



Technology/Digital Adoption in Revenue Cycle Management: a Tectonic Evolution

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Introduction

Healthcare providers in the US spend over 25% of their total expenditure – the highest spend globally – on administrative activities¹; RCM-related activities account for a major share of this administrative spend. According to the Center for American Progress, healthcare providers spent an estimated US\$282 billion in administrative costs in 2019.

A large part of this spending is wasteful, driven by disjointed healthcare payer-provider information exchange processes. These fractured systems lead to inefficient price discovery, ineffective determination of eligibility and payment responsibility, a high rate of claim denials causing rework, and long accounts receivable (A/R) cycles, impacting financial health, as exhibited on the next page.

Inefficiencies in revenue cycle processes are not limited to any specific provider category but span large health systems, independent hospitals, and even small physician practices. The industry is littered with examples of health systems, hospitals, and physician practices struggling with the high cost of operations and losses, often resulting in the shutdown of facilities.

A closer look at healthcare providers' revenue cycle challenges reveals that these problems are not localized or limited to one function but span front-end, middle-office, and back-end operations, as described below:

- **Front-end operations:** Issues such as incorrect patient entry, missed eligibility verification, and long turnaround times for prior authorization act as the terminus a quo for revenue loss. While the hospital administration struggles with case volumes and manual systems, physicians and their staff, at times, spend almost two full business days each week to complete prior authorizations¹. In this process, they lose precious time to attend to more patients and the opportunity to see more patients. Compounding this problem is the lack of standards for prior authorizations and absence of adequate insurance and eligibility verification standards across payers

- **Middle-office operations:** Incorrect coding and inaccurate charge capture affect Diagnosis Related Group (DRG) values. Further, an inconsistent accuracy rate and high lag days from discharge to billing increase denials and add to hospitals' woes. To address these issues, hospitals need to go through the painful process of manually identifying the errors, checking, and correcting them
- **Back-end operations:** As the front- and middle-office errors trickle down to back-end processes, issues such as wrong billing and incorrect claims filing prolong the A/R cycle. Moreover, judgment-intensive tasks, such as denials management, recoveries, and bad debt, further contribute to revenue losses. In fact, a recent study by HIMSS Analytics reports that more than 75% of hospitals regard denials as the biggest challenge to their revenue cycle management

EXHIBIT 1

Major pain points for healthcare providers in the US

Source: Everest Group (2021)



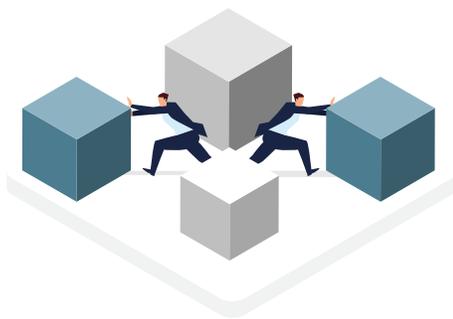
Key factors contributing to revenue cycle inefficiencies

Multiple factors contribute to these inefficiencies; many are external, such as a rise in High Deductible Health Plans (HDHPs) enrollment, driving up the out-of-pocket share of providers' reimbursement. However, a few factors are internal to healthcare provider operations and relate to people, process, and technology investments. The exhibit below illustrates some of the factors contributing to revenue cycle inefficiencies.

EXHIBIT 2

Key factors causing revenue cycle inefficiencies

Source: Everest Group (2021)



Disjointed systems



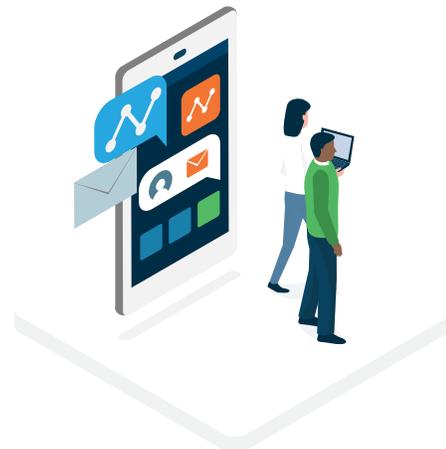
Manual-intensive operations



Regulatory push toward transparency and patient satisfaction



Rising out-of-pocket expenses



Lack of focus on marketing initiatives

Disjointed systems

Most healthcare providers' underlying platforms and systems are often obsolete, and newer systems are plagued by issues such as lack of interoperability. In fact, many of these systems are incompatible with payer portals, necessitating manual intervention and loss of effort, efficiency, and, ultimately, dollars. Payers are also unable to upgrade technologies as quickly as needed. Further, healthcare providers struggle with ROI-related issues in implementing these systems/platforms. According to industry experts, the ROI on Electronic Health Record (EHR) and RCM investments has turned out to be a poor experience for a vast majority of caregivers. The University of Texas MD Anderson Cancer Care Center's financial issues after EHR implementation are a case in point. The fact that the health system had to cut down ~1,000 jobs to contain high costs illustrates how investments in disconnected technology systems can create financial pressures rather than alleviating them. However, on the brighter side, some forward-thinking payers and providers are making the right investments in API-based information exchanges, where possible, without compromising Health Insurance Portability and Accountability Act (HIPAA) mandates.

Manual-intensive operations

Healthcare providers still rely on people to run their revenue cycle operations. For instance, a simple inquiry from a patient to check eligibility typically takes two to three calls, clearly indicating the inefficiencies in the process, when a chatbot can significantly reduce the workload on the existing workforce and improve patient satisfaction. This is just one of the examples of how reliance on people for revenue cycle operations results in high turnaround time and low output for healthcare providers. Further compounding this problem is the shortage of specialist talent, such as coders and nurses, in the US. Thus, a high workload often leads to administrative delays and errors. The country had close to 200,000 medical records and health information technicians in 2018¹, and the requirement is increasing at almost 13% on an annualized basis.

Regulatory push toward transparency and patient satisfaction

The US health industry is moving toward transparency and member/patient satisfaction through regulations such as the Patient Access and Interoperability Rule. The rule mandates providers and payers to share data with patients/members, as well as among themselves. In addition to the perennial push for value-based care, this regulation clearly indicates that the focus on care quality and patient satisfaction has never been higher in the US healthcare market. Revenue cycle solutions – which impact patient access and experience significantly – are further driving this trend, while healthcare providers struggle to keep up with market demand. Further, many regulatory changes, such as ICD-9 to ICD-10 conversion, have resulted in health systems reskilling the entire coding staff. With ICD-11 expected to come into effect from January 2022, the reskilling process will add to the regulatory burden of health systems unless they invest in training and technology.

Rising out-of-pocket expenses

HDHPs and other changes are driving reimbursement reductions and bad debt accumulation. A rise in HDHP enrollment as shown in Exhibit 3 has led to an increase in patients' payment share for medical care. Many patients struggle to pay their medical bills, which results in bad debt for hospitals. With their current processes and capabilities, many health systems, especially midsize and smaller practices, cannot efficiently tackle the revenue cycle process challenges associated with out-of-pocket expenses, leading to losses.

1 US Bureau of Labor Statistics

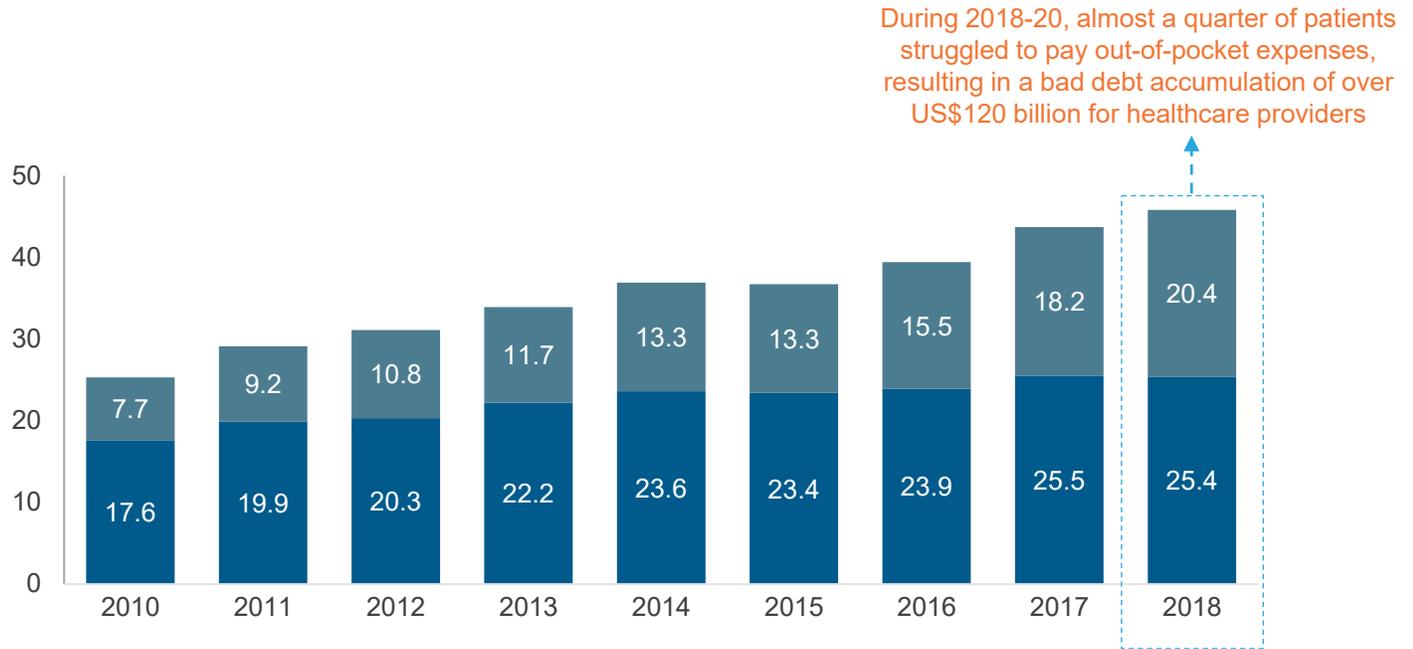
EXHIBIT 3

Enrollment in HDHPs

Source: Everest Group (2021), U.S. Bureau of Labor Statistics; National Center for Health Statistics (NCHS); TransUnion Healthcare

% of people under 65 years enrolled in HDHP; 2010-18

■ HDHP without HSA¹ ■ HDHP with HSA²



Lack of focus on marketing initiatives

Consumerism is seeping through all industries, including healthcare, and marketing initiatives have become an important cog in healthcare providers’ arsenal to gain patients. Smaller practices and midsize healthcare providers struggle with brand awareness and patient engagement initiatives, which often hampers their growth.

COVID-19: aggravating healthcare provider revenue cycle issues

The COVID-19 pandemic exacerbated the challenges that healthcare providers face. These providers’ reluctance to invest in technology caused many to shut down facilities as they struggled to find people to replace during lockdowns amid different waves of the pandemic. The repercussions of the technology deficit were felt profoundly, with hospitals’ revenue cycle processes experiencing a sharp fall in earnings due to delayed elective surgeries and reduced patient footfall. These challenges, coupled with a remote work setup and accelerated telehealth adoption, impacted collection rates significantly. Smaller practices, especially those with in-house revenue cycle processes, had no prior experience in remote workforce management and were severely affected as they found it difficult to clear A/R backlogs.

1 HDHP – High Deductible Health Plans
2 HSA – Health Savings Account

Amid these difficulties, one positive that has emerged after the pandemic is the healthcare provider industry's renewed openness to digital. From being regarded as an enabler to driving strategic and long-term decisions, digital has come a long way since its adoption a few years ago. In the RCM industry, a few healthcare providers have expressly noted the benefits of digital in improving their revenue cycle efficiencies. In fact, nearly 90% of hospital finance leaders who conducted audits on their technology and digital transformation capabilities during COVID-19 found missed technological opportunities, redundancies, or conflicts¹. This realization has ushered in a new era of digital openness in the RCM industry across different provider categories.

Digital in RCM: a new beginning

Everest Group take

Digital has been a buzzword across industries for some time now. In banking and healthcare payer markets, enterprises adopted digital early and are now scaling it up. For traditionally risk-averse healthcare providers, adoption is relatively slow. Nevertheless, the scenario is changing, with many hospitals experimenting with technology elements such as analytics, automation, and platforms across functions for both revenue cycle and clinical operations. The traditional digital focus on record management products, BPM tools, and large platforms, among others, is also giving way to nimble digital solutions (as exhibited below) that can help healthcare providers address the evolving needs of patients and the market

EXHIBIT 4

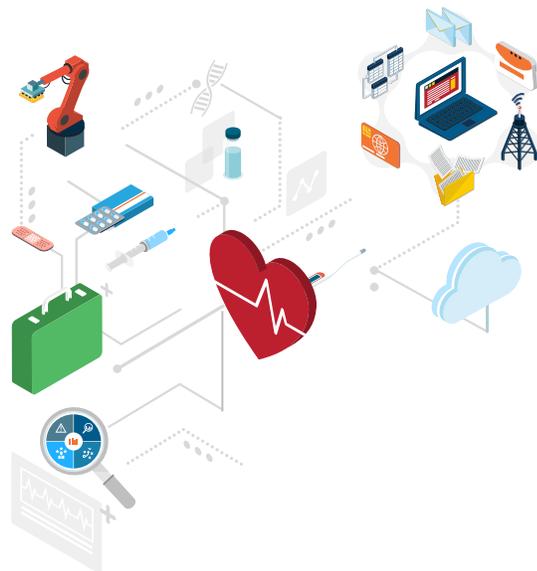
Key technology elements in healthcare providers' digital strategies

Source: Everest Group (2021)

Automation increases process efficiencies by streamlining redundant and time-consuming tasks such as payment posting, payer follow-up, and appointment scheduling.

Wrapper tools enable swift integration of different systems by executing multiple tasks based on complex business logic through API calls.

Analytics provides retrospective management, such as the tracking of KPIs, operational performance, and productivity, as well as prospective analytical insights in areas including denial predictivity and payment completion.



Platforms provide a one-stop engagement solution for multiple payer portals, regulators, and other data sources.

Health IT and cloud services are single-handedly responsible for seamless data access, transfer, computation, and analysis without entailing significant fixed costs on servers and other hardware equipment.

Recent healthcare provider investments in expensive EHR/RCM platforms and subsequent struggles with RoI also contribute to a mindset shift toward these nimble technology solutions. However, there are miles to go before the healthcare provider industry can be called digitally mature. For instance, almost 30% of hospitals and health systems do not use automation in RCM processes at all . This reveals an enormous untapped opportunity for healthcare providers to upgrade their existing systems for increased cost savings and resiliency against any future disruption such as COVID-19.

Below we discuss individual digital elements and their roles in improving RCM processes:

Automation

Automation in the healthcare provider ecosystem involves a sequence of interactions between patients, caregivers, hospitals, payers, etc., aimed at minimizing human touchpoints and interventions. The key benefits that healthcare providers can reap by deploying automation include enhanced consumer experience, revenue growth, improved quality and consistency, increased speed, better population health management, and improved governance and compliance. According to a 2019 report by CAQH, a non-profit alliance of health plans and related associations working together to streamline the healthcare business, healthcare providers can save ~US\$8.8 billion by deploying automation in just seven processes – eligibility and benefits verification, prior authorization, claims submission, attachments, claim status inquiry, remittance advice, and claims payment.

The table below depicts the savings potential of automation for each activity.

Process/activity	Savings potential (US\$ million)
Eligibility and benefit verification	3,864
Prior authorization	355
Claims submission	507
Attachments	326
Claim status inquiry	1,931
Remittance advice	1,822
Claim payment	49

Medical coding and workflow are two other areas increasingly deploying automation in recent times. While certain service providers, especially those with a technology legacy, have started deploying RPA and automated workflow solutions, the future will involve advanced automation – Machine Learning (ML), Natural Language Processing (NLP), and Artificial Intelligence (AI) – if the market is to maximize technology's potential. While aiming for advanced automation is a sound strategy, service providers investing in this area need to keep in mind certain considerations, such as budget, capabilities, and buyer maturity and expectations.

Analytics

Hurried provider investments in EHR systems have been accompanied by a rise in analytics service providers. Additionally, existing service providers have started catering to healthcare providers investing in analytics capabilities. The availability of digitized and structured data is the primary driver for the rise in service providers offering analytics services.

While most currently available solutions focus on analytics' visualization and reporting aspects, there is significant room for improvement in terms of leveraging more advanced analytics (predictive and prescriptive). Other challenges that healthcare providers face include limited functionality around actionable insights and limited availability of comprehensive analytics platform solutions. While healthcare providers have deployed point solutions to mitigate the issue of comprehensiveness, they have not been able to meaningfully address the issue of actionable insights.

Two key outcomes that analytics can help providers achieve are:

- **Improved operational metrics** – cost reduction and revenue maximization: improved workflow in terms of appointments and utilization, supply chain, reduced denials, and improved A/R days
- **Improved clinical outcomes** – enhanced care delivery: population health management, avoidance of / reduction in readmissions, and clinical decision support

Platforms

Healthcare provider investments in platforms are oriented toward large EHR and RCM systems; however, the COVID-19 pandemic has highlighted the need for more niche modular platforms focused on specific functions – such as pre-authorization and coding – in the revenue cycle process. Unlike enterprise RCM platforms that cater to large health systems, modular platforms are best suited for small and midsize systems, as they are easier to integrate and cost-effective.

Health IT and cloud

While providers are gradually accepting technology elements such as automation and analytics, the cloud is expected to be the linchpin of their digital transformation strategies.

A cloud environment offers multiple benefits to healthcare providers such as location-independent real-time data accessibility, better collaboration and data-sharing, and rapid deployment of resources. For instance, the high-volume fluctuations in billing and claims management operations can be smoothly managed through on-demand, rapid, and scalable deployment of cloud-based automation platforms. Compliance with regulations such as HITRUST and HIPAA has been a challenge for cloud adoption; however, platform providers are now investing in data security to address this issue.

Further, tightening reimbursements are forcing decision makers to revamp their applications, so that they can reduce their staff's workload and get more integrated reporting. In fact, healthcare CFOs and CIOs are prioritizing healthcare application investments in their investment lists.

APIs and wrapper tools

APIs and wrapper tools are enabler technologies that allow healthcare providers to extract the benefits from multi-faceted, multi-purpose systems without making huge investments in a wholesome product. These tools can be built around industry-agnostic, large-scale systems by acting as a conduit to ensure replication and customization in a different vertical. This ensures seamless system integration, which helps complete multiple requests without any disruption. Creating requests for prior authorization or to enroll patients in a care program are some specific use cases.

Rising consumerism and marketing

Through the last decade, the industry has experienced a rise in healthcare brands across the US, including hospitals acquiring physician practices, rise of branded dental clinics, aggregation of urgent care practices, and branded behavioral and mental health clinics. Along with aggregation, integrated web and social media marketing has also increased. Healthcare organizations can no longer watch on the sidelines, and they need to make investments in marketing to rank higher on local searches. Further, the reputation of healthcare institutions demands supporting investments as well. The rise of rating aggregators, such as Google ratings, Facebook ratings, Trustpilot, and others, means that consumers want to make a careful choice among their medical service providers. While the delivery of exceptional medical services is a non-negotiable, the demand for focused marketing services is expected to rise. Progressive healthcare institutions are now adopting integrated web and social media marketing strategies to improve patient visits and brand perception.

Digital in RCM: the way forward

As healthcare providers continue to reap the benefits of digital technologies, the adoption of different technology elements is likely to increase further. Healthcare providers' perennial quest for lower costs and improved margins is expected to pose a challenge to digital adoption in the industry; however, fundamental changes such as a shift in focus from fee-for-service to fee-for-care, as well as the quest for interoperability, is expected to keep driving industry adoption and growth.

Further, as the legacy issues of interoperability and lack of standardization in RCM processes continue to frustrate providers, they are likely to demand more modular platforms. Similarly, the need for cloud-based, scalable solutions that can withstand future disruptions without incurring huge costs will also rise. Prescriptive insights across payer and patient management processes will assume a larger role for providers' strategic decisions. Technologies such as ML-based image recognition systems to extract information from multiple sources are already extensively used across the industry. Healthcare providers are also experimenting with next-generation technologies such as blockchain and IoT, with use cases across payment postings, invalid claims identification, and Fraud, Waste, and Abuse (FWA).

Exhibit 5 highlights the potential of digital elements for RCM processes:



RPA and AI are probably the most disruptive innovations in healthcare revenue cycle right now.

– Chief Revenue Officer of a large-sized health system

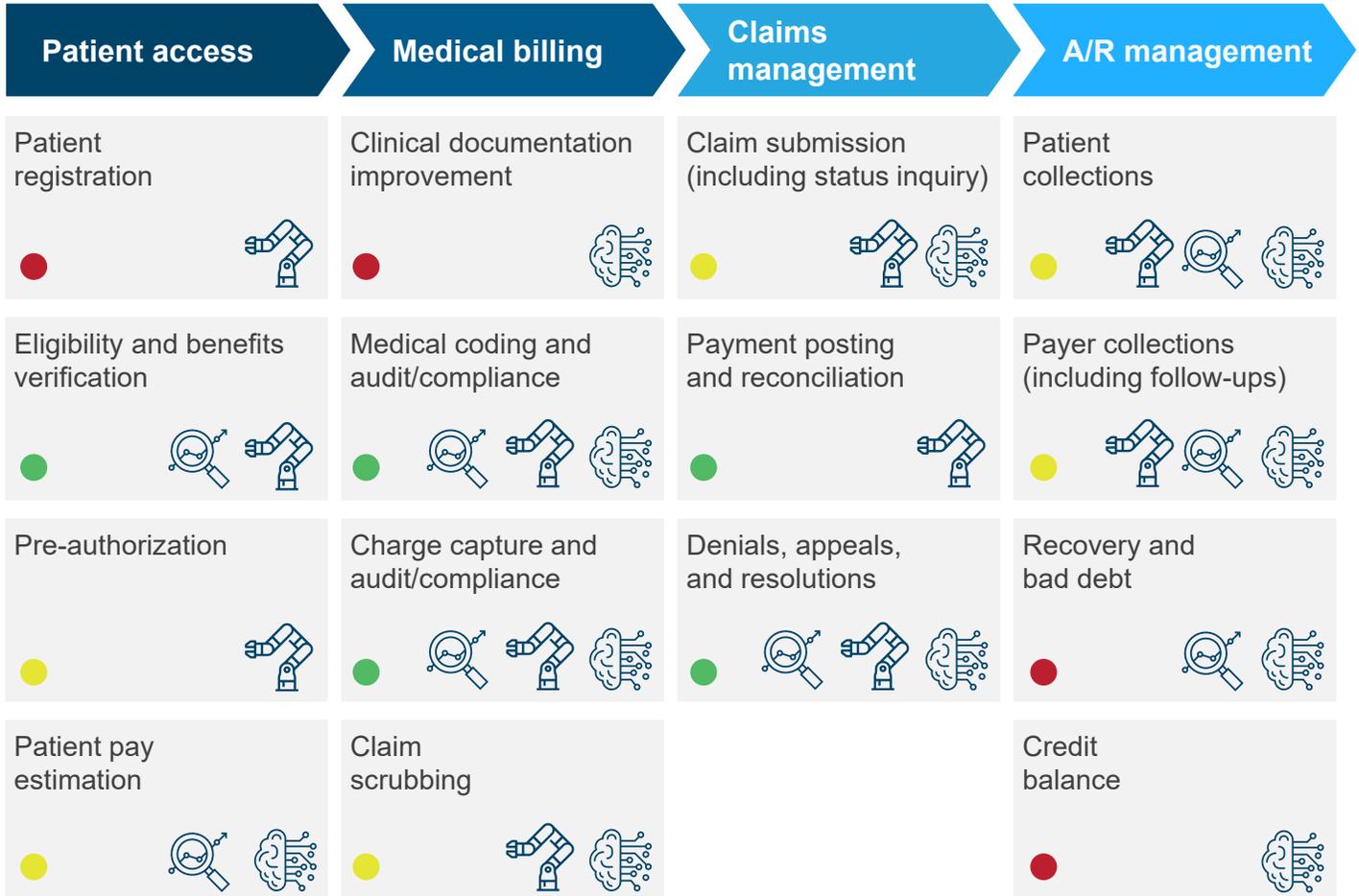
EXHIBIT 5

Potential of various technology levers across the RCM value chain

Source: Everest Group (2021)

Future potential ● High ● Medium ● Low

Analytics  Automation  AI 



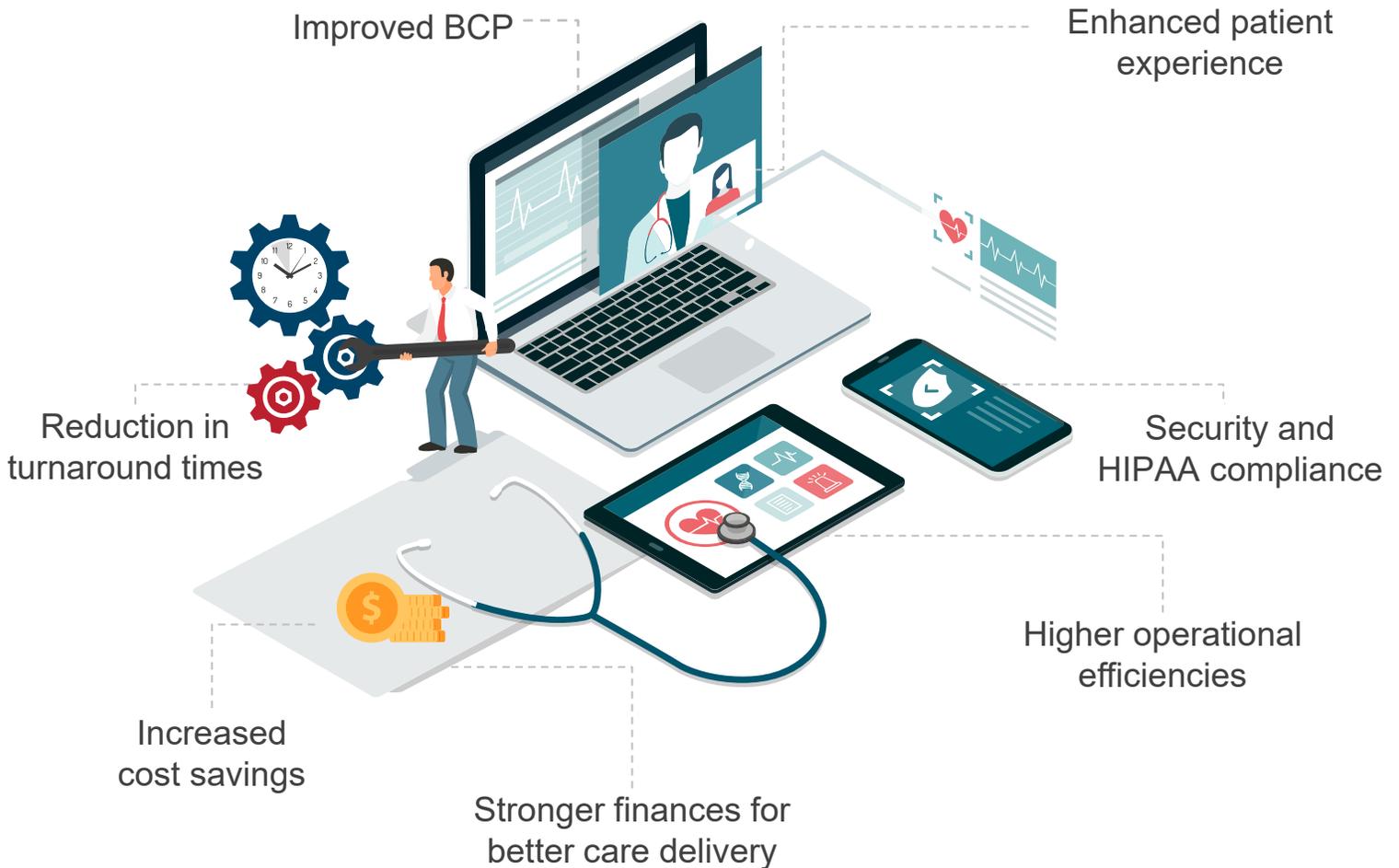
Key benefits of digital solutions for healthcare providers

The adoption of digital brings widespread benefits, as shown in Exhibit 6, across multiple stakeholders in the RCM ecosystem of healthcare providers.

Cloud-based interoperable platforms with automation capabilities can reduce the turnaround times of time-consuming requests such as eligibility verification and prior-authorization

EXHIBIT 6**Major benefits of digital for healthcare providers**

Source: Everest Group (2021)



Front-end patient-access processes are key to a hassle-free, comfortable experience and an everlasting impression on patients during any care episode. Automated, RPA-based scheduling saves patients the pain of calling, discussing, and booking slots. Patients can scroll through available slots, book preferred ones with a few clicks, and avoid entering pre-service information for every new medical engagement. Further, automated reminders help them keep up with their appointments and prevent discontinuity in care management.

This is particularly helpful for elderly and borderline patients with acute conditions that can turn chronic if untreated, particularly diabetes and asthma. Healthcare providers are obvious beneficiaries of technology intervention in front-end processes, as automated reminders help them increase patient turnout, saving millions of dollars on no-shows. Moreover, cloud-based interoperable platforms with built-in automation reduce the probability of bad debt due to real-time eligibility verification and prior authorization, improving the turnaround time of these time-consuming requests.

Middle-office operations such as medical coding and charge capture contribute to many claim denials due to incorrect mapping, missing entries, and erroneous filings. Although trained coders and nurses perform these tasks, the vastness of coding bibles, the sheer volume of work, and technology-lacking manual exercises, including paper-based notes, lead to such errors. Technology-enabled offerings such as Computer Assisted Coding (CAC) can automate certain parts of these tasks through domain support, search suggestions, and database upgrades. Consequently, providers can increase coder efficiency, reduce billing errors, and bad debt provisions. Additionally, analytical dashboards embedded with productivity management solutions help providers pinpoint exact codes, facilities, and staff members contributing to the highest number of errors and create remedial training programs.

The success of any RCM system is determined by how efficiently and quickly the processes can close the payer management loop and credit providers' accounts. RPA bots lead to tremendous savings in work-hours by automating processes such as payment posting in an accounting system and streamlining the appeals filing and resolution process by downloading and attaching medical records to corresponding appeals.

A step further in advanced automation capabilities is intelligent automation, which applies AI- and ML-based algorithms to provide superior benefits of data extraction from unstructured sources such as medical records or web portals. Intelligent automation simplifies the daunting tasks of data entry and record-keeping. The herculean task of denial management – which takes an entire team to check, verify, and identify root causes – is transformed by introducing prioritization modules that segment denial cases as per priority. Only necessary denials requiring immediate human assistance are put forward in a collector's work queue.

Analytical components such as reporting and descriptive analytics allow providers to track and manage their financial and productivity metrics such as A/R recovery days to identify issues and troubleshoot them through targeted intervention. Advanced analytical techniques such as prescriptive analytics provide risk-prediction scores for claims before they are filed so that the claims most prone to getting denied are rectified in the beginning.

Notably, a lower denial rate has a significant two-pronged impact on providers' cash flows:

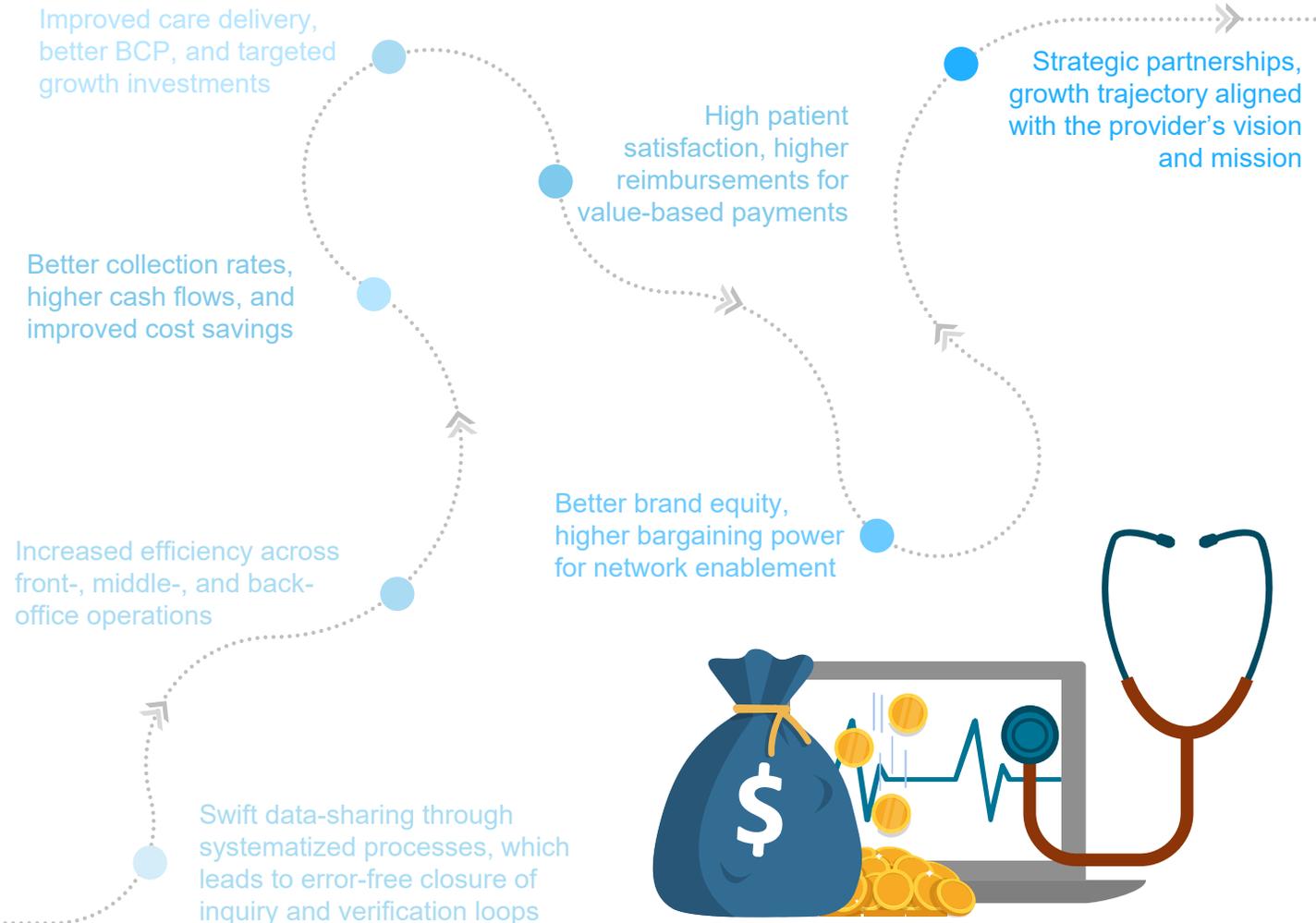
- It reduces appeal resolution costs, as fewer appeals are filed for denied claims
 - It increases the probability of quick release of previously held-up provider reimbursements.
- It also ensures resource re-allocation per requirement after reskilling efforts

Overall, investments in RCM technologies strengthen the financial position of providers. With improved cash flows, hospitals are better positioned to invest in top care delivery practices and design a well-informed and realistic business continuity plan, eventually enhancing patient experience. This increases patient and provider confidence and improves brand equity for hospitals among health systems and payer networks. A strong brand presence also increases providers' bargaining power for network enrollment, thereby crafting a win-win situation for payers, providers, and patients.

EXHIBIT 7

Value additions from technology investments in RCM processes

Source: Everest Group (2021)



The role of outsourcing service providers in accelerating the digital journey

The previous section focused on the benefits that digital solutions can bring to healthcare providers; however, health systems need support from third-party partners, including outsourcing service providers, to traverse their transformation journeys. While the pace of technology investments in RCM has increased over time, hospitals have experienced limited outcomes with their own in-house management of these solutions. Complexities associated with selection, implementation, and maintenance amid changing technologies are difficult to tackle for healthcare providers, as these are not their core expertise. Hence, they need specialists such as outsourcing service providers to deal with such complexities effectively. Exhibit 9 depicts the various challenges encountered by providers when pursuing digital initiatives.

EXHIBIT 8

Key issues that providers face when investing in in-house RCM technologies

Source: Everest Group (2021)

**Services-related issues**

High cost and lower efficiency in in-house RCM technology investments, primarily due to the lack of effort-outcome mapping and focused managerial supervision

Talent issues such as attrition, longer hiring time for tech-savvy billers and specialized talent (specialist coders), leading to a rise in pending claims

Ill-informed staff amid changing regulations and software upgrades such as HIPPA compliances, along with security-proofing against potential cyberattacks

Lost revenues due to fund embezzlement, uncontested denials, and discarding of 'irrelevant' bills

**Technology-related issues**

Failed outcomes owing to the absence of the right technology partner due to the lack of technical expertise in platform selection and appropriate need assessment

Rigid and convolute systems leading to Interoperability and integration issues rendering providers helpless as they are compelled to back-invest in manual resources despite having a so-called digital platform

System lags, breakdowns, remote support management due to limited customization, resulting in a longer A/R cycle, defeating the purpose altogether

Absence of a long-term RCM strategy due to hurried investments and lack of vision-based discussions with technology partners

Additionally, CXO corridors are ripe with discussions on RCM technologies' inefficiencies due to heavy financial investments and tough retraction. For instance, health system leaders believe that some RCM technologies lack the capabilities to accurately estimate patient costs, which could be attributed to complexities associated with different insurance coverages, deductibles, and co-insurance. This has compelled healthcare leaders to look for disruptive and flexible solutions embedded with AI, predictive analytics, and automation to equip them with the necessary capabilities.

The provider leadership increasingly realizes that the best use of its time is to focus on scaling practices and developing strategic businesses, instead of deliberating upon operational demands such as how and where to hire more resources (coders, billers) or manage ad hoc, time-sensitive requirements. Hence, providers must select the right set of technologies and collaborate with competent partners with a proven track record of use cases that can tackle RCM challenges.

A closer look at some service provider strategies

Outsourcing service providers' unique technology-enabled services and proven use cases can meaningfully address the challenges that healthcare providers face. As RCM service providers understand the complexity and uniqueness of these challenges, they can support healthcare institutions in the following four ways:

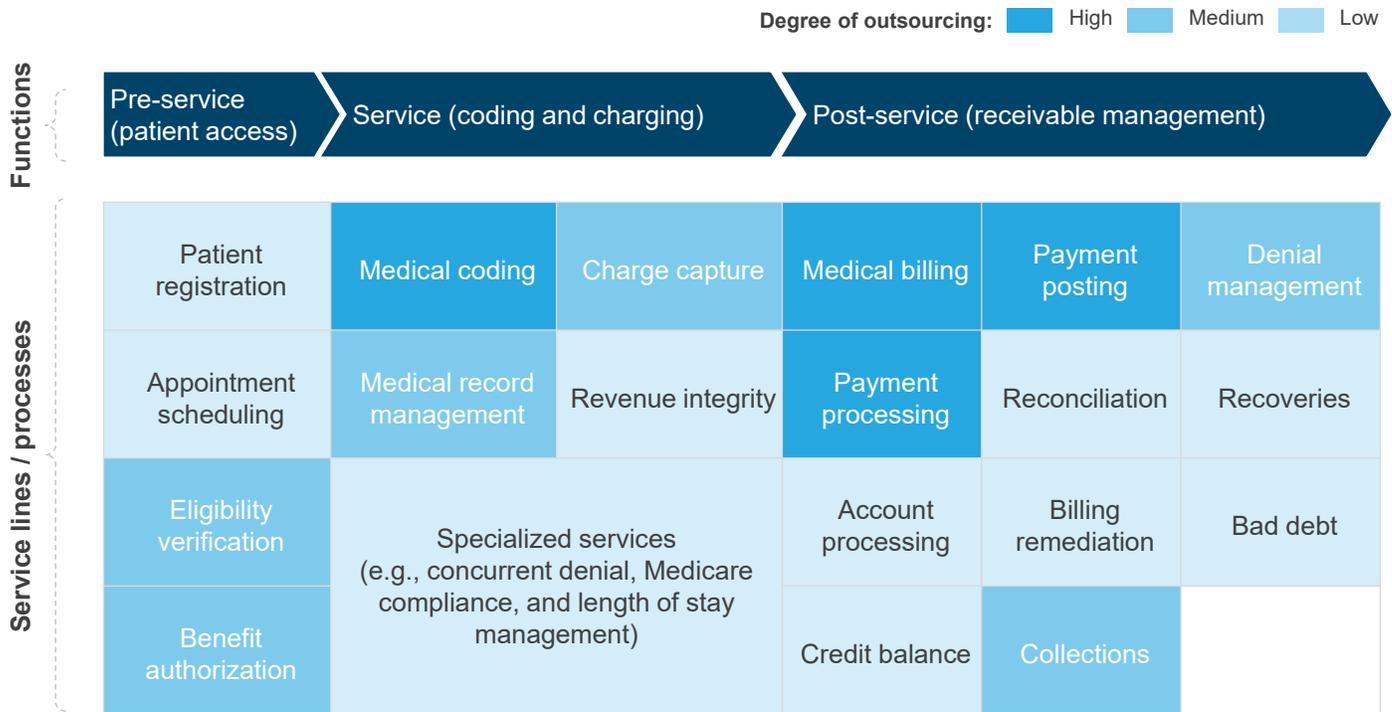
- **A “platform + services” model that offers wrapper tools across the services continuum:** Amid an ever-changing RCM landscape plagued with complex processes, service providers have moved from a pure-play services model to an integrated, modular offering that comprises a platform component such as pre-authorization and autonomous coding platforms in combination with a services component. This has expanded the scope, utility, and outlook of services delivery, as providers aim for improved and impactful outcomes. Moreover, healthcare providers can avoid issues such as technology-resource skills gap, platform incompatibility, and multi-vendor engagement. In fact, an integrated platform-services model is a futuristic model dominated by technology-driven services management that will provide healthcare providers with a leading edge in the coming years
- **Analytics in processes such as denials and A/R management:** Healthcare providers increasingly realize the far-reaching implications of analytical insights in redefining operational decision-making processes and mapping them to strategic discussions. Identifying and tracking the right KPIs (A/R days, clean claims ratio, denial rate, bad debt rate, cost to collect, etc.), ensuring preventive denial management, stopping revenue leakage, and segmenting focus areas for continuous business improvement are some of the important use cases through which third-party vendors support healthcare providers
- **Automated work queues for transactional processes in RCM:** By ensuring complete automation of work queues in patient communication and follow-ups through multiple modes (email, texts, etc.), third-party vendors save significant hours of manual effort for hospital staff. Automated work queues ensure that providers stay on top of their game with high operational efficiencies and can focus on other tasks without intermittent/continuous disruption
- **Workflow and workforce management:** Third-party providers' workflow automation solutions assist healthcare providers in designing, redefining, and re-engineering process solutions effortlessly with measurable outcomes. This significantly improves the healthcare providers' operational efficiencies and helps them ensure disruption-free process management. Additionally, productivity management tools help hospitals identify unproductive/less productive staff members who require targeted interventions through appropriate training, skill development, or workforce rationalization

As service providers armed with modern technologies are bound to ensure the best efficiencies due to contractual and market obligations, it becomes increasingly easier for practices to focus on their care delivery and management competencies. While healthcare providers were already outsourcing transactional processes such as medical billing, an increasing number of health systems have started to entrust service providers with more complex, interconnected processes such as eligibility verification, authorization, collections, and denial management, as illustrated in Exhibit 9.

EXHIBIT 9

Relative degree of RCM process outsourcing

Source: Everest Group (2021)



Increased reliance on service providers is evident from the fact that the provider RCM BPO market is expected to grow at a CAGR of over 9-10% over the next three to four years, driven by the benefits of technology-enabled offerings on top of a pure-play BPO services model. Additionally, there are numerous instances of providers saving enormous costs and hours through appropriate technology-based outsourcing interventions, as illustrated below.

A **three-hospital community health system** enabled timely and accurate eligibility checks and improved its account accuracy to **99%** in real-time at the time of registration

A **nonprofit healthcare organization** increased its cash receipts from **US\$18 million to US\$23 million** in four months of integrated RCM transformation and reduced its DNFB numbers by more than **60%** to **US\$15 million**

However, with complex processes and problems involved, which directly impact patient experience, and, in turn, value-based reimbursements, providers should be extra cautious in selecting technology vendors on parameters such as cost, outcomes, scalability, and agility. The outsourcing objective should not be aimed at simply achieving contractual targets. It should be proactive in strategic vision-building, future-proofing, and developing adequate, timely interventions to ensure sustained growth.

Conclusion

The digital revolution is sweeping through the healthcare provider industry, as health systems adopt technologies such as analytics, automation, and platforms to tackle challenges pertaining to administrative inefficiencies. RCM is at the forefront of this disruption, and healthcare providers are expanding technology adoption in RCM operations by investing in integrated, modular, and cost-effective digital elements. Such investments will enable them to keep pace with the ever-changing technology-disruptive operations market.

Although technology adoption is gradually picking steam in the RCM market, a lot is yet to be done. Healthcare providers need to become more receptive to ways to increase their RCM processes' efficiency. While providers that have already invested in RCM technologies have a head-start and can bring more processes under their scope of work, late starters should proactively consider and implement digital-focused solutions as the competition becomes fiercer.

Real-time access to information and multiple options have paved the way for the Amazonization of healthcare services, as patients increasingly demand customized offerings. Healthcare providers need to build dynamic, technology-driven, and patient-focused RCM strategies to meet their expectations. It is an understood fact that patients avoid prolonged exposure to healthcare services; hence, providers need to invest in RCM technologies that enable smooth, transparent, and quick experiences.

Also, providers need to invest strategically to reinforce their core capabilities. In a globalized economy with cut-throat competition for innovation, it is more important than ever that providers take a collaborative approach to upgrade their RCM operations. We believe that the expertise leveraged from outsourcing service providers will be a key transformational driver for healthcare providers to tackle increasing RCM challenges in the future.



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