



**Cirius Group** INC.  
Results Driven Revenue Cycle Solutions

# Case Study El Camino Health



# EL CAMINO

## About El Camino Health

El Camino Health includes two not-for-profit acute care hospitals in Los Gatos and Mountain View, CA with a bed count of 443 and growing, as well as 11 urgent care, multi-specialty care, and primary care locations through their affiliated partner Silicon Valley Medical Development (SVMD). Through these sites and more in the future, El Camino Health brings quality, forward-thinking care and seeks creative new ways to meet their communities needs in the Silicon Valley including Mountain View, Los Gatos, Cupertino, San Jose, Santa Clara, Gilroy and Morgan Hill.

## PROBLEM

El Camino Hospital was struggling to produce clean claims with a completely manual claim editing process. This resulted in a high rejection and denial rate, high A/R days, and ultimately unpaid claims and lost cash collections. The struggle to produce clean claims was the problem an automated claim editing solution would solve.

*“El Camino Hospital (ECH) did not have a claims scrubber. Clean claims averaged about 29%. ECH was forced to rely upon billers to identify what may or may not be accepted by payers. This proved to be disastrous. Claims were sent to the wrong payers, were being rejected and returned.”*

## SOLUTION

Cirius Group consultants thoroughly evaluated ECH’s claim editing process and performance. Together 4 goals were identified to increase the Clean Claim Percentage, increase cash collections, lower A/R days, and reduce the manual workload. To reach these goals, Cirius recommended **Prebill** and **Remittance Manager** automated solutions and created a group of custom edits for ECH to further improve overall performance. All solutions were implemented in March 2015.

- Goal 1. Increase Clean Claims Percentage
- Goal 2. Reduce Manual Workload
- Goal 3. Reduce A/R Days
- Goal 4. Increase Cash Collections

## RESULTS

With Cirius **Prebill** Claims Management Solution, the most comprehensive automated corrective claim edits were applied to their claim production. The clean claim percentage skyrocketed as the need for manual intervention from billing staff dropped dramatically. The most significant results were seen in the cash collections- 13% more cash was collected than in previous years and A/R days dropped to historic lows.

## VALUE

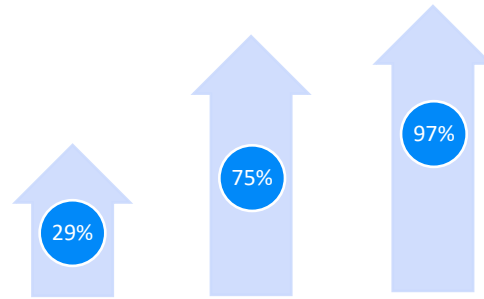
ECH has exceeded their cash goals for the past 3 years but in 2019 they attained a long-awaited goal- **they exceeded their cash collection targets for 12 months in a row!** They even reached an all-time high for their physician billing cash collections. We are proud to say that our partnership has resulted in tremendous value and truly enviable KPI’s for ECH!

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## Goal 1. Increase Clean Claims Percentage

### 68% Increase in Clean Claims

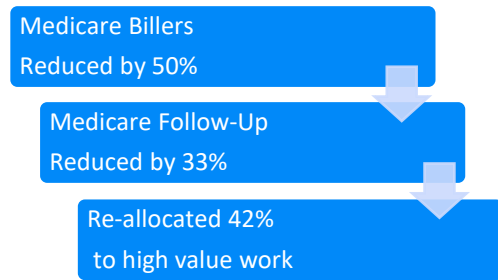
29% Before Implementation February 2015  
75% Implementation Go-Live March 2015  
96-97% 8 Months Later November 2015



## Goal 2. Reduce Manual Workload

### Re-allocated 42% of staff to high value work

Reduced Medicare billers by 50%  
Reduced Medicare follow-up by 33%  
Re-allocated Staff for improved productivity



## Goal 3. Reduce A/R Days

### A/R Days dropped 12%

54 Days 2015  
48 Days 2016  
47 Days 2018



## Goal 4. Increase Cash Collections

### Exceeded Cash Collections Target

FY 17 exceeded cash target goal by \$45M  
FY 18 exceeded cash target goal by \$60M  
FY 19 exceeded cash target goal by \$44M



“We did it!! We collected \$44,009,948 over our cash goal for FY 19 including hitting our cash goal for a straight 12 months. Total of \$1,158,307 collected for PB which was our all-time high. Everyone has done an amazing job and FY 20 is even going to be better. Thank you again for everything.” – El Camino Hospital

# EL CAMINO



Community Connect enables providers to extend the Epic system to affiliated provider practices.



Trusted partner for revenue cycle management solutions and services. Innovation leader for 35 years.



Providers attain higher cash collections they need and can rely on, even with ever changing payer requirements.



Auto-Correct & Submit Direct. Claims are edited and submitted direct to major payers. Available to all providers regardless of current software vendor or HIS/EHR system.



Cirius Support Team is U.S based-never offshored or subcontracted. Expert consultants and installment team support our providers.



Providers minimize costs through economies of scale. As claim volumes grow or when adding, merging, and acquiring new facilities – little or no additional staff is needed.

“The Prebill edits are perfect.”

What El Camino says about Prebill

## Additional Value

The complexities of claim editing and payer requirements is becoming more and more burdensome for billing offices.

Our highly specialized claim editing and submission solutions achieve the results providers need and can rely on.

Relieving facilities of this burden has not only a positive financial impact, but truly brings stability, predictability, and peace of mind to our partners.

Providers feel a huge weight being lifted, and finally they can stop the "battle" with payers over denials and rejections.

Instead, they can just sit back, relax, and enjoy the best performing revenue cycle they have ever had.

To learn more about the Cirius Group or our Revenue Cycle Solutions, Request a Consultation:

Email: [request@ciriusgroup.com](mailto:request@ciriusgroup.com)

Web: [www.ciriusgroup.com](http://www.ciriusgroup.com)