

CASE STUDY

DME Revenue Cycle

Transformation & Scaled EBO Partnership



237X

Revenue Growth

20%

Reduction in Denials

745+

FTEs Scaled

Overview

A leading U.S.-based DME and respiratory care provider sought to improve revenue cycle performance after an underperforming vendor partnership. Operational inefficiencies, A/R backlogs, and rising costs limited scalability and impacted financial performance. GeBBS implemented a performance-driven RCM and Extended Business Office (EBO) model to stabilize operations and enable long-term growth.

Opportunities & Challenges

The organization faced persistent challenges:

- Inefficient processes and growing A/R backlog
- Limited scalability across operations
- Rising staffing and training costs
- Pressure to improve cash flow and reduce denials
- Lack of measurable performance from prior vendor

Outcomes



Revenue Growth:
237x increase



Denials:
20% reduction



Scale:
3 to 745+ FTEs



Collections:
\$60M+ A/R managed



Performance:
Sustained at enterprise scale

Solution

Phased RCM Transformation & EBO Model

GeBBS deployed a structured model to stabilize and scale operations:

- **Front-End:** Patient intake, eligibility verification, and prior authorization
- **Mid-Cycle:** Claims submission and workflow standardization
- **Back-End:** Denial management, A/R follow-up, and recovery

The engagement began with a small pilot and scaled into a full EBO model, expanding across revenue cycle workflows and patient communication functions.

Key Takeaways

- Pilot-led engagements enable performance-based scaling
- EBO models drive efficiency across the revenue cycle
- Scalable execution supports long-term growth and expansion

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Consistently outperforms expectations with speed, accuracy, and reliable execution.

”

— Leadership Team, DME Provider

Conclusion

GeBBS transformed a constrained revenue cycle environment into a scalable EBO model—enabling significant growth, improved financial performance, and sustained operational scale.

