

Coming Trends in the Revenue Cycle

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Some familiar themes, unsolved problems, and the mash-up of the revenue and clinical cycles will define go-forward needs

- ▶ Regulatory changes and compliance pressures will not stop or even slow
- ▶ The patient will owe a greater share
- ▶ The lines of demarcation between the revenue and clinical cycles will blur to the point of integration

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 - ANSI 5010 (2012), ICD-10 (2013), new operating rules for Eligibility, ERA, medical attachments coming and increased Medicaid payer covered coming
 - Software upgrade, Software upgrade, Software upgrade → The Cloud
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 - Addressing the patient as payer → think like a retailer
 - Pre-service valuation, time of service collection, and alternatives to patient statements will all be required
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- ▶ **The lines of demarcation between the revenue and clinical cycles will blur to the point of integration**
 - Incentive payments today, bundled payments (maybe) and shared savings/risk models (maybe) in the future → fundamental overhaul of billing capabilities required
 - Mining and monetizing the clinical data schema will be required
 - Decision support related to reimbursement will move to the care room → ordering is the leverage point
 - You will need to value, track, post and reconcile AR very differently

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