Wilshire

CASE STUDY

Restoring Revenue Cycle Performance Under Pressure

How interim leadership and independent data analysis reduced aged A/R and billing backlog at a community hospital using Cerner.

EXECUTIVE SUMMARY

Interim Leadership and Independent Data Analysis

When two senior revenue cycle roles sat vacant for months—the director of business office and the senior commercial manager—the hospital struggled to meet its cash goals and revenue cycle backlogs grew. The hospital's CFO initially asked The Wilshire Group for interim executive leadership coverage. Wilshire quickly recognized that leadership alone wouldn't fix the problem. The department also needed someone who could dig into the data and support decisions with independent analysis.

Wilshire placed an interim director onsite to stabilize operations and clear a backlog of stalled approvals. A data analyst worked remotely, independently re-pulling and auditing the hospital's own patient financial services (PFS) report sets to see the full accounts receivable (A/R) rather than relying solely on existing dashboards and work queues. The client's specific needs, identified early in the engagement, shaped that pairing. It wasn't a default staffing model.

52% reduction in total Billing WIP in three months

$10.5M reduction in 91+ day A/R balance

Results of the Engagement

- Stabilized day-to-day operations within weeks of interim director's arrival
- Claim edit backlog reduced 70.2% in volume, from 419 to 125 accounts
- Uncovered a cross-department compliance blind spot and corrected it at the source

About the Client

A community hospital serving its region since 1907, the organization has grown into a regional health system with several satellite locations. The hospital's mission centers on delivering high-quality, compassionate care across the communities it serves, backed by leading-edge facilities and a strong regional reputation.

The Challenge

As the hospital grew to serve more of its region, its PFS department came under increasing pressure. With the director of business office and senior commercial manager roles vacant, approvals stalled, claim edits piled up, and the hospital had not met its cash goal since the previous director left in January. The prior analytics vendor had installed analytics at the hospital years earlier, but active engagement had stopped. Its tools remained in place, but important accounts and operational issues were still going unaddressed.

The Objective

Wilshire set out to stabilize PFS operations, uncover the root causes of aging A/R and billing backlogs rather than simply treat symptoms, and leave the department better structured for the incoming director.

How We Helped

1

The Research

Rather than working from the hospital's existing worklists, the data analyst re-pulled the full PFS report sets and reviewed more than 50,000 accounts by payer, balance, and dollar amount, surfacing patterns like recurring denial codes tied to wrong-payer billing that weren't apparent in the hospital's existing work queues. The interim director applied the same discipline operationally, pulling the full A/R and verifying it directly rather than relying solely on pre-filtered work queues.

Wilshire's outside perspective made an impact. The team has worked across many hospital environments, giving them a broader frame of reference for recognizing recurring revenue cycle patterns and opportunities that may be difficult to spot from inside a single organization.

2

The Approach

The team identified a cross-departmental blind spot. The surgery department was instructing PFS to hold claims for review over potential late charges, creating a massive backlog of claim edits. The interim director flagged the practice as a major compliance and operational risk, released the held claims, and directed surgery to fix its own documentation timeliness instead of pushing the delay downstream.

The team's familiarity with California law and Medi-Cal reimbursement requirements was also critical to the engagement. That expertise helped the interim leader and analyst determine how accounts could be handled and what was needed to move them toward payment, particularly when reviewing accounts that required knowledge of California-specific requirements.

3

The Solution

The team also found that the hospital's prior analytics system did not move large accounts into staff work queues until 45 days after billing, allowing high-dollar accounts to sit untouched. Wilshire recommended shortening that window to 30 days, or even 21 days for higher-dollar accounts, and the incoming permanent director adopted the change. Wilshire also brought in a third-party appeals partner to clear a monthslong backlog of unappealed clinical denials.

The findings demonstrate that Wilshire's approach is not dependent on a particular EHR. While the team has decades of collective expertise in Epic environments, this engagement took place at a Cerner hospital. By focusing on the underlying data, workflows, and revenue cycle patterns, the team was able to identify and address significant opportunities without relying on an Epic-specific playbook.

Results

The combined role let the interim director clear backlogged approvals, including credit balances and legal sign-offs, and refocus the department on cash, while the data analyst uncovered deeper systemic revenue cycle issues the department couldn't see on its own.

Within three months, the engagement produced measurable improvement across billing, claim edits, and aged receivables. In one instance, the team identified an account with a payer balance of more than $700,000 that had sat untouched; the account was paid shortly after review.

Wilshire-Driven Outcomes

Metric	May 2026	July 2026	% Change
Total Billing WIP	$52.7M	$25.3M	**-52.0%**
Billing WIP Days	3.7	1.7	**-54.1%**
Total DNB WIP	$40.0M	$19.8M	**-50.5%**
Total DNB WIP (Accounts)	1,628	894	**-45.1%**
Total Claim Edits WIP	$12.7M	$5.5M	**-56.7%**
Claim Edits (Accounts)	419	125	**-70.2%**
91+ Day A/R	$30.6M	$20.1M	**-34.3%**
91+ Day A/R (Accounts)	5,352	3,545	**-33.8%**
91+ Day A/R (% of Total A/R)	34.8%	21.0%	**-39.7%**
365+ Day A/R	$7.0M	$4.7M	**-33.5%**
Debit Follow-Up WIP	$10.8M	$8.3M	**-23.1%**

Why Wilshire Works

This engagement reflects how Wilshire works when a revenue cycle department needs more than a temporary leadership fix. Wilshire paired hands-on interim leadership with independent data analysis to address immediate operational issues while uncovering the underlying patterns behind them.

Before the engagement ended, the team identified misaligned roles within PFS and built a staffing reorganization plan that moved staff into follow-up and billing functions with cross-training and helped prepare the department for the incoming director. Wilshire also created a knowledge-transfer document showing where the department started, where it ended, and what the incoming director needed to know to build on the progress.

THANK YOU. LET'S CHAT!

Your solution needs a personal touch.
Good thing we're personal people.
Reach out and talk to a real person.

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