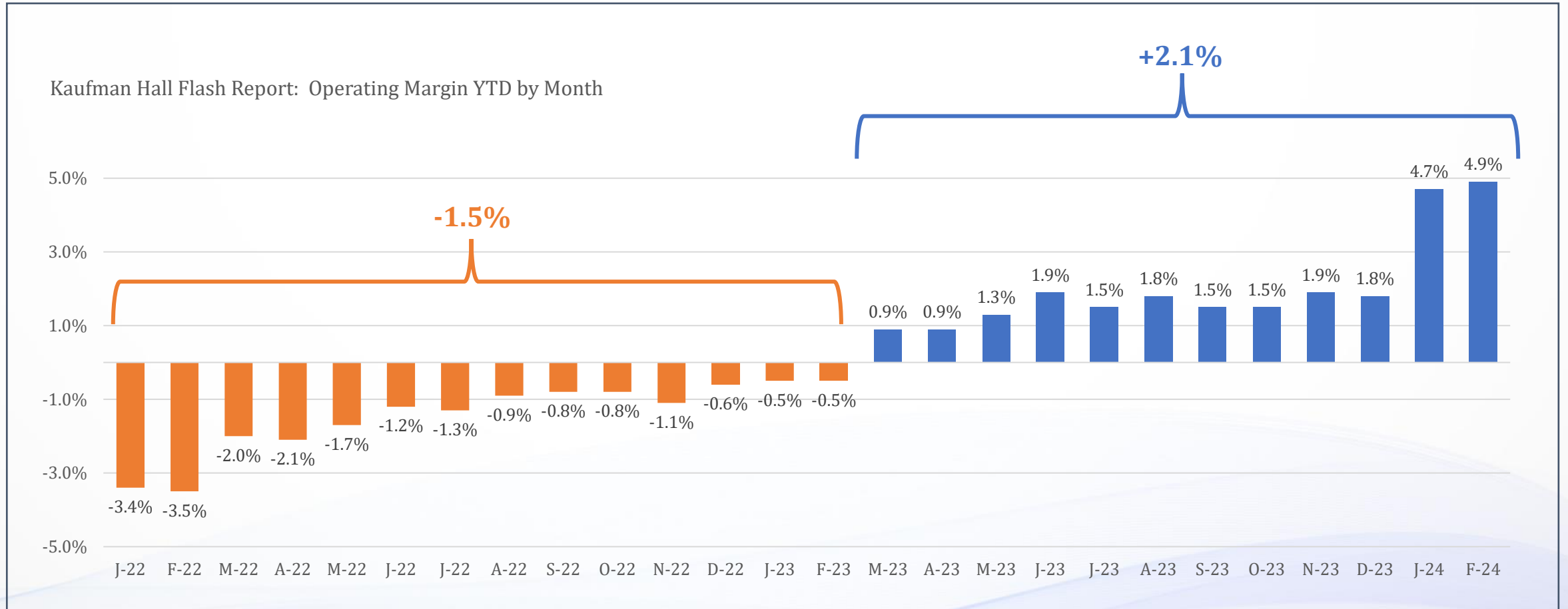# Revenue Cycle Management Technology Adoption Model

Learning Objectives

- Overview of healthcare market headwinds and profitability challenges

- Identify the correlation between RCM technology adoption patterns and resulting financial performance

- Adopt a company-agnostic revenue management technology model based on the experience of well over 100 health systems, where assessments of the critical revenue capture elements are weighted and identified

- Assess an organization's current adoption stage and establish technology adoption strategies to achieve improved KPI-based revenue management goals
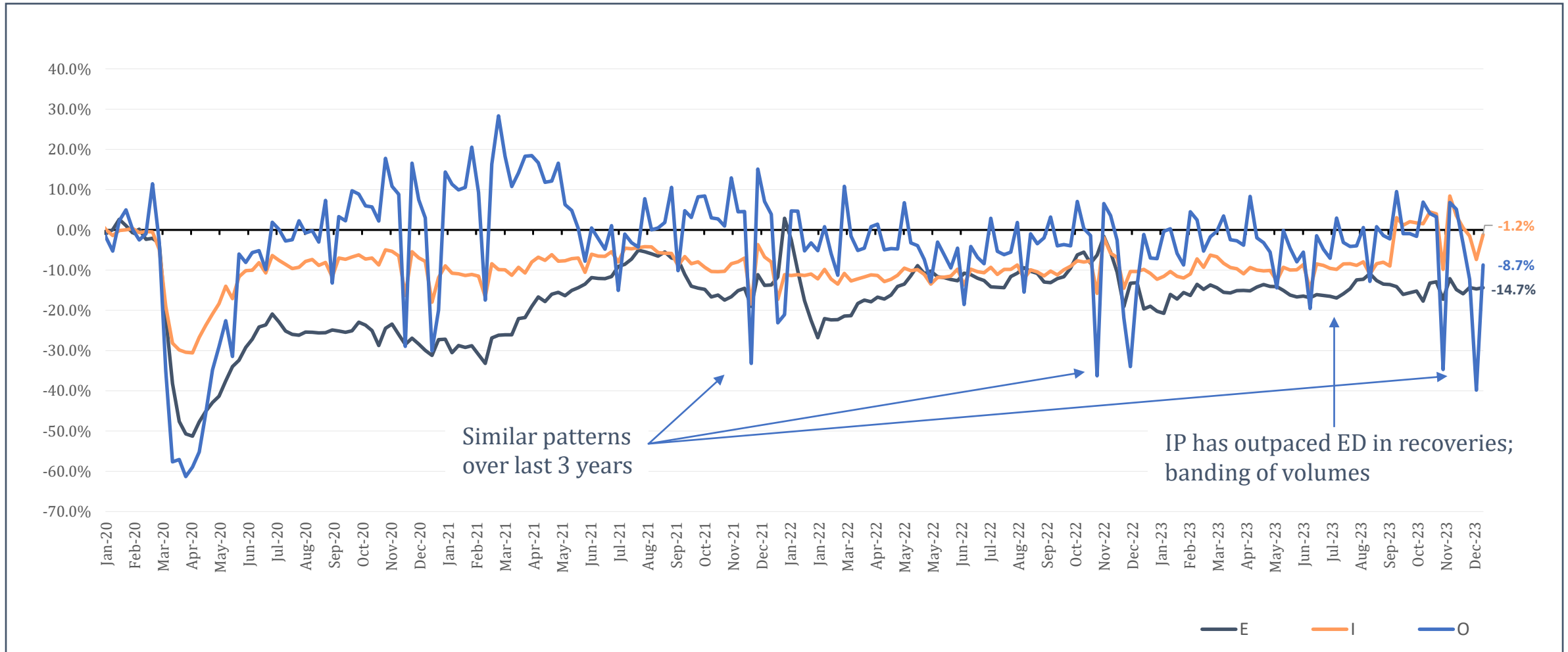
Recovery...

KH: Promising Margin Recoveries in '23 and Into '24

Kaufman Hall Flash Report: Operating Margin YTD by Month

+2.1%

-1.5%

Month	Value
J-22	-3.4%
F-22	-3.5%
M-22	-2.0%
A-22	-2.1%
M-22	-1.7%
J-22	-1.2%
J-22	-1.3%
A-22	-0.9%
S-22	-0.8%
O-22	-0.8%
N-22	-1.1%
D-22	-0.6%
J-23	-0.5%
F-23	-0.5%
M-23	0.9%
A-23	0.9%
M-23	1.3%
J-23	1.9%
J-23	1.5%
A-23	1.8%
S-23	1.5%
O-23	1.5%
N-23	1.9%
D-23	1.8%
J-24	4.7%
F-24	4.9%

Weekly Visit Volumes - By Treatment Setting

Similar patterns over last 3 years

IP has outpaced ED in recoveries; banding of volumes

-1.2%
-8.7%
-14.7%

E   I   O

US Healthcare Position Openings and Hirings

2018 - 2023 (000s) - BLS JOLTS Survey

AHA: Payers are Playing Hardball

"Commercial health insurer policies and administrative practices delay patient care, overburden clinicians and withhold critical payments from providers…"
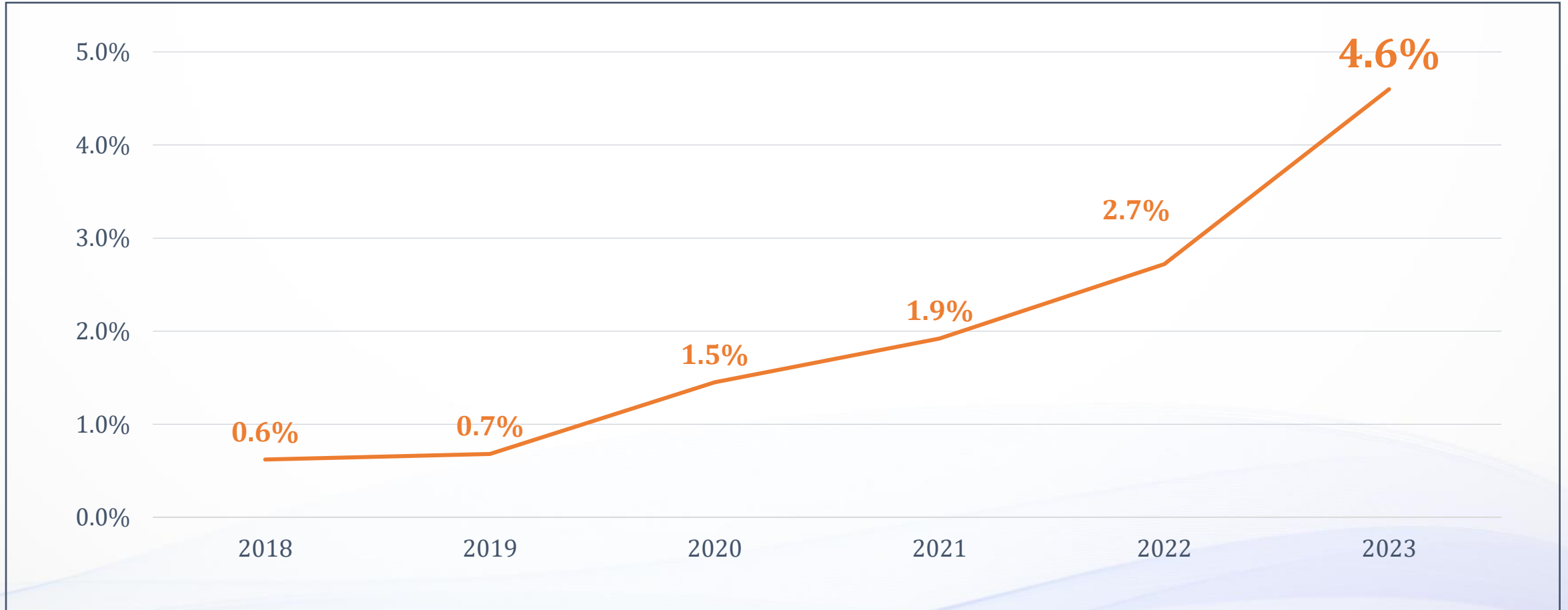
Contributing to workforce burden:

- 95% of hospitals and health systems report **increases in staff time** spent seeking prior authorization approval
- 84% report the **cost of complying with insurer policies** is increasing
- 62% of **prior authorization denials** and 50% of initial claims denials that are appealed are ultimately overturned

And it is only getting worse:

- 78% of hospitals and health systems report that their experience with commercial insurers is getting **worse**

https://www.aha.org/infographics/2022-11-01-survey-commercial-health-insurance-practices-delay-care-increase-costs-infographic

Revenue Cycle Management Market Approach

hfma
region 8

Health Systems Shifting From Revenue Recovery to Growth

Survey Methodology

- 92 unique organizations
- CRO/CFO, SVP or VP RCM, Director RCM
- All major EHRs
- NPR and Bed-Size
- 26,719 unique data points

Top Strategic Objectives for 2024
Reported by health system financial leaders. N=92

Objective	2023	2024
Increase Revenue	90%	70%
Improve Patient Experience	48%	60%
Reduce Cost	65%	55%
Manage Staffing Shortages	36%	42%
Improve Payer-Provider Collaboration	16%	38%
Reduce Administrative Burden	12%	18%

■ 2023 ■ 2024

https://finthrive.com/hubfs/assets/docs/exec-docs/FinThrive_EXEC_RCM%20Transformative%20Trends%20Report.pdf

Financial leaders are looking for strategic partners to chart a course forward.

Most health systems have contracted with **upwards of 40 vendors** to support their revenue cycle management teams.

	Front-End			Mid-Cycle		Back-End			
Patient Engagement	**Pre-Service Clearance**	**Authorization**	**Patient Financial Engagement**	**Clinical Doc.**	**Encounter Coding & Charge Capture**	**Claims Processing & Payment**	**Insurance Collections**	**Patient Payment & Billing**	**Revenue Recovery / Protection**
CRM & Referral Management	Eligibility & Benefits Verification	Prior Authorization / Certification	Patient Out-of-Pocket (OOP) Estimation	Transcription	Coding	Claims Edits	AR Management	Inbound / Outbound Patient Calls / IVR	Insurance Discovery
Patient Scheduling	Patient Registration / Pre-registration	Medical Necessity / ABN	Propensity-to-Pay / SDOH Risk Analytics	Clinical Doc. Improvement	Charge Capture	Claims Status	Contract Management	Paper Patient Statements	Bad Debt Collection
Patient Portal / Mobile App	Registration Quality Management	Notification of Admission	Charity Care Evaluation	Provider Query Management	CDM Automation	Claims Clearinghouse	Contract Modeling	Consolidated Patient Amount / E-statement	AR Recovery
Pricing Transparency	Patient Financial Clearance		Patient POS Payment and Plans & Financing		Recovery Audits	Remittance Matching	Reserves Management	Mobile Payments / Text-to-Pay	Government Complex Reimbursement
Virtual Front Desk	Patient Identity Verification					Encounter Clearinghouse	Third Party Liability	Online Payments	
Patient Reminders	Insurance Discovery					Complex Claims	Early-out Collections	Patient Payment Plans & Financing	
Foundation									
Analytics		AI/ML/NLP		RPA		Billing and Coding Reference Tools		RCM Workforce Education Content	

Common Concerns from RCM Leadership

- What is outside my core EHR and why?
- What RCM technology is in place today?
- What is my total cost of ownership?
- Has the yield from the solutions improved?
- What are the IT and data connections?
- What is my strategic path to RCM excellence?
- Where can I automate or leverage predictive analytics?
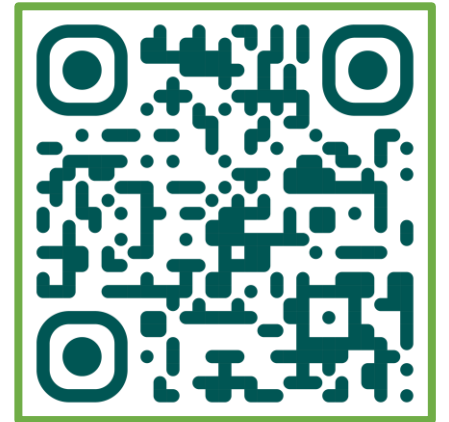- How many vendors do I need?

RCM vendor performance has been **difficult** to measure, **expensive** to maintain and **duplicative** in offerings

Hospitals are closely evaluating third party relationships – looking to **consolidate** or **eliminate**

# Revenue Cycle Management Technology Adoption Model (RCMTAM)

An Evidence-Based Approach to RCM Digital Transformation

Research Hypothesis

The industry lacks an RCM-focused technology adoption model to support digital transformation efforts.

Methodology

- 100 unique organizations (now at 120+)

  + 15 Safety Net Organizations

- All major EHRs

- NPR and Bed-Size

- 31,145 unique data points
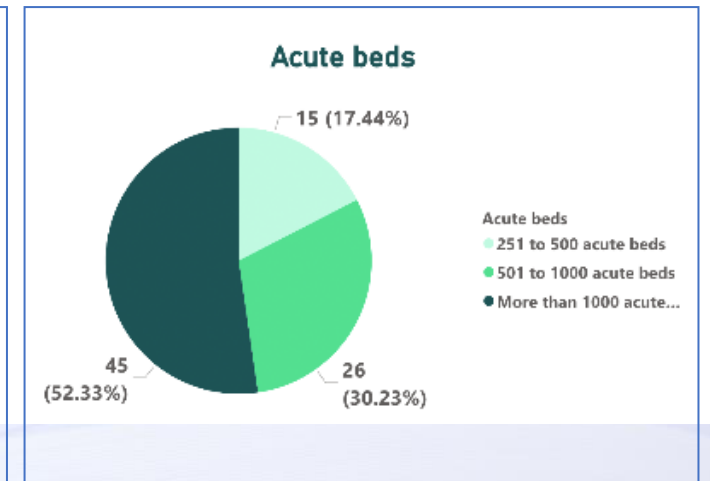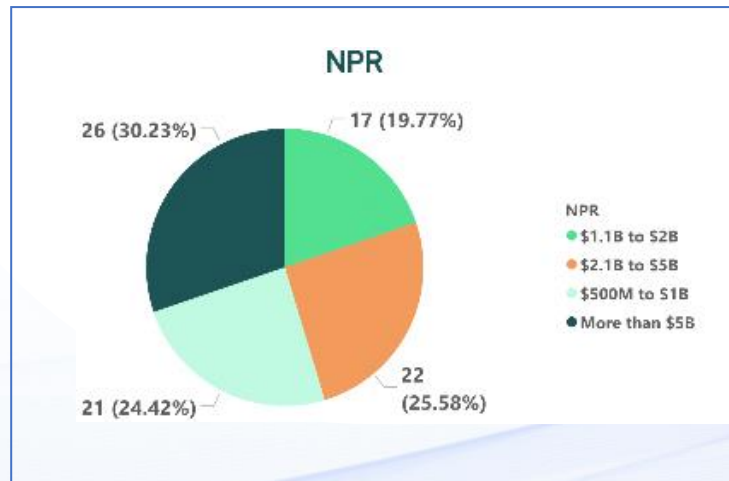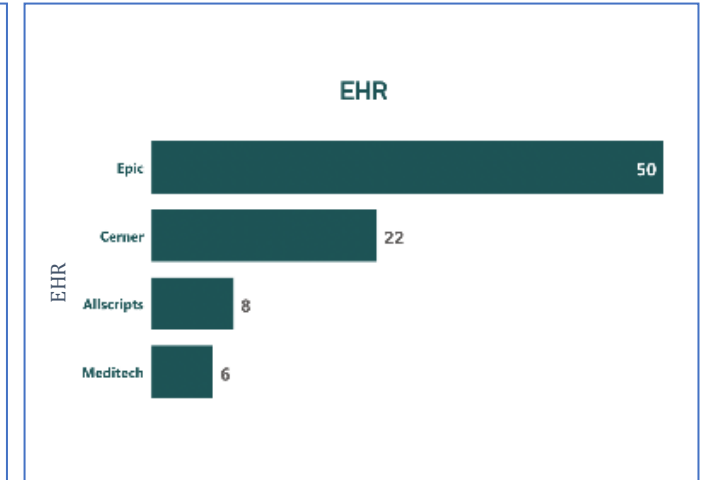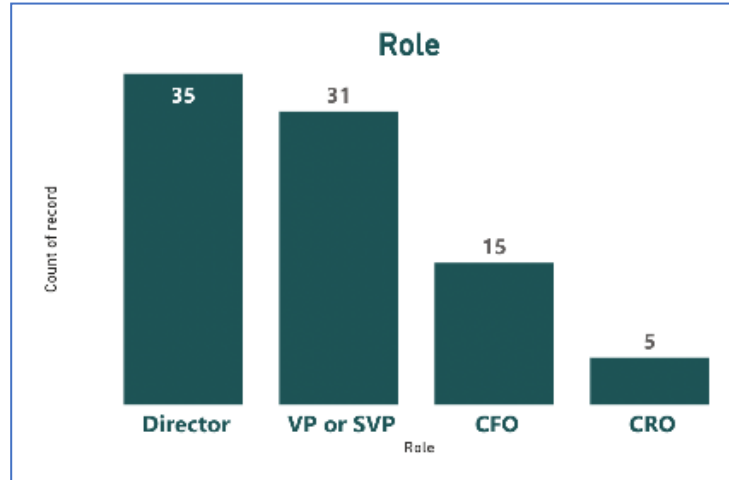
Analysis and Findings

Analysis

1

Focus adoption model on high impact technologies.

We asked survey respondents to categorize each technology into "Mission Critical", "High Value", "Moderate Value", "Minimal Value", and "No Value / Not RCM."

2

Align the RCM Technology Adoption Model stages with average industry adoption.

We segmented the remaining technologies
into 4 technology adoption maturity stages based on the percent of respondents that listed a technology as being adopted within their organization

- Greater than 80% adoption of technology
- Between 70%-80% adoption of technology
- Between 60%-70% adoption of technology
- Below 60% adoption of technology

Results

1

All technologies included in initial study rated as "Moderate Value", "Low Value", or "No Value" were removed from model.

Technologies perceived as having limited value were identified and removed from the adoption model analysis across all areas: Patient Access, Mid-Cycle, Back Office, and Analytics.

Only "Mission Critical" and "High Value" technologies were included in the resulting RCM Technology Adoption Model.

2

Technologies have been grouped into stages based on average adoption by industry.

The RCM Technology Adoption Model highlights Mission Critical and High Value technologies spanning all stages, even low adoption stages, suggesting the model is effectively identifying high impact established and emerging technologies.

The RCM Technology Adoption Model

Mission Critical or High Value Technology in use by **more than 80%** of respondents

Mission Critical or High Value Technology in use by **70% to 80%** of respondents

Mission Critical or High Value Technology in use by **60% to 70%** of respondents

Mission Critical or High Value Technology in use by **less than 60%** of respondents

Broad Industry Adoption

Patient Access
- Eligibility & benefits verification
- Patient registration / pre-registration
- Medical necessity/ ABN

Mid-Cycle
- Charge capture
- Chargemaster technology
- Discharge planning

Back Office
- Claims manager
  - Claims edits
  - Claims clearinghouse
  - Claims status
- Paper patient statements
- Collections management
- Bad debt collections

Analytics
- A/R analytics
- Claims analytics
- Collections analytics
- Coding analytics
- Patient volume analytics

High Adoption

Patient Access
- Referral management
- Patient portal / mobile app
- Patient identify and address verification
- Pricing transparency (shoppable services + MRFs)
- Patient OOP payment estimation
- Patient financial clearance
- POS payment capture
- Charity care evaluation

Mid-Cycle
- Clinical documentation integrity (CDI)
- Clinical documentation - transcription/NLP
- Utilization Review

Back Office
- Denials management
- Underpayment recovery
- Consolidated patient statements
- Remittance management
- Complex claims
- Encounters clearinghouse
- Contract management
- Third-party liability
- Medicare bad debt
- Call center automation/IVR

Analytics
- Contract analytics
- Denials analytics
- Patient access analytics

Moderate Adoption

Patient Access
- Patient self- scheduling
- Prior authorization/certification
- Patient appointment reminders
- Pre-visit Propensity to pay
- Pre-visit payment plan enrollment
- Self-service patient payments (pre-visit)
- Registration quality management

Mid-Cycle
- Physician CDI/Coder querying technology
- Predictive CDI Worklist prioritization

Back Office
- Post-visit insurance discovery
- Disproportionate share reporting
- Transfer DRG
- Post-visit payment plan enrollment
- Self-service patient payment (post-visit)
- Automated remittance matching

Analytics
- Data extraction capabilities
- Drill-down to transaction level capabilities
- Contract modelling
- Physician practice operations analytics
- Uncompensated care analytics

Emerging Adoption

Patient Access
- Pre-visit insurance discovery
- Prior authorization automation
  - Automated determination
  - Automated data extraction and submission
  - Prior authorization status monitoring
- Virtual front desk
- Self-triage / care navigation

Mid-Cycle
- Clinical documentation - ambient clinical intelligence (ACI)
- Computer assisted physician documentation (CAPD)
- Computer assisted coding
  - ML-based ICD & CPT coding
  - ML-based DRG assignment
- Case management
  - SDOH risk analytics
  - SDOH referral management

Back Office
- Predictive denials warnings
- Automated appeals workflows

Analytics
- End-to-End RCM analytics
- Real-time, near real-time refresh capabilities
- Patient matching / deduplication capabilities
- Intelligent denials and underpayment root cause analysis

Key: Mission Critical | High Value

Analysis and Findings

Analysis

Segment individual respondents into an RCM Technology Adoption Model Stage.

Respondents were assigned their maturity stage if they reported adoption of:

- Adoption of 90% of Mission Critical technologies of the rated stage .
- **And** adoption 50% of High Value technologies of the rated stage.
- **And** meet rating criteria for all prior stages.

Results

Respondent distribution across the model stages is V-shaped.

Suggestive of a healthy population of innovators and early adopters within the market, and oversized population of technology adoption laggards that would benefit from this model.

Stage #	1	2	3	4	5
% Respondents	43%	33%	8%	12%	4%

Breadth of technology in use

→

Typical Stage for most US health systems.

Stage 1 respondents have not yet adopted 90% of "Mission Critical" and 50% of "High Value" Technologies found in the Broad Industry Adoption category

Stage 5 respondents have adopted 90% of "Mission Critical" and 50% of "High Value" technologies across stages 1-5.

The RCM Technology Adoption Model

Stage 1

Industry Average Technology Adoption

- 43% of market is currently operating in Stage 1

- Stage 1 is the starting point for most organizations that leverage the RCM TAM.

- Not yet live with 90% of Mission Critical technologies and 50% of High Value Technologies required for Stage 2.

Stage 2

Item	Category
Eligibility & benefits verification	Patient Access
Patient registration / pre-registration	Patient Access
Medical necessity/ ABN	Patient Access
Charge capture	Mid-Cycle
Chargemaster technology	Mid-Cycle
Discharge planning	Mid-Cycle
Claims manager	Back Office
• Claims edits	Back Office
• Claims clearinghouse	Back Office
• Claims status	Back Office
Paper patient statements	Back Office
Collections management	Back Office
Bad debt collections	Back Office
A/R analytics	Analytics
Claims analytics	Analytics
Collections analytics	Analytics
Coding analytics	Analytics
Patient volume analytics	Analytics

Stage 3

Item	Category
Referral management	Patient Access
Patient portal / mobile app	Patient Access
Patient identify and address verification	Patient Access
Pricing transparency (shoppable services + MRFs)	Patient Access
Patient OOP payment estimation	Patient Access
Patient financial clearance	Patient Access
POS payment capture	Patient Access
Charity care evaluation	Patient Access
Clinical documentation integrity (CDI)	Mid-Cycle
Clinical documentation - transcription/NLP	Mid-Cycle
Utilization Review	Mid-Cycle
Denials management	Back Office
Underpayment recovery	Back Office
Consolidated patient statements	Back Office
Remittance management	Back Office
Complex claims	Back Office
Encounters clearinghouse	Back Office
Contract management	Back Office
Third-party liability	Back Office
Medicare bad debt	Back Office
Call center automation/IVR	Back Office
Contract analytics	Analytics
Denials analytics	Analytics
Patient access analytics	Analytics

Stage 4

Item	Category
Patient self- scheduling	Patient Access
Prior authorization/certification	Patient Access
Patient appointment reminders	Patient Access
Pre-visit Propensity to pay	Patient Access
Pre-visit payment plan enrollment	Patient Access
Self-service patient payments (pre-visit)	Patient Access
Registration quality management	Patient Access
Physician CDI/Coder querying technology	Mid-Cycle
Predictive CDI Worklist prioritization	Mid-Cycle
Post-visit insurance discovery	Back Office
Disproportionate share reporting	Back Office
Transfer DRG	Back Office
Post-visit payment plan enrollment	Back Office
Self-service patient payment (post-visit)	Back Office
Automated remittance matching	Back Office
Data extraction capabilities	Analytics
Drill-down to transaction level capabilities	Analytics
Contract modelling	Analytics
Physician practice operations analytics	Analytics
Uncompensated care analytics	Analytics

Stage 5

Item	Category
Pre-visit insurance discovery	Patient Access
Prior authorization automation	Patient Access
• Automated determination	Patient Access
• Automated data extraction and submission	Patient Access
• Prior authorization status monitoring	Patient Access
Virtual front desk	Patient Access
Self-triage / care navigation	Patient Access
Clinical documentation - ambient clinical intelligence (ACI)	Mid-Cycle
Computer assisted physician documentation (CAPD)	Mid-Cycle
Computer assisted coding	Mid-Cycle
• ML-based ICD & CPT coding	Mid-Cycle
• ML-based DRG assignment	Mid-Cycle
Case management	Mid-Cycle
• SDOH risk analytics	Mid-Cycle
• SDOH referral management	Mid-Cycle
Predictive denials warnings	Back Office
Automated appeals workflows	Back Office
End-to-End RCM analytics	Analytics
Real-time, near real-time refresh capabilities	Analytics
Patient matching / deduplication capabilities	Analytics
Intelligent denials and underpayment root cause analysis	Analytics

Key: Mission Critical | High Value

Analysis and Findings

Analysis

2

Correlate the RCM Technology Adoption Model with financial performance improvement across stages.

Average financial performance against an industry recognized set of KPIs was captured from all respondents.

Average financial performance was calculated and compared across each stage.

Respondents reporting low technology use ———————→ Respondents reporting high technology use

Stage #	1	2	3	4	5
% Respondents	42%	25%	17%	16%	16%

*Stage 1 respondents have not yet adopted 90% of "Mission Critical" and 50% of "High Value" Stage 1 technologies.

Results

2

Notable financial performance improvements were detected in 9 key areas.

Organizations falling in Stage 4 or above outperform organizations in Stage 1 in the following areas:

Financial Analysis Snapshot

Financial KPI	Percent Difference Between Organizations at Stage 1 Compared to Organizations at Stage 4 or Above (average)
POS Collections	29% increase
% A/R days > 90	21% reduction
Denials Rate	16% reduction
Cost to Collect	11% reduction
Bad Debt	7% reduction

The RCM Technology Adoption Model
Pre-Read Perceptions

?

Compared to peers, where would you
anticipate placing in your current use
of RCM Technology?

0%	25%	50%	75%	100%

Respondents reporting low technology use

Respondents reporting high technology use

Technology Adoption

Stage 1 Industry Average Technology Adoption

33% of respondents fall into Stage 2 | **8%** of respondents fall into Stage 3 | **12%** of respondents fall into Stage 4 | **4%** of Respondents fall into Stage 5

You are at Stage 4

Stage 2

Item	Status	Category
Eligibility & benefits verification	L	Patient Access
Patient registration / pre-registration	L	Patient Access
Medical necessity/ ABN	L	Patient Access
Charge capture	L	Mid Cycle
Chargemaster technology	✓	Mid Cycle
Discharge planning	L	Mid Cycle
Claims manager	✓	Back Office
• Claims edits	✓	Back Office
• Claims clearinghouse	✓	Back Office
• Claims status	L	Back Office
Paper patient statements	✓	Back Office
Collections management	✓	Back Office
Bad debt collections	✓	Back Office
A/R analytics	✓	Analytics
Claims analytics	✓	Analytics
Collections analytics	✓	Analytics
Coding analytics	✓	Analytics
Patient volume analytics	✓	Analytics

Stage 3

Item	Status	Category
Referral management	L	Patient Access
Patient portal / mobile app	✓	Patient Access
Patient identify and address verification	✓	Patient Access
Pricing transparency (shoppable services + MRFs)	L	Patient Access
Patient OOP payment estimation	✓	Patient Access
Patient financial clearance	✓	Patient Access
POS payment capture	✓	Patient Access
Charity care evaluation	✓	Patient Access
Clinical documentation integrity (CDI)	✓	Mid Cycle
Clinical documentation - transcription/NLP	L	Mid Cycle
Utilization Review	✓	Mid Cycle
Denials management	✓	Back Office
Underpayment recovery	✓	Back Office
Consolidated patient statements	O	Back Office
Remittance management	✓	Back Office
Complex claims	L	Back Office
Encounters clearinghouse	L	Back Office
Contract management	L	Back Office
Third-party liability	✓	Back Office
Medicare bad debt	✓	Back Office
Call center automation/IVR	✓	Back Office
Contract analytics	✓	Analytics
Denials analytics	✓	Analytics
Patient access analytics	✓	Analytics

Stage 4

Item	Status	Category
Patient self- scheduling	L	Patient Access
Prior authorization/certification	L	Patient Access
Patient appointment reminders	✓	Patient Access
Pre-visit Propensity to pay	L	Patient Access
Pre-visit payment plan enrollment	L	Patient Access
Self-service patient payments (pre-visit)	✓	Patient Access
Registration quality management	L	Patient Access
Physician CDI/Coder querying technology	O	Mid Cycle
Predictive CDI Worklist prioritization	L	Mid Cycle
Predictive denials warnings	✓	Back Office
Post-visit insurance discovery	✓	Back Office
Disproportionate share reporting	✓	Back Office
Transfer DRG	✓	Back Office
Post-visit payment plan enrollment	L	Back Office
Self-service patient payment (post-visit)	✓	Back Office
Automated remittance matching	✓	Back Office
Data extraction capabilities	✓	Analytics
Drill-down to transaction level capabilities	✓	Analytics
Contract modelling	L	Analytics
Physician practice operations analytics	✓	Analytics
Uncompensated care analytics	✓	Analytics

Stage 5

Item	Status	Category
Pre-visit insurance discovery	L	Patient Access
Prior authorization automation	L	Patient Access
• Automated determination	L	Patient Access
• Automated data extraction and submission	L	Patient Access
• Prior authorization status monitoring	L	Patient Access
Virtual front desk	⊗	Patient Access
Self-triage / care navigation	⊗	Patient Access
Clinical documentation - ambient clinical intelligence (ACI)	✓	Mid Cycle
Computer assisted physician documentation (CAPD)	L	Mid Cycle
Computer assisted coding	✓	Mid Cycle
• ML-based ICD & CPT coding	L	Mid Cycle
• ML-based DRG assignment	L	Mid Cycle
Case management	⊗	Mid Cycle
• SDOH risk analytics	⊗	Mid Cycle
• SDOH referral management	⊗	Mid Cycle
Automated appeals workflows	⊗	Back Office
End-to-End RCM analytics	✓	Analytics
Real-time, near real-time refresh capabilities	✓	Analytics
Patient matching / deduplication capabilities	✓	Analytics
Intelligent denials and underpayment root cause analysis	⊗	Analytics

Key: Mission Critical | High Value | ✓ Fully Deployed | L Limited Use | O Implementing in next 12 months | ⊗ Do not have

Financial Benchmarking

Your Results: RCM Technology Adoption Model Report

Overall Results

Your financial performance trails RCMTAM Stage 4/5 health systems in several key areas.

Financial KPI	Performance Difference Between your KPIs and Stage 5 Performance			
	Reported	Normalized	Stage 4/5 Average	Diff.
POS Collections (% NPR)	0.6% - 1.0%	0.8%	1.80%	125% improvement
Clean Claims Rate (%)	91% - 95%	93%	84.67%	✓
A/R Days (# Days)	51 - 55	53	43	19% reduction
% A/R days > 90	26%-30%	28.00%	9.67%	65% reduction
Denials (% NPR)	5%	5%	1.47%	100% reduction
Cost to Collect (%)	2.1%-2.5%	2.30%	1.47%	36% reduction
Days Cash on Hand (# Days)	151-200	175	108.33	✓
Bad Debt (% NPR)	1.6% - 2.0%	1.80%	1.80%	✓

Critical Processes Audit | Your Results: RCM Technology Adoption Model Report

You Already Have This | Mission Critical | High Value

Patient Acquisition
- Patient Portal
- Shoppable Services
- Self-Triage / Care Navigation

Scheduling / Pre-Reg
- Referral Management
- Self-Scheduling
- Identity Verification
- Contact / Address Verification
- Insurance Discovery
- Eligibility / Benefits
- Medical Necessity / ABN
- Prior Authorization Workflow

- Automated Prior Authorization
- OOP Payment Estimation
- Propensity to Pay
- Charity Care Evaluation
- Patient Financial Clearance
- Appointment Reminders
- Virtual Intake

Registration
- Patient Registration
- Registration QA
- POS Payment Capture

Clinical Documentation
- NLP Transcription
- Ambient Clinical Documentation
- CAPD
- CDI
- Predictive CDI Worklist Prioritization
- Provider Query Management

Discharge
- Discharge Planning
- Utilization Review
- SDOH Risk Analytics
- SDOH Referral Management

Charge Capture
- Chargemaster
- Chargemaster Management
- Charge Capture Analytics

Coding
- Computer Assisted Coding
- ML-Based ICD / CPT Coding
- ML-Based DRG Assignment

Claims Build / Editing
- Claims Edits
- Complex Claims
- Predictive Denials Alerts
- Billing and Coding Reference Tools

Final Bill
- Claims Clearinghouse
- Encounters Clearinghouse
- Automated Claims Status
- Third-Party Liability

Appeal & Follow Up
- Contract Management
- Collections Management
- Denials Management
- Underpayment Recovery
- Automated Appeals
- Intelligent Denials Root Cause Analysis
- Intelligent Underpayment Root Cause Analysis

Patient Collections
- Self-Service Payments (Pre-Visit)
- Payment Plan Enrollment(Pre-Visit)
- Consolidated Statements
- Payment Plan Enrollment (Post)
- Self-Service Payments (Post)
- Call Center IVR

Cash Posting
- Remittance Manager
- Automated Remittance Matching

Revenue Recovery
- Post-Visit Insurance Discovery
- Transfer DRG
- Medicare Bad Debt
- DSH Reporting
- Bad Debt Collections

Critical Processes Audit | Your Results: RCM Technology Adoption Model Report

Legend: You Already Have This | Mission Critical | High Value

Patient Acquisition
- Patient Portal
- Shoppable Services
- Self-Triage / Care Navigation

Scheduling / Pre-Reg
- Referral Management
- Self-Scheduling
- Identity Verification
- Contact / Address Verification
- Insurance Discovery
- Eligibility / Benefits
- Medical Necessity / ABN
- Prior Authorization Workflow
- Automated Prior Authorization
- OOP Payment Estimation
- Propensity to Pay
- Charity Care Evaluation
- Patient Financial Clearance
- Appointment Reminders
- Virtual Intake

Registration
- Patient Registration
- Registration QA
- POS Payment Capture

Clinical Documentation
- NLP Transcription
- Ambient Clinical Documentation
- CAPD
- CDI
- Predictive CDI Worklist Prioritization
- Provider Query Management

Discharge
- Discharge Planning
- Utilization Review
- SDOH Risk Analytics
- SDOH Referral Management

Charge Capture
- Chargemaster
- Chargemaster Management
- Charge Capture Analytics

Coding
- Computer Assisted Coding
- ML-Based ICD / CPT Coding
- ML-Based DRG Assignment

Claims Build / Editing
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- Intelligent Denials Root Cause Analysis
- Intelligent Underpayment Root Cause Analysis

Patient Collections
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- Payment Plan Enrollment(Pre-Visit)
- Consolidated Statements
- Payment Plan Enrollment (Post)
- Self-Service Payments (Post)
- Call Center IVR

Cash Posting
- Remittance Manager
- Automated Remittance Matching

Revenue Recovery
- Post-Visit Insurance Discovery
- Transfer DRG
- Medicare Bad Debt
- DSH Reporting
- Bad Debt Collections

Modernization Roadmap

Your Results: RCM Technology Adoption Model Report

Work	Year 1					Year 2		Year 3
Scheduling/ Pre-Registration	Virtual Intake	Medical Necessity / ABN	Prior Authorization Automation	Pre-Visit Insurance Discovery	Pre-Visit Payment Plan Enrollment			Outcomes Validation Assessment
Charge Capture	Charge Capture Audit							
Final Bill, Appeals and Follow Up	Denials Management	Automated Claims Statusing						Modernization Recalibration for Years 4-6
Analytics	Denials Analytics	A/R Analytics	Claims Analytics	End-to-End Analytics	End-to-End RCM Analytics			

Key: Mission Critical | High Value | ABC Health Planned Implementation 12-18 months

Summary

What It All Means

Healthcare financial leaders need to embrace disruption

- Pre-pandemic visit volumes show no signs of returning
- Negative margins will continue to erode cash on hand
- Health system financial leaders will need to establish a bold vision

New market entrants are competing for patient loyalty with better digital experiences

- Visit volumes are shifting to the outpatient market at an increasing rate
- New entrants are competing for patient loyalty
- Improved outcomes through sticky between visit engagement tactics

Self-service patient tools are seen as a win-win; poised for rapid adoption

- Innovative leaders are looking at virtual intake solutions, patient payment solutions, and other capabilities
- Empower patients with digital self-service tools that reduce administrative burden for RCM staff, while boosting satisfaction

RCM Platforms are the quickest paths to restoring profitability

- Technology-enabled optimization increases revenue and reduces costs
- Adoption of RCM technology, designed to automate resolution in prior authorizations, denials and underpayments
- RCM Platform players are enabling this transformation through vendor consolidation, intelligent automation, and centralized end-to-end data analytics environments

The RCMTAM introduces a peer-reviewed, data-driven approach to rapid modernization

- Complacency is no longer an option - health system financial leaders need to move forward with modernization efforts
- RCMTAM provides a clear path forward in a market that lacks best practice research guiding broad-based digital transformation efforts

Thank you!

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