



Avoid Costly Write-Offs and Manage the Complex Task of Provider Enrollment

nThrive Speakers Bureau // Sample Presentation





Agenda

- Industry insight: How we got here
- Common problems
- Effects across the revenue cycle
- Fast-track credentialing
- Driving Results
- Account monitoring
- KPIs
- Q+A

INDUSTRY INSIGHTS

How we got here



Rise of Uncompensated Care

Burdens patients, hospitals, and state budgets

Decline of Medicaid Payments – Waivers

Recent proposed or approved waivers to take Medicaid away from people not working or locking people out of coverage



Affordable Care Act

ACA provider enrollment fee to Medicaid is increased to more than \$500 for CY2018

Overtaxed Staff Resources

Staff are focused on patient care and reimbursement activities, and may not have the training or program-specific knowledge for enrollment



Margin Pressure

Health systems must find new ways to decrease costs, as private payors and employers can no longer absorb shifted costs.

Strategies includes lowering cost to collect and bad debt write offs, and increasing cash collections.

Common Client Problems

Don't know **HOW** to enroll

State-specific guidelines are confusing or overwhelming

Don't have **TIME** to enroll

Staff to support enrollment efforts are busy with other tasks they perceive as closer to revenue line

Enrollment too **LATE**

Lost revenue when enrollment timelines are missed due to incompleteness or lateness

Fast-Track Provider Enrollment

The more competitive the market becomes,
the more providers must decrease bad debt and the cost to collect.



EXPERT RESOURCES

Acquire talent with future capabilities and roles in mind. Focus on quality over quantity and ensure staff shares core values.



PERFORMANCE SUPPORTED BY TECHNOLOGY

Track KPIs closely to ensure performance is aligned with programmatic effort. Manage accounts to optimize revenue.



DATA-DRIVEN PROCESS

Leverage effective data and reporting to monitor performance and facilitate informed decision-making. Collect and analyze data and review it regularly to identify process issues and opportunities for improvement.

How do you measure up?

Key performance indicators of a
high-performing out-of-state Medicaid program

10%
CASH
RECOVERY

85-90%
ACCOUNT
RESOLUTION

100%
PROVIDER
ENROLLMENT IN
ALL 50+ STATES



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