IMPART KNOWLEDGE

50% Fewer Denials: The Power of Front-End Eligibility Accuracy

Graves Gilbert Clinic (GGC) Case Study

CLIENT BACKGROUND

Graves Gilbert Clinic (GGC) is a large multi-specialty medical group in South Central Kentucky. With 200+ providers across 30 specialties, they process over 135,000 claims monthly. Despite using tools like Phreesia™ for registration, eligibility issues and registration-related denials continued to drain revenue.

IMPART HEALTH'S IMPACT

Impart helped GGC bring true transparency to eligibility and benefits data, turning front-end blind spots into measurable denial prevention and faster cash flow.

20:1	50%+	90%
ESTIMATED RETURN ON INVESTMENT	REDUCTION IN REGISTRATION DENIALS	DROP IN ORPHANED ELIGIBILITY FILES

- 20% increase in time-of-service collections
- Eligibility queue is managed by a single dedicated staff member
- HFMA MAP Revenue Cycle Award–winning organization

CHALLENGES

Hidden Registration Denials

65% of denials stemmed from eligibility and demographic errors that standard PMS and intake reports didn't catch.

Orphaned Eligibility Files

Thousands of eligibility inquiries never received responses. Staff had no idea coverage was unverified or incomplete.

Limited Front-End Insight

Existing systems only provided yes/no eligibility checks—not accuracy audits. Expiring coverage, plan changes, and subscriber/dependent mismatches went unnoticed.

RESULTS & TRANSFORMATION

Eligibility Variances Made Visible

BENE•FIED™ audited raw 270/271 files to surface inactive plans, expiring coverage, and demographic mismatches before the visit.

Missing Responses Recovered

Independent connections resubmitted orphaned eligibility inquiries, ensuring staff received complete payer responses.

Front-End Workflow Transformed

A centralized worklist lets one team member resolve issues in under 30 seconds, preventing denials before they reach billing.