

From Spreadsheets to 89% Collection Rate

A CalAIM community-based organization serving 60,000 residents eliminated manual billing processes, freed clinical staff from paperwork, and achieved an 89% Gross Collection Rate in just 12 months with CareLink.

89% Gross collection rate sustained over 12 months

430%+ Monthly claim volume growth since go-live

0.5 Number of billing FTEs required - down from 2 FTEs

ABOUT THE ORGANIZATION

Founded in the early 2000s in response to a regional economic downturn, this 501(c)3 nonprofit was built with a clear mandate: fill service gaps without duplicating the work of existing organizations. Today it serves nearly 60,000 residents across three counties north of Sacramento through a comprehensive suite of CalAIM aligned programs.

PROGRAMS

Enhanced Care Management (ECM)

Comprehensive, Medi-Cal funded care coordination for high-need members.

Non-Medical Transportation

Enabling access to health and social services across rural counties.

Community Health Worker (CHW) Services

Culturally-connected outreach and self-management support (code 98960).

General Care Management

Broad care coordination serving the wider community population.

THE CHALLENGE

As ECM program volumes grew, the CBO's billing infrastructure couldn't keep up. Manual spreadsheets and paper CMS 1500 forms created cascading problems across the organization, draining staff time, suppressing revenue, and creating compliance risk.

Team buried in paperwork

Two full-time employees were dedicated exclusively to billing admin rather than serving members. These frontline CHWs managed NPI numbers, procedure codes, and diagnosis code lookups alongside their care duties.

Lack of expertise

Accurately translating human services documentation into compliant EDI segments, for both medical (ECM) and non-medical (Community Supports) claims simultaneously, required specialized expertise the team didn't have and couldn't easily scale.

Chronic financial leakage

High initial claim rejection rates, slow payment posting, and no systematic claim tracking meant the organization routinely left money on the table with little visibility into why denials were occurring or how to fix them.

The CalAIM dual-billing complexity

Billing for medical and non-medical CalAIM benefits within a single integrated workflow had no purpose-built solution thus creating a gap that generic billing tools and spreadsheets simply couldn't bridge.

THE CARELINK SOLUTION

Rather than bolting billing onto existing workflows, CareLink embedded revenue cycle management directly into the care coordination process — so every assessment automatically generates compliant billing data, with no extra steps for frontline staff.

Smart Assessment Forms

The CareLink team built two custom assessment forms tailored to the CBO's program mix: one for Fee-For-Service CHW billing (code 98960) and one for Per Member Per Month ECM billing. Forms capture client details, services rendered, time, location, CHW credentials, diagnosis codes, and NPIs — compliantly, without requiring billing expertise from frontline staff. Billing and organizational NPIs are pre-loaded to ensure maximum reimbursement.

Clean Claims & Denial Prevention

Via CareLink's partnership with PhyTech, every claim is scrubbed for insurance eligibility and code compliance before submission. PhyTech generates the 837 file, submits to payors through a clearinghouse, and manages ongoing payor follow-up, all without consuming CBO staff time. Payor-specific billing limits are pre-flagged to proactively prevent denials. "Needback" alerts catch remaining issues early, linking staff directly to the relevant assessment for fast, targeted correction.

Automated EDI & 837 Generation

Assessment data is combined with demographics and insurance records through CareLink's analytics module to auto-generate compliant EDI segments, eliminating manual translation entirely. The same data flow powers automatic Treatment Authorization Request (TAR) packet creation, compiling day-to-day documentation into a compliant proof-of-medical-necessity PDF without any additional staff effort.

Revenue Intelligence & Reporting

Weekly and monthly reports surface claims status, payment timelines, and revenue bottlenecks in plain language. Individual payments post directly to client profiles, creating a transparent and fully auditable record at every step. Leadership gains real-time visibility into collection trends, high-denial codes, and claims stuck in review — enabling proactive management of cash flow rather than reactive firefighting.

**\$177,531
Collected**

Total Year-One Revenue

Reimbursement received across all programs in the first 12 months of CareLink billing

**89% Gross
Collection Rate**

Sustained GCR

Achieved and maintained across ECM and CHW billing — up from near-zero with manual processes

**75% Admin
Reduction**

Billing FTE: 2.0 → 0.5

1.5 FTEs returned to direct member care, reducing administrative burden by three-quarters

**430%+ Claim
Growth**

Monthly Volume Increase

Claim volume scaled dramatically as more staff generated compliant billing without expert oversight

Ready to Turn Your Care Work into Reliable Revenue?

CareLink takes the complexity out of care coordination billing for programs like ECM so your team can focus on delivering services while we ensure you get paid for them.

**4-6
WEEK SETUP**

- ✓ Standalone or bundled
- ✓ Custom-built for your programs
- ✓ No billing expertise needed

Email: carlos.heredia@activatecare.com
Let's meet: <https://bit.ly/47FNRC6>

"This MBS process is WONDERFUL! My field teams don't need to understand billing and we get what we need for reporting. The score card is such a nice visual. ECM was a new program for us and we did not expect such a quick, hassle-free turnaround with successful payment posting and no additional training needed. Thank you!"

PROGRAM MANAGER

READY FOR A DEMO?