



## COUNTRYWIDE MEDICAL BILLING SERVICES LLC

Revenue Cycle Management | HIPAA & ISO Certified | Serving 200+ Clinics Nationwide

### CASE STUDY — REVENUE CYCLE TRANSFORMATION

# How a Solo General Physician Recovered **\$148,000** in Lost Revenue

## A 12-Month Revenue Cycle Transformation

A confidential general family physician practice in the Midwest was losing over 24% of collectible revenue monthly due to denials, unbilled encounters, and aging AR. Partnering with CMBS changed everything — in 12 months.

**\$148K**

Legacy AR  
Recovered

**\$1,250**

Monthly Billing  
Cost

**28 days**

AR Days  
(from 61)

**94.2%**

First-Pass  
Claim Rate

### CLIENT PROFILE

<b>Practice:</b>	Confidential — General Family Physician Practice
<b>Specialty:</b>	General / Family Medicine — Midwest, Illinois
<b>Size:</b>	Solo physician + 2 support staff
<b>EHR:</b>	Cloud-Based EHR   Partnership Start: January 2024

CONFIDENTIAL — Prepared by Countrywide Medical Billing Services LLC | [www.countrywidem.com](http://www.countrywidem.com) | Fiscal Year 2024

## EXECUTIVE SUMMARY

This confidential General Family Physician practice had been managing billing in-house for over six years. Despite a loyal patient base and strong clinical reputation, the practice was losing an estimated **22–28% of collectible revenue** monthly due to claim denials, unbilled encounters, and AR balances exceeding 120 days. A complimentary CMBS billing audit in December 2023 exposed the full scope of the problem — and mapped a clear path to recovery.

### KEY RESULTS AT A GLANCE

METRIC	BEFORE CMBS	AFTER 12 MONTHS	IMPROVEMENT
Monthly Net Collections	\$18,200 avg	\$26,400 avg	<b>+\$8,200 / month</b>
Claim Denial Rate	24.3%	3.8%	<b>↓ 84% reduction</b>
AR Days Outstanding	61 days	28 days	<b>↓ 54% faster</b>
First-Pass Acceptance	68.0%	94.2%	<b>+26.2 points</b>
Monthly Billing Cost	\$6,250+	~\$1,250	<b>80% cost reduction</b>
Legacy AR Recovered	\$0 billed	\$148,000	<b>Full recovery</b>
Staff Hours on Billing	~22 hrs/wk	~2 hrs/wk	<b>Freed 20 hrs/week</b>
Annual Revenue (2023→2024)	\$218,300	\$326,800	<b>+\$108,500 (49.7% growth)</b>



*"I had no idea how much money I was leaving on the table every single month. CMBS found \$148,000 in recoverable claims in the first audit alone. Within 90 days, my cash flow completely changed."*

**— Attending Physician, MD — Confidential General Family Physician Practice**

## THE CHALLENGE — Critical Gaps Identified in the Audit

When CMBS performed the initial billing audit in December 2023, the findings were significant. The practice had been relying on a part-time in-house biller with no specialized training in denial management or payer contract optimization. Six critical operational failures were identified:

- 01 Denial Rate of 24.3% — Nearly 1 in 4 Claims Rejected**  
 The most common denial reasons: missing prior authorizations (38%), incorrect modifier usage (27%), and eligibility mismatches (19%). No systematic appeal workflow existed and denied claims were simply written off rather than reworked.
- 02 \$148,000 in Uncollected Legacy AR**  
 Claims dating 6–18 months had been written off prematurely. Payers included Medicare, BCBS Illinois, Aetna, and United Healthcare. None had reached timely filing limits — full recovery was viable.
- 03 61-Day Average AR Turnaround (Industry Benchmark: 28–35 Days)**  
 The extended AR cycle was causing severe cash flow gaps, forcing the physician to delay critical equipment upgrades and limit hiring of additional support staff.
- 04 True In-House Billing Cost Exceeding \$6,250/Month**  
 Including biller salary, software, clearinghouse fees, and physician time spent on denials — the actual in-house cost was 5x more than CMBS's flat-rate model.
- 05 No Reporting or Financial Visibility**  
 The physician had zero visibility into denial trends, collection rates by payer, or month-over-month performance. All decisions were made reactively.
- 06 Credentialing Lapses with 2 Major Payers**  
 BCBS Illinois and Cigna had lapsed credentialing on file, causing automatic claim rejections that had gone undetected for 4+ months — representing thousands in lost revenue.

<p><b>MONTHLY REVENUE LOSS</b>  <b>\$8,200+</b>          Before CMBS Partnership</p>	<p><b>ANNUAL REVENUE AT RISK</b>  <b>\$98,400+</b>          Projected loss over 12 months</p>	<p><b>LEGACY AR UNTOUCHED</b>  <b>\$148,000</b>          Recoverable claims left idle</p>
--	---	---

## THE CMBS SOLUTION — Our 5-Phase Transformation Approach

CMBS implemented a structured, phased revenue cycle transformation beginning January 2024. Each phase targeted a specific gap identified during the audit, with weekly reporting provided to the physician throughout the full engagement.

<p><b>Phase 1 Days</b> 1–15</p>	<p><b>System Integration &amp; Credentialing Audit</b></p> <ul style="list-style-type: none"> <li>• Full EHR integration — zero downtime, seamless transition</li> <li>• Reactivated 2 lapsed commercial payer credentials (BCBS Illinois + Cigna)</li> <li>• Configured ERA/EFT electronic payments for all 9 active payers</li> <li>• Established real-time eligibility verification for 100% of scheduled appointments</li> <li>• Assigned dedicated billing specialist + direct-access account manager</li> </ul>
<p><b>Phase 2 Days</b> 15–60</p>	<p><b>Legacy AR Recovery Campaign</b></p> <ul style="list-style-type: none"> <li>• Identified \$148,000 in actionable legacy claims (6–18 months old)</li> <li>• Filed appeals with clinical documentation for 312 previously denied claims</li> <li>• Negotiated payer adjustments on 4 disputed claim categories</li> <li>• \$72,400 recovered in first 45 days; full \$148,000 recovered by Month 6</li> <li>• Zero claims exceeded timely filing limits during recovery window</li> </ul>
<p><b>Phase 3 Month</b> 2–4</p>	<p><b>Denial Prevention &amp; Clean Claim Initiative</b></p> <ul style="list-style-type: none"> <li>• Pre-submission eligibility verification implemented for every encounter</li> <li>• Payer-specific coding rules built for top 15 ICD-10 diagnosis codes</li> <li>• Authorization trigger matrix created by payer and procedure type</li> <li>• Denial rate dropped: 24.3% → 8.1% (60 days) → 3.8% (Month 4)</li> <li>• First-pass acceptance rate reached 94.2% — exceeding national benchmark</li> </ul>
<p><b>Phase 4 Month</b> 3–6</p>	<p><b>Revenue Optimization &amp; Fee Schedule Review</b></p> <ul style="list-style-type: none"> <li>• Fee schedule benchmarked against Medicare rates + commercial payer averages</li> <li>• 7 CPT codes identified as being consistently underbilled by \$18–\$45/encounter</li> <li>• Annual Wellness Visit (AWV) billing added — generated +\$2,100/month in new revenue</li> <li>• E/M coding documentation optimized to support higher-complexity billing levels</li> <li>• Chronic Care Management (CCM) billing launched for eligible patients — +\$1,800/month</li> </ul>
<p><b>Phase 5</b> Ongoing</p>	<p><b>Transparent Reporting &amp; Strategic Partnership</b></p> <ul style="list-style-type: none"> <li>• Weekly AR aging reports with payer-level breakdown and denial root cause analysis</li> <li>• Monthly executive dashboard: collections, denial trends, payer performance scores</li> <li>• Quarterly strategy calls to identify growth and coding optimization opportunities</li> <li>• Full patient statement management and billing query support included</li> <li>• Physician has direct access to account manager — no ticketing system, no delays</li> </ul>

## THE RESULTS — 12-Month Financial Outcomes

The following data represents verified collection and performance metrics from January through December 2024, compared to the same period in 2023 under in-house billing management.

### MONTHLY COLLECTIONS: 2023 vs 2024

Month	2023 In-House	2024 with CMBS	Monthly Gain
January	\$17,800	\$19,200	+\$1,400
February	\$16,900	\$21,500	+\$4,600
March	\$18,400	\$23,800	+\$5,400
April	\$17,200	\$24,100	+\$6,900
May	\$19,100	\$25,300	+\$6,200
June	\$18,600	\$26,800	+\$8,200
July	\$17,500	\$27,200	+\$9,700
August	\$18,800	\$27,900	+\$9,100
September	\$19,200	\$28,100	+\$8,900
October	\$18,100	\$27,600	+\$9,500
November	\$17,400	\$26,900	+\$9,500
December	\$19,300	\$28,400	+\$9,100
<b>ANNUAL TOTAL</b>	<b>\$218,300</b>	<b>\$326,800</b>	<b>+\$108,500 (+49.7%)</b>

### PERFORMANCE METRICS — Before vs After CMBS

METRIC	BEFORE (2023)	AFTER Q4 2024	CHANGE
Denial Rate	24.3%	3.8%	↓ 84% reduction
First-Pass Acceptance	68.0%	94.2%	↑ 38.5% increase
AR Days Outstanding	61 days	28 days	↓ 54% faster
Collection Rate	72.4%	96.1%	↑ 32.7% increase
Avg Days to Payment	38 days	18 days	↓ 53% faster
Monthly Billing Cost	\$6,250+	~\$1,250	80% cost reduction
Physician Time on Billing	6 hrs/wk	<30 min/wk	Nearly eliminated

## ROI ANALYSIS — Full Financial Impact Summary

FINANCIAL COMPONENT	AMOUNT
Legacy AR Recovered (12-month campaign)	+\$148,000
Incremental Monthly Collections vs 2023	+\$108,500
Annual Billing Cost Savings (vs in-house)	+ \$60,000
New Revenue Streams (AWV + CCM billing)	+ \$46,800
<b>GROSS 12-MONTH FINANCIAL IMPACT</b>	<b>+\$363,300</b>
<b>CMBS Investment (12 months @ ~\$1,250/mo)</b>	<b>– \$15,000</b>
<b>NET RETURN ON INVESTMENT</b>	<b>\$348,300</b>
<b>ROI MULTIPLE</b>	<b>23.2x Return</b>



*"The ROI was undeniable. We didn't just recover lost money — we built a billing operation that now runs itself. I finally have time to focus on patients instead of chasing payers. CMBS is not a vendor. They are a true business partner."*

— Attending Physician, MD — 12-Month Partnership Review, December 2024

## CONCLUSION — Why CMBS

This case study demonstrates that revenue cycle inefficiency is an operational problem with a clear solution. With the right billing partner, a solo general physician can recover six figures in lost revenue, reduce administrative burden by over 90%, and build a transparent, sustainable billing engine — at a fraction of in-house costs.

Countrywide Medical Billing Services brings **specialized expertise, dedicated account management, and complete financial transparency** to every engagement. Our 5% flat-rate model means our success is directly tied to yours — we grow only when you grow.

✓ 99.2% Claim Accuracy	✓ Dedicated Account Manager	✓ HIPAA & ISO Certified
✓ 24–48hr Claim Submission	✓ Full Legacy AR Recovery	✓ No Long-Term Contracts
✓ Real-Time Denial Management	✓ Weekly Transparent Reporting	✓ Free Billing Audit
✓ Credentialing Included	✓ EHR-Agnostic Integration	✓ Trusted by 200+ Clinics



### Ready to Transform Your Practice Revenue?

Schedule your FREE billing audit — no commitment, no obligation. Discover exactly how much revenue your practice is leaving on the table every month.

#### Contact Us Today

+1 (630) 806-9199

[info@countrywidem.com](mailto:info@countrywidem.com)

[www.countrywidem.com](http://www.countrywidem.com)

**Book Your Free Audit Online**