CycleUP

meduit

The National Award Winning RCM Digital Magazine

Vol. 7 | July 2025

How About Some Empathy With Your AI? *from Jeff Nieman, CEO*

Jeff Nieman, *CEO*

Several weeks ago, I was on the phone with an airline trying to change a flight. The airline's conversational AI understood what I wanted (the first time around) and offered me logical responses. I'd say it was working exactly as designed. Still, after a few minutes, I found myself pressing "0" to speak with an agent—not because the automated system frustrated or failed me, but because I just wanted to talk things through with a real person. That still happens.

I thought this anecdote was relevant because it mirrors what we often see in healthcare RCM: the need for connection, even as technology becomes more capable and omnipresent.

By now, we all know what AI brings to healthcare RCM, from mitigating staffing shortages and reducing claim denials to predicting patient payment behavior. At Meduit, we rely heavily on AI and automation. SARA, our Supervised Autonomous Revenue Associate, has worked over 4 million accounts since 2020 and now handles 75% of bad debt calls across our client base.

Find Your Edge

As impressive as SARA's capabilities are, they're not enough to carry the day. Our clients and their patients still want real connection. That became clear when we began working with a rural hospital last year. Their previous vendor didn't provide the communication or transparency the hospital was looking for. Even beyond balance sheet results, they wanted a partner who would engage regularly and keep them informed. They wanted a connection. So that's what we delivered, with regular calls, collaboration, and transparency. The results speak for themselves. (You can read about it later in this issue.)

At Meduit, I will always say our strength lies in our people. I'd certainly put our AI-powered solutions up against anyone's, but it's our team's compassion, expertise,

SARA... has worked over 4 million accounts since 2020
and now handles 75% of bad debt calls across our client base.

continued on next page

How About Some Empathy with Your AI?

continued from last page

and commitment that make the technology go. Finding that balance between human understanding and advanced automation is the sweet spot for successful RCM.

In this issue of *Cycle Up*, you'll find articles and ideas that reflect that balance. You'll see examples of people and technology interacting to make the other more effective. As an industry, that's where we are and, I think, where we'll stay. Because sometimes, you just want to press "0."

Enjoy this issue of *Cycle Up*. As always, thanks for reading!

Regards,
Jeff Nieman
CEO

Key Meduit **RCM Factoid**

DID YOU KNOW?

Cycle Up was honored for excellence in healthcare marketing with a Platinum award from the Asters and Gold from both the Healthcare Advertising Awards and Hermes Creative Awards.

Business Office Outsourcing?

5 Signs That Tell You It's Time

Hospital business offices are under more pressure than ever. An industry-wide staffing shortage is forcing leaner teams to do more work. Payers are using AI to deny claims at unprecedented rates. And compliance requirements never stop changing.

In this environment, it's easy to get stuck in full-blown reactive mode—focused on putting out the day's fires and not much else. But staying the course (i.e., sitting in neutral) is a significant risk that can impact every corner of your organization, including patient care.

Here Are Five Signs That It Might Be Time for a New Approach.

1. YOU'RE RESIGNED TO ACCRUING SOME BAD DEBT

The longer AR is allowed to age, the more difficult it is to collect. If 75% of your claim appeals aren't being paid within 60 days, not only will you likely have a cash flow problem, but you also have processes that need updating.

2. YOUR STAFF IS WORKING HARD JUST TO REMAIN IN PLACE

Working long, hard hours just to keep up isn't rewarding; it's overwhelming. That leads to burnout, employee turnover, training, and more training.

continued on next page

Business Office Outsourcing? 5 Signs That Tell You It's Time

continued from last page

3. DENIALS ARE BECOMING THE NORM

Payers are leveraging AI to scrutinize claims more quickly in search of reasons to deny. If your business office doesn't have similar technological firepower, denials will keep piling up.

4. NO TIME OR MECHANISM FOR IMPROVEMENT

With everything your business office is up against, there's no time to analyze what's working and what's not. It's hard to make progress if you don't know where to start.

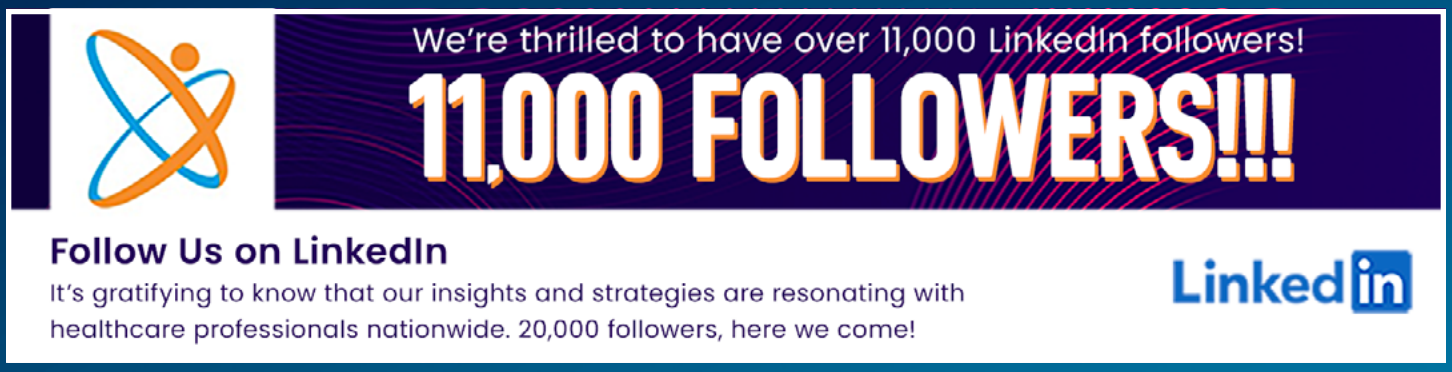
5. KEEPING UP WITH COMPLIANCE IS BARELY ON THE RADAR

With so much on your plate, staying current on policy changes often slips down the to-do list. However, even one missed update can have significant consequences.

If you recognize any of these signs in your organization, outsourcing your business office might be a viable strategy. Done right, it's not about giving up control. It's about gaining more capacity to make measurable and sustainable improvements.

Meduit's Comprehensive Business Office combines AI-driven automation and RCM expertise to drive account resolution, heighten efficiency, and optimize your internal team.

CLICK HERE to learn more



Orchestrating a Rural Hospital's RCM Turnaround

Rural hospitals feel financial pressure differently. With less room for error and fewer resources to draw on, they still have so much at stake. Most rural hospitals anchor not just one community, but several.

What these hospitals need from an RCM partner isn't anything out of the ordinary—it's commitment, communication, and meaningful results.

Unfortunately, that was exactly what was missing for a rural hospital in the western U.S. in early 2024.

The hospital was facing a backlog of aging AR, growing patient balances, and long stretches of silence from its RCM vendor, who mainly focused on splashy, high-dollar claims instead of building a foundation for long-term success.

It was a frustrating experience for hospital leadership, who felt the weight of the community on their shoulders and knew they needed a new partner who would treat their challenges with the urgency and respect they deserved. Within a month, they began working with Meduit.

The relationship was hands-on from the start, highlighted by weekly check-ins and active collaboration that made charting a path forward easier. By outsourcing key business office functions to Meduit, the hospital was able to reverse its financial course and begin to see the benefits of a more stable revenue cycle.

This was the power of a real partnership.

It wasn't anything flashy — just consistent effort, clear communication, and a Meduit team that followed through on its promises.

And in less than a year: revenue cycle transformation that delivered a $10.5M lift to EBITDA, a 7.6% increase in net patient revenue, and a 30% reduction in AR days.

Download the complete case study to better understand what that transformation entailed and how the right partnership helped make it happen.

CLICK HERE to download the Case Study

We Want to Know What You Think

Have comments or questions regarding an article in this issue or a topic you'd like our editorial team to consider for an upcoming issue? Send us your thoughts at: contactus@meduitrcm.com.

And be sure to like and follow us on social media!

Spotlight on **"Making Good on Medicare Bad Debt"**

Tiffani Frank, Vice President of Operations, Government Reimbursement

Tiffani Frank
Vice President of Operations, Government Reimbursement

In every edition of *Cycle Up*, we feature a key member of Meduit's leadership team. In this issue, we chat with Tiffani Frank, *Vice President of Operations, Government Reimbursement,* about how Meduit's services are helping clients collect revenue they're owed, including dollars they didn't realize they missed.

Q. Medicare Bad Debt is a niche area; how did you get into it?

A: I've been in healthcare my entire career, starting in the consulting space. I was at Ernst & Young when I got into Medicare Bad Debt as part of their healthcare advisory group. But I was also interested in the clinical side of healthcare, so I went back and got my nursing degree and did clinical nursing for about 10 years. I have this double lens—on one side is finance and business, and on the other is this clinical understanding—and I think together they've given me a unique perspective to lean on throughout my career.

Q: So, what brought you to Meduit?

A: In 2012, my brother-in-law, who was also a healthcare consultant, started his own firm and asked me to join him. So, I left nursing and went back to consulting. As we found our niche in Medicare Bad Debt, we noticed a glaring lack of technology in the field. So, we built our own tech solution from the ground up.

That propelled our growth until we essentially saturated the Chicago market. At that point, we had best-in-class software and a unique combination of business and clinical expertise, but we were a small team and had no idea how to scale.

And that's where Meduit came in. They were looking to expand their government reimbursement services at the time, and we were super impressed with their approach and national footprint. They basically added us to their suite of services while letting us keep doing what we were doing. Since joining forces, the business has grown over 20% year over year, and we now have clients from Maine to California.

Q: What does your day-to-day entail as VP of Operations?

A: Our original management team has remained intact, so our compilation and lookback services are in great hands. That allows me to focus on big-picture items like growing the business. I also spend a significant amount of time working with our technology leads to update our software. We tweak the tool every week.

continued on next page

Spotlight on "Making Good on Medicare Bad Debt"

continued from last page

Q: What are some common issues hospitals face with government reimbursement?.

A: Everyone has a process for doing their Medicare Bad Debt logs. Some do it internally, some use a vendor, and some—although we don't see it much anymore—buy plug-and-play software. But with healthcare's complexity and ongoing staffing challenges, there are almost always gaps in reporting. That's where claims get missed.

What we do—with our technology and our people—is take a 360-degree view of everything. We go back to the original claims and prove out every deductible and co-insurance dollar. We don't rely on hospital reports or even just our software. We verify every single dollar so there are no gaps. With this approach, we've never not found value for one of our clients.

Q: That's pretty incredible. If there's always value, why don't hospitals prioritize Medicare Bad Debt more?

A: I think it's an area that most executives don't think about right away—they're thinking about days in AR, getting insurance companies to pay them, and cash coming in. That's where we can educate a little and say, "This is cash you're due from the government and you've already done the work. Let us report it correctly so you can get paid." And the ROI is quick. A tentative settlement can get you money back within 90 days, which is pretty fast all things considered.

Q: When it comes to technology, there is a growing emphasis on offering multiple communication channels to match patient preferences. How does Meduit address this?

A: S-10 has become another reimbursement area that providers need to make sure they're doing well. Five or so years ago, Medicare said they were going to start using this uncompensated care worksheet to calculate reimbursement. So, hospitals started trying to figure it out and they struggled. Their vendors struggled, too.

But S-10 and Medicare Bad Debt go hand in hand. If the Medicare Bad Debt isn't appropriately categorized on the S-10, it might get thrown out. So, we talk to all our clients about aligning those two logs. We even built a module into our software to make sure it's addressed.

Q: And what does the future of government reimbursement look like at Meduit?

A: I think we're getting better at telling the story, and it's resonating. Basically, we can help you get paid for work you've already done. We find value 100% of the time, and if we don't, you don't pay us. So, it's a compelling message, and that's why I think we'll continue to grow.

About Tiffani: *Tiffani Frank leads Meduit's Government Reimbursement team and brings a unique combination of clinical nursing and financial consulting experience to the role. She lives with her husband and four daughters. When she's not buried in one of the 50 books she aims to read each year, you'll find her on the pickleball court or enjoying some Illinois sunshine*

No Risk, High Reward: Making the Case for Contingency-Based Lookbacks

Meduit has identified missed Medicare Bad Debt reimbursement in 100% of its lookback reviews. That statistic alone indicates that most hospitals are leaving earned reimbursement revenue on the table. Unfortunately, most hospitals don't have the time, technology, or expertise to go back and track every dollar. But a contingency-based lookback provides a second chance to capture what's owed.

Why Lookbacks Make Sense

- **No upfront cost**
- **No risk** – if your vendor doesn't find missed value, there's no fee
- **Fast ROI** – When missed claims are identified, an amended cost report is filed, and a tentative settlement is delivered within 120 days of submission, per CMS guidelines.
- **Minimal disruption to existing workflows**

Reclaiming What's Yours

This snapshot of two recent Meduit lookbacks shows just how much can go unclaimed, even in well-run organizations with reliable cost-reporting infrastructures.

	Hospital A (Central CA)	Hospital B (Western NC)
Type	Short-term Acute Care	Short-term Acute Care
# Beds	873	396
Patient Revenue	$6.5B	$2.5B
Years Reviewed	FY 2019 – FY 2022	FY 2016 – FY 2021
Recovered Value	$2M	$1.4M **As part of the engagement, Meduit filed a Humana Medicare Advantage bad debt lookback for FY2016-FY2022, which returned ~$3.4M gross.*

In both cases, the hospitals submitted their annual cost reports believing they had captured everything owed. Without a review, they would have missed out on millions.

These cases aren't outliers. They reflect a widespread opportunity for hospitals to recover reimbursement that might otherwise go unclaimed. That's what makes the lookback such a powerful RCM strategy.

For more information about Meduit's no-risk lookback services,

EMAIL: contactus@meduitrcm.com

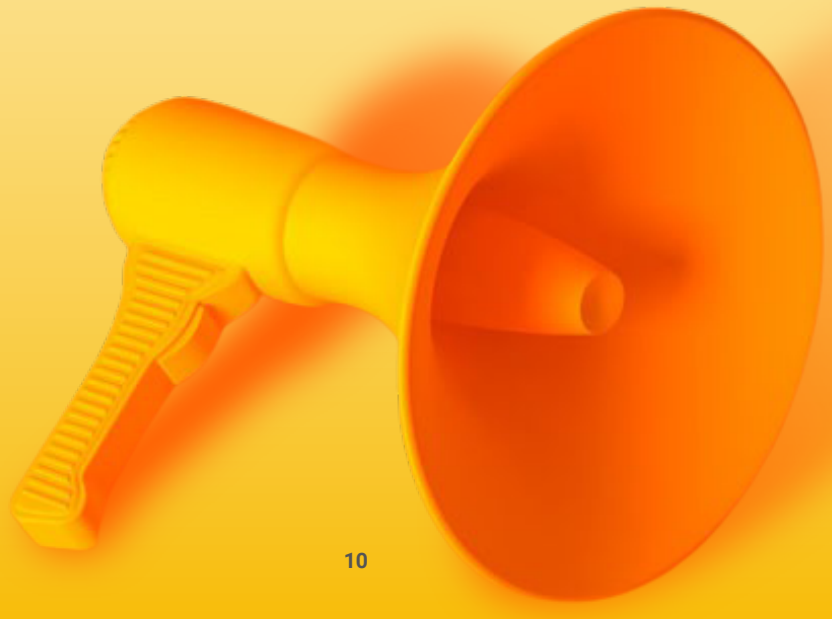
Compliance News Update

The Importance of Consent to Optimize Contacts

As the saying goes, "The more things change, the more they stay the same." Even amid major regulatory shifts, there are always compliance concepts that stay consistent. The essential step of gathering a strong consent record at the time of service continues to be one of those constants. Consent is a topic all providers should include in their annual reviews to optimize their revenue potential by maximizing the allowable contact methods with patients.

Here are five key questions to consider when reviewing internal consent procedures:

1. Has the consent language been included within a document that is executed during each independent visit?
   - Best practice would be yes. While it may be convenient to include the language only in a new patient establishment process, this practice may result in long-term disconnects with contact method changes as well as the patient's direct understanding of their agreement.
2. When a patient refuses to provide consent at the time of service or revokes their consent after services, how is that action being indicated within that account to ensure regulatory compliance?
   - Regulations, such as the FCC's Revocation of Consent Rules, establish required practices when revocations are communicated, including but not limited to application within a reasonable timeframe, not to exceed 10 days. Being able to clearly identify those accounts without consent is crucial to avoid patient frustration and potential TCPA litigation.
3. Are future contact method possibilities included in the language today?
   - Plan for tomorrow. Even if a contact method is not used today, it could be implemented during the life of the account, so include the possibilities in the language to cover the future.



Compliance News Update: The Importance of Consent to Optimize Contacts

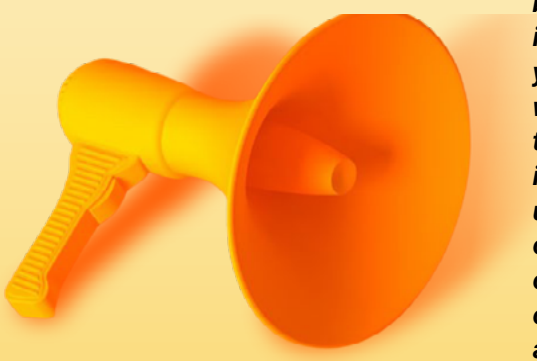
continued from last page

4. Does the language provide a clear and direct reference to all partners that may interact with the account?
   - To get the best long-term benefit, ensure the consent language covers the provider along with all partners and vendors that may interact with the account. If the consent only covers the provider, it will limit the actions a partner or vendor can carry out as part of the services.

5. What is the retention and production process for consent documentation?
   - Gathering consent is important, but even more critical is being able to produce the executed consent document when there are questions or conflicts surrounding the same. Implementation of a storage mechanism that maintains the documents for at least four (4) years and is searchable to locate the document to produce when needed is a must. If the consent document cannot be produced when needed to confirm the agreement, then it will be deemed as no consent.

Utilizing these five questions to kickstart an internal consent review conversation can be just the starting point of a commitment to clear consent management. If the conversation determines that updates to the language and/or process are desired, the following consent paragraph example includes optimum language for the provider as well as business partners and vendors that work together in connection with the services provided:

> ***" You expressly consent and agree that, in order to discuss or provide services for your account(s) (the "Accounts") or to collect amounts you may owe, [PROVIDER'S NAME], and its officers, agents, affiliates, employees, first and third-party debt collection agencies, and any affiliated or business associated service providers or vendors of any of these parties, associated therewith (collectively, "We") may contact you by telephone at any telephone number associated with the Accounts, including wireless telephone numbers, which could result in charges to you. You confirm that any telephone number you provide is associated with you, not a third party; therefore, you have the right to give consent for the same. You expressly consent and agree that We may also utilize your information to contact you by letters or notices via mail, by sending emails, using any email address you provide to us, by sending text messages or by pre-recorded or artificial voice or voice messages, via predictive or automatic dialing methods, systems, or devices, and pre-recorded or artificial voice announcements or prompts at any telephone number associated with the Accounts, including landlines, wireless or mobile telephone numbers, regardless of whether you incur charges as a result."***



In closing, before implementation of these best practice recommendations, the specific consent language, practices, and procedures should be discussed with your internal compliance and/or legal counsel to ensure the best internal compliance for your organization. *Please note, I am not an attorney, and the above are compliance recommendations, not legal advice.*

Finding Missed Medicare Revenue

Season 5, Episode 1 of Meduit's Podcast Series

Medicare Bad Debt reimbursement is one of the most undervalued revenue opportunities for hospitals and health systems. Most organizations wind up leaving reimbursement money on the table every year, even those with strong internal teams and a reliable reporting process.

In this Meduit podcast, **Finding Missed Medicare Revenue**, *Meduit CEO* Jeff Nieman and *VP of Government Reimbursement* Tiffani Frank analyze why this happens and what financial teams can do to recover the full reimbursement they've already earned.

Topics covered include:

- Why Medicare Bad Debt often goes unclaimed
- Why technology and expertise are both essential to recover missed value
- What to look for in a vendor-partner who can consistently identify and collect missed revenue
- How a comprehensive solution can improve both past and future reimbursement

With all the financial hurdles facing hospitals today, this episode offers a practical path to uncovering real, recoverable dollars.

LISTEN to the Episode

DOWNLOAD the Transcript