

# The RCM Technology Adoption Model

Mission Critical or High Value Technology in use by **more than 80%** of respondents

Mission Critical or High Value Technology in use by **70% to 80%** of respondents

Mission Critical or High Value Technology in use by **60% to 70%** of respondents

Mission Critical or High Value Technology in use by **less than 60%** of respondents

## Broad Industry Adoption

Eligibility & benefits verification	<b>Patient Access</b>
Patient registration / pre-registration	
Medical necessity/ ABN	
Charge capture	<b>Mid-Cycle</b>
Chargemaster technology	
Discharge planning	
Claims manager	<b>Back Office</b>
<ul style="list-style-type: none"> <li>• Claims edits</li> </ul>	
<ul style="list-style-type: none"> <li>• Claims clearinghouse</li> </ul>	
<ul style="list-style-type: none"> <li>• Claims status</li> </ul>	
Paper patient statements	
Collections management	
Bad debt collections	
A/R analytics	<b>Analytics</b>
Claims analytics	
Collections analytics	
Coding analytics	
Patient volume analytics	

## High Adoption

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

## Moderate Adoption

Patient self-scheduling	<b>Patient Access</b>
Prior authorization/certification	
Patient appointment reminders	
Pre-visit Propensity to pay	
Pre-visit payment plan enrollment	<b>Mid-Cycle</b>
Self-service patient payments (pre-visit)	
Registration quality management	
Physician CDI/Coder querying technology	<b>Back Office</b>
Predictive CDI Worklist prioritization	
Post-visit insurance discovery	
Disproportionate share reporting	
Transfer DRG	<b>Analytics</b>
Post-visit payment plan enrollment	
Self-service patient payment (post-visit)	
Automated remittance matching	<b>Analytics</b>
Data extraction capabilities	
Drill-down to transaction level capabilities	
Contract modelling	
Physician practice operations analytics	<b>Analytics</b>
Uncompensated care analytics	

## Emerging Adoption

Pre-visit insurance discovery	<b>Patient Access</b>
Prior authorization automation	
<ul style="list-style-type: none"> <li>• Automated determination</li> </ul>	
<ul style="list-style-type: none"> <li>• Automated data extraction and submission</li> </ul>	
<ul style="list-style-type: none"> <li>• Prior authorization status monitoring</li> </ul>	<b>Mid-Cycle</b>
Virtual front desk	
Self-triage / care navigation	
Clinical documentation - ambient clinical intelligence (ACI)	<b>Back Office</b>
Computer assisted physician documentation (CAPD)	
Computer assisted coding	
<ul style="list-style-type: none"> <li>• ML-based ICD &amp; CPT coding</li> </ul>	
<ul style="list-style-type: none"> <li>• ML-based DRG assignment</li> </ul>	
Case management	
<ul style="list-style-type: none"> <li>• SDOH risk analytics</li> </ul>	<b>Analytics</b>
<ul style="list-style-type: none"> <li>• SDOH referral management</li> </ul>	
Predictive denials warnings	<b>Analytics</b>
Automated appeals workflows	
End-to-End RCM analytics	<b>Analytics</b>
Real-time, near real-time refresh capabilities	
Patient matching / deduplication capabilities	
Intelligent denials and underpayment root cause analysis	