

CLIENT SUCCESS STORY

Centerstone

National behavioral health system eliminates manual RCM burden — cutting denials by 87.5% and reducing A/R by \$4M with OpenBots AI agents.

-87.5%

MONTHLY DENIALS

\$4M

A/R REDUCTION

7.75

FTES ELIMINATED

\$17.5K

MONTHLY REWORK SAVINGS

<10s

COB SEQUENCING TIME

400 → 50

Monthly claim denials before and after

\$10M → \$6M

Accounts receivable reduction
with OpenBots & other technologies

8 → 0.25

FTEs for eligibility verification

1 min → <10s

COB sequencing time per record

\$17,500/mo

Denial rework savings
at \$50 rework cost per denied claim

CHALLENGE · SOLUTION · RESULTS

CHALLENGE	SOLUTION	RESULTS
• 400+ monthly claim denials creating consistent revenue leakage • Accounts receivable ballooning to \$10M, putting cash flow at risk • 140–150 guarantor records needing manual correction daily (~3 min each) • COB sequencing taking up to 1 minute per record when done manually • 8 FTEs consumed by eligibility verification and guarantor ordering • Rework on denied claims costing an estimated \$50 per claim • Manual variability introducing billing bottlenecks and errors	Eligibility Verification Agent Automates claims scrubbing and denial prevention across the full revenue cycle, ensuring accurate first-pass claims and eliminating payer rejections before they occur. Guarantor Reordering Agent Continuously identifies CEFE records needing reordering and applies business-rule-driven corrections instantly, every day, with zero staff intervention. COB Sequencing Agent Automatically sequences coordination-of-benefits records in real time, cutting per-record processing time from a full minute to under 10 seconds.	BEFORE 8.0 FTEs · 400 denials/mo → AFTER 0.25 FTE · 50 denials/mo • Monthly denials dropped from 400 to 50 — an 87.5% reduction • \$4M reduction in accounts receivable (\$10M → \$6M), achieved with OpenBots and other technology initiatives • Eligibility staffing cut from 8.0 FTEs to 0.25 FTE • COB sequencing time cut from 1 minute to under 10 seconds per record • At \$50 of rework per denied claim, ~350 fewer denials/month saves an estimated \$17,500 per month in avoided rework • Consistent accuracy across all 150 daily records • Staff reallocated to patient care and higher-value work

HOW IT WORKS — Key automation capabilities deployed

01

Automated Detection

Identifies guarantor, COB, and eligibility issues requiring correction in real time

02

AI-Powered Action

Reorders guarantors, sequences COB, and scrubs claims instantly using business-rule logic

03

Continuous Processing

Operates daily without staff intervention — no queues, no delays

04

Scalable by Design

Handles fluctuating patient volumes without additional headcount