Case Study

From Work Queues to CFO Confidence

How a fast-growing Midwest health system scaled end-to-end Revenue Cycle Management (RCM) performance, without changing its core systems

A not-for-profit, multi-hospital health system headquartered in southern Indiana serves a tri state region and positions itself as a long-term community partner. It is anchored in its mission to advance the health and well being of its community, with a compassionate and caring spirit, and a vision to be the preferred regional partner for patients, providers, employees, and payers. The client serves a population of 1.5M+, 20 hospital locations (owned, joint-ventured, sponsored, or affiliated), and 150+ care locations across the region.

By mid 2023, growth, driven by acquisitions and market expansion, was forcing a familiar CFO/ RCM reality: volumes rise, complexity rises faster, and local talent markets don't cooperate. Denials from payers were growing, labor costs were increasing, and tight labor markets were making it harder to sustain margins. Coding, authorizations, and AR follow-up were becoming harder to staff consistently, and reimbursement pressure amplified the consequences of missed work, delayed work, or inconsistent work

That is when Vee Healthtek was brought in to help stabilize and scale a broad set of Revenue Cycle Management (RCM) workstreams. After the initial engagement began through a shared-services structure, the relationship matured into a direct contract soon - an early signal that performance and trust had become durable.

Real-world constraints (and why they mattered)

The constraints were practical and non-negotiable. EHR access and security templates had to be provisioned appropriately, and the timelines were driven by vendor and client IT realities, not by service delivery readiness. Meanwhile, in smaller communities, confidence had to be earned quickly; the bar wasn't "good for an outsourced team," it was "indistinguishable from an internal team."

What we built: an operating model that makes outcomes visible

Each statement of work ran on a standing cadence: weekly functional sessions across coding, AR (HB/ PB), claim edits, prior authorizations, credit balance, and medical records indexing - supported by monthly look-backs and executive-level quarterly governance. In those reviews, we reported the metrics leaders use to manage risk while scaling: capacity, throughput, turnaround-time adherence, and QA.

Delivery happened inside the client's environment, keeping the EHR as the system of record, while we layered in technology-enabled execution: queue instrumentation, action-code analytics (especially for authorizations), structured QA audits, and standardized work instructions that reduced variation across sites and specialties. Where permitted, we advanced automation pathways (payer portals and EDI-style workflows for eligibility, status checks, and authorization tracking) and aligned to a broader roadmap that includes workflow tooling and AI/NLP/OCR acceleration for coding and denials prevention.

Outcomes that scaled with growth

Impact showed up where growth usually breaks first - backlog, quality, and high-risk inventory:

- **Zero backlog:** maintained across major workstreams despite volume growth; 95–98% QA sustained across coding and revenue cycle teams.
- **Professional billing AR:** accounts addressed rose ~24% YoY, as scope and volumes grew.
- **Hospital billing AR:** accounts addressed rose ~40% YoY, with quality reported around ~99% vs. a 95% threshold.
- **PFL exposure reduction:** average PFL inventory fell 59%.
- **Prior authorizations:** ~93% of cases were either verified as not required or approved; denials near ~1% driven by disciplined verification.
- **Indexing:** 20k–23k documents/month handled with ~0.10% exception rate; a 4,117-item payment validation cleanup completed in 17 days when surge work was needed.

The human signal matched the operational one. Our team consistently received internal recognitions for dependable performance and contribution to workflows.

Why the client chose us

The client didn't choose us for a single feature. It was confidence in execution. Leaders emphasized reputation and follow through- a partner that does what it says it will do, validated through peer references and a track record supporting complex health systems (including institutions with demanding operating standards).

They also valued an operating model that reduced friction: a US-based client operations presence close to stakeholders, translating day to day issues into coordinated action across delivery teams, so the client didn't have to manage "two worlds" on its own.

As one leader described the kind of partner they wanted us to be **High trust, high touch, and principled - committed to getting it right even when it's hard.**

Transferable insight for other health systems

End-to-end RCM scale is not a one-time transition - it's a governance spine plus measurable controls, executed consistently across sites, and steadily expanded through automation inside the client's technology stack. Done well, it converts daily work into board-level confidence.

About Vee Healthtek

Vee Healthtek is a technology-led revenue cycle partner for U.S. health systems and physician groups. We treat revenue cycle as a structural determinant of growth and resilience, not an administrative process. Our modular capabilities span every stage of the revenue cycle, enabling both targeted interventions and full-cycle transformation. By combining engineered workflows, practitioner insight, and a global delivery architecture, we turn revenue friction into flow - from access to A/R - and shift it from a cost center to a revenue performance system.

Granite Park 1, Suite 850, 5800 Granite Parkway
Plano, TX 75024, United States

VEE HEALTHTEK