HEALTHCARE REVENUE CYCLE MANAGEMENT (RCM) -

A STUDY OF PATIENT JOURNEY THROUGH REVENUE CYCLE

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Dr Akshita Dharni

Under the Supervision and Guidance of

Dr Arindam Das

2022

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"HEALTHCARE REVENUE CYCLE MANAGEMENT (RCM) - A STUDY OF PATIENT JOURNEY THROUGH REVENUE CYCLE"** is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature): *Akshita*

Name of Student: Dr. AKSHITA DHARNI

Date: 29/06/2022

CERTIFICATE

Internship Completion Letter

Internship Completion Letter

Date : Mar 22, 2022 to 19th July, 2022

Subject : Completion of Internship Letter

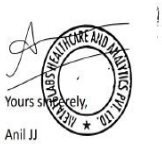
To Whomsoever It May Concern,

M16labs certifies that Dr. Akshita Dharni successfully completed the internship program at our organization as a Business Development Intern.

During this time, Dr. Akshita worked on the development of key health Information Technology related business development projects.

By working on these projects, Dr. Akshita acquired critical Professional skills.

Dr. Akshita displayed professional traits during her internship period and managed to complete all assigned tasks as requested. She was hardworking, dedicated, and committed. It was a pleasure having her with us in this period.



Yours sincerely,

Anil JJ

Founder & CEO

Meta16labs Healthcare & Analytics Private Limited

CERTIFICATE

This is to certify that dissertation titled **"HEALTHCARE REVENUE CYCLE MANAGEMENT (RCM) - A STUDY OF PATIENT JOURNEY THROUGH REVENUE CYCLE",** is a record of the research work undertaken by **Dr Akshita Dharni** in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide: _____

IIHMR University, Jaipur

Date: _____

School Dean: _____

IIHMR University, Jaipur

Date: _____

ABSTRACT

In light of the late-developing tensions to chip away at the quality and reduce costs, medical services affiliations are rapidly taking on Revenue Cycle Management (RCM) to chip away at their activities and clinical consideration. As needs are a get-together of gigantic proportions of data is opening up for use. Medical care administrations should use this data. With the presentation of medical care RCM, could the medical services industry at any point take its gigantic and dramatically developing measures of information and gain from it?

The justification behind this paper is to study the open composition of the patient excursion in the clinical consideration industry with an accentuation on the pay cycle. Most composing that anybody could expect to view as assessed depends on discussions and speculations on the data, conviction, and attitude of people about the pay pattern of the leaders in the clinical consideration industry.

In a survey of the income cycle, the study was led to settle on the excursion of patients through the income cycle. This information will be vital for the income pattern of people (patients) in concluding regardless of whether the RCM cycle will be profitable for them.

Key Words: Healthcare, Revenue Cycle, Patient Journey, Self-Pay.

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I would like to express my special thanks of gratitude to IIHMR University-Jaipur and all the faculty members for their constant support, guidance, and supervision throughout my course and also during the 3 months of my dissertation.

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Lastly, a very special thanks to my parents, brother, and friends who helped me a lot in finishing this project report within a limited period.

I am making this project report not only for marks but to also increase my knowledge.

Dr. AKSHITA DHARNI

(Akshita)

MBA HM

(2020-22)

Roll no.: 1064

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ABBREVIATIONS

S.No.	Abbreviation	Full-form
1.	A/R	Accounts Receivables
2.	CFO	Chief Financial Officer
3.	CMS	Centers for Medicare and Medicaid Services
4.	CPT	Current Procedural Terminology
5.	HSPCS	Healthcare Common Procedure Coding System
6.	ICD-10	International Classification of Diseases
7.	KPI	Key Execution Pointers
8.	M16	Meta16
9.	MetahOS	Meta Hospital Operating System
10.	PMS	Practice Manage System
11.	Pvt. Ltd.	Private Limited
12.	RCM	Revenue Cycle Management
13.	ROI	Return on Investment
14.	ROL	Review of Literature
15.	UR	Utilization Review
16.	US	United States
17.	VP	Vice President

HEALTHCARE REVENUE CYCLE MANAGEMENT –

A STUDY OF PATIENT JOURNEY THROUGH REVENUE CYCLE

Healthcare Revenue Cycle Management is the backbone of any emergency clinic or wellbeing framework. It contains every one of the exercises that lead to installment for administrations given, from patient enlistment to check of advantages to mind conveyance, guarantee accommodation, and repayment. It additionally includes correspondence — with patients, insurance agencies, government.

Healthcare Revenue Cycle Management proceeds to advance and stay up with quick changes to the medical services environment, for example, esteem-based care, innovation improvement, and a worldwide pandemic. Medical care experts ought to generally know about their income cycle status to give fitting consideration to patients and get appropriate repayment for administrations.

Fig.1 – Steps of Revenue Cycle Journey

AN OVERVIEW OF REVENUE CYCLE MANAGEMENT

9 steps in Patient Journey through Revenue Cycle

1) PRE-REGISTRATION

- Preregistration is the first and most indispensable advance in the income cycle process. Preregistration permits the clinical practice to catch segment data,

protection data, and, qualification continuously through a clearinghouse, frequently while the patient is still on the telephone. Data goes to the patient's protection transporter and courses through the supplier's training the executive's framework, then tell the supplier the patient's inclusion, deductible, co-protection, co-installment, and in specific examples, on the off chance that a reference is required.

- During preregistration, the training can talk about monetary assumptions for the patient, including season of installment and flake-out/wiping out an arrangement. The preregistration cycle permits training to establish the monetary vibe toward the start and forestalls inquiries concerning installment. If training doesn't have a tight preregistration process, numerous regions can get missed. Check your preregistration interaction to start your income cycle process off in great shape.

2) REGISTRATION•

- Registration solidifies the strategy associated with ensuring the patient's information is 100% exact starting to enform. During enrolment, the provider guarantees the patient's area, phone number, date of birth, guarantors, and insurance information are correct, and it's they secure this data each time a patient is managed.
- During registration, the provider accumulates co-portions, and if it's a prepared proficient, they will ensure a reference or endorsement is gotten up-positioned to treat the patient. Expecting that movement is missed in a specialist's office, it is impossible they will get made up for that help at last. During enrolment, financial designs are stamped, and assurance benefits are allocated. In the event, that these methods are missed and the preparation is assessed, there's the bet of financial repercussion.
- Expecting that you are questionable about your enrolment cycle, counsel an expand to overview it. Guaranteeing stage two in the pay cycle process is awesome and cautious will save you headaches for a really long time.

3) CHARGE CAPTURE

- Charge capture is a process by which healthcare providers translate their rendered medical services into billable charges. In other words, it is the process of recording patient services and diagnosis by healthcare providers and sending them to the back office for medical coding and then to insurers or payers to collect reimbursements. It can be done in different ways-
- The traditional paper-based method in which the information is entered manually and handwritten documents are deciphered can lead to higher chances of claims being denied due to improper coding, missing codes, or billing errors. The other efficient way is using electronic charge capture software using smartphone applications or integrated Practice Manage Systems (PMS). This automated flow of information into the practice management billing systems helps reduce any errors and the risk of missed charges. Using mobile charge capture ensures faster and more accurate billing that can help boost the revenue of healthcare providers.

4) UTILIZATREVIEWVEIW

- The motivation behind the audit is to affirm that the arrangement covers your clinical benefits. It additionally assists the organization with decreasing expenses and deciding whether the proposed treatment is proper. Generally speaking, an evaluation of the utilization review (UR) interaction will open up numerous valuable chances to work on authoritative checking, organize processes, further develop preparing, and make criticism circles to ensure the ideal advances are gotten some margin to tie down installment to the clinic and patient protection.
- For intense consideration clinics, an appraisal of their UR processes frequently uncovers many thousands or even huge numbers of dollars in lost income amazing open doors that could be acknowledged by treating patients who are restoratively fit and who follow the Centres for Medicare and Medicaid Services' Two-Midnight Rule.
- While every medical clinic has its difficulties, the significant breakdowns in the UR cycle will quite often fall into the accompanying five regions, investigated exhaustively beneath:
    - Division association and the executives
    - Understanding and embracing administrative rules

- Clinical discernment and comprehension of clinical models
- Income cycle combination
- Effective and exact cycles

5) CODING

- Medical coding is a prerequisite before claims submission and payment collection. It is the process of conversion of patient reports into universally accepted alphanumeric codes. The most commonly used coding standards are Current Procedural Terminology (CPT), International Classification of Diseases (ICD-10), and Healthcare Common Procedure Coding System (HCPCS).
- These codes are used to identify diseases, diagnoses, medical services, and treatment procedures rendered to patients. These codes are the basis on which insurance companies determine how much reimbursement physicians will receive from the patient's health plan.

6) THIRD-PARTY FOLLOW-UP

- Incorporates identification and compatibility of third-party payers and gathers installments for the patient's benefit. Government guidelines require Medicaid and Medicare is the payer after all other options have run out, which makes Third-party following vital in light of the fact that, by and large, you cannot charge them until you've investigated different choices. Mishap protection will generally pay significantly more than the centres for Medicare and Medicaid Services (CMS), which are referred to for repayment rates as low as 25%. Emergency clinics can now gather installments from payers (business and government) based on conditions concurred during contract exchanges with the payer. The most widely recognized issues incorporate underpayment, refusal, and non-installment.
- Assuming clinics are unsatisfied with the payer's repayment, they will doubtlessly try to determine and change these rates in the following round of exchanges with the payer.

7) CLAIM SUBMISSION

- Claim Submission integrates sending information to the insurance carrier after the charges have been put. The pay cycle gathering will look at the charges, the CPT code, and the investigation code. They will see whether the end will maintain the framework performed. If two organizations are given, those ought to be confined and coded precisely.
- Claim Scrubbing is the strategy engaged with guaranteeing claims are unblemished and going in the entrance precisely. Expecting that a case gets to the security carrier clean, it will get remunerated essentially faster. The communication consolidates sending the cases from your preparation the chiefs system to a clearinghouse, which goes probably as an arranging room, taking in the cases and sending them to the different payers.
- The transmission report shows claims sent, claims to return and declares dropped, while the excusals report recognizes incorrect codes. Guarantee you review the two reports as a component of the case convenience process. The sooner bungles are perceived, the sooner they can be fixed, and the sooner the cases will get redressed.

8) PATIENT RESPONSIBILITY

- Once the medical claim has been submitted and approved by the insurer, the physician receives the amount to be paid according to the patient's health plan, then comes the tricky part of collecting any balances or dues from the patient.
- The most effective time to collect dues from the patient is at the time when the patient is receiving service (Point-of-Service). The patient should be communicated about their financial responsibility and medical debt owed at the time of registration.
- Patient's outstanding dues collection can usually take a time of approximately a month and frequent following up for collection.

9) REMITTANCE PROCESSING

- In this step, the medical clinic's Accounts Receivables (A/R) staff examines the installment got by the protection supplier or payer to decide whether the installment was supported or is there a postponement because of a mistake.

- Blunders in understanding enrollment lead to dismissed installments, in this way, we ought to guarantee that the information is right and forward-thinking. Assuming a blunder is accounted for, the case gets coordinated to the clearing house, where they are responsible for auditing and clearing the case, so it tends to be sent back for the right add up to the payer.
- "Post and Go" is one of the most well-known botches during the settlement interaction. A training might experience issues when they post settlements and at absolutely no point ever take a gander at them in the future on the grounds that electronic posting is the new standard in the income cycle. For example, in the event that there is some mix-up in the set-up of the training the board framework or a transporter doesn't pay, the mistake is missed in the "post and go" situation. A training could pass up on the opportunity for an allure and hence a potential chance to address an error in the event that nobody is evaluating the cycle.
- Expense plans are one more component of settlements, these are the sums charged for each assistance by the suppliers. Expense plans are audited every year to ensure they are in accordance with changing rates, contracts, and permissible. Routinely assess the charges with the goal that you are not overlooking cash.
- Benefits are the last piece of the settlement cycle, both authoritative and non-legally binding. Authoritative benefits are inevitable since they include contracted rates with transporters and payers. While non-legally binding discounts are avoidable as they incorporate benefits that would have not occurred with a tight cycle set up, either toward the start, the end or incidentally. Avoidable discounts are the consequence of a breakdown in the settlement cycle and can be forestalled by checking the reports out. No approval, no reference on document, and guarantee not submitted immediately are completely remembered for the warnings.

Plan of implementation of Revenue Cycle Management as a self-pay system

A Self-Pay Solution

One of the manners in which medical care organizations can successfully address these difficulties is to execute an income cycle self-pay arrangement to mechanize the interaction for deciding if a patient is qualified for a noble cause or other monetary help. These kinds of programming use outsider information sources, custom business rules, scientific scoring models, and robotized screenings along with work process devices to

recognize a patient's capacity and ability to pay for clinical benefits or fit the bill for a noble cause also, other monetary help like Medicaid.

An income cycle self-pay arrangement can give quite a large number of substantial advantages to clinic directors, including:

• Paying off terrible obligations through better assortments, tending to both season of administration and back-end assortments

• Further developing income from both self-pay patients and self-pay-after-protection patients (those with deductible furthermore, co-protection adjusts)

• Investigating good cause benefits to decide if those given cause care meet the supplier's foundation models/strategy

• Diminishing expenses related to the assortment cycle

• Further developing cycles and related cost reserve funds in both the cause interview and Medicaid interview

The remainder of these advantages justifies further conversation. The Medicaid and good cause screening is a progression of inside and out questions that a monetary instructor requests that a patient decide their starter capability for public guide or the clinic's cause program. The monetary instructor utilizes the patient's solutions to these inquiries, along with supporting documentation, in computation for finishing

enlistment structures for these projects.

For the overwhelming majority of medical care offices, assembling this sort of information is work concentrated, similar to the method involved with finishing the enlistment structures. The capacity of clinics to select patients in these projects is many times restricted by the trouble person staff individuals face in interpreting a great many guidelines furthermore, qualifiers that should be met for a patient to meet all requirements for the projects. The manual interaction additionally depends on persistent self-revealed information as opposed to autonomous outsider information to precisely approve the patient-reported data. The fruitful execution of an income cycle arrangement relies on a wide cycle including basically the accompanying advances.

Numerous emergency clinic chairmen are either not mindful that mechanical arrangements exist to help with this test or on the other hand require direction about

where to search for best practices on examination, execution, and effective reception, with the goal that when they in all actuality do completely draw in, they can

upgrade ROI.

The fruitful execution of an income cycle arrangement relies on a wide cycle including basically the accompanying advances.

a) Stage One: Get Leadership Support

- If an emergency clinic is keen on such a program, acquiring senior administration sponsorship is the basic initial step. Contingent upon the clinic or emergency clinic framework and its size, the steward of progress ought to be the CFO or VP of income cycle or patient monetary administrations.
- Innovation alone can't create the kind of return expected to legitimize carrying out such a framework. Execution requires a change the board attitude across the venture that can be accomplished exclusively fully backed by medical clinic authority, remembering an ability for the piece of pioneers to change cycles, center, and maybe even way of thinking.
- To acquire the backing of senior initiative, every emergency clinic. Ought to have documentation and proportions of deficiencies around income cycle execution and make an arrangement for improvement, potentially working with an answer supplier or on the other hand an expertcautionicate a business case for pushin.

b) Stage Two: Conduct a Gap Analysis

- When senior administration has focused on the idea of another arrangement interaction, the undertaking chiefs ought to lead a caution and ecological survey, or home invasion. This investigation ought to resolve the accompanying inquiries: Do the emergency clinic's ongoing cause strategy and interaction support the association's medical services mission and monetary objectives? Over and over again, emergency clinics inappropriately carry out their good cause programs in light of their composing approach. Clinics with the mission to offer free types of assistance to the people who can't pay frequently find that

they have no genuine approach to dependably decide if a patient is qualified to get the free administration. The outcome can be a gorge between the medical clinic's central goal and its real practices. Medical clinics additionally ought to know about the developing requirement for them to precisely section good cause accounts from self-pay accounts. In the monetary year 2009, medical clinics will be required to review and finish IRS Form 990, Schedule H in archiving how much foundation care gave to their patients. There has likewise been a center both broadly and at the state level on whether or not medical clinics ought to be expected to convey specific explicit measures of noble cause care to meet their local area benefit necessities furthermore, possibly, to keep their duty excluded status.

- Have full-scale monetary variables changed the monetary execution of the medical clinic or wellbeing framework?
- If a medical clinic's monetary gamble changes when an industrial facility closes down or the biggest boss in space moves to a high-deductible wellbeing plan for its representatives, the clinic necessities to adjust its strategies and execute process changes that assist with dealing with these full-scale financial occasions. The medical clinic might have to change its cause program, self-pay limits, or time installments to meet its monetary targets, what's more, keep up with its general local area benefit mission.
- Can current arrangements as well as future approaches be proficiently also, for all intents and purposes upheld inside? On the off chance that the requirements of a clinic or the Medicaid program prerequisites change, how rapidly could the emergency clinic at any point change its approaches and answer these changes?
- Without an efficient methodology or on the other hand arrangement, changes could require a long time to carry out. With a framework that can without much of a stretch decipher strategy and follow along with all open guide changes, a clinic can keep away from a slip by in consistence or deficiency of likely repayment.
- Could current approaches and frameworks at any point support a goal of the monetary division of patients, and can such a division be upheld by quantitative information and examination?
- For certain medical clinics, the capacity to decide whether a patient is a self-pay patient or is qualified for a noble cause or public guide boils down to a person’s

choice made by a monetary guide. Safeguarding abstract choices is frequently difficult. Conversely, an income cycle self-pay arrangement is regularly based upon true principles and computations that are thoroughly tried by using quantitative information examination. Such examination takes into consideration unsurprising, arrangement-based results that can stand up well to a review of the clinic's policies.

- Are there underutilized repayment programs that could further develop income and productivity?
- There are several such projects accessible. Numerous medical clinics underutilize this program and leave the chance for repayment unattended. Casualties of Crime is one more program for repayment that occasionally is underutilized. Under this program, emergency clinics might look for repayment on a first-come, first-served repayment strategy. Self-pay arrangements ought to help the capacity to rapidly demand these assets.
- Numerous Medicaid programs have unique qualifying necessities. The capacity to figure out the necessities and spot a patient in the most proper program is central to being repaid for administrations also, for amplifying repayment.

c) Stage Three: Investigate Options

- The following stage in effectively executing a self-pay arrangement is to recognize the best instruments and frameworks to fill those holes. A few devices are accessible to clinic chairmen connected with income cycle arrangements.
- To distinguish the top-tier frameworks and devices that best address its issues, a medical services association ought, to begin with, social event references or the new arrangement.
- Before pushing ahead with a new arrangement supplier, it is fundamentally essential to request to talk to a portion of the imminent merchant's clients. Inside and out interviews with these clients ought to incorporate ready questions and distinguish explicit subjects of interest.

d) Stage Four: Prepare for Implementation

- To guarantee the proceeded outcome of the new cycles expected to carry out an income cycle self-pay arrangement, laying out proprietorship and accountability is basic.
- A significant part of proprietorship is departmental and staff arrangement, alongside changing the board and reception. For an income cycle self-pay arrangement, such arrangement is important among overseers dealing with enrolment, monetary directing, and assortments. Chairmen in these positions ought to cooperate to distinguish the undertaking's extension and needs for change. Similarly, as with every single effective execution, assessing best practices of companions or equal ventures is an area of strength for a point.
- Furthermore, by planning start to finish processes for each impacted office, these directors can distinguish cross-over and redundancies, a significant number of which could be computerized by the new arrangement. After the determination cycle, the undertaking chiefs ought to lay out quantifiable objectives to deal with the assumptions of the association's leader group. Instances of quantifiable objectives and improvement targets include:
- Personality approval
- Protection qubecause
- Patient monetary division and logical abilities
- Backing of customer-facing interaction assortments
- Improvement in the work process and errand organization
- Improvement of safety
- Improvement in assortment frameworks and abilities

- Endeavouring to address all self-pay income cycle issues immediately can make interruption, so it means a lot to remain zeroed in on unambiguous regions from the start. Development needs ought to be founded on the areas of agony inside the medical clinic. For instance, assuming that a medical clinic sees an enormous number of uninsured patients, then quiet monetary division might be a more prominent worry than protection confirmation.
- Different needs might be founded on further developing customer-facing interaction assortments for patients with high-deductible protection plans. Each medical clinic ought to lay out boundaries where upgrades will fundamentally influence its main concern. In any case, a fruitful arrangement ought to be

utilized to serve the different regions of the income cycle as the requirements of the emergency clinic develop.

e) Stage Five: Train Support Staff

- Legitimate preparation of clinic support staff is basic. A reliable preparation program guarantees that the stream of advantages from the arrangement will be continuous, indeed, even amid staff turnover. Continuous preparation and broadly educating, steady assumptions and estimation, motivators for wanted ways of behaving, and the utilization of proportions of worker fulfillment are only a portion of the strategies that ought to be utilized in the preparation interaction.
- Additionally significant is the appraisal of workers' need for preparing in the A/R process. The key to a fruitful execution is a reliable way to deal with patient interchanges. Enlistment centers and monetary instructors ought to be given simple to-utilize work helps that they would be able to reference while meeting with patients.

f) Stage Six: Implementing KPIs

- By distinguishing quantifiable key execution pointers (KPIs), a medical clinic can decide the worth of a new arrangement. KPIs that ought to be estimated include:
- Days income exceptional
- Repayment from self-pay, public projects furthermore, private protection
- Level awful obligation versus noble cause care
- Patient fulfilment

- A self-pay arrangement is valuable provided that it can satisfy all of the distinguished KPIs. Besides, these KPIs ought to be patched up yearly to guarantee that consistent improvement targets are laid out for the staff's utilization of the arrangement. In a new persistent division examination study, one medical clinic found that it didn't have the right name, address, or Social Security data on the document for 31 percent of its complete populace. Utilizing a self-pay arrangement, the medical clinic's enlistment centers started to ask

patients extra questions, incredibly working on the nature of patient data inside the framework. The advantages of the further developed patient data streamed down to another region of the income cycle, further developing assortments and decreasing returned mail handling.

- Utilizing oneself compensation arrangement, an equivalent medical clinic found that 75% of its populace might have qualified for Medicaid or noble cause help. By cautioning monetary advocates about this data, the guides could quick track qualified patients for interviews and have them signed up for these projects, upgrading the emergency clinic's local area responsibility and enormously moving along Medicaid repayment.

CHAPTER 1- INTRODUCTION

1.1 - Purpose of Research

The purpose of this study is to evaluate the knowledge and beliefs do individuals about the journey of Revenue Cycle Management and the impact of the Revenue Cycle Management as a Self-Pay System on the attitude of individuals. By sending a survey questionnaire to a sample of revenue cycle individuals and analyzing their responses it is hoped that a determination can be made as to the level of knowledge and belief they have in performing revenue cycle roles.

1.2 - Problem being investigated

The following problems are to be investigated through this research paper:

1. Lack of knowledge among individuals about the Revenue Cycle.
2. Difficulties that individuals face during the journey of the revenue cycle.
3. Fear of losing money in the revenue cycle.

1.3 - Context and importance of the problem

Given below is the context and importance of the above-listed problems:

With the broadening hole between the above costs and repayment, the board of the income cycle is a basic part of a fruitful vascular medical procedure practice. It is critical to survey the information on every one of the parts of the income cycle: payer contracting, arrangement planning, preregistration, enlistment interaction, coding and catching charges, legitimate charging of patients and guarantors, follow-up of records receivable, and lastly utilizing suitable benchmarking.

The industry benchmarks involved ought to be those of companions in indistinguishable gatherings. It is examined to Warn indications of terrible showing empowering the training to figure out an exhibition improvement plan.

1.4 - Aims and objectives of the study

1.4.1 - AIMS OF THE STUDY

a) To provide knowledge to individuals about the importance of the Revenue Cycle.
b) To motivate individuals about the usage of the Revenue Cycle Self-Pay system.

1.4.2 - OBJECTIVES OF THE STUDY

a) To study about kind of knowledge and beliefs people have about the journey of Revenue Cycle Management.
b) To study the impact of the Revenue Cycle Management as a Self-Pay System on the attitude of people.

CHAPTER 2- REVIEW OF LITERATURE

-

A mission for composing articles that kept an eye on the gathering of knowledge about the usage of Revenue Cycle Management was performed from 3 electronic informational collections: PubMed, Scopus, and Google Scholar. The chase was confined to articles produced using 2005 to the present. Search terms used were: Healthcare, Revenue Cycle, Patient Journey, Self-Pay. RCM Journals were also looked for logical investigations with respect to assessment. The request method recognized a total of 50 articles. Forty-five articles didn't resolve the issues of this study, leaving

5articles for this review. Those, 5 articles contained genuine assessments that could be applied to the knowledge and use of RCM.

Table 1

Authors (year)	**Study Location**	**Sample Size**	**Salient Features**
Singh, Simone Rauscher, Wheeler, John (September 2012)	US	1,397 bond-issuing, not-for-profit hospitals	Smoothing out a medical clinic's administration of the patient revenue cycle can propel the association's monetary reasonability by further developing benefits and empowering value development.
Vitali Mindel, Lars Mathiassen (December 2015)	US	229 RCM papers	Poor documentation is the main source of denied claims and both writing streams settle on the significance of powerful documentation while giving clinical consideration to gathering revenue downstream.
Kristen N. Thomas (November 2015)		150 healthcare facilities, patients from different hospitals	A large portion of pioneers feels these instruments are fundamental for informed navigation and essential for income cycle pioneers in the present medical care climate.
Ray Manley, Bhagwan Satiani (November	Columbus, Ohio		The endurance of the revenue cycle practice relies upon the most effective and

2009)			exact cycle, extra time spent on finding out about the subtleties of the financial report, and how your training contrasts and benchmarks merit the additional work.
Elizabeth Guyton, Joe Poats (April 2004)	US	Various hospitals	Expansions in the number of cases that neglect to meet the complicated and moving handling necessities of wellbeing plans

Table 1 (Contd.)

CHAPTER 3- METHODOLOGY

3.1 - Research Question

1) What kind of knowledge and beliefs do individuals have about the journey of Revenue Cycle Management?
2) What is the impact of the Revenue Cycle Management as a Self-Pay System on the attitude of individuals?

3.2 - Research Design

A survey questionnaire was created to gather data to analyze the knowledge and beliefs that people have about the journey of Revenue Cycle Management and the impact of the Revenue Cycle Management as a Self-Pay System on the attitude of people. The following variables were included:

3.2.1 - Knowledge and Belief about Revenue Cycle Management (RCM)

1) Do you know what Revenue Cycle Management is?
2) Do you believe Revenue Cycle Management is important in healthcare?
3) Do you know about all the 9 steps that are to be followed during the Revenue Cycle Journey?
4) Do you feel, pre-registration is an essential step for RCM?
5) How much do you think a patient/ attendant is responsible during this journey of RCM?
6) Would you like to gain knowledge about RCM before starting your journey as a patient/ attendant in any healthcare facility?
7) How important do you feel knowledge about RCM is?

3.2.2 - Impact of Revenue Cycle Management (RCM) as a Self-Pay System

1) Do you know RCM as a self-pay system?
2) Do you know about the 6 stages of the RCM self-pay system?
3) Have you ever experienced RCM as a self-pay system?
4) If not, will you like to experience it?
5) Do you think providing RCM Self-Pay System knowledge to the people(patients) visiting healthcare facilities for treatment will benefit them?
6) Will the education/ literacy of the patient play an important role while understanding or using RCM self-pay process?
7) Do you think preparation before the implementation plan before applying RCM as a self-pay system is important?
8) Do you think a trained support staff is a must for the RCM self-pay process?
9) Should a Self-pay system be made an essential part of the RCM process in hospitals/ healthcare facilities?

3.3 - Study setting

This study on the knowledge, beliefs, and attitude of individuals about the Revenue Cycle Management and RCM as a self-pay system was set to be done among the individuals (patients) or the attendants accompanying those individuals' (patients) who were visiting the hospitals or the healthcare facilities.

3.4 - Study Population

To get a pertinent sample populace, research was directed to get potential overview members using a convenience sampling procedure.

The study was focused on a total of 50 individuals.

3.4.1 - Response Population

A sum of 42 reactions to the study was gotten from the people or their attendants using a review poll. The main solicitation yielded 27 reactions. The subsequent solicitation yielded 15 reactions. The general reaction rate was 42%.

3.4.2 - Research Design

The sampling type is the descriptive research design.

3.4.3 - Sampling Procedure

a) Convenience sampling was used to select the respondents.

3.4.4 - Inclusion Criteria

Inclusion Criteria for the research study include:

a. Individuals who can answer the questionnaire by themselves.
b. Attendants accompanying the individuals to the hospital.

-

3.4.5 - Exclusion Criteria

Exclusion Criteria for the research study include:

a. Individuals (Patients) who cannot answer the questions by themselves.
b. Staff Members
c. Doctors

3.5 - Research procedures/ Approaches

The research Procedure includes the analysis of data with the help of pie charts and data tables. Study research and analysis are planned to be done based on data collected for a period of 3 months (90 days), starting from March 21, 2022, to June 17, 2022.

A quick link to the review poll (Fig.3) was sent to the distinguished example populace along with a consent form (Fig.2). The first question on the survey form was “Do you agree to fill this form?”. If the individuals answered with a “YES”, the survey was continued, and if the individuals answered “NO”, the survey hasn’t proceeded further.

CHAPTER 4- RESULTS

4.1 - Result Bar-graphs and Data Tables

Knowledge and Belief about Revenue Cycle Management (RCM)

1)

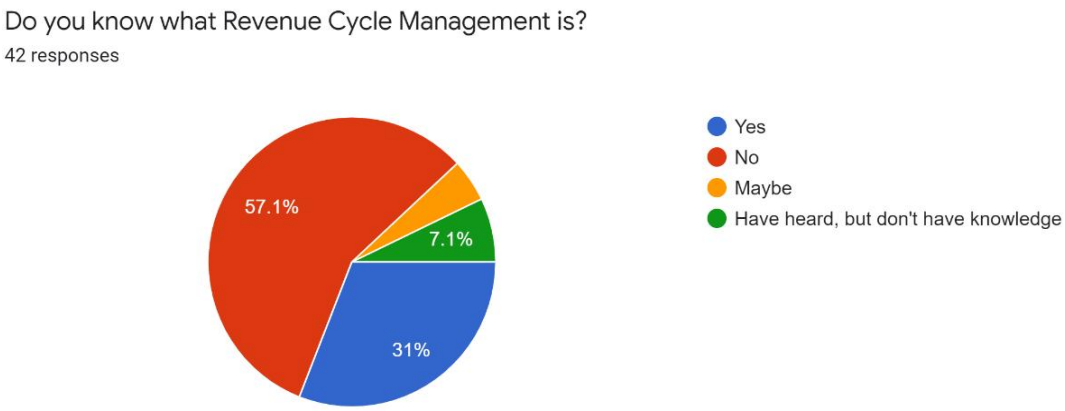

Table 4.1 - Do you know what Revenue Cycle Management is?

#	**Answer**	**%**
1.	Yes	31
2.	No	57.1
3.	Maybe	4.8
4.	Have heard, but don’t have the knowledge	7.1

2)

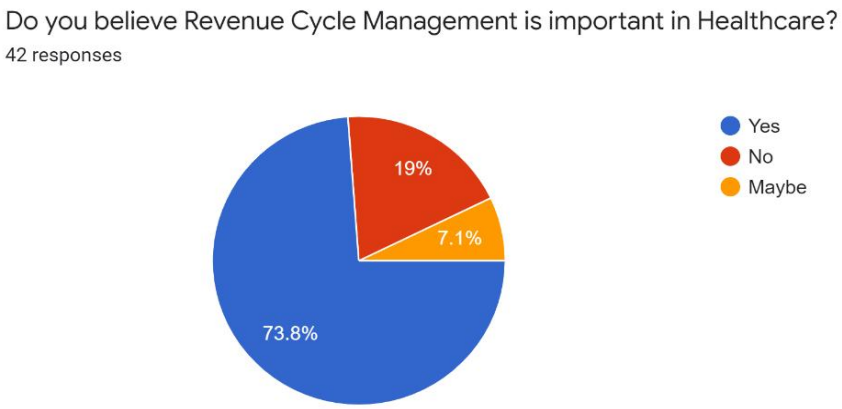

Table 4.2 - Do you believe Revenue Cycle Management is important in healthcare?

#	**Answer**	**%**
1.	Yes	73.8
2.	No	19
3.	Maybe	7.1

3)

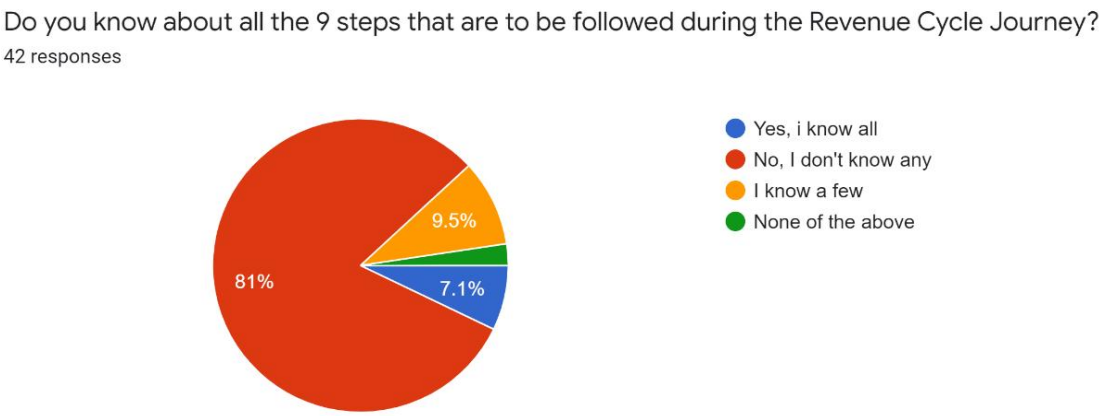

Table 4.3 - Do you know about all the 9 steps that are to be followed during the Revenue Cycle Journey?

#	**Answer**	**%**
1.	Yes, I know all	7.1
2.	No, I don't know any	81
3.	I know a few	9.5
4.	None of the above	2.4

4)

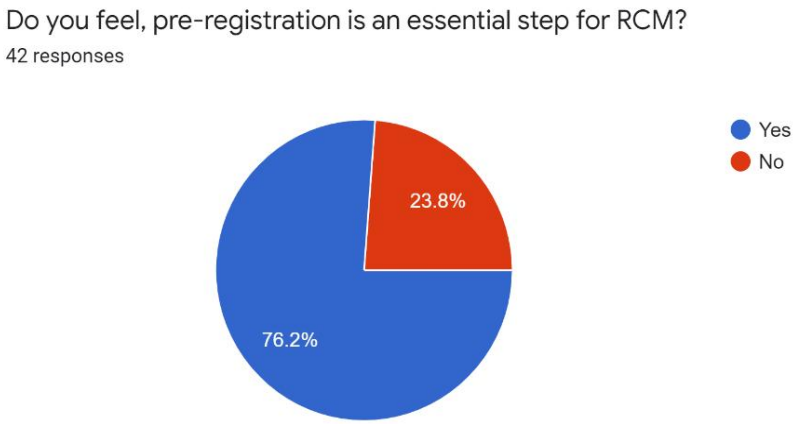

Table 4.4 - Do you feel, pre-registration is an essential step for RCM?

#	**Answer**	**%**
1.	Yes	76.2
2.	No	23.8

5)

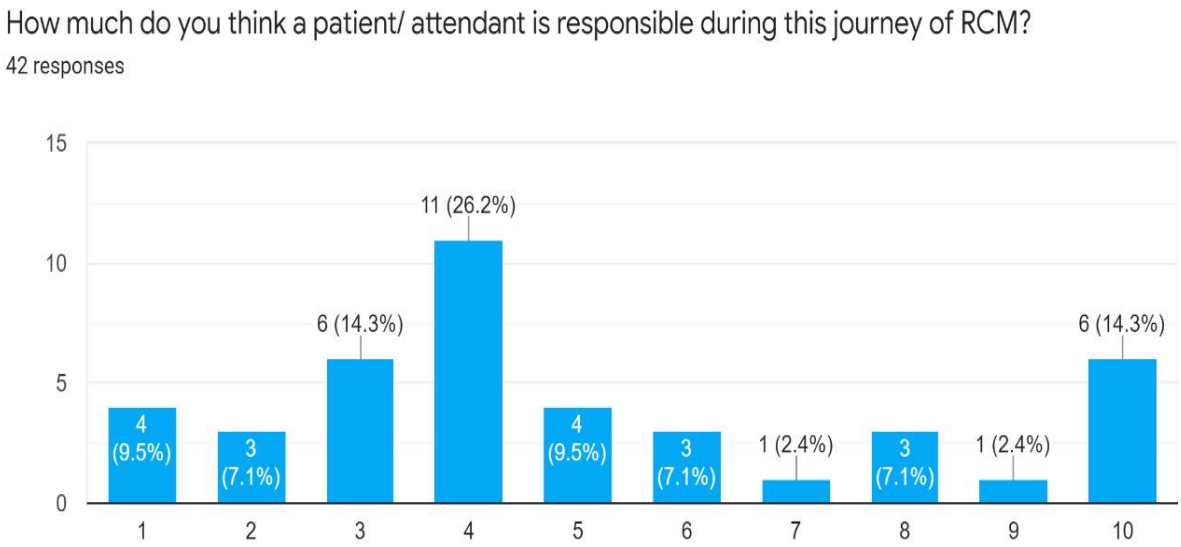

Table 4.5 - How much do you think a patient/ attendant is responsible during this journey of RCM?

#	**Answer**	**%**
1.	8-10, Very Important	25.8
2.	4-7, Important	45.2
3.	1-3, Not important at all	30.9

6)

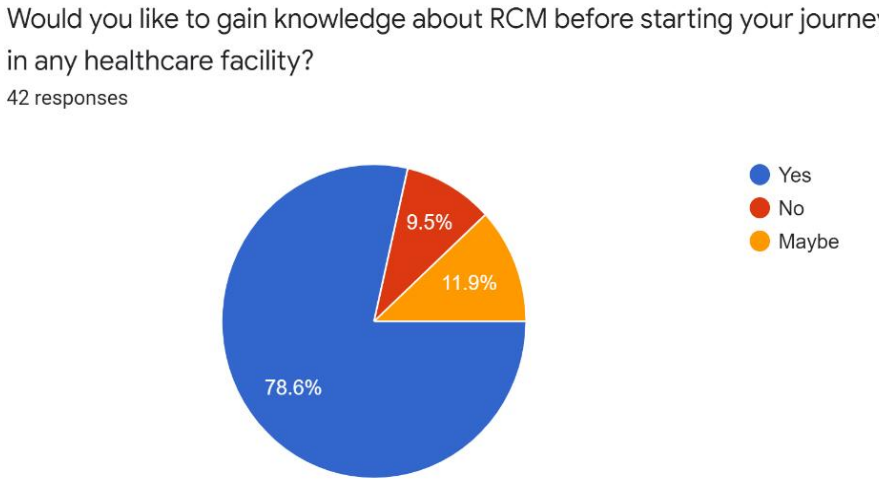

Table 4.6 - Would you like to gain knowledge about RCM before starting your journey as a patient/ attendant in any healthcare facility?

#	**Answer**	**%**
1.	Yes	78.6
2.	No	9.5
3.	May Be	11.9

7)

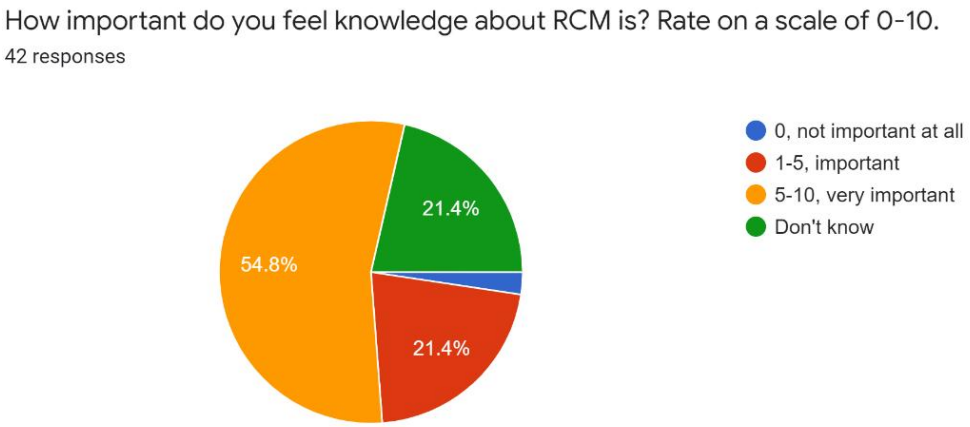

Table 4.7 - How important do you feel knowledge about RCM is? Rate on a scale of 0-10.

#	**Answer**	**%**
1.	0, not important at all	2.4
2.	1-5, important	21.4
3.	5-10, very important	54.8
4.	Don’t know	21.4

Impact of Revenue Cycle Management (RCM) as a Self-Pay System

1)

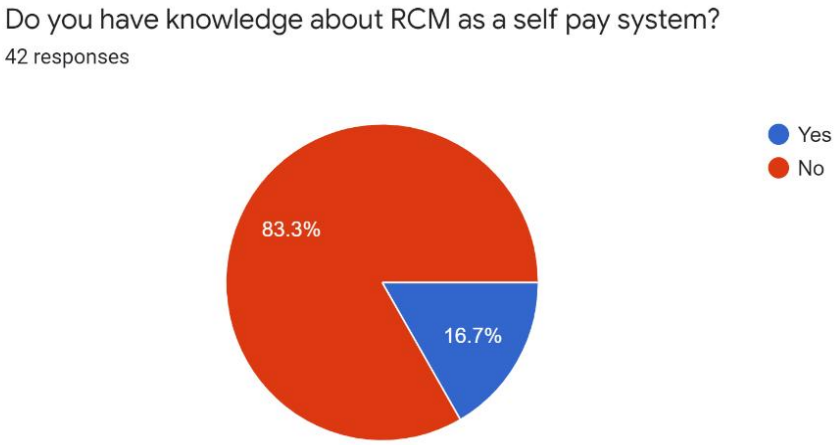

Table 4.8 - Do you know RCM as a self-pay system?

#	Answer	%
1.	Yes	16.7
2.	No	83.3

2)

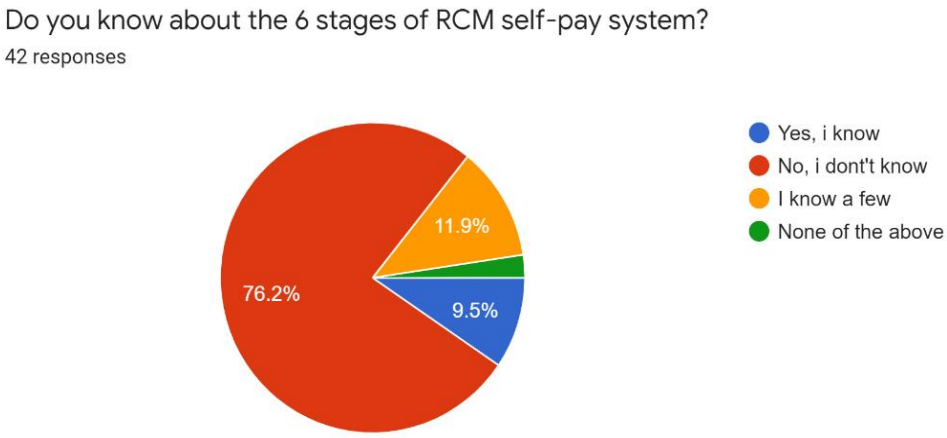

Table 4.9 - Do you know about the 6 stages of the RCM self-pay system?

#	**Answer**	**%**
1.	Yes, I know	9.5
2.	No, I don't know	76.2
3.	I know a few	11.9
4.	None of the above	2.4

3)

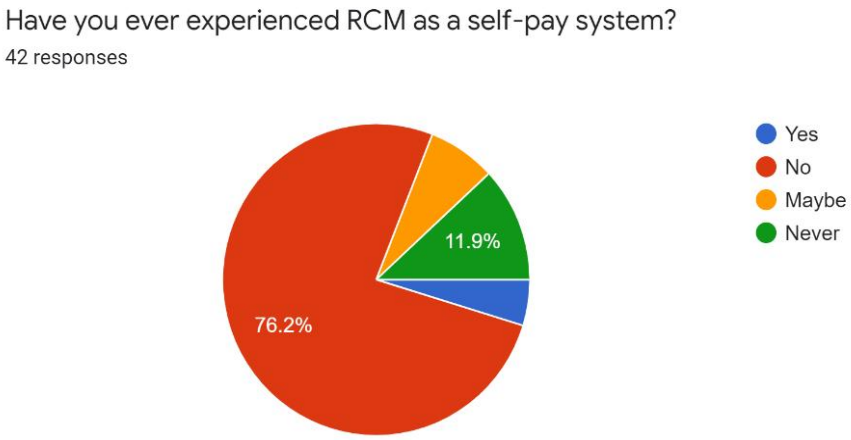

Table 4.10 - Have you ever experienced RCM as a self-pay system?

#	**Answer**	**%**
1.	Yes	6.1
2.	No	76.2
3.	Maybe	5.8
4.	Never	11.9

4)

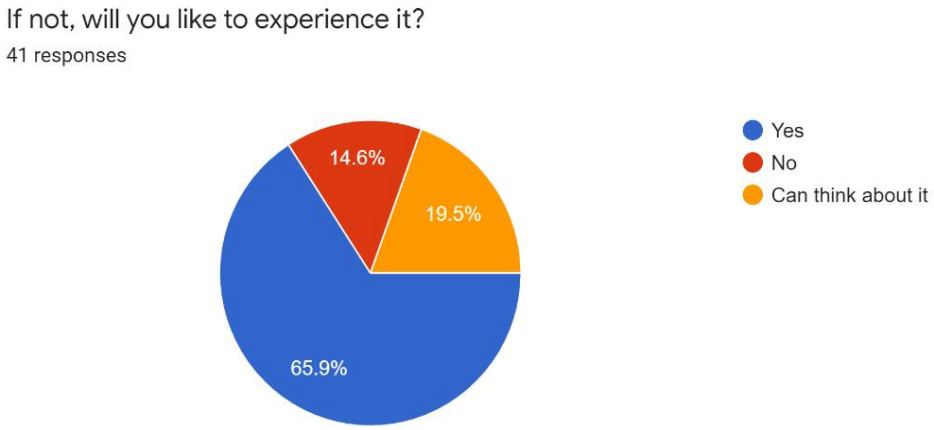

Table 4.11 - If not, will you like to experience it?

#	**Answer**	**%**
1.	Yes	65.9
2.	No	14.6
3.	Can think about it	19.5

5)

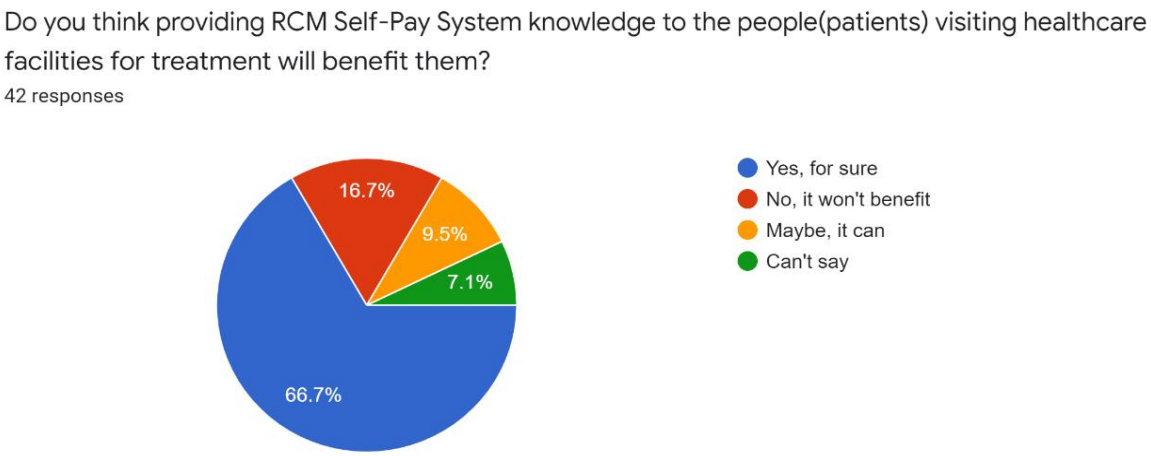

Table 4.12 - Do you think providing RCM Self-Pay System knowledge to the people(patients) visiting healthcare facilities for treatment will benefit them?

#	**Answer**	**%**
1.	Yes, for sure	66.7
2.	No, it won't benefit	16.7
3.	Maybe, it can	9.5
4.	Can't say	7.1

6)

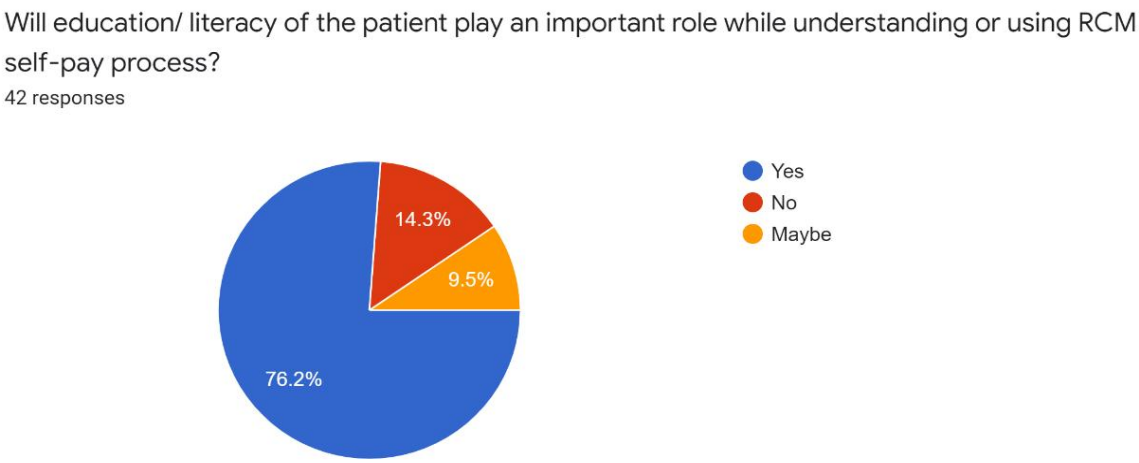

Table 4.13 - Will the education/ literacy of the patient plays an important role while understanding or using the RCM self-pay process?

#	**Answer**	**%**
1.	Yes	76.2
2.	No	14.3
3.	Maybe	9.5

7)

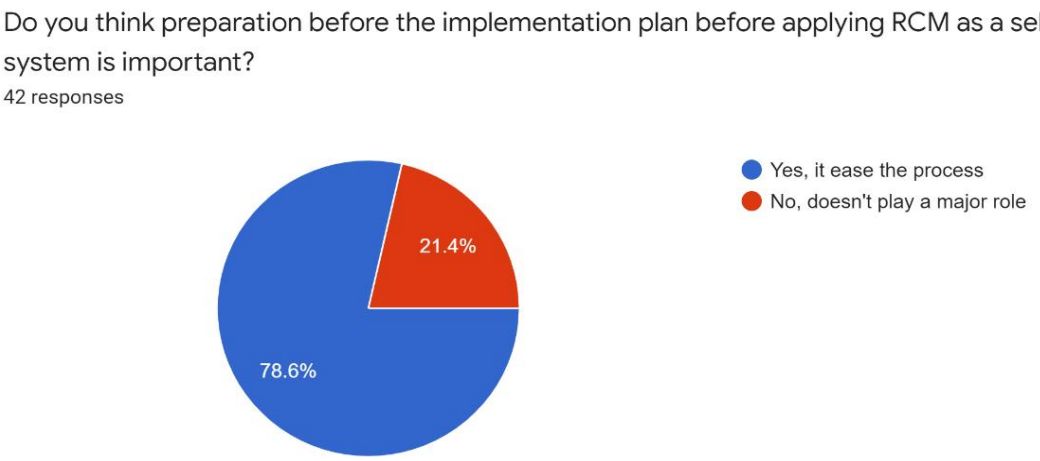

Table 4.14 - Do you think preparation before the implementation plan before applying RCM as a self-pay system is important?

#	**Answer**	**%**
1.	Yes, it eases the process	78.6
2.	No, doesn’t play a major role	21.4

8)

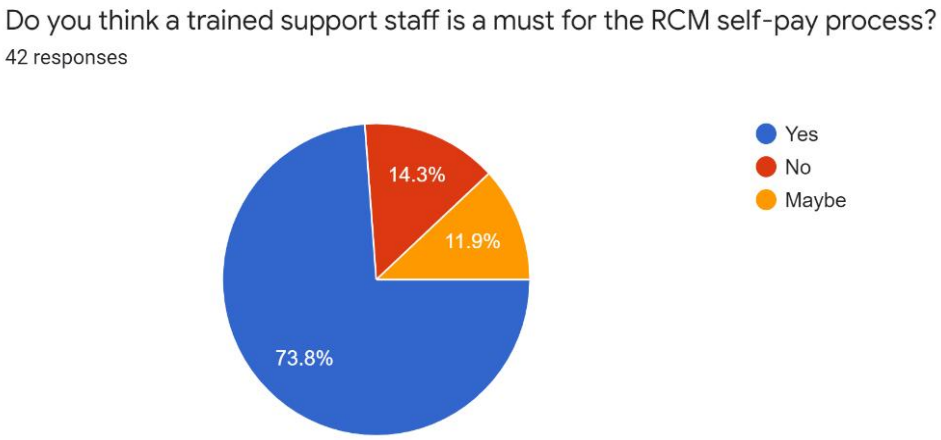

Table 4.15 - Do you think a trained support staff is a must for the RCM self-pay process?

#	**Answer**	**%**
1.	Yes	73.8
2.	No	14.3
3.	Maybe	11.9

9)

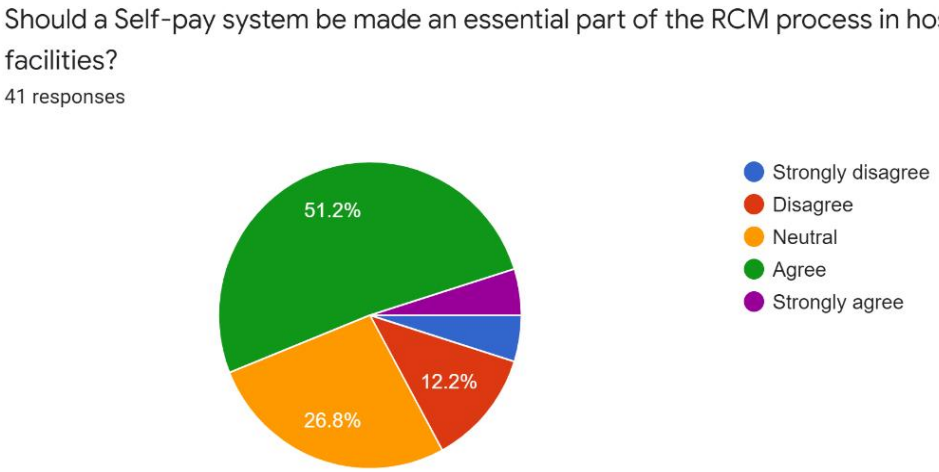

Table 4.16 - Should a Self-pay system be made an essential part of the RCM process in hospitals/ healthcare facilities?

#	**Answer**	**%**
1.	Strongly Disagree	4.9
2.	Disagree	12.2
3.	Neutral	26.8
4.	Agree	51.2
5.	Strongly Agree	4.9

4.2 - Data Analysis

As per the responses received through the survey, the following analysis can be done:

1) Data Analysis of the survey responses about knowledge and belief about RCM

The 1st survey question was designed to filter out the percentage of individuals who knew RCM. 31% of people knew about RCM, 4.8% were doubtful, and 7.1% responded that they have heard about RCM but don't know about it. Whereas, 57.1% of people didn't have any knowledge about it. (Table 4.1)

The 2nd question filtered out the percentage of people who believe RCM is important. 73.8% of people believed that RCM is important, 7.1% of people were not very sure about it, whereas, only 19% of the population responded that RCM isn't important. (Table 4.2)

The 3rd question filtered out the percentage of people who knew about the 9 steps of the RCM journey. 7.1% responded saying Yes, they know all the steps, 9.5% responded saying they know a few, whereas 83.4% didn't know any steps. (Table 4.3)

The 4th question filtered out the percentage of individuals who consider pre-registration as an important step in RCM. 76.2% of the population think it is important whereas only 23.8% considered it not important. (Table 4.4)

The 5th question is based on the percentage of responses about whether the patient/ attendant is important during the RCM journey. 25.8% responded saying yes, very important, 45.2% responded saying it is important whereas 30.9% of people believed that it is not important. (Table 4.5)

The 6th question is about the perspective of individuals if they would like to gain knowledge about RCM before starting their journey as a patient/ attendant in any healthcare facility. 78.6% of people said yes, 11.9% people said maybe, whereas only 9.5% responded with a no. (Table 4.6)

The 7th question filtered out the responses of individuals about their perspectives on the importance of RCM. 2.4% of people considered it as not important, 21.4% people didn't have any idea and 76.2% considered it as important. (Table 4.7)

2) Data Analysis of the survey responses about the impact of RCM as a self-pay system

In the 8th question, as per the analyzed data, the percentage of individuals who knew RCM as the self-pay system is only 16.7% whereas, 83.3% of the individuals didn't have any knowledge about the same. (Table 4.8)

The 9th question shows the percentage of people who knew about the 6 stages of RCM is 9.5% of the individuals, and 11.9% knew a few. And 78.6% of individuals didn't know any of them. (Table 4.9)

The 10th question covers the percentage of people who have experienced RCM as a self-pay system. 6.1% of people say yes, 5.8% say maybe, and a maximum percentage of people that is 88.1% of people say that they have not experienced it yet. (Table 4.10)

The 11th question shows the percentage criteria of those people who have not experienced RCM as a self-pay system yet, but would like to experience it in the future or not. 14.6% won't like to experience it, 19.5% say that they can think about it and 65.9% of people say that they would like to experience it. (Table 4.11)

The 12th question tells us about the individuals who think that providing RCM knowledge to people/ patients visiting healthcare facilities will benefit them. 66.7% say yes, 16.7% say no, 9,5% say maybe, and 7.1% respond with can't say. (Table 4.12)

The 13th question shows the perspective of people about whether the education of the patients plays an important role while understanding or using the RCM self-pay process. 76.2% say yes, it is important whereas 9.5% say maybe, and 14.3% respond with a no. (Table 4.13)

The 14th question answers the percentage of people who think that preparation before the implementation plan before applying RCM as a self-pay system is important. 78.6% of people think yes, it will ease the process and 21.4% say that no, it doesn't play a major role. (Table 4.14)

The 15th question is about the percentage of individuals who think whether or not a trained support staff is a must for the RCM self-pay process. 73.8% answered yes, 14.3% answers no, and 11.9% answered maybe. (Table 4.15)

The 16th and last question tells us about the perspective of the percentage of people who think that a self-pay system is made an essential part of the RCM process in hospital/ healthcare facilities. The people who agree are 63.4%, people who gave a neutral reply are 26.8% and people who disagree are 17.1%. (Table 4.16)

CHAPTER 5- DISCUSSION

5.1 - Interpretation of result

From the above analysis, it can be interpreted that out of all the study population that was part of this survey, a maximum number of individuals didn't know about RCM or RCM as a self-pay system. Even though the maximum study population doesn't know RCM, most of them are interested in gaining knowledge about this process and they have even commented positively about experiencing it. Also, as per the responses received, education plays a major role in knowing about RCM or Revenue Cycle Self-Pay system.

5.2 - Limitations of the study

It is important to discuss the limitations of this study.

a. The review of the literature was exceptionally restricted in the quantity of companion assessed articles given information, conviction, and disposition of individuals about the revenue cycle of the revenue cycle management system.
b. Although the sample size utilized in this survey was not irrelevant, a bigger sample size would have been great.
c. It is trying to get a populace of email addresses and to get reactions in the ongoing climate that requires email clients to be wary of answering to or tapping on new connections in messages.
d. The respondents are putting together their reactions concerning their perceptions and encounters with the Revenue Cycle Management.
e. Different offices are at various degrees of involvement concerning how to deal with their revenue cycle regions, so some might have little openness to the revenue cycle as a self-pay system and how it tends to be gainful.

5.3 - Strengths of the study

The strengths of the study are as follows:

a. Improved patient experience.
b. Increase in focus on quality care.
c. Value-based reimbursement.
d. Decrease in administrative burden.
e. Track transactions at all places.

CHAPTER 6- CONCLUSION

6.1 – Findings

The findings from the literature review performed on a patient journey through the revenue cycle in the healthcare industry uncovered a restricted measure of companion investigated articles that tended to this theme.
Those that were found had promising outcomes in the patient journey through the revenue cycle and lead to further development of medical care.
The study performed for this paper was coordinated by the revenue cycle management and the reactions showed that the Patient journey in health care revenue cycle divisions is gainful. The review reactions demonstrated knowledge and belief towards revenue cycle self-pay system is becoming predominant by the big number of respondents, responding positively towards the usage of RCM self-pay to take on sooner rather than later. The overview uncovered that most of respondent feel this journey to be very significant.

6.2 - Implications

Those individuals (patients) can profit from the discoveries in this review if they are thinking about making Revenue Cycle Management a part of their patient journey while visiting any healthcare facility and planning to experience Revenue Cycle as a self-pay system.

6.3 - Recommendations

a. Making sure that the patients have qualified protection on record can help in deciding expenses for different medicines.
b. It is vital to audit the information on every one of the parts of the income cycle: payer contracting, appointment scheduling, preregistration, registration process, coding and capturing charges, proper billing of patients and guarantors, and follow-up of records receivable, lastly utilizing suitable benchmarking.
c. The industry benchmarks involved ought to be those of friends in identical gatherings.
d. Warning indications of terrible showing are examined empowering the training to figure out a presentation improvement plan.

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hospitals require new revenue-cycle processes that focus on the entire patient-flow process [Internet]. Go.gale.com. 2022 [cited 21 June 2022]. Available from: https://go.gale.com/ps/i.do?id=GALE%7CA96644911&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=07350732&p=AONE&sw=w&userGroupName=anon%7Ef272da84

APPENDIX

Fig. 1 – Steps of Revenue Cycle Journey

CONSENT FORM

Cover letter sent to sample population

My name is Akshita Dharni (BDS, MBA-HM) and I am a master' degree candidate in the MBA- Hospital and Health Management in IIHMR University, Jaipur. I am in the process of completing my research project. I would greatly appreciate your participation in a very brief and anonymous survey for my research.

Below is a link to a brief survey attempting to determine the knowledge, belief, and attitude about Revenue Cycle Management and RCM as a self-pay system among individuals (patients) visiting the healthcare facilities.

My thesis topic is HEALTHCARE REVENUE CYCLE MANAGEMENT (RCM) - A STUDY OF PATIENT JOURNEY THROUGH REVENUE CYCLE.

If you would give my research just a few minutes of your time and complete my survey, I would be very appreciative.

If you have questions, my e-mail address is akshitadharni.j20@iihmr.in

The link to the survey is

https://docs.google.com/forms/d/1XfYV6F0mTZqT7aeJEjCkT0J7mhuEVlklBbuRQomboN0/edit

Thank you so much for your time.

Dr. Akshita Dharni

Post-Graduate student

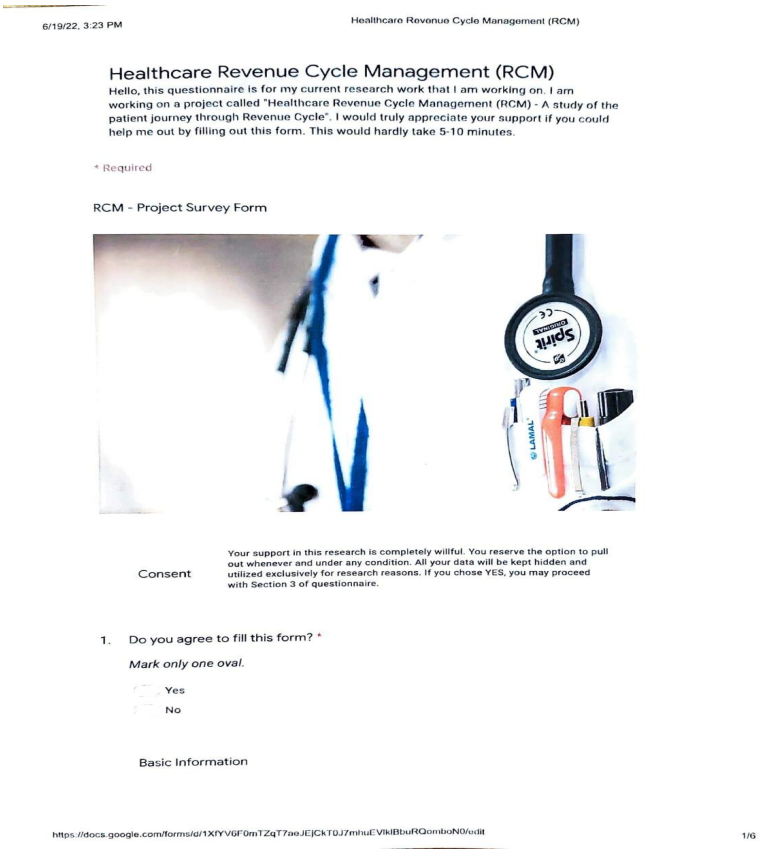
IIHMR University, Jaipur

Akshitadharni.j20@iihmr.in

cell #9416437283

Fig.2 - Consent Form

Fig.3 – Survey Form



6/19/22, 3:23 PM Healthcare Revenue Cycle Management (RCM)

Healthcare Revenue Cycle Management (RCM)

Hello, this questionnaire is for my current research work that I am working on. I am working on a project called "Healthcare Revenue Cycle Management (RCM) - A study of the patient journey through Revenue Cycle". I would truly appreciate your support if you could help me out by filling out this form. This would hardly take 5-10 minutes.

* Required

RCM - Project Survey Form

Consent

Your support in this research is completely willful. You reserve the option to pull out whenever and under any condition. All your data will be kept hidden and utilized exclusively for research reasons. If you chose YES, you may proceed with Section 3 of questionnaire.

1. Do you agree to fill this form? *

Mark only one oval.

- Yes
- No

Basic Information

https://docs.google.com/forms/d/1XfYV6F0mTZqT7aeJEjCkT0J7mhuEVIkIBbuRQomboN0/edit 1/6

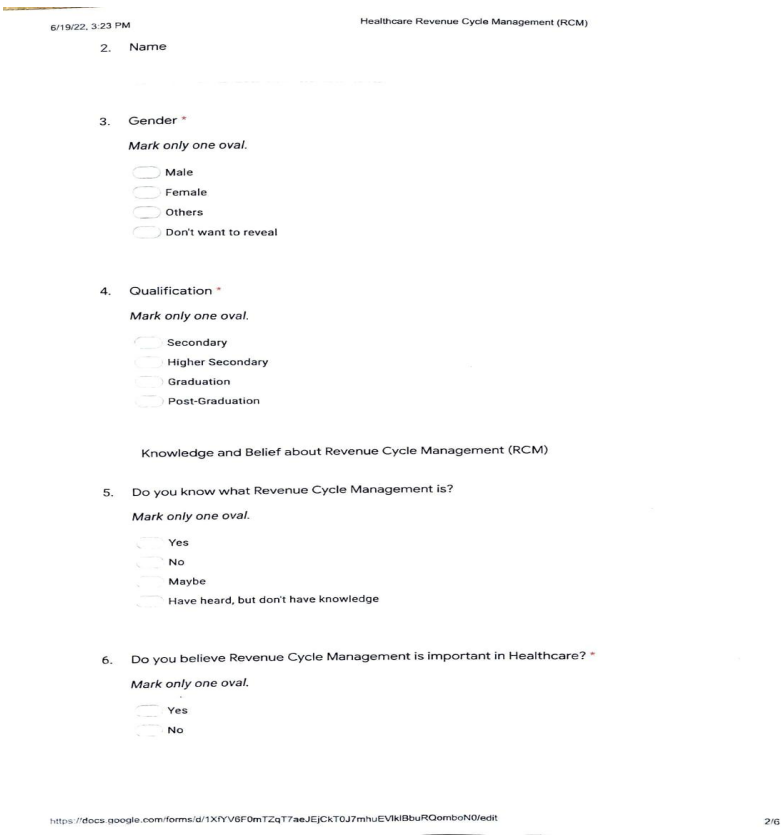


Fig.3 – Survey Form (Contd.)

7. Do you know about all the 9 steps that are to be followed during the Revenue Cycle Journey? *

Mark only one oval.

- Yes, i know all
- No, I don't know any

8. Do you feel, pre-registration is an essential step for RCM? *

Mark only one oval.

- Yes
- No

9. How much do you think a patient/ attendant is responsible during this journey of RCM? *

Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Very important											Not important at all

10. Would you like to gain knowledge about RCM before starting your journey as a patient/ attendant in any healthcare facility? *

Mark only one oval.

- Yes
- No
- Maybe

11. How important do you feel knowledge about RCM is? Rate on a scale of 0-10. *

Mark only one oval.

- 0, not important at all
- 1-5, important
- 5-10, very important
- Don't know

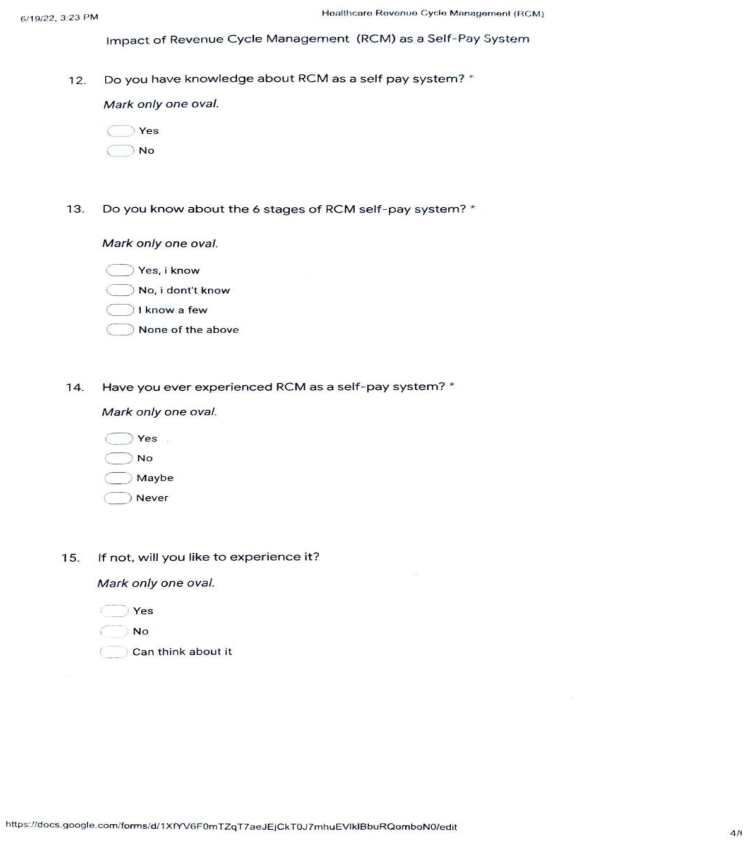


Fig.3 – Survey Form (Contd.)

16. Do you think providing RCM Self-Pay System knowledge to the people(patients) visiting healthcare facilities for treatment will benefit them? *

Mark only one oval.

- Yes, for sure
- No, it won't benefit
- Maybe, it can
- Can't say

17. Will education/ literacy of the patient play an important role while understanding or using RCM self-pay process? *

Mark only one oval.

- Yes
- No
- Maybe

18. Do you think preparation before the implementation plan before applying RCM as a self-pay system is important? *

Mark only one oval.

- Yes, it ease the process
- No, doesn't play a major role

19. Do you think a trained support staff is a must for the RCM self-pay process? *

Mark only one oval.

- Yes
- No
- Maybe

20. Should a Self-pay system be made an essential part of the RCM process in hospitals/ healthcare facilities? *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Thank you for your time and support! :) :)