



CUSTOMER STORY

How TEAMCare Behavioral Health Cut A/R Days From 26 to 14.5

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Company: TEAMCare Behavioral Health

Type: Privately owned outpatient behavioral health organization

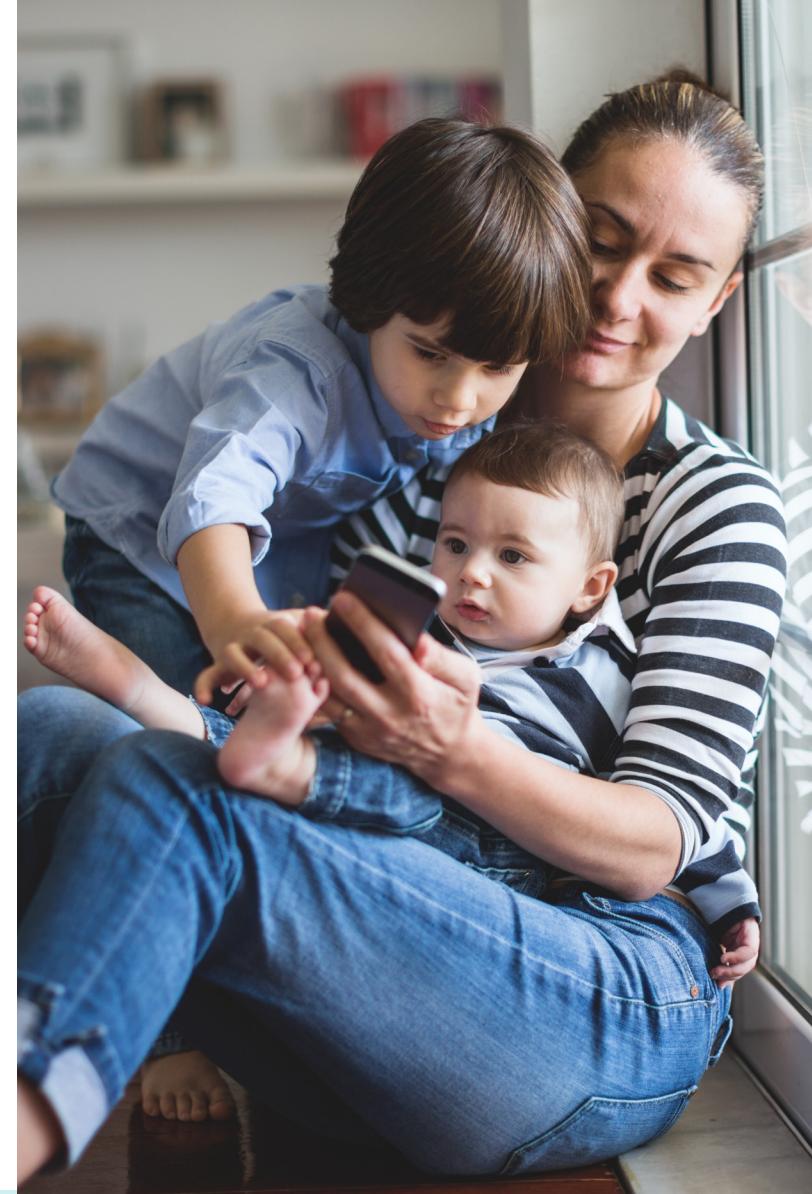
Success: Reduced accounts receivable (A/R) days from 26 to 14.5, raised clean claim rate from 79% to nearly 98%, cut daily eligibility work from 4.5 hours to under 45 minutes, and reclaimed staff time across the revenue cycle

[TEAMCare Behavioral Health](#) has served central Pennsylvania for nearly two decades. The privately owned organization provides outpatient therapy, psychiatry, and three community-based programs, including school-based services across 33 schools, intensive behavioral health services for children, and family-based mental health support for families at risk of separation. Its mission centers on growing healthy lives and building a supportive environment for patients and staff alike.

That mission depends on a revenue cycle that runs cleanly in the background. When claims flow and payments arrive on time, the organization can focus on care instead of paperwork.

“For several years after I started, things were relatively clean,” said Michael Butcher, Billing Manager. “There really wasn’t anything going on that made our revenue cycle too bulky or difficult.”

Then the system TEAMCare relied on every day suddenly disappeared.



A Data Interruption That Broke the Billing Backbone

TEAMCare ran its entire billing operation through a single clearinghouse. Eligibility checks, claim submissions, and remittances all lived in one place. When an interruption to data severely disrupted their daily operations, the organization lost the backbone it relied on.

Even after the initial disruption, Michael was not comfortable returning to the vendor, and he needed something to fill the gap fast. So his team turned to the clearinghouse owned by its practice management vendor. The promises were big; the results were not.

The replacement clearinghouse did not handle the eligibility requirements TEAMCare needed, nor could it deliver the business rules it had promised to apply to claims. And then came the final blow: the vendor announced it was sunsetting the clearinghouse altogether and not bringing on any new clients. Michael had already started moving eligibility to Inovalon, so adding claims management was a natural decision.



Eliminating 4.5 Hours of Manual Eligibility Work

After the data interruption, hours of eligibility work landed back on TEAMCare's staff every single day. Michael's team spent 4.5 hours combing through patient coverage by hand before they could move on to the rest of their work. Manual tasks at that scale carry a cost. Coordination of benefit (COB) issues slipped through, subscriber information came in wrong, and human errors stacked up.

Inovalon's [Eligibility Verification](#)™ changed how the work gets done. Instead of forcing staff to read every line, the software sorts and flags what actually needs attention, especially COB problems. The team stopped hunting for issues and started responding to them.

"Now we've got it down because Inovalon categorizes things and shows what needs attention," Michael said. "It takes us about 45 minutes or less to do our eligibility daily. That's more than three and a half hours back every single day."

For a behavioral health organization where most patients are on Medicaid and rarely engage with billing details unless there's a coverage issue, that time helps the team stay ahead of problems before they compound.



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— Michael Butcher, Billing Manager,
TEAMCare Behavioral Health

Catching COB Issues Before They Pile Up

COB is TEAMCare's biggest billing challenge with Medicaid. Pennsylvania routinely searches nationwide to see whether a patient carries other insurance, often surfacing a plan listed on the other side of the country. When that happens, claims deny, services pause, and the work piles up.

Before Inovalon, the team often discovered issues late. By the time the problem surfaced, three to 15 claims could already be buried under COB denials, all waiting to be reworked. Inovalon's eligibility solution moved that discovery to the front end.

"It helped us catch it before it became a massive problem and a compounding issue," Michael explained.

Now, the team spots a coverage flag after a patient's first or second appointment. They can start an investigation, file an appeal, involve the patient, or address the issue earlier before the denials stack up.



Driving A/R Days Down and Clean Claims Up

With eligibility processes working well, Michael expanded the partnership to Inovalon's [Claims Management Pro™](#), focusing on the back end of the revenue cycle where the most important KPIs live. The team went live in mid-February 2026 with a few payers, then migrated the rest as enrollments cleared.

The numbers moved fast. AR days fell from 26 at the end of 2025 to 16.9 the next quarter, then down to 14.5 by midyear. Claim adjudication sped up across commercial payers, dropping from one to two weeks to two to five days with payers like Highmark Blue Cross Blue Shield and Capital Blue Cross Blue Shield. The claim rejection rate sits below 1%, a figure Michael's previous clearinghouse could not even report despite repeated requests.

The clean claim rate told a story of patience paying off. A migration this size brings a temporary dip, and TEAMCare's clean claim rate dropped to 79.63% in the transition. Then Inovalon's business rules went to work.

"By the end of March 2026, we were up to 95.6," Michael said. By April the rate held at 95.6%, and by May it reached 97.9%. "So we're seeing that clean claim rate continuously increase."



Turning 15 Hours of Reporting Into 15 Minutes

Reporting was a heavy lift before Inovalon. Building cash flow projections meant running report after report and stitching them together by hand, a process that consumed more than 15 hours every month. Inovalon's [RCM Intelligence](#)™ put that data at Michael's fingertips.

"It probably takes me closer to 15 minutes rather than 15 hours at this point to gather all the data that I need to start making decisions," he explained.

The value goes beyond speed. Michael is the only person at TEAMCare who speaks billing fluently, which means he has to translate every number into language clinicians and leadership can act on. RCM Intelligence gives him faster access to the data he needs, so he can spend less time assembling spreadsheets and more time interpreting results for leadership. Cash flow projection, once a multi-hour manual chore, now provides visibility about 30 days out and grows more accurate as data flows through the system.



Time is money, and it has saved us hours upon hours. It's given us time back to give other projects the attention they deserve."

— Michael Butcher, Billing Manager,
TEAMCare Behavioral Health

End-to-End RCM Solutions That Work Better Together

Michael is candid about wanting continuous improvement, and he does not hand out praise lightly. But when asked whether the three Inovalon solutions matter more as a connected set, his answer was direct.

“I would not be as happy if I didn’t have all three solutions. Having everything work together is fantastic,” he said. Together, Eligibility Verification, Claims Management Pro, and RCM Intelligence gave TEAMCare the tools to climb back to where it stood before the data disruptions, then further improve its baseline performance.

“Inovalon gave us the ability to get back on track and get ahead so we’re even better than before.”

The time savings reshaped how the team operates. With manual eligibility and reporting work gone, they are able spend time on higher priorities that were sometimes neglected.

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Getting Ahead of the Curve

The biggest shift for TEAMCare happened behind the scenes. Most patients never see the billing work that keeps their care running, so the wins are operationally significant. The organization moved from reacting to problems to identifying and addressing them earlier, especially around eligibility and COB.

When a billing operation runs more smoothly, the payoff shows up in better visibility, earlier intervention, and stronger planning – all of which help sustain the programs that families count on. Because the organization has seen faster adjudication with key commercial payers, parts of the revenue cycle now move faster than before. Staff no longer drown in manual reports. Each improvement strengthens an operation that is better equipped for long-term success.

To forecast cash flow, Michael now looks weeks ahead instead of days, planning through the seasonal dips that hit hardest in summer. TEAMCare is in a better position to spot issues earlier, prepare for them sooner, and keep operations moving.





Write Your Own Revenue Cycle Success Story

TEAMCare Behavioral Health rebuilt its revenue cycle after a crisis, then surpassed where it started. You can do the same. Cut manual work and get paid faster.

[Explore RCM Solutions](#)