

TANGIBLE  
SOLUTIONS

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**IMPROVE PRACTICE EFFICIENCY,  
REVENUE AND PATIENT CARE  
WITH INTEGRATED TECHNOLOGY**





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## **INTRODUCTION**

The modern medical landscape has undergone many changes over the past decade.

As more processes have migrated from paper to digital, patients have come to expect streamlined healthcare. Meanwhile, payer requirements and government regulations have made growth a challenge for many providers.

Technology should make work easier, not more complicated. Integrated solutions harmonize operations so clinicians can focus on patient outcomes and administrators can perform their work efficiently. Without integrated solutions, the revenue cycle is inefficient at best and wasteful at worst. Money leaks away without little hope of getting it back. But it doesn't have to be that way.



## WHAT IS INTEGRATED TECHNOLOGY?

Everyday, technology solutions help physicians and patients work together to promote individual and community health.

Although each solution may be useful on its own, even more is possible when these solutions can work together seamlessly. Healthcare organizations produce massive amounts of data in the form of patient health information, administrative statistics, billing documents and more. Across an organization, disparate systems produce, store and employ this data – but the information produced by one process may not function in another environment.

When each process becomes integrated into a larger, holistic ecosystem, organizations gain a number of benefits, including reduced financial risk, improved patient engagement and better outcomes.



**“ EVEN MORE IS POSSIBLE  
WHEN SOLUTIONS  
CAN WORK TOGETHER  
SEAMLESSLY.**



## REVENUE CYCLE PAIN POINTS

At most healthcare organizations, the revenue cycle is a complex assortment of processes with multiple levels of ownership.

Though clinical staff are responsible for charting patient data, the coding department ensures patient data gets formatted properly for billing, and still other departments take responsibility for claim denials, charge capture and other important tasks.

The very nature of this complex system means data – and money – falls through cracks that are too numerous to seal without an investment in new solutions.

Claims denials is one of the most obvious places where organizations leave money on the table. When audits happen weeks or months after patients have left, it's difficult to rework the claim for maximum reimbursement. Therefore, when organizations lose a piece of revenue, they may never see it again.



**“ WHEN ORGANIZATIONS  
LOSE A PIECE OF  
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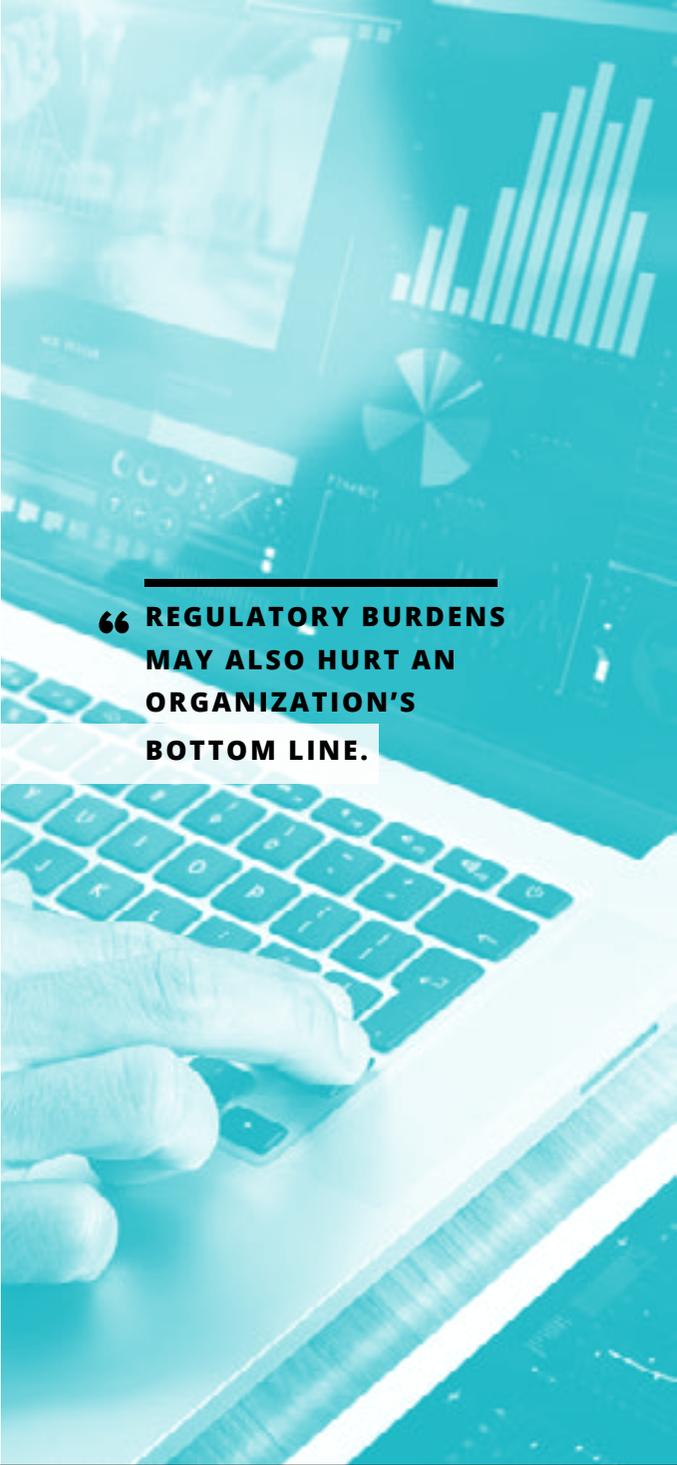
## REVENUE CYCLE PAIN POINTS (CONT.)

Many of your organization's functions impact the revenue cycle. Pain points aren't limited to the billing stage of the system.

In fact, problems can begin as early as the pre-appointment stage of a patient visit. Missed appointments drain resources, with some estimates showing that a missed 60-minute appointment costs the average provider \$200.

On a larger scale, regulatory burdens may also hurt an organization's bottom line. Wide-sweeping challenges such as the transition to ICD-10, participation in the Quality Payment Program and compliance with MIPS/MACRA all require resources for additional training, new technologies and supplementary workflows.

Taken together, the pain points inherent in the revenue cycle bog down the entire system, making work difficult for clinicians and burdensome for administrators.



**“ REGULATORY BURDENS  
MAY ALSO HURT AN  
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BOTTOM LINE.**



## REDUCE CLAIMS DENIALS

Integrated technology reduces the rate of claims denials by ensuring bills are an accurate representation of the patient experience.

Because the person who creates the bill never actually sees the patient, the transmission of accurate data is vital.

Meticulous claims processing requires teamwork and transparency – two things made easier with integrated technology. Automation of certain tasks and processes prevents staff from becoming overburdened. For example, computer-assisted coding software reduces the likelihood of coding errors, especially in a post ICD-10 environment.

Solutions that ease the transition of data from one system to another make it possible for administrators to conform to payer requirements the first time, thus strengthening the revenue cycle on a larger scale.

**“ THE TRANSMISSION  
OF ACCURATE DATA  
IS VITAL.**



## IMPROVE CLINICAL OUTCOMES

In recent years, the Centers for Medicare & Medicaid Services has placed increasing importance on quality of care.

The passage of the Medicare Access and CHIP Reauthorization Act, as well as the introduction of the Quality Payment Program, have placed greater emphasis on reporting patient outcomes as a part of the reimbursement process.

Reporting clinical data to CMS is no small task, as organizations must first have the infrastructure and bandwidth to record, store and submit useable information. If technology isn't integrated properly, some solutions may not play well with others, leading to administrative bottlenecks and a slowing of the revenue cycle.

**“ ORGANIZATIONS MUST HAVE THE INFRASTRUCTURE AND BANDWIDTH TO RECORD, STORE AND SUBMIT USEABLE INFORMATION.**

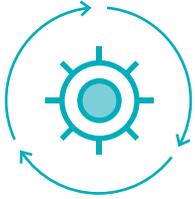


## KEEP PATIENTS ENGAGED

Efforts to increase patient engagement improve not only health outcomes, but also the financial stability of the care organization. Engaged patients are more likely to make and keep appointments, adhere to medicine guidelines and pay their bills on time.

The majority of clinicians believe that increasing face-to-face time with patients and promoting shared decision making are two of the best ways to drive engagement. Improvements in this area of the patient experience are possible with new investments in integrated technology. Solutions such as appointment reminders, intuitive patient portals and post-visit surveys are some examples of engagement methods that work.

**“ ENGAGED PATIENTS ARE MORE LIKELY TO MAKE AND KEEP APPOINTMENTS, ADHERE TO MEDICINE GUIDELINES AND PAY THEIR BILLS ON TIME. ”**



## INTEGRATION-AS-A-SERVICE

Due to the rapid development of new technologies and a constantly changing regulatory environment, integration efforts should be ongoing if they are to reach desired effectiveness.

By adopting Integration-as-a-Service (IaaS), care organizations are able to constantly improve processes. Another benefit of IaaS is the ability to benefit from process improvements immediately while offsetting the initial investment. In doing so, organizations see steady improvements while respecting established budgets.

From charge captures to lab orders and everything in between, IaaS is a fantastic way to build process improvement directly into the revenue cycle.

**“ BY ADOPTING  
INTEGRATION-AS-A-  
SERVICE (IAAS), CARE  
ORGANIZATIONS ARE  
ABLE TO CONSTANTLY  
IMPROVE PROCESSES.**



## EMR/EHR AGNOSTIC SOLUTIONS

When pursuing new technology investments, the last thing managers want to worry about is integration with their current electronic health record system. **That's why Tangible Solutions is proud to be EHR agnostic.**

No matter what EHR platform your organization uses, we can work with it. This is important, as there are many integrated solutions available. So whether you already know what technology you want to invest in, or you need help deciding which solutions can offer the most value, we're here to help.

“TANGIBLE SOLUTIONS  
IS PROUD TO BE  
EHR AGNOSTIC.”



## CONCLUSION

Deciding to invest in integrated technology is an easy choice to make. Determining which solutions are best for your organization requires more thought. With so many available solutions, managers need a partner that helps them decide which technologies will bring the most value to the organization.

To learn more about how integrated technology can improve your revenue cycle, **contact Tangible Solutions today.**



**“ DECIDING TO INVEST IN  
INTEGRATED TECHNOLOGY  
IS AN EASY CHOICE TO MAKE.**

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Sources:

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