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A Newport-Based Home Care Agency ‘Boomerang’ Case Study.

“Why I left, and why I came back”

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Client: Iyabode (Yabo) Alfred, PhD, RN, PCC

Role: CEO/Chief Administrator, SYNERGY HomeCare of Newport (RI)

Focus: Left, then returned to Paradigm

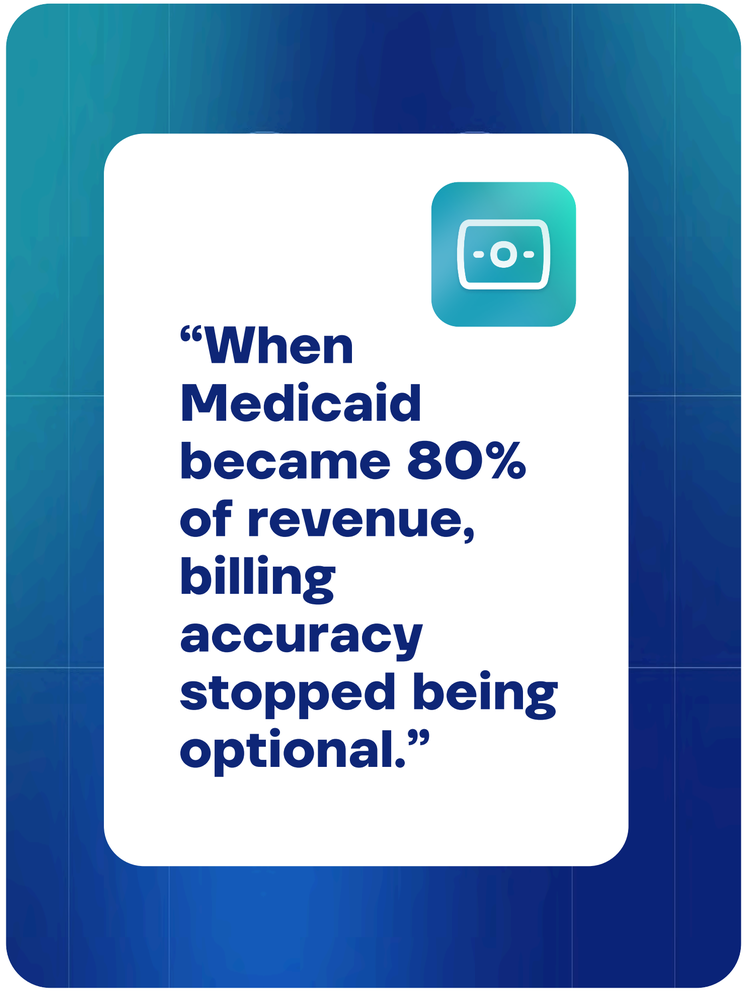
Background.

The Home Care Agency serves an affluent market where many families employ private staff directly. To grow, CEO Yabo Alfred leaned into third-party payers, especially Medicaid and its managed plans.

That strategy worked: Medicaid quickly became ~80% of the agency's volume, with strong hourly reimbursement in Rhode Island. But it also amplified risk: "Any tiny 'i' you didn't dot or delay in submission can hold your money back," she explained.

Cashflow dependence on complex Medicaid billing meant denial prevention, eligibility vigilance, and rapid exception handling were no longer "nice to have", they were existential.

Yabo engaged Paradigm from launch, initially for VA billing ("zero complaints") and then for Medicaid as her mix evolved. Together they navigated Rhode Island's payer landscape and, after early hurdles, then "finally got Medicaid right."



The Breaking Point.

“Over $20,000 was billed to the wrong payer before the issue surfaced.”

In June, two high-hour clients moved from fee-for-service Medicaid to a managed plan. Yabo didn’t know immediately; eligibility and plan changes surfaced months later, after claims had been sent to the wrong payer. “Over $20,000 was billed against straight Medicaid even though it said managed,” she recalled. Her frustration, however, centered less on the error and more on communication style during remediation.

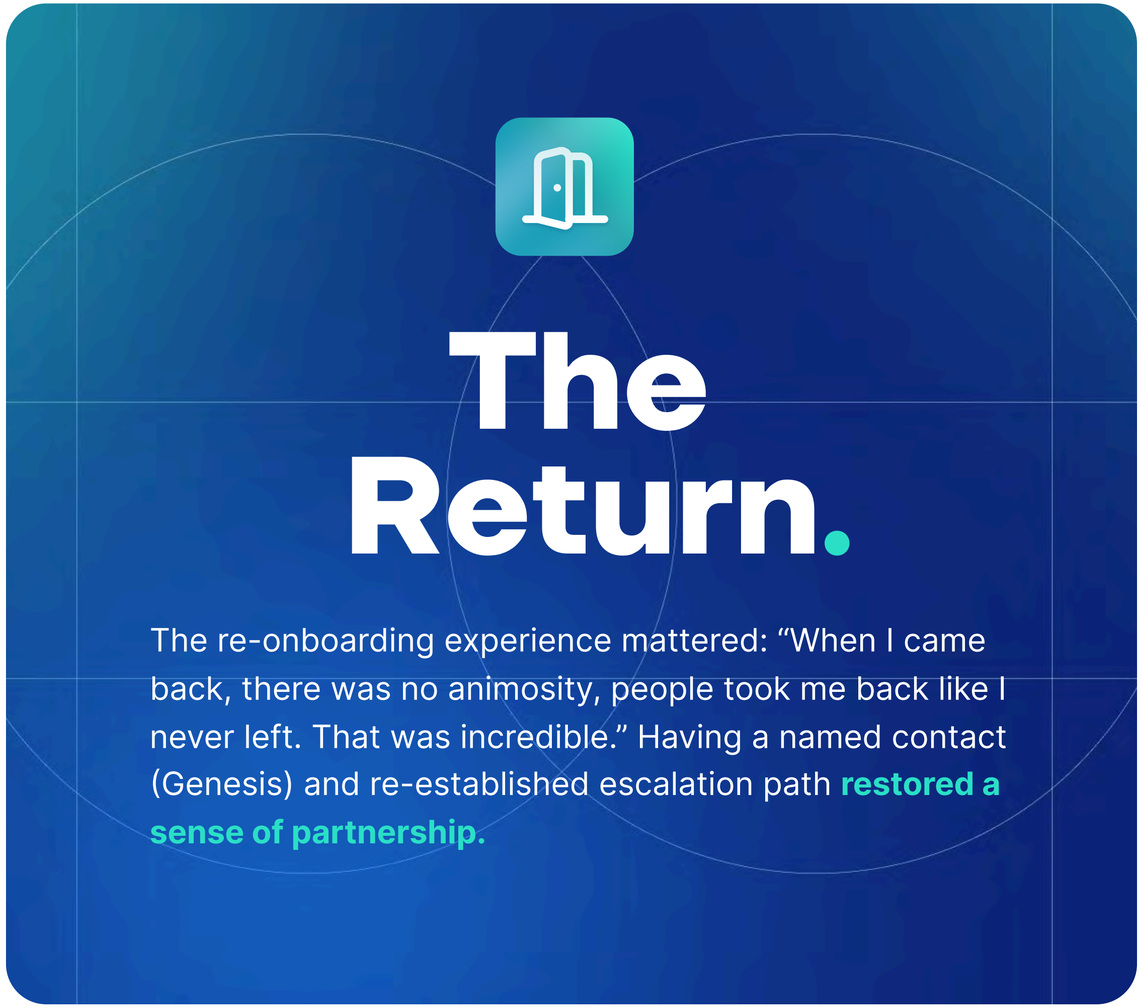
“I’m a new owner and a one-woman show,” she said. “Multiple emails aren’t helpful. If something is blocking cash, pick up the phone.” She felt Paradigm was “too reactive” and that denials “weren’t handled timely unless I escalated.”

Though she acknowledged instances of strong support,“They advanced me funds before a holiday when Medicaid wasn’t working,” the cumulative friction led her to test another billing provider promising faster turnaround.

Life Away from Paradigm.

The switch was brief, about three weeks. While the new vendor quickly pushed out claims to the managed plan, other major problems emerged: “There was no responsiveness. I didn’t know who my point person was. It could go days with no reply.”

As cashflow pressure persisted, trust eroded further. “At least with Paradigm I have a point person, someone who investigates what I need help with,” she noted. Faced with inconsistent support and unclear ownership, Yabo chose to return to Paradigm.



Results & Early Signals.

Because her return was recent, Yabo framed outcomes as directional rather than declarative. Immediate positives included restored responsiveness, a consistent point person, and a reset in tone: “Welcomed back, no judgment.”

That goodwill, combined with renewed process focus, rebuilt confidence that Paradigm can support a Medicaid-heavy growth strategy, where speed, accuracy, and clear communication drive cash.

“Welcomed back, no judgment.”

What She’d Tell Another Provider.

“Look before you leap. Why are you leaving? Is it communication? Think carefully about what you’re missing and what you expect to gain,” she said. “Some can float cash while a new vendor ramps. I can’t. I like Paradigm’s personal touch.”

Her advice underscores a broader truth: RCM success in Medicaid isn’t just claim submission. It’s the full stack… authorizations, EVV alignment, eligibility verification, denial prevention and appeals, payer relationships, and above all, situational communication that fits the operator’s bandwidth and urgency.

Key Takeaways.

"The company I'm familiar with is better than a new one," Yabo said with a smile, "but I don't want a reactive vendor at all. I want a partner that sees the problem coming and calls me before it hits cash. That's how Paradigm keeps me here."

"Look before you leap. Why are you really leaving?"

Medicaid mix magnifies stakes. When 80%+ of revenue depends on complex payers, eligibility drift or small compliance gaps can choke cashflow fast.

Communication is a product feature. For owner-operators, long email threads are noise. A timely call on critical blockers is value.

Continuity wins trust. A named point of contact and clear escalation path matter as much as technical billing chops.

Churn risk often hides in "almost working." When processes are 90% right but 10% late, the cash cost to the agency is outsized, and so is the perception of risk.

Boomerang customers want proactive proof. Yabo's return was enabled by a warm welcome; her retention will be secured by visible, proactive denial and eligibility management.

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