



Mark Janiszewski **Chief Solutions Officer** 

**FinThrive** 

Mark Janiszewski is responsible for the product leadership of FinThrive's provider solutions. With more than 20 years in healthcare, Mark has led product and strategy for McKesson and Greenway Health. Mark has also led the development and implementation of comprehensive growth strategies leveraging existing competitive assets and relationships along with the implementation of execution priorities to realize those strategies.

Mark joined FinThrive in 2018 and works closely with customers as well as development, marketing, sales and operations to strengthen FinThrive's solutions and deliver best-in-class offerings.

Mark embraces the challenge and opportunity to reduce the waste in the healthcare system so that more healthcare dollars can be focused on improving patient health.

Born and raised in Montreal, Canada, Mark lives in Tampa now with his wife of 36 years, Wanda, a CPA. Mark and Wanda have three adult daughters who all work in healthcare, two as healthcare providers.





## FinThrive operations

3,200+ clients in North America representing nearly 50% of all hospitals and health systems in the US.

2850+

Hospitals and health systems use our solutions +008

Ambulatory/ non-acute clients 880 +

Payer connections 50 states

Clients in all

4.1B +

Transactions through clearinghouse in 2021 205M

Claims processed annually

\$900B+

Of revenue touched per year

30 +

Years experience







## Purpose

We rethink **revenue** management to advance and empower the healthcare economy.



## Mission

To make the business side of healthcare a frictionless **experience** for providers, payers and patients.

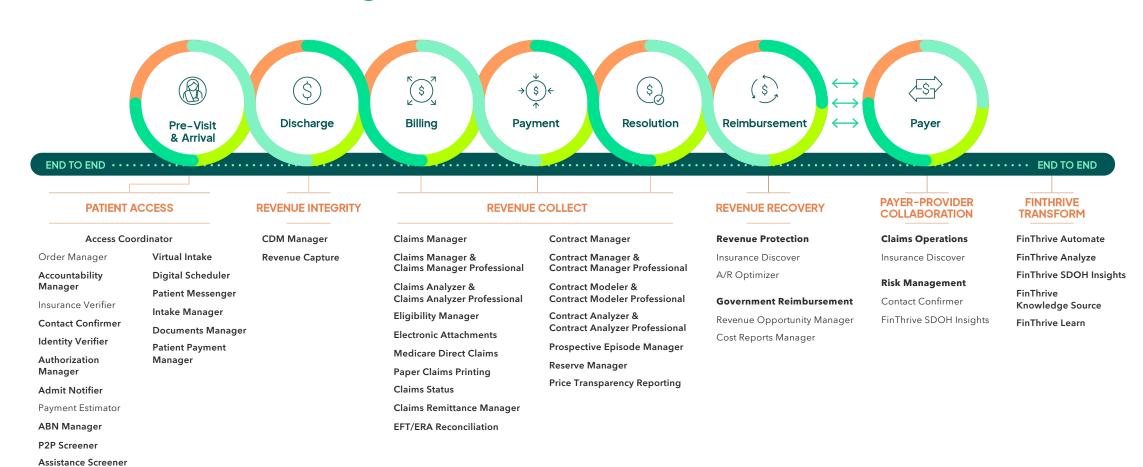


## **Vision**

To deliver the industry's most comprehensive end-to-end Revenue **Management Platform.** 



## FinThrive Revenue Management Platform





Patient Payment Manager Service Tracker Referral Manager **Pricing Transparency** Reporting



## The problem we are solving

Healthcare providers are facing shrinking margins as operating costs continue to climb unchecked.

In this environment, every dollar counts.



## 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 we automate or leverage predictive analytics?
- How many vendors do I need?



## The Revenue Management Technology Adoption Model (RMTAM)

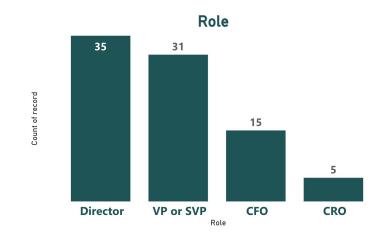
## An evidence-based approach to **RCM** digital transformation

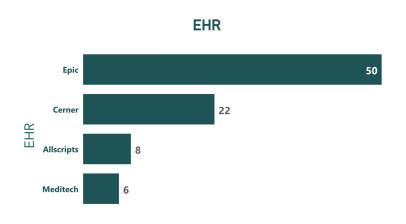
#### **Research hypothesis:**

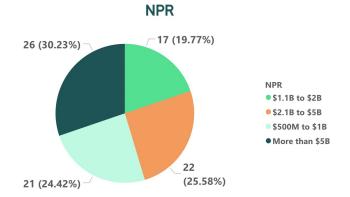
The industry lacks an RCM-focused technology adoption model to support digital transformation efforts.

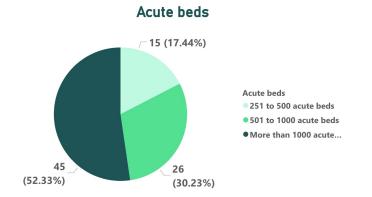
#### **Methodology:**

- 100 unique organizations
  - + 15 Safety net orrganizations
- All major EHRs
- NPR and Bed-Size
- 26,719 unique data points













## **Analysis and results:** Technology use

### **Analysis**

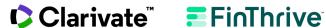
Focus adoption model on high-impact technologies.

Align the RMTAM stages with average industry adoption.

#### Results

"Mission critical" and "high value" technologies were retained while "moderate value," "low value," or "no value" were removed from the model.

**Group technology into stages based on** average adoption by industry.





## **RM Technology Adoption**

## **Broad industry** adoption

**80%** of respondents

#### Typical RM technology:\*

- Eligibility
- Medical necessity
- Charge capture
- CDM
- Claims
- Statements
- Collection management
- Claims/collections analytics

## High adoption

70% to 80% of respondents

#### Typical RM technology:\*

- Estimation
- Price transparency
- Financial clearance
- ID/Address verification
- Referral management
- CDI

## Moderate adoption

**60% to 70%** of respondents

#### Typical RM technology:\*

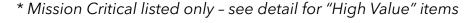
- Appt reminders
- Prior authorization
- Resource scheduling
- Business intelligence
- Transactional analytics

## **Emerging** adoption

**Less than 60%** of respondents

#### Typical RM technology:\*

- Pre-visit insurance discovery
- Virtual intake/registration







## RM Technology Adoption: detail

"Mission critical" or "high value" technology in use by more than 80% of respondents

#### **Broad industry adoption**

Eligibility and benefits verification		
Patient registration/pre-registration	Patient access	
Medical necessity/ABN		
Charge capture		
Chargemaster technology	Mid- cycle	
Discharge planning		
Claims manager		
Claims edits		
Claims clearinghouse		
Claims status	Back office	
Paper patient statements		
Collections management		
Bad debt collections		
A/R analytics		
Claims analytics		
Collections analytics	Analytics	
Coding analytics		
Patient volume analytics		

"Mission critical" or "high value" technology in use by 70% to 80% of respondents

#### **High adoption**

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

"Mission critical" or "high value" technology in use by 60% to 70% of respondents

#### **Moderate adoption**

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

"Mission critical" or "high value" technology in use by less than 60% of respondents

#### **Emerging adoption**

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





Key:

Mission critical

High value

## Analysis and results: RMTAM staging

### **Analysis**

Segmented individual respondents into an RMTAM Stage (1-5) and assigned based on adoption thresholds

#### **Results**

#### Breadth of technology in use

Stage #	1	2	3	4	5
% Respondents	43%	33%	9%	12%	3%

#### Stage 1:

technologies

< 90% of "mission critical" and <50% of "high value"

#### Stage 5:

> 90% of "mission critical" and >50% of

"high value"

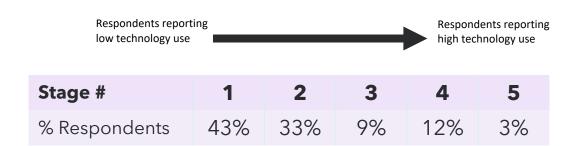




## Analysis and results: Technology and KPI performance

### **Analysis**

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







#### **Results**

## Notable financial performance improvements were detected in 9 key areas:

#### Financial analysis snapshot

КРІ	Improvement differential between Stage 1 and Stage 5
POS Collections	17% increase
Denials Rate	21% reduction
AR Days	8% reduction
% A/R days > 90	48% reduction
Bad Debt (%NPR)	32% reduction
Cost to Collect	31% reduction

## **Technology adoption intake**

Stage 1 Average technology adoption

Stage 2 **ABC** Health Eligibility and benefits verification **Patient** Patient registration/pre-registration access **V** Medical necessity/ABN  $\checkmark$ Charge capture Mid-Chargemaster technology cycle  $\otimes$ Discharge planning **/** Claims manager  $\checkmark$  Claims edits • Claims clearinghouse Back Claims status office  $\checkmark$ Paper patient statements  $\checkmark$ Collections management Bad debt collections A/R analytics Claims analytics  $\checkmark$ Collections analytics Analytics Coding analytics Patient volume analytics

Stage 3 **ABC Health** Referral management **⊗** Patient portal / mobile app Patient identify and address verification Pricing transparency (shoppable Patient services + MRFs) access **~** Patient OOP payment estimation **Y** Patient financial clearance POS payment capture Charity care evaluation (X)Clinical documentation integrity (CDI) Clinical documentation cycle transcription/NLP Utilization review 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 Contract analytics Analytics Denials analytics Patient access analytics

You are here!

Stage 4

Juge 4	ADOTTO	·		
Patient self- scheduling	<b>✓</b>			
Prior authorization/certification	$\overline{\mathbf{V}}$			
Patient appointment reminders	$\checkmark$			
Pre-visit propensity-to-pay	(X)	Patient access		
Pre-visit payment plan enrollment	⊗ ✓			
Self-service patient payments (pre-				
Registration quality management	$\overline{\mathbf{V}}$			
Physician CDI/Coder querying technology	$\otimes$	Mid-		
Predictive CDI worklist prioritization	· (X)	cycle		
Predictive denials warnings	$\otimes$			
Post-visit insurance discovery	<b>✓</b>	Back office		
Disproportionate share reporting	$\overline{\mathbf{V}}$			
Transfer DRG				
Post-visit payment plan enrollment	$\checkmark$	Oilice		
Self-service patient payment (post-	visit)			
Automated remittance matching	$\otimes$			
Data extraction capabilities	$\checkmark$			
Drill-down to transaction level capabilities	$\checkmark$			
Contract modelling		Analytics		
Physician practice operations analy	tics 🗴			
Uncompensated care analytics				

ADC ADC		
Pre-visit insurance discovery	(X)	
Prior authorization automation	M	
Automated determination	岗	
<ul> <li>Automated data extraction and submission</li> </ul>		Patient access
Prior authorization status monitoring	$\square$	40000
Virtual front desk		
Self-triage/care navigation	$\otimes$	
Clinical documentation - ambient clinical intelligence (ACI)	$\otimes$	
Computer-assisted physician documentation (CAPD)	$\otimes$	
Computer-assisted coding	$\otimes$	NA: al
ML-based ICD and CPT coding	$\otimes$	Mid- cycle
ML-based DRG assignment	(X)	
Case management	$\overline{\mathbf{M}}$	
SDOH risk analytics	(X)	
SDOH referral management	$\overline{\nabla}$	
Automated appeals workflows	8	Back office
End-to-end RCM analytics	(X)	
Real-time, near real-time refresh capabilities	$\bigotimes$	
Patient matching / deduplication capabilities	$\otimes$	Analytics
Intelligent denials and underpayment root cause analysis	$\otimes$	

**ABC Health** 





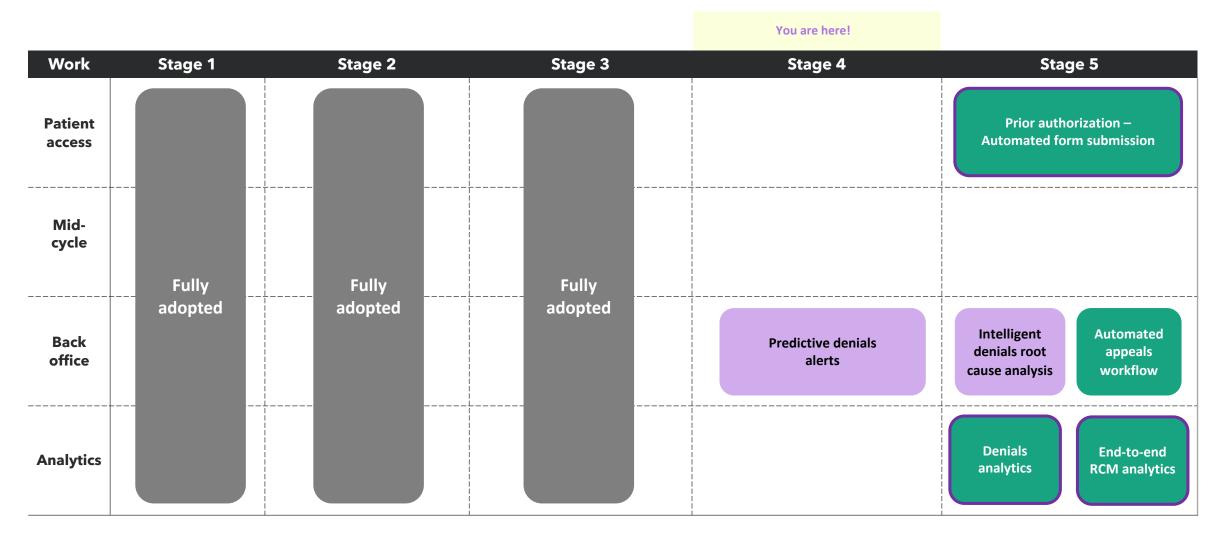
Stage 5

**ABC** Health

#### Critical processes audit | Your results: RM Technology Adoption Model Report You already High value have this Self-Triage/ Patient Portal Shoppable Services **Patient Acquisition** Care Navigation Referral Self-Identity Contact/Address Eligibility/ Medical Prior Authorization Scheduling/Pre-Registration Management Scheduling Verification Verification Benefits Workflow **Charity Care Automated Prior** OOP Payment Patient Financial Appointment Propensity to Pay Virtual Intake Estimation Evaluation Clearance Reminders Registration QA Registration Patient Registration **Clinical Documentation NLP Transcription Ambient Clinical Documentation** CAPD CDI Predictive CDI Worklist Prioritization Provider Query Management Discharge Planning Utilization Review Discharge SDOH Risk Analytics SDOH Referral Management Chargemaster Chargemaster Management Charge Capture Analytics **Charge Capture** Coding Computer Assisted Coding ML-Based ICD/CPT Coding ML-Based DRG Assignment Claims Edits Complex Claims **Predictive Denials Alerts** Billing and Coding Reference Tools Claims Build/Editing Claims Clearinghouse **Encounters Clearinghouse** Automated Claims Status Third-Party Liability Final Bill Contract Collections Underpayment Intelligent Denials Intelligent Underpayment Appeal & Follow Up Management Management Recovery Root Cause Analysis Root Cause Analysis Self-Service Payments Payment Plan Consolidated Payment Plan Self-Service Payments Call Center IVR **Patient Collections** (Pre-Visit) Enrollment( Pre-Visit) Statements Enrollment (Post) (Post) Automated Remittance Remittance **Cash Posting** Matching Post-Visit Insurance **Bad Debt** Medicare Bad Transfer DRG **DSH** Reporting **Revenue Recovery** Discovery Debt Collections

## **Modernization Roadmap**

Your results: RM Technology Adoption Model Report







## 2023 Fall Member Retreat

# Thank you!



## Mark Janiszewski

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