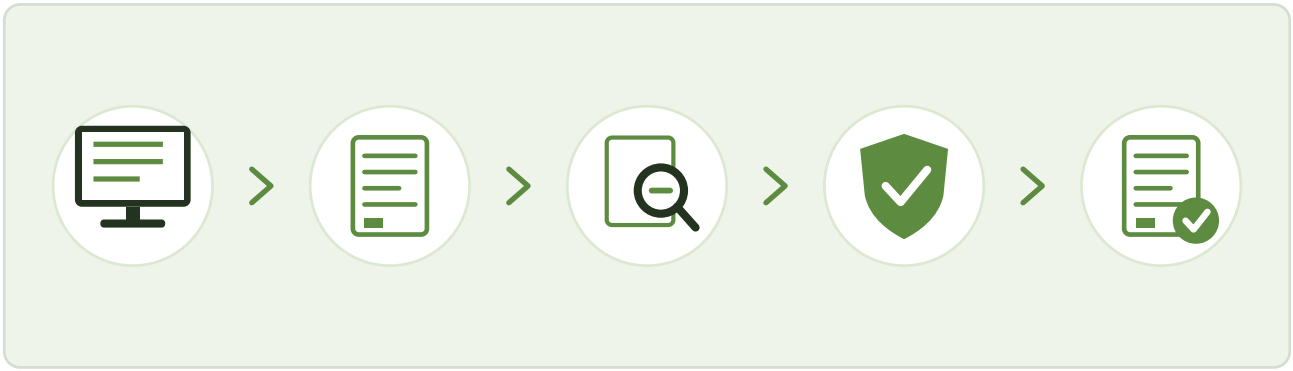
ProServe
PRACTICE MANAGEMENT



CASE STUDY

Accounts Receivable (AR) & Denial Management Services

THE CLIENT

One of the leading Medical Billing Companies in Texas

REQUIREMENT

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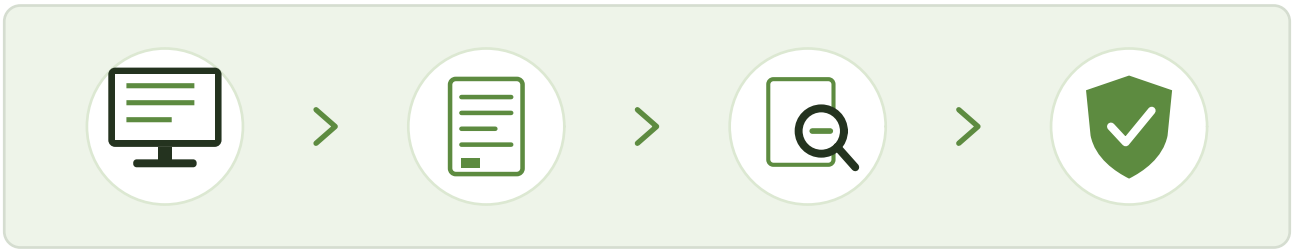
Client Background & Business Requirements

The client required dedicated AR and Denial Management support to improve follow-up effectiveness, resolve outstanding insurance balances, and reduce revenue leakage across the accounts receivable cycle.

The existing workflow faced challenges with aged AR, recurring denials, payer-specific follow-up requirements, and limited visibility into the root causes of unpaid claims.

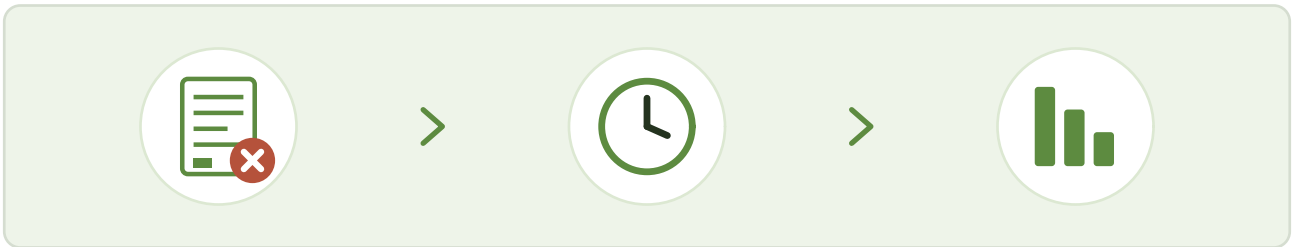
The primary requirement was to establish a structured AR and denial management process that could:

- Segment and prioritize AR inventory based on aging, payer, outstanding balance, and timely-filing risk.
- Identify and address the root causes of unpaid, underpaid, and denied claims.
- Differentiate avoidable denials from issues requiring payer follow-up, correction, reconsideration, or appeal.
- Focus on high-value claims and older AR buckets, including claims approaching timely-filing or appeal deadlines.
- Use denial trends and recurring billing observations to support preventive actions and real-time edits.
- Maintain clear account notes, follow-up status, and escalation visibility.
- Strengthen client communication and support improved cash flow and healthier AR days.



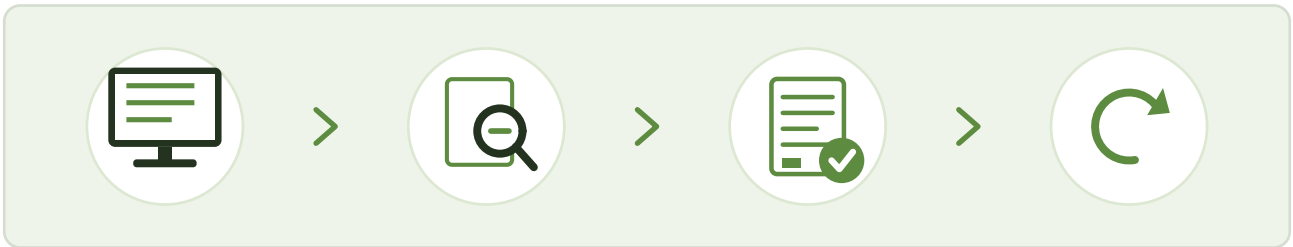
Key Challenges Faced by the Client

1. High outstanding AR and an aging inventory requiring consistent follow-up.
2. Recurring denials related to billing, coding, eligibility, and documentation issues.
3. Limited prioritization of high-balance claims and older AR buckets.
4. Delayed identification of payer-specific denial trends and repeat issues.
5. Missed or at-risk timely-filing and appeal deadlines.
6. Insufficient feedback to the client on recurring front-end billing and documentation gaps.
7. Delayed claim resolution, increased rework, and inconsistent cash flow.



Our Solutions - AR & Denial Management Services

1. Analyzed and categorized AR inventory by payer, aging bucket, outstanding balance, and denial reason to prioritize follow-up activities.
2. Focused on high-value claims and older AR buckets, including claims in the 120+ day category, while monitoring timely-filing and appeal deadlines.
3. Reviewed claim history, payer responses, remittance details, and account notes to determine the appropriate next action.
4. Classified denials by root cause and separated issues requiring correction or rebilling from those requiring payer follow-up, reconsideration, or appeal.
5. Corrected actionable billing-related issues and coordinated with the client for missing information, documentation, coding clarification, or other required resolution.
6. Applied payer- and client-specific guidelines, including approved global updates for non-payable claims, where applicable.
7. Tracked follow-up outcomes, maintained clear account notes, and escalated unresolved or time-sensitive claims as needed.
8. Shared recurring denial patterns and billing/coding observations with the client to support preventive edits, claim-scrubbing improvements, and reduced repeat denials.
9. Reviewed denial and AR trends regularly to refine work prioritization and support timely resolution.



Results & Values Delivered

- Improved visibility into AR inventory through structured segmentation and prioritization.
- Strengthened follow-up focus on high-value and aged claims to support recovery of outstanding balances.
- Enabled more consistent identification of denial root causes and appropriate resolution paths.
- Supported reduction of preventable repeat denials through client feedback and recommendations for billing, coding, and documentation edits.
- Improved tracking of timely-filing and appeal deadlines, helping reduce avoidable revenue risk.
- Enhanced client coordination through clear communication of recurring issues, pending requirements, and escalation needs.
- Supported improved cash flow and healthier AR performance through disciplined follow-up and denial resolution.
- Potential cost savings through improved work allocation, reduced rework, and more effective prioritization



AR & DENIAL MANAGEMENT PROCESS FLOW

The process below outlines inventory prioritization, account review, root-cause identification, claim resolution, outcome tracking, and feedback to the client.

