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# 6 experts share healthcare RCM predictions for 2017

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Hospitals and health systems will face a number of revenue cycle management challenges next year as the healthcare industry continues the shift from fee-for-service to value-based care and an increasing number of patients enroll in high-deductible health plans.

Here, six experts share their RCM predictions for 2017.

*Note: Responses have been lightly edited for length and clarity.*

**Sondra Akrin, Vice President of Revenue Cycle Transformation for Hayes Management Consulting (Newton Center, Mass.).**
Healthcare organizations have spent the past decade or more on implementing and enhancing their clinical systems and workflows. Billing and revenue cycle systems and workflows have been neglected as a result. Organizations have been and will be looking at their practice management systems to improve efficiency and return on investment, upgrade or replace systems to improve technology utilization within workflows and increase automation and exception-based handling to lower operating/overhead costs.

**Ralph Catalano, Senior Vice President of Operations for CareCloud (Miami).**
In the coming year the changing payment landscape will prompt medical group leaders to view their technology platforms and partners in a different light. Deeply integrated, flexible solutions will be critical. An approach that cobbles together "best-in-breed" products — and hoping they work well together — will gradually be abandoned for

platforms that combine financial, clinical, reporting and analytics capabilities that offer seamless data flows, smaller upfront investments and are dynamic enough to change with evolving regulations and business models.

**George Dealy. Vice President of Healthcare Applications for Dimensional Insight (Burlington, Mass.).**
As the healthcare industry shifts to more risk-based contracts, organizations will need to start leveraging data insights from providers' current revenue cycles. In addition to simply receiving these data insights, however, it will be equally as critical that the organization's staff are proficient at translating this rich information into actionable RCM improvements at the practical level. This will help ensure more well-informed, strategic business decisions in the year ahead.

**Rob Grant, Co-founder and Executive Vice President of Evariant (Farmington, Conn.).**
The changing healthcare landscape driven by consumerism, value-based care, consolidation, and baby boomers rapidly switching from commercial health plans to Medicare, is forcing hospitals and health systems to review their revenue streams. Traditional revenue cycle management tools play a critical role in helping manage payments and identify these types of issues, but aren't designed to fix the problem. Customer relationship management solutions use RCM and other data to deliver market share gains and profitable patient revenue. In 2017 and beyond, we will see more CFOs working closely with marketing leadership and their CRM partners to deliver on these types of revenue gaps by acquiring new patients and retaining existing ones, while also increasing network utilization.

**Carmen Sessoms, Assistant Vice President of Product Management for RelayHealth's RelayAssurance Plus Solution, RelayHealth Financial (Alpharetta, Ga.)**
Next year will see a huge focus on denials prevention and management as more provider organizations begin to leverage data analytics to identify the root causes of denials, prioritize those causes, and then work collaboratively to address them. We're on the verge of a digital Renaissance in healthcare — in which providers understand

that they have new tools at their disposal to help them really get their arms around the denials problem, increase revenue velocity and improve care. Today, as many as 1 in 5 claims is delayed or denied, based on RelayHealth Financial data. Additionally, according to industry studies, approximately 31 percent of denials originate in the claims process and another 30 to 40 percent that are seen downstream are the result of registration and pre-service related challenges. So denials are not confined to the front- or back-end of the revenue cycle, and are truly an organizationwide issue.

**Amy Sullivan. Vice President of Revenue Cycle for PatientKeeper (Waltham, Mass.).**
In 2017, the conversation and forward planning in healthcare RCM will be predominantly around risk- or value-based revenue models. In contrast, revenue will remain mainly fee-for-service-based. Therefore, hospitals and other provider organizations will need to devote a portion of their IT effort to readying their technology infrastructure for a hybrid world. Accurate and timely physician charge capture will remain a priority (albeit more challenging with the expanded ICD-10 code set) and so will charge analytics. Quality reporting will become more complex as the Medicare Access and CHIP Reauthorization Act's Merit-Based Incentive Payment System phases in.