

CASE STUDY

Reducing Aged Accounts Receivable for a Gastroenterology Practice



Client Need

Reduce Insurance A/R over 90 days to industry benchmarks and stabilize cash flow

Industry Benchmarks

- **HFMA Best Practice:** $\leq 15\%$ Insurance AR >90
- **MGMA GI Benchmark:** **15–20%**, with top performers <15%

At baseline, the practice was operating **at more than 2x benchmark levels**

Environment

Complex payor mix with recurring authorization and denial challenges

Specialty

Gastroenterology

Timeline of Improvement

Phase 1: Baseline State

Phase 2: Rapid Optimization
(~90 days)

Phase 3: Sustained Control

Phase 4: Best-in-Class Performance

PayrHealth's Solution

PayrHealth deployed a payor-driven, GI-specific AR optimization strategy focused on permanent improvement— not episodic cleanup.

Key components included:



Aging-based prioritization aligned to payor behavior



Structured follow-up workflows for GI claim types



Denial root-cause analysis addressing authorization, medical necessity, and bundling

PayrHealth helped this GI practice convert Insurance A/R over 90 days from a chronic risk into a measurable competitive advantage, outperforming HFMA and MGMA GI benchmarks with durable, best-in-class results.

Measured Outcomes

- **40+ percentage point reduction** in Insurance AR >90
- **>85% total improvement** from baseline
- **Single-digit AR >90** achieved and sustained
- Performance improved from well above benchmark to elite GI performance



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