



## #01

### Utilize automation that increases top-line revenue and reduces expenses.

As reimbursement climate changes happen, and as the high-deductible health plans continually ramp up, medical groups and health systems are forced to hire expensive personnel to follow up on bad debt denials. Automation decreases errors and increases the likelihood of a claim being paid quickly.

## #02

### Seek experts who manage everything on the back end while providing transparency for the whole medical group.

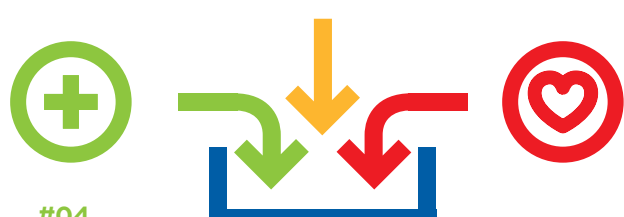
Big data and analytics are key to remaining independent and making critical decisions. They're pivotal to any move you make from an acquisition perspective, and they're required if you want to understand the workflow efficiencies at almost every level.



## #03

### Seamlessly connect your EMR and practice management investments.

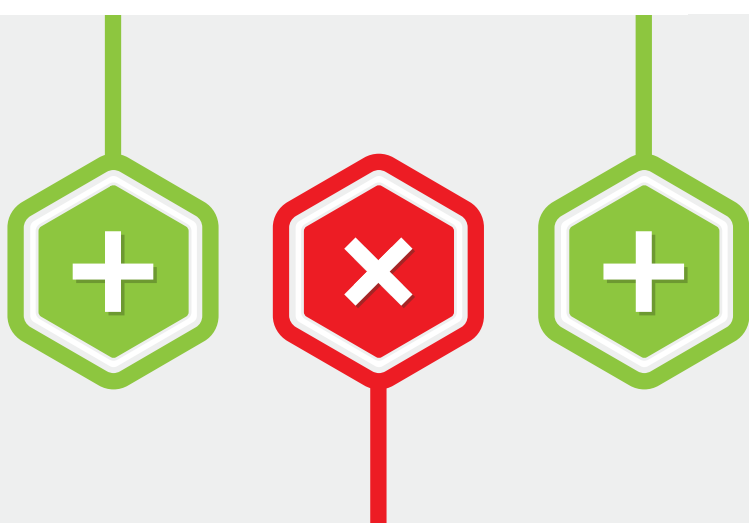
RCM solutions that are EMR agnostic give you the ability to wrap around any system without disruption. You'll be able to produce a first pass, clean bill that includes all of the necessary data elements, with the ability to determine if there was information that was not captured in the clinical setting or even at the front desk.



## #04

### Focus on patient care without worrying about the clinical data exchange between acute and ambulatory environments.

Medical groups need the ability to roll up data from various care sites to better manage patient populations and thrive in the next era of healthcare. In order to optimize workflows and control the cost to collect, find an RCM partner that has the ability to aggregate your data from acute and ambulatory care sites.



## #05

### Eliminate disparate systems.

Disparate systems that cannot communicate with one another may increase the cost to collect. Regardless of which EMR system you operate or how many feeds it receives from other systems, finding an RCM partner that is able to access and combine data from every source is key to your success.

## #06

### Employ hybrid RCM models to keep necessary revenue cycle processes in place.

One size does not fit all when it comes to RCM. Some medical groups want to outsource the entire revenue cycle function, while others want to maintain control over some parts of the process. Make sure you determine which RCM partnership model will help your group meet its specific revenue cycle goals.



## #07

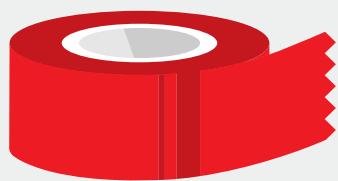
### Put predictability at the forefront.

The two things you can't control are infrastructure costs and people costs. Having a predictable cost structure in place, with an RCM partner that has the ability to scale with proprietary automation, means your medical group can avoid labor costs related to the constant turnover of claims management personnel.

## #08

### Reduce the red tape.

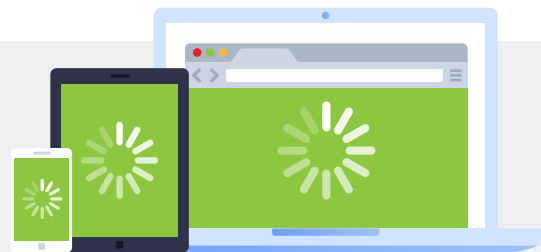
Buying billing software in-house usually involves paying for an annual support agreement and purchasing upgrades to comply with every new government mandate. Instead, seek an RCM partner that gets paid based on results, with a vested interest in ensuring that your group is not leaving money on the table.



## #09

### Find future-proof technology for your revenue cycle.

Medical groups will continue to work with multi-provider bundles, shared savings and other complex payment models while keeping up with new rules and regulations. If you don't want to fall behind on industry standards, seek a proactive RCM partner that keeps you on the cusp of new technology.



## #10

### Keep patient financial care top of mind.

Patients are shouldering more of the financial responsibility for the medical care they receive. To ensure patients have a good experience from the pre-visit to after care has been provided, give them several easy and convenient patient payment tools.

