

Turning Physician Group Revenue Cycle into a Learning System

How one large academic health system's physician enterprise stabilized A/R, reduced aged inventory, and hardened EHR claim logic, without betting everything on a single, monolithic transformation.

A Midwestern, not for profit academic health system sits at the intersection of clinical innovation, research, and education, operating a multi hospital network plus a wide outpatient footprint and a large employed physician enterprise.

The challenge: clean claims couldn't keep pace with clinical growth

Inside the physician enterprise, revenue cycle leaders faced a familiar paradox: good medicine was scaling faster than the operational machinery that turns visits into clean, payable claims. They were staring at backed up professional A/R, rising denials and edits, and uneven coding practices across specialty departments - real constraints amplified by the difficulty of finding and retaining experienced revenue cycle talent. In short: too

many claims needed touches, too many touches didn't translate into payment, and too much know how lived in silos.

That's where Vee Healthtek entered, initially through a trusted peer reference, with credibility built in EHR environments and academic health system complexity.

What we delivered: end to end Revenue Cycle, delivered as modular building blocks

We didn't start with a big bang. We started where cash was trapped and where operational signals were loudest, then expanded in deliberate modules.

- **Professional Billing A/R follow up & payment investigation:** workqueue execution focused on aged inventory and high value next actions.
- **PB denials & edits management:** denial triage, correction, resubmission/appeals routing, and prevention opportunities captured as repeatable rules.
- **Coding audits, reconciliation & revenue integrity:** detailed chart audits, reconciliation sweeps to surface missed charge capture, and provider/coder education anchored in real findings.
- **Short term risk adjustment support (HCC audit/RAF analysis):** targeted review to quantify documentation/coding deltas and improvement potential.

A key difference: we treated operational throughput and system hardening as two sides of the same outcome. When patterns repeated, we pushed fixes upstream into EHR claim logic and edit rules, so fewer claims returned for rework.

Impact: measurable performance and prevention

- **A/R balance reduction:** outstanding balance decreased from **\$76 M to \$46 M** (~ 39% reduction) while total account count dropped from 4,000 to 2,100 (~ 48%).
- **Aged A/R risk reduced:** balances in 91–180 days fell 55%, 181–360 days fell 53%, and 360+ days fell 44%.
- **Collections run rate lift:** average monthly collections increased from **~\$490 k/month to ~\$680 k/month** (~ 38% uplift).
- **Scale of execution: 109,000** invoices processed in **90+ day** inventory (targeted aged A/R resolution).
- **Prevention via claim logic:** after correcting CPT logic for an inclusive denial pattern, 40%+ of impacted accounts were subsequently paid; we then implemented a permanent edit to auto append Modifier 59 in the triggering scenario to prevent recurrence.

Why the client chose us

The health system wanted a partner who could operate inside EHR workqueues, handle specialty nuance, and stand up to intense operational scrutiny - because their culture runs deep on transparency and detail. Peer endorsement helped open the door; performance discipline and prevention closed the loop.

As one client leader said
**You're not a vendor,
we treat you like an
extension of our team**

Transferable Insight for Health System CFOs and Revenue Cycle Leaders

Don't choose between throughput and transformation, sequence them. Start with the work that releases cash (aged A/R, denials, edits), but insist every repeated issue becomes a system fix (EHR claim logic, edit rules, documentation education) so performance compounds over time.

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.

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