

## Future Proofing the Revenue Cycle

**Strategies for Sustainability and Growth** 





#### **Current Challenges**

Faced by the Industry and NM Hospitals



#### **Optimization Strategies**

Revenue Enhancement and Al Adoption



#### **Revenue Enhancement**

Creating a Resilient Revenue

Cycle



## Revenue Cycle Transformation

Building a Sustainable Financial Future





Understand & Address Challenges

## **Current Challenges**

# Administrative Burden & Availability of Care

- 11k+ CPT Codes
- \$10B Cost of obtaining Prior Authorizations
- 200 Rural Hospitals have closed in the last 20 years.
- 80% of Physicians report being "Burt out"

**Complex Healthcare Administration** 

**High Administrative Costs** 

**Costly Prior Authorizations** 

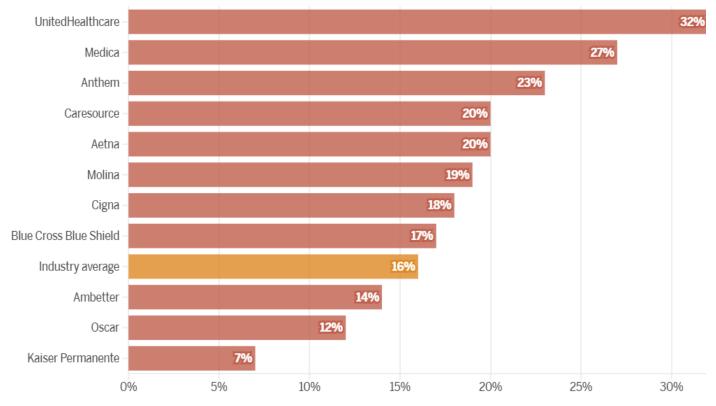
**Rural Hospital Closures** 



# Denials by Payer in 2023

Denials will continue to plague the industry.

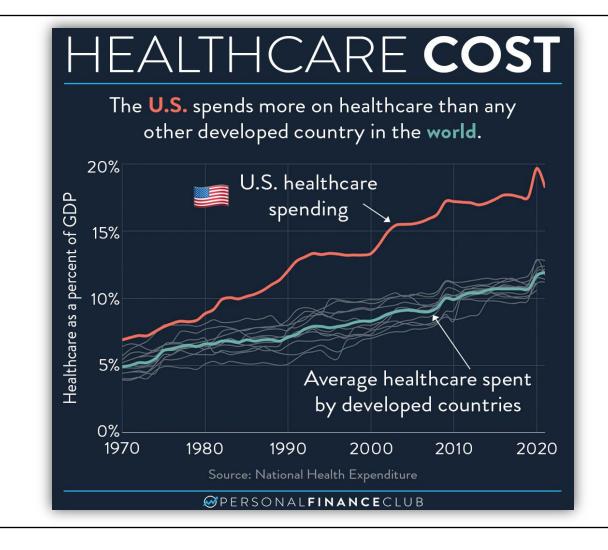
#### Claim denial rates by health insurance company in 2023



Source: ValuePenguin • NEENA HAGEN/GLOBE STAFF



## Highest **Admin** Costs of **ANY Nation**





## Not Unique to New Mexico



#### **Impact on Hospitals**

- 40% of a hospitals budget goes to administrative costs.
- 200 Rural Hospitals have closed in the past 20 years.



#### **Impact on Clinicians**

- 50% of their time is spent on administrative functions.
- 50% of physicians fell "burnt out" citing administrative duties.



#### **Impact on Patients**

- 80% of patients delay or abandon care due to the prior authorization process.
- 25% of US adults have skipped or postponed care due to the cost.

"Our U.S. healthcare system has lost its way: It now makes providers navigate a complex maze of claims processing, coding, billing, preauthorization, compliance requirements, and more. These administrative costs and burdens are interfering with the patientclinician relationship, raising medical costs, and robbing the system of resources that could be invested in the quality of care."

Allen Frederickson |Signature Performance

## **Challenges More Unique to New Mexico Providers**

**Dispersed Rural Populations** 

Transportation Barriers

**Cultural Diversity** 

**Financial Pressures** 

Workforce Shortages

**Unique Social Determinants** 

Gross Receipts Tax

NM cap and PCF





**Embrace Innovation** 

# Innovative Strategies for Revenue Enhancement

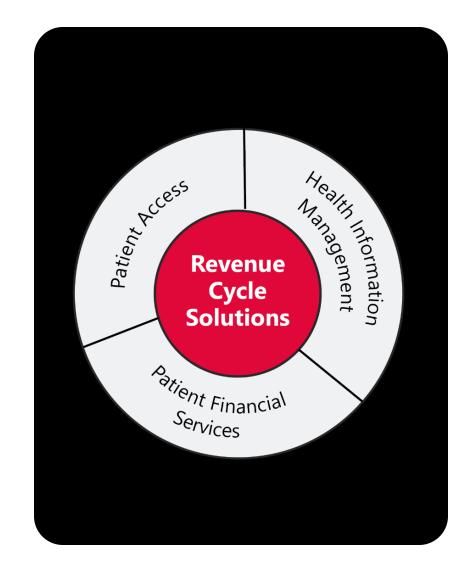
## There truly is no onesize-fits-all approach.

#### **Today's Revenue Cycle Challenges**

**Problem:** Shortage of skilled labor, continuous changes in regulatory compliance needs and technological advancements.

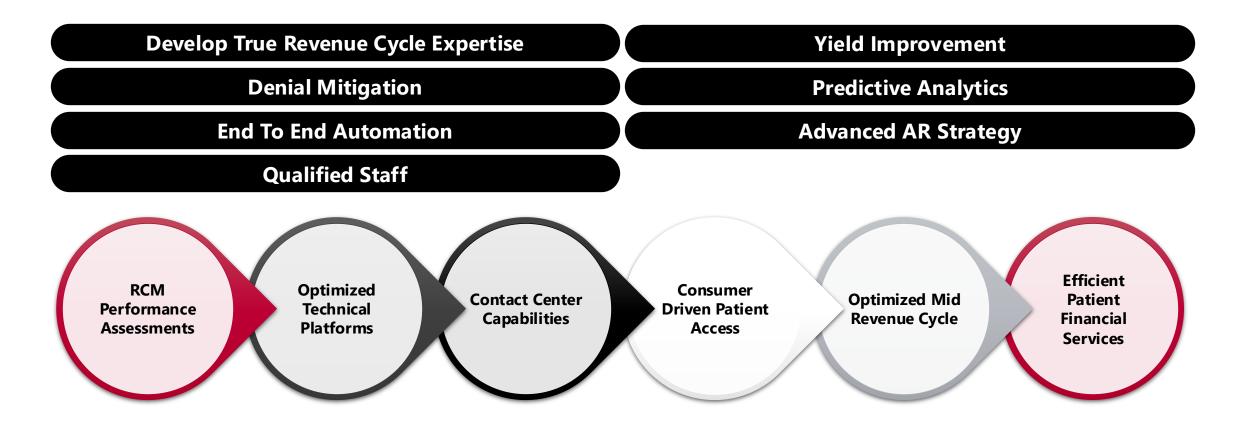
**Solution:** Streamline inefficient processes, increase quality control, and optimize your existing workflows to improve outcomes and cash flow.

How: Enterprise-wide focus, Implement AI, Outsourcing.





## **Identify Your Strategic Priorities**





# Diversifying Service Lines to Meet Community Needs



Increasing Patient Flow

Diversify Services to **Encourage Utilization** 



Tailored Health Services

Improve Patient ATTRACTION



**Enhancing Revenue** 

**Expand Service Lines Boutique Services** 



## Leverage Data and Technology



Data
Payers leverage YOUR data.
They have used aggregated data against providers for years.



Payers are using Al in Call Centers, for Claims
Payment and to automate denials.



Use Technology
Your OWN AI Agents
Your Data and Aggregated
Analytics





#### **Meet Sandra**

Sandra is our conversational AI agent, specifically designed to assist patients through both phone calls and chat interactions



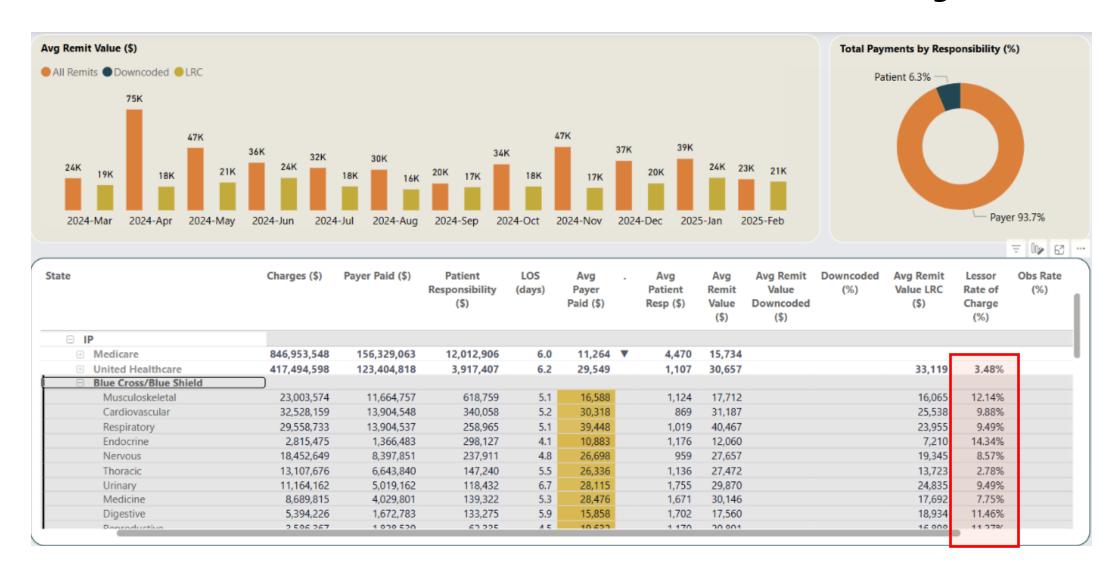
What is the patient's out of pocket limit? Is prior auth required?



## **Meet Sophia**

Sophia, our voice-Al agent designed to help Providers, Practices and RCM companies automate data collection from payers and partners

## **Data-Driven Accountability**





Invest in People & Technology

# Optimization Strategies – Pulling Together

# Comprehensive Revenue Cycle Optimization – Unify the Issues.

#### **Patient Access**

- Appointment scheduling
- insurance verification
- prior authorizations
- financial counseling

#### **Health Information Management**

- Medical coding
- Clinical documentation improvement (CDI),
- Release of information
- Data analytics

#### **Patient Financial Services**

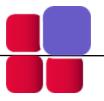
- Billing,
- Claims management
- Payment processing



## **Optimizing EHR systems**









## Patient Access

Coordination of Benefits
Referral Management
Registration and Eligibility

## Health Information Management (HIM)

Medical Coding and Auditing
Clinical Documentation Improvement
Data Analytics and Reporting

## **EHR System Optimization**

Adopt the RIGHT
Technology
Streamline Systems

## Patient Financial Services

Accounts Receivable
Billing and Collections
Denial Management



## Patient Access Strategic Priorities

Scheduling

#### Optimized self service

- Integrated call centerCentralized and
- Centralized and decentralized capabilities that focus on the delivery of your healthcare services

Eligibility, Verification, COB Denial Management

- Validates patient coverage, detects additional eligibility
- Best practice data partnerships used to uncover missed commercial and government coverage, enabling immediate billing across primary, secondary, and tertiary payers.
- Validate COB
- Batch file processing and real time capability

Pre-Authorization

- Appropriately skilled resources that work to improve the patient experience around the clinical service the patient receives
- Decentralized and Centralized models created around your care delivery model
- Manage authorization timelines and benefit coverage for services authorized

Pre-Registration / Registration

- Capture and validate complete and accurate patient demographics and coordinate financial clearance and liability
- Enable patient self service and focus on the patient experience with aligned technologies

Patient Liability
/ POS Collection

Understand the patient portion at the time of services, proving pricing

transparency & collecting

 Real-time financial diagnostic for each encounter, paired with an individualized engagement strategy that drives high performance and maximizes point-of-service collections.

at the time of service

Patient Financial Assistance

- Identifies eligibility for Medicaid, disability, or other public coverage and support enrollment.
- Automatically and presumptively determines financial aid and charity care.
- Designs tailored discounts and payment plans to maximize revenue for economically at-risk patients.



Mission Control



### Leveraging Telehealth and Remote Care Solutions

#### **Expanded Access to Care**

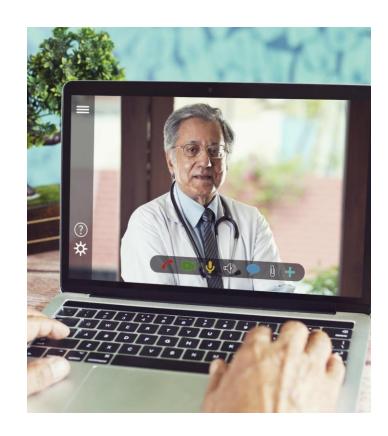
Telehealth improves healthcare access for patients in remote and underserved locations.

#### **Increased Patient Volume**

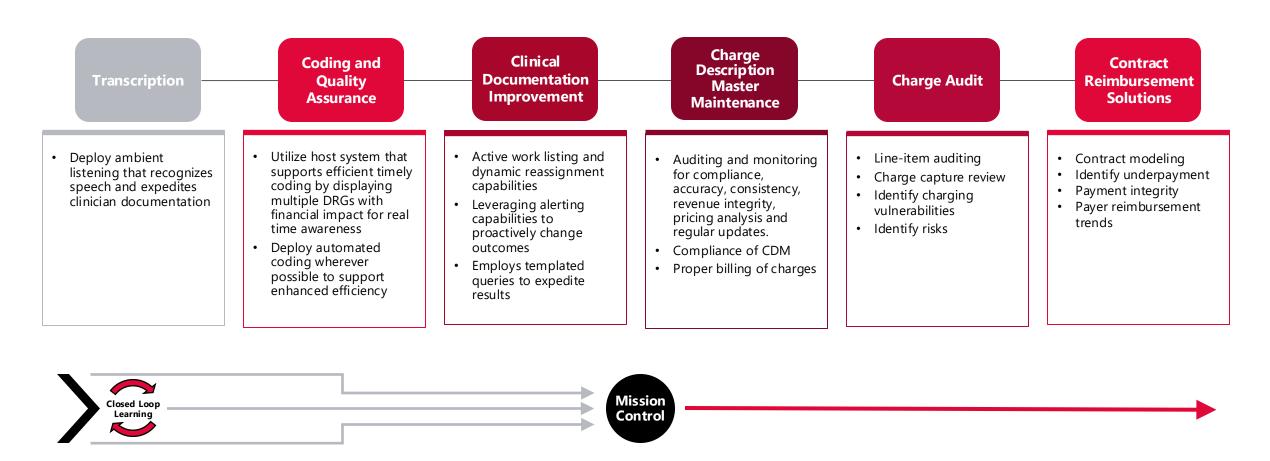
Remote care solutions help healthcare providers reach more patients efficiently.

#### **Cost-Effective Infrastructure**

Telehealth reduces need for heavy infrastructure investment while boosting revenue.

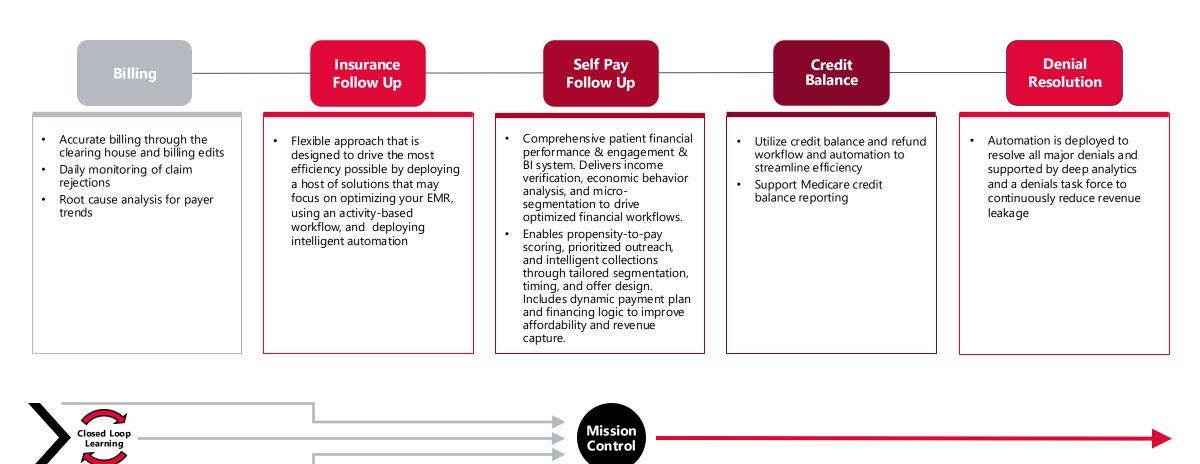


## **HIM Strategic Priorities**





## **RCM/PFS Strategic Priorities**





### Focus Areas for RCM/PFS Improvement

#### **Patient Registration & Insurance**

Accurate patient registration and insurance eligibility verification are critical to ensure smooth revenue cycle management.

#### **Medical Coding Accuracy**

Precise medical coding enables correct claim submission and reduces errors in billing processes.

#### **Claims Submission & Follow-up**

Efficient claim submission and proactive management improve reimbursement timelines and reduce denials.

#### **Payment Posting & Denial Management**

Accurate payment posting and effective denial management optimize revenue recovery and patient billing.



# Automation, audits, and team creation

#### **Automate Prior Authorization**

Implement automation to streamline prior authorization checks and improve efficiency.

#### **Perform Charge Capture Audits**

Conduct audits to ensure accurate charge capture and billing compliance.

#### **Build Claims Editing Process**

Develop a systematic claims editing process to reduce errors and rejections.

#### **Create Cross-Functional Team**

Form a revenue integrity team with members across multiple functions for better coordination.

# Annual Feedback and Workflow Improvements



#### **Collect User Feedback**

Annual collection of clinician and user feedback through surveys and focus groups is essential for improvement.



#### **Identify Workflow Issues**

Identifying pain points and bottlenecks in workflows helps target areas that need enhancement.



#### **Prioritize Desired Changes**

Focusing on desired changes based on feedback ensures relevant and effective workflow improvements.

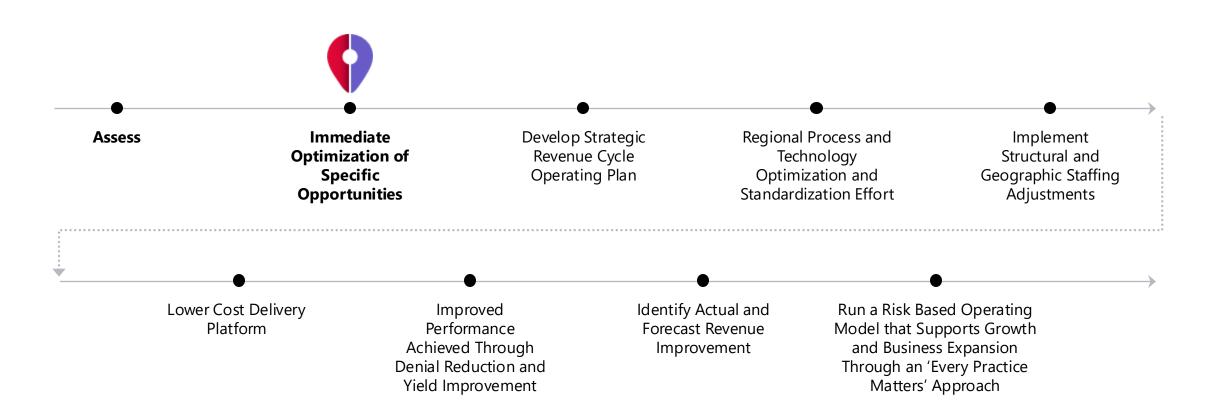




**Shift Your Mindset** 

## Revenue Cycle Transformation

## **Building a Sustainable Future**





# Outside of the Box Approaches

#### **Entrepreneurship Approach**

- Strategic Partnerships
- Joint Ventures
- Alliances

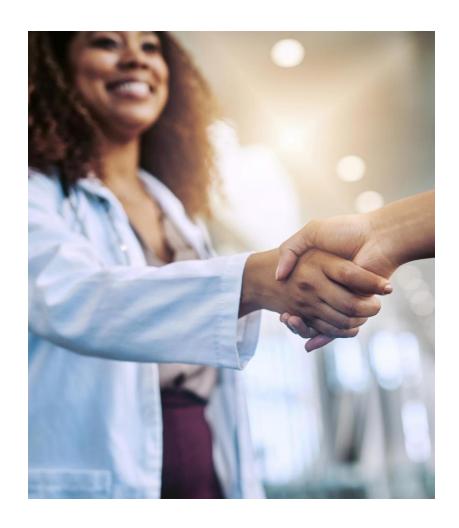
#### **Adapting to new Payment Models**

- Values Based Care
- Subscription Healthcare
- Alternative Payment Models

#### **Compliance and Policy Shifts**

- Turn Compliance into Revenue Generation
- Influence State and Local Policy
- Turn Risk Management into Risk Rewards





### Forming Strategic Partnerships, Explore Joint Ventures, and Build Alliances

#### **Resource Sharing Benefits**

Partnering with larger health systems or a Revenue Cycle Management company to expanded resources and expertise for REVENUE GENERATION.

#### **Enhanced Care Coordination**

Strategic alliances improve coordination of care among providers, enhancing patient outcomes and service efficiency.

#### **Funding Opportunities**

Collaborations open new funding channels from grants, donations, and community programs supporting health initiatives.

## **Think Like an Entrepreneur!**

# Adapting to Alternative Payment Models

#### Shift from Fee-for-Service

Hospitals are moving away from fee-for-service models to emphasize quality and patient outcomes in care delivery.

#### **Focus on Quality and Outcomes**

Value-based care prioritizes improving patient health outcomes over volume of services provided.

#### **Revenue Management Changes**

Revenue generation adapts to reward hospitals for efficiency, effectiveness, and quality care delivery.

#### **Boutique Care**

Med Spa, Elective Care, etc.

#### **Subscription Healthcare**

New models are being developed today where employers are directly connected to providers. Eliminating claims, denials, approvals, etc.



## Navigating Federal and State Policy Shifts



#### **Importance of Policy Awareness**

Staying updated on federal and state policies helps organizations maintain compliance and secure funding.

#### **Ensuring Funding Continuity**

Understanding policy shifts is critical to prevent disruptions in revenue streams and operational flow.

#### **Operational Stability**

Adapting to policy changes supports ongoing operations and reduces business risks.

## **Turn Compliance into Funding Opportunities**

### **Maintaining Compliance and Risk Management**

#### **Robust Compliance Programs**

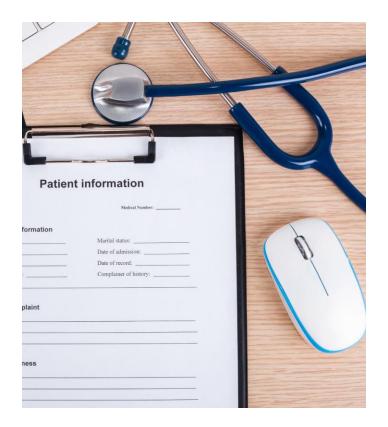
Strong compliance programs help minimize risks and ensure adherence to regulations within healthcare institutions.

#### **Risk Reduction**

Implementing compliance reduces the risk of legal penalties and safeguards hospital operations and reputation.

#### **Accurate Billing Practices**

Ensuring billing accuracy protects the hospital's revenue cycle and prevents financial losses due to errors or fraud.



### Conclusion



#### **Addressing Challenges:**

Rural hospitals face unique challenges that impact financial stability and operational efficiency.



#### **Embracing Innovation:**

Incorporating innovative technologies and strategies is crucial for improving revenue cycles and patient care.



#### **Investing in People and Technology:**

Sustainable growth relies on training staff and adopting modern technology to enhance hospital operations and services.



#### **Shifting Mindset:**

Transitioning from an administrative to an entrepreneurial mindset is essential for future-proofing and driving innovation.

# Thank you! Q&A

Signature Performance is the answer to solving the complex challenge of lowering healthcare administration costs and burdens. Our expert services help clients achieve greater efficiency, leading to streamlined processes, increased revenues, and peace of mind.

Signature's mission is to improve the health of our clients' business making it easier for our clients to achieve their mission of providing care to their patients and communities.



