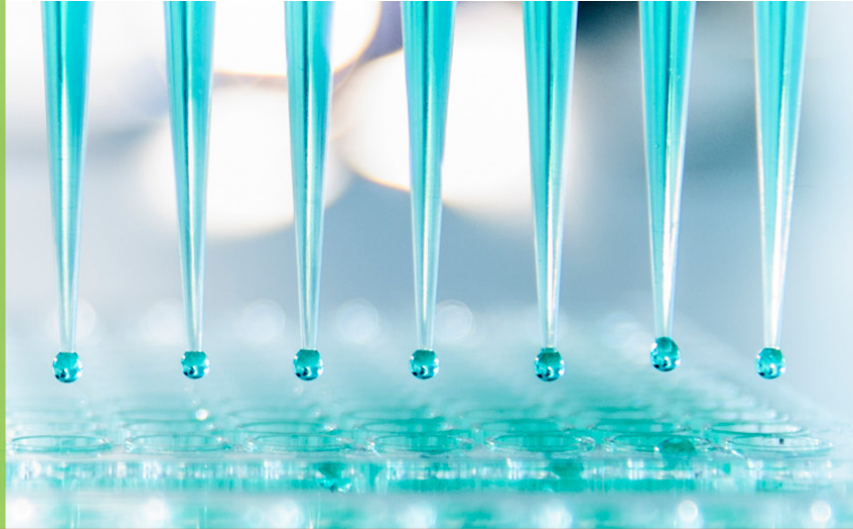


Case Study

Diagnostics Company Recovers \$8M In Claims In Two Weeks



RTS provided their Client the data and the datamart to identify issues, monitor and measure AR performance.

Company:

Disease diagnostics company

Challenge:

- Did not have the data to make strategic decisions
- Accounts Receivables fell far behind in collections
- Accounts Receivables had hit an all-time high

Solution:

- Created a datamart out of the most relevant data of the billing system
- Generated crucial insights into the nature and sources of claims rejections and collections delays
- Data helped the Client make better decision to turn Accounts Receivable around

Results:

- Ability to analyzed contracts based on payer performance data to make better decisions
- Reduced "Days in AR" by 30% within 2 months
- Recovered \$8 million worth of claims within 2 weeks of notice

Our client, a Richmond-based disease diagnostics company, was in its early phase of aggressive growth. This meant launching new tests and expanding into new territories but without a solid mechanism to study the impact of new decisions. So while new clients were being acquired and new partnerships were being forged rapidly, a pile of claim denials and receivables were accumulating in the background. The company had little insight into the nature of these denials and payment delays. As a result, their percentage collections were low and accounts receivables had hit an all-time high, far surpassing the industry average.

How RTS Has Helped

We created a data-mart out of the most relevant portions of the Billing system. Once the data-mart was ready, we started churning out reports that generated crucial insights into the nature and sources of rejections and delays. Some of the findings were:

1. The trends indicated that specific diagnosis codes were denied consistently in specific territories. Further analysis revealed that the denials were associated with a certain insurance payer that happened to be the largest payer group in those regions.
2. Knowledge of this vital piece of information enabled our clients to take the exact steps needed to address the situation.
3. For denials that were associated with insufficient patient information provided by the medical practice, we created letter reports. The report addressed each client/practice, automatically generating the list of patients who had missing information, and citing the specific information needed in order to submit claims for payment.
4. Created reports showing trends in Days in AR, and percentage of accounts receivables across aging buckets. This enabled the

Revenue Cycle Management team to monitor and measure the AR performance with unprecedented focus.

Results: Getting Accounts Receivable Back on Track

- Our client revised their payer contracts in light of the new knowledge on payer performance.
- The “Days in AR” reduced by 30% within 2 months.
- \$8 million worth of claims were recovered within 2 weeks of rolling out the letter reports.