Case Study: Revenue Cycle Transformation for a Value-Based Care Organization

Client Background

A fast-scaling, startup-stage value-based care (VBC) organization engaged LBMC to support its core revenue cycle operations. With lean internal staffing, siloed teams, and high vendor reliance, the organization needed a partner that understood both traditional billing workflows and the nuanced demands of value-based reimbursement models.

The Challenge

As the client grew, its infrastructure couldn't support the pace or complexity of operations. Revenue cycle processes were fragmented, claims were delayed or misrouted, and the downstream impact on VBC reimbursement was becoming increasingly costly. Additionally, vendor performance was inconsistent, and the organization lacked internal capacity to course-correct.

Our Approach

LBMC stepped in with deep revenue cycle expertise and a specialized understanding of the value-based care environment.

We were engaged to:

- Assess and stabilize core revenue cycle functions tied to VBC performance
- Identify and resolve billing delays impacting risk adjustment and shared savings calculations
- Break down operational silos between billing and clinical departments, critical for VBC success
- Lead the transition to a new billing vendor aligned with VBC contract expectations

Our approach recognized that in value-based care, billing isn't just a back-office function, it's a driver of performance-based revenue.

Solutions & Services

- Rapid clean-up of claims backlogs and improvement in payer routing
- Vendor management and performance oversight
- End to end RFI and RFP process for a new billing vendor with VBC alignment
- Development of KPIs and SLAs directly tied to VBC metrics, such as timeliness of claims and risk adjustment data quality
- Implementation oversight and cross-functional coordination
- Ongoing advisory support to align operational workflows with VBC reimbursement models.

Why Clients Chose & Stay with LBMC

Value-based care organizations operate under a different set of rules, and they need partners who understand both the financial and clinical levers behind risk-based contracts. LBMC offers that dual expertise, providing both revenue cycle excellence and insight into what drives outcomes in VBC.

Clients trust LBMC because we:

- Translate traditional RCM best practices into value-based success metrics
- Align revenue operations with shared savings, risk adjustment, and compliance goals
- Understand the financial implications of inaccurate coding, delayed submissions, and uncoordinated data flows in VBC
- Deliver scalable support to startups and growing VBC networks
- Guide VBC organizations through vendor transitions, contract development, and performance monitoring

"In value-based care, the difference between profitability and loss can come down to operational precision. That's where we come in."

- Matt Wallace, Director of Healthcare Advisory