CASE ILLUSTRATION · REVENUE CYCLE

The Center That Thought Its Billing Was Clean

The center looked healthy. That was the problem.

Cura Consulting Group · Representative Illustration · 2026

About 2,400 encounters a quarter, three sites, a competent and busy billing team. Claims went out. Denials were "being worked." Nobody thought there was anything to find — which is exactly why there was.

When we ran the center's own data through a structured analysis, here is what surfaced in a single quarter:

~$60,000 in underpaid Medicaid wraparound. The gap between the PPS rate the center had earned and what the MCOs actually paid. Money it was entitled to, never reconciled — because reconciliation is tedious, state-specific, and easy to defer indefinitely.

~$22,000 in uncaptured enhanced-rate revenue. 267 eligible new-patient, AWV, and IPPE visits coded at the base rate. The 34.16% uplift, left unclaimed — not from negligence, but from a volume no coder has time to double-check.

~$29,000 in recoverable denials sitting unworked. 113 denials nobody had traced to a cause. Consistent with the industry reality that roughly 60% of denials are never reworked at all.

43 claims carrying deleted or revised codes, headed straight for denial — caught before submission rather than discovered weeks later at the remittance.

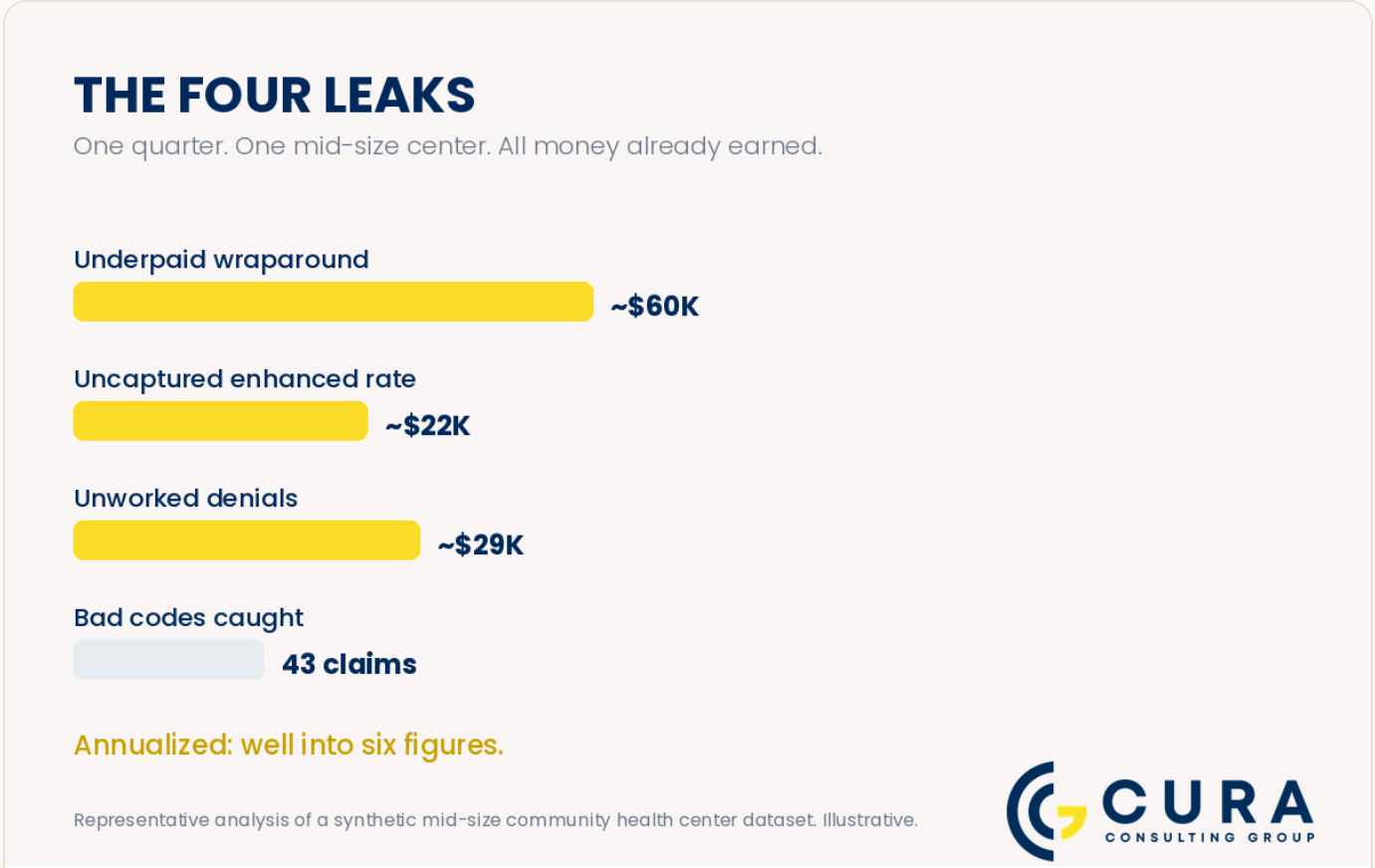

Figure 1 — Four leaks, one quarter, one mid-size center. All money already earned.

None of it was fraud. None of it was aggressive. It was money the center had already earned and simply couldn't see. Annualized, it reached well into six figures — from one mid-size center, from three months of its own data.

This wasn't a badly run center. This is what "clean" billing looks like underneath, at nearly every center — because the leaks are small, invisible on a monthly report, and beyond the time any team has to chase.

The money is real. It's already yours. The only variable is whether you can see it — before another quarter of it is gone.

See what a structured look would surface at your center.

See it on your numbers →
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Representative illustration based on validated analysis of a synthetic mid-size community health center dataset. Figures illustrative; every center's numbers differ. Not financial or legal advice.