CASE STUDY

AR Follow-Up & Claim Status Automation **(Back End)**

GeBBS® HEALTHCARE SOLUTIONS
Forward Thinking

>95% ***Follow-Up Compliance***

25% ***Faster Cash Collection***

40% ***Fewer Denials***

Overview

A provider organization faced rising AR days due to manual claim status checks and inconsistent follow-up practices. Limited visibility and staff-driven prioritization delayed collections and increased preventable denials. GeBBS deployed an RPA-enabled AR Follow-Up & Claim Status Automation solution to restore control and predictability.

Opportunities & Challenges

The organization's manual AR workflows resulted in:

- Claims aging due to missed or delayed follow-ups
- Manual payer portal checks consuming staff time
- Inconsistent prioritization across AR teams
- Preventable denials from missed payer actions
- Limited visibility into claim status

Outcomes

AR Days:
Reduced through faster, consistent follow-ups

Compliance:
Over 95% timely follow-up actions

Denials:
Lower preventable denial rates

Staff Efficiency:
Focus shifted to complex resolution work

Visibility:
Standardized claim status tracking

Solution

Automated Claim Status Monitoring & AR Prioritization

GeBBS deployed RPA automation to:

- Identify claims with no payer response
- Prioritize claims based on aging and payer rules
- Extract real-time claim status from payer portals
- Route claims for payment posting, denial resolution, or escalation

Key Takeaways

- Automation enforces disciplined AR workflows.
- Prioritization accelerates cash collection.
- Consistent follow-up improves payer performance.

> "Our AR team no longer chases claim status manually. Follow-ups are timely, consistent, and far more effective."
>
> *— Director, Patient Financial Services*

Conclusion

GeBBS' AR automation restored predictability to back-end collections, improving cash flow while reducing manual effort and denial risk.

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