

case study

How Revco Recovered \$152M in Total Collections During an Out-of-Network to In-Network Transition

OVERVIEW

Revco supported the transition from out-of-network to in-network status with Anthem for a large academic health system in Missouri. Acting as an extension of their business office, Revco helped to not only collect stagnant A/R, but also stabilized operations during a critical period. Through strategic payer recovery efforts, we delivered **\$152M in total collections** across three workstreams while improving visibility into payer variability, retroactive processing, and evolving workflows.

OBJECTIVES

- ✓ Support the transition from out-of-network to in-network status
- ✓ Ensure claims were processed, reprocessed, and paid appropriately
- ✓ Provide operational + patient support during a high-impact transition

SCOPE OF SERVICES



Insurance Follow-Up

HB & PB account resolution
+ payer engagement



Customer Service Support

Dedicated call handling for
Anthem patient population



Patient EBO / Early-Out

Statement processing and
patient balance support



RESULTS

\$152.4M
total collections to date

HB
\$116.1M

PB
\$26.9M

EBO (HB + PB)
\$9.4M

CATEGORY	INS HB	INS PB	EBO HB	EBO PB
 PLACEMENTS	\$264.5M	\$55M	\$22.4M	\$7.0M
 COLLECTIONS TO DATE	\$116.1M	\$26.9M	\$6.5M	\$3.0M
 RESOLUTION RATE	87.4%	94.5%	38.4%	45.7%
 LIQUIDATION RATE	43.9%	48.9%	29.0%	42.9%

PROCESS GAPS IDENTIFIED

Contract & Payer Understanding

- Systemic processing mistakes occurred under the old contract, with changes initially flagged as errors when the new contract went into place

Root Cause Identification

- IUD insertions were being regularly denied
- Specialty pharmacy drug prescriptions caused billing issues that were not previously identified through adjustment codes

Process Improvements

- Refund requests were not processing correctly
- One payer sent checks to the wrong PO Box

STRATEGIC IMPACT



Deep understanding of Anthem-specific processing; ability to navigate inconsistent payer behavior and unclear reimbursement logic



Reduced burden on internal revenue cycle teams by taking ownership of these complex and labor-intensive accounts



Provide actionable insights to identify improvement opportunities and reduce avoidable denials and write-offs



Revco Solutions is a leading healthcare revenue cycle management organization that helps healthcare providers maximize payer reimbursements and streamline the claim denial and appeals process. With deep expertise in complex claim and payer strategies, Revco's denials management model turns written-off claims into recovered cash—and prevents future loss.