

RCI Case Studies

Project 1:

This client hired RCI to assess their current functions, implement CPR+, and assist them in cleaning up the AR housed on the original system. This is a hospital based home infusion program that was losing money and considering closing down their infusion program. The AR was in excess of \$12m with heavy Medicare, shared risk, & managed care with contract administration issues. SDO was averaging 321 days over the last 6 months of 2009.

Old AR assigned for clean up = 7.4m with a request to try and collect 1.8m
Total collections after 1 year = 6.2m

Outcome: Full CPR+ conversion was completed in 98 days. The company decided to keep the business open and outsourced reimbursement and CPR+ management to RCI. After 5 years of growth and RCI management, the company is now at \$3m/month in net revenues and the average percentage of collections of a 90 day trailing revenue is at 101% consistently. DSO is currently at 62 days.

Project 2:

Hospital contracted RCI to outsource their intake and reimbursement function. CPR+ was not functioning on expectation due to user deficits and California medicaid claims were not paying. AR was over \$600k and the DSO was at 265 days.

Outcome: RCI cleaned up the database files, payer files, contract files, and authorization queues to full functionality. The client currently recognized average net revenues of \$523k/month (28% increase from 2010), and collections are at 92% of a 90 day trailing revenue consistently with a DSO of 60 days.

Project 3:

Regional free standing home infusion company hired RCI in 2010 to manage their CPR+ conversion, train staff of 100+ on the system, develop job aides and user manuals to assist in the day to day operations using the system. Also hired to assess, train, and develop staff in all matters of reimbursement.

Outcome: RCI implemented CPR+ within the 120 day time line set by the company. Staff was trained on proper intake, billing and collection functionality, as well as best practices within the CPR+ system. Tools were developed for the auditing team to maintain their 80% audit threshold for Medicare and Medicaid claims. Best practices were written and implemented.

Project 4:

Home Health and Hospice agency hired RCI to implement a new software system and take over the intake, billing, and collections for their agency in 2010. RCI implemented HealthWare and took over an existing AR of \$2.2 million with a DSO of 119 days in home health and a DSO of over 365 days in Hospice. The agency was recognizing an average of \$450-\$500k/month in net revenues.

Outcome: HealthWare was successfully implemented and staff received training on use of the system. The company sold in 2014 and the new entity took over the reimbursement function. At the time of transition, the AR was under \$1m, DSO was at 70 days overall with Medicare at 60 days.

Project 5:

In 2009, a free standing home health agency requested assistance in managing the reimbursement team, reviewing processes, and assisting in reducing a \$6.5m AR, which was 75% Medicaid with \$2.5m over 120 days.

Outcome: RCI was onsite weekly to oversee the reimbursement staff, perform due diligence on the existing AR, educate staff on the nuances of the various state Medicaid programs, and work with the Medicaid program on settling incorrectly billed and paid claims and implemented weekly calls with each branch to escalate document procurement. After 13 months on the project, the AR over 120 days was reduced by 64% and the company centralized all reimbursement functions in the corporate office.

Project 6:

Hospital based home infusion therapy company originally contracted RCI in 2008 for an extensive review of internal processes and procedures in relation to reimbursement. The company had transitioned to CPR+ within six months of our visit and had another company performing their reimbursement function. After RCI presented the company with our findings, the company outsourced their intake and reimbursement functions to RCI. At the time we did our initial findings, none of the claims entered into CPR+ had been billed correctly and no payments had been received. This was due to the system being set up incorrectly and the outsourcing company not understanding CPR+. The DSO at the time of transition was over 240 days.

Outcome: RCI continues to be the reimbursement outsourcing company for this client. Today the company is recognizing net revenue of \$1.3m per month with a consistent DSO of 35 days (company does have a self funded group). Collections continue at 98% of a 90 days trailing revenue.