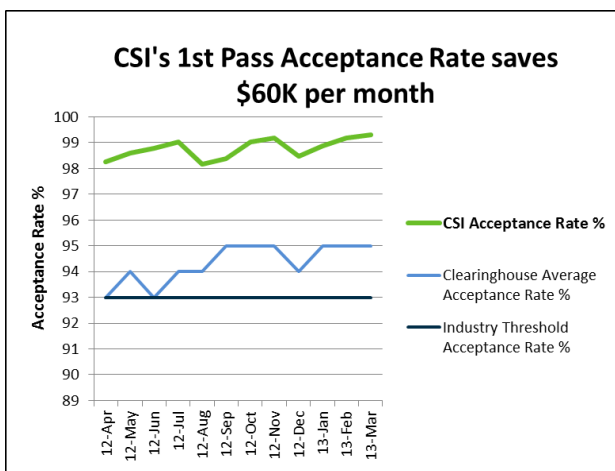


Convergent Solutions, Inc. Achieves 98.8% First Pass Claims Acceptance While Lowering Labor Costs

By utilizing the RCxRules business process management technology, Convergent Solutions, Inc. (CSI) consistently meets or exceeds a 98% First Pass Claims Acceptance rate while keeping their labor costs below 3% of collected revenue.



Delivering accurate and high-quality claims to payers on the first submission is critical to the efficiency of physician revenue cycle operations. Claim rejections and denials are costly and time consuming for medical groups to address. The MGMA estimates the cost of researching, correcting and resubmitting a denied claim is \$25.00 per occurrence. The average First Pass Claims

Acceptance performance for all customers at the nationally recognized clearing house used by CSI, is 94.3%. For CSI, the difference in performance from the average of 94.3% vs. their performance of 98.8% amounts to 2400 claims per month that **do not need to be reworked**.

High-performing revenue cycle operations look to balance their labor costs against the quality of their billing data. RCxRules helps CSI's highly competent leadership team and staff do just that.

Convergent Solutions, Inc. (CSI) is a privately held, medical billing company in Western Massachusetts. Led by Arlene Kelly and Kim Sanborn, CSI set out with a mission to eliminate the inconsistencies and overhead that typically burden health care revenue cycle operations. They were committed to delivering best practice results to their customers while maximizing the financial performance of CSI. Implementing RCxRules was an essential step in achieving these goals.

Key Facts

Customer

Convergent Solutions, Inc.

Challenge

Eliminate inconsistencies and overhead that typically burden health care revenue cycle operations while delivering best practice results to their customers and maximize financial performance.

Solutions

RCxRules business process management technology

Key Results

- \$60,000 monthly saved through 1st pass acceptance on 2400 claims monthly
- Labor costs contained at 3% of revenue
- 7% reduction in labor

Serving the needs of 18 different physician organizations, clinics, and ancillary service customers, CSI offers comprehensive EMR and revenue cycle solutions and services. In 2012, they won a bid to serve one of the largest medical labs in the state, significantly increasing the volume of transactions being managed. To support its growing portfolio of customers, CSI must run a highly efficient and adaptive operation; one that ensures both profitability and competitive customer value.

CSI is able to readily accept clinical encounter information from EMR, Lab, and HIS systems into RCxRules, where it is transformed into clean, accurate, billable charges before the data enters CSI's NextGen revenue cycle system. In a few circumstances, CSI also performs manual charge entry directly into RCxRules so all transactions benefit from the rules engine.

Eliminating Claim Rejections and Denials

CSI achieves a 98.8%% first pass claims acceptance rate. Processing approximately 54,000 claims per month, CSI avoids rejection-driven rework on 2400 claims per month or 28,000 per year compared to industry average acceptance rates. The CSI team ensures charge transactions are "claim-ready" even before they enter the billing system by utilizing RCxRules' pre-delivered rule set comprised of national standards and best practices, as well as business specific rules created by CSI staff."

Lowering Labor Costs

CSI has been able to hire less expensive resources in their business office. They found that embedded rules guide employees through the data entry process allowing less experienced employees to be highly effective. With RCxRules, CSI's average labor cost per FTE decreased by 7% while maintaining an extremely high quality rate as evidence through first pass claims acceptance. As a result, CSI's labor costs as a percentage of revenue collected remained below 3% even as they dramatically changed their business portfolio.

CSI founder and CFO, Sanborn says, "We absolutely could not run our business as well and deliver these results without RCxRules."

Key Financial Benefits

- Elimination of the rejection-driven rework of 2400 claims per month which translates to \$60,000 of effort savings based on MGMA average of \$25.00 per denied claim.
- A reduction in average labor cost per FTE because the rules driven workflow allows the hiring of less experienced staff.
- Labor costs contained at less 3% of revenue collected despite significant change in customer mix and scope.