



Signs Your RCM Is in Distress and How to Rescue It

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Your Revenue Cycle Could Be Sounding Alarms You Aren't Noticing

Revenue cycle breakdowns don't happen overnight.

Systemic inefficiencies silently build over time, causing recurring denials, revenue leaks, & aging AR, before your dashboards start flashing red, collections nosedive, and costs spiral upward.

And you're left asking: **WHAT** went wrong, **WHERE** did it go wrong, and **HOW** do I fix it?

While not every deviation in metrics is a fire alarm, a few overarching key performance indicators (KPIs) can ring the distress call when your RCM is heading for chaos.

Did You Know?

1

\$262 billion is lost by hospitals to claims annually (Becker's)

2

1 in 5 in-network claims is denied, inflating the cost to collect (KFF)

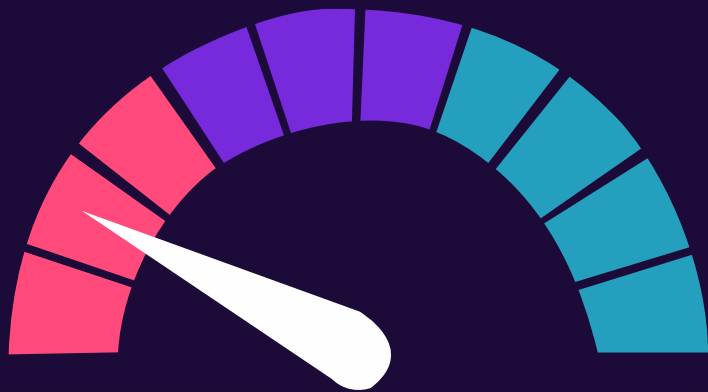
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41% of healthcare leaders put margins/costs as their top priority (MGMA)

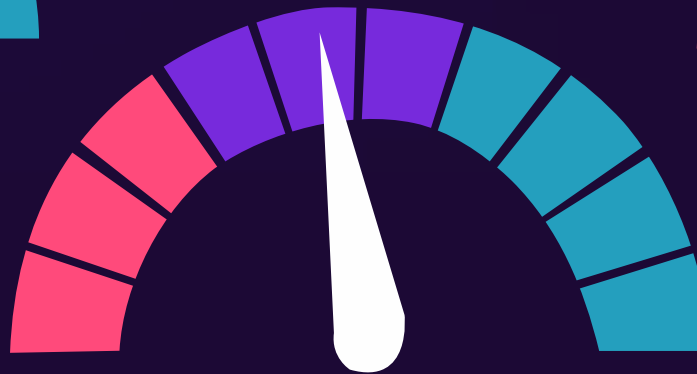
The Good Part ?

With the right blend of expertise and technologies (think AI, automation, analytics, and even next-gen agentic AI), you can plug revenue leaks before they snowball into a crisis.

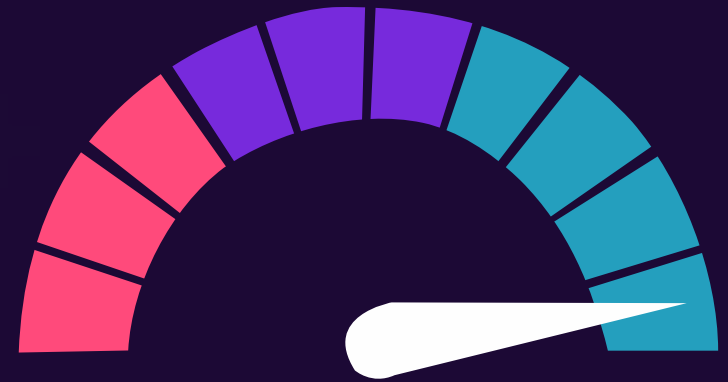
And that's where a trusted healthcare revenue cycle management (RCM) services provider can step in.



ALARMING



WARNING



OPTIMAL

5 RCM SOS Signs That Spell Distress

The ultimate goal of RCM is collect the right payment in the shortest time possible and at the lowest cost. But when KPIs swing too far off track, they reveal more than a hiccup; they expose deeper cracks in the revenue cycle.

While not every KPI blip is a red flag warranting action, there are a few that could certainly raise clear SOS signals, ignoring which could mean leaving serious money on the table.



Low Clean Claims Rate (<90%)

When your claims require extra fixes before your payer accepts them

1



Low Clean Payment Rate (<80%)

When you don't get paid in full the first time and you spend extra to chase what's yours

2



Low Net Collection Rate (<95% in 6 months)

When you're collecting less than you're contractually owed

3



High Cost to Collect (>7%)

When you're burning dollars to chase cents

4



High 90+ Days AR (>24%)

When your revenue is frozen in time and space

5

Low Clean Claims Rate (<90%)

When rejections keep coming back as a boomerang

Every rejected claim in RCM is an admin speed bump, adding to your time, slowing your pace, and delaying your cash.

Put simply, a low clean claims rate indicates your claims are bouncing back for corrections, demanding more effort that could otherwise be avoided with an upfront hygiene check.

Underlying Causes



Front-end
eligibility
verification
errors



Coding mistakes
slipping through
under pressure



Gaps in
documentation
for prior auths



Outdated
rules engines
or missed
payer edits

Why It Hurts?

- Reworking each denial costs \$25–\$118
- Adds weeks, sometimes even months, to your cycle
- Traps your team in an endless rework loop
- Lowers productivity and inflates cost to collect
- Delays payments, impacting your bottom line

The Solution

Proactive Hygiene Checks + Payer-Specific RCM Intelligence

**AI-Powered
Eligibility Verification**



Robust APIs pulling data from payer portals, eliminating errors and effort

**Streamlined Prior
Authorization**



Custom SOPs for documentation that checks all payer boxes for faster approvals

**Expert-Led Coding
and Billing**



Payer-specific edits to fix anomalies upfront, driving cleaner claims

Low Clean Payment Rate (<80%)

When you aren't paid right on the first submission

Approvals don't always mean full payment. Despite approvals, your battle for full payments might continue. Quite often, payers underpay, downcode, or even apply contract variances to hold back your money.

And when you see your clean payment rate dipping, you know there's unfinished business requiring a follow-up.

Underlying Causes



Lack of
payer
intelligence



No payment
variance
checks



Limited
visibility into
contracts



Partial
payments
accepted as
"settled"

Why It Hurts?

- Incomplete reimbursements
- Revenue leaks hidden in plain sight
- Rework further delaying payments
- Additional touches increasing the cost burden

The Solution

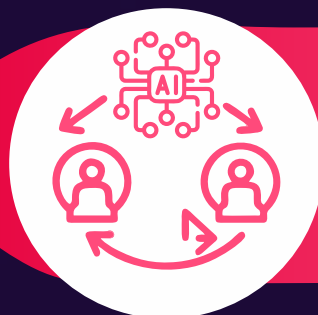
Payer Intelligence Baked into RCM Workflows

**Payer Intelligence
at Every Step**



Payer insights to ensure claims align with contracts

**Payment
Reconciliation**



Advanced AI matching payments against contracts, catching discrepancies early

**Proactive Variance
Resolution**



Experts resolving variances early, recovering missed revenue

Low Net Collection Rate (<95% of Expected Payment in Six Months)

When the wait for your earned revenue grows way too long

If you're collecting less than 95% of your expected payment in six months, you're leaving your revenue trapped in AR limbo, much of which may become unrecoverable with time.

This is because the odds of recovery nosedives after the six-month mark, with most of the money usually written off by 12 months.

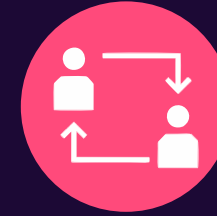
Underlying Causes



Lack of AR segmentation & prioritization



Follow-up queues clogged with low-value AR



Delayed appeals and follow-up cycles

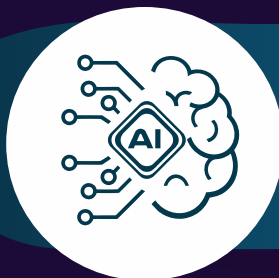
Why It Hurts?

- <20% chance of AR recovery beyond 90 days
- \$3.5M written off annually due to uncollected balances
- Leaves limited liquid cash to plan investments
- Impacts operational budget as well

The Solution

AI-Powered AR Management for Faster Recovery

AR Triage



AI segregating accounts by ROI, age, payer, and payment likelihood to prioritize high-value recoveries

Smart Queuing



Automated worklists cutting down effort on low-yield claims

Root Cause Analysis



System flagging denial patterns, underpayments, and delays to enable fixes, prevent rework

Expert Oversight



Specialists handling complex claims and payer negotiations for faster resolution

High Cost to Collect (>7%)

When it costs too much to get paid

Every extra touchpoint on a claim inflates cost. And when this cost climbs beyond 7%, you are essentially exhausting resources and paying more to get paid.

Given the tightening reimbursement structure, it's a lose-lose situation in RCM, as excessive handoffs crush your margins and substantially inflate your cost to collect.

Underlying Causes



Excessive
FTE hours on
repetitive
tasks



Too much
time devoted
to low-yield
accounts



Inefficient
handoffs in
claim
processing



Weak and
reactive
denial
management

Why It Hurts?

- Every 1% above benchmark drains millions
- Shrinking margins and escalating burnout
- Questionable long-term financial sustainability

The Solution

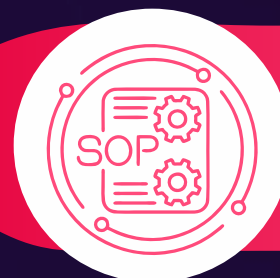
Proactive Denial Prevention + Leaner Workflows to Slash RCM Costs

**Smart Decision
Trees**



Standardized claim resolution to eliminate handoffs that add costs

Leaner Workflows



Custom SOPs cutting redundancy and speeding up claim movement

**Denial Root
Cause Analysis**



System pinpointing recurring trends, so issues get fixed at the source

Preventive Edits



Expert edits to catch errors early, avoid costly rejections downstream

High 90+ Days AR (>24%)

When your AR is frozen in time and space

When more than a quarter of AR sits in the 90+ day bucket, it's essentially frozen in time. The longer it ages, the slimmer are the chances of its recovery.

Claims, at this stage, are not only harder to collect but costlier to chase as well. What may look like revenue delayed is, in fact, cash flow you may never realize unless you act with urgency & strategy.

Underlying Causes



Ineffective
appeals and
follow-ups



Lack of ROI-
based claim
prioritization



Poor visibility
into what's
"truly" collectible

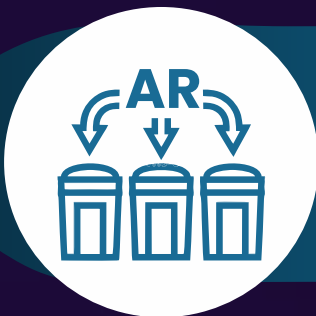
Why It Hurts?

- <20% recovery rate for AR aging beyond 90 days
- Working capital getting locked in aging AR

The Solution

AI-Driven AR Prioritization + Escalations + Appeal Paths

**AI-Powered AR
Segregation**



AI-driven grouping of claims to
prioritize winnable accounts

**Automated
Appeals**



Automated payer-specific appeals
to accelerate recoveries

**Targeted
Escalations**



Targeted escalations to unlock stuck
revenue and improve cash flow

The Jindal Healthcare Advantage

From SOS to ROI: Revenue Recovery Accelerated with AI-Powered RCM

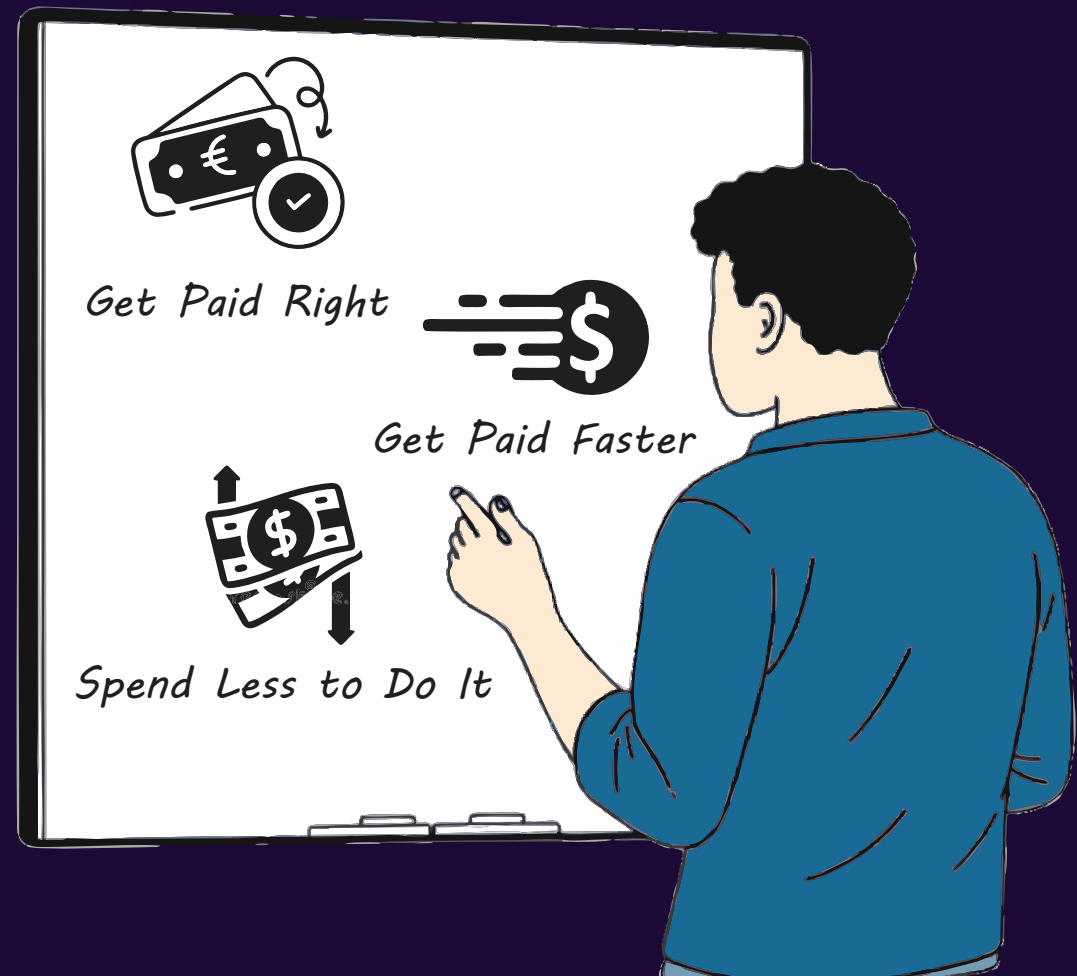
At Jindal Healthcare, we re-engineer revenue cycles with an ROI-first framework purpose-built on **AI-powered, expert-led RCM**, to accelerate your cash flow, cut your cost to collect & protect your margins against red flags.

SOS Sign	AI-Powered, Expert-Led RCM	The Impact
Low Clean Claims Rate (<90%)	<u>AI-powered eligibility verification</u> , SOP-driven prior auth, and expert-led coding edits catch anomalies upfront, driving cleaner claims.	Clean Claim Rate >98%
Low Clean Payment Rate (<80%)	AI reconciliation engines match payments to contract terms and experts pursue variances proactively, boosting payments.	Clean Payment Rate >80%
Low Net Collection Rate (<95% in 6 months)	AI triages AR by ROI, impact, and propensity to pay. Smart queues, root cause analysis, and expert oversight speed up recovery.	Net Collection Rate >95% in six months
High Cost to Collect (>7%)	Decision trees and leaner workflows eliminate unnecessary handoffs. Denial root cause analysis helps prevent denials.	Cost to Collect <7%
High 90+ Days AR (>24%)	<u>AI-driven AR segregation</u> prioritizes winnable claims. Appeal automation and expert escalation cut 90+ AR, unlocking revenue stuck in limbo.	90+ Days AR <24%

Get Paid Right, Get Paid Faster, and Spend Less to Do It

Fragmented processes, payer friction, and outdated workflows can throw your revenue cycle off track, hurting your critical KPIs and setting off alarms if you don't act trends early.

At Jindal Healthcare, we strategically combine AI with expert oversight to not just eliminate RCM inefficiencies and prevent revenue leakage but also build leaner workflows, so you get paid right, get paid faster, and spend less to do it.



Redefining What's Possible with AI in RCM

Protecting revenue integrity is mission-critical for healthcare leaders today, as it constitutes the backbone of sustainable care.

Our mission at Jindal Healthcare is to help you achieve that with RCM re-engineered with AI and expertise.

By understanding your RCM needs and identifying opportunities for technology intervention at the right places in your revenue cycle, we help you optimize your RCM and convert these critical KPIs into value levers for your financial growth.



WHAT WE DO?

Audit your RCM for hidden inefficiencies

Identify opportunities for AI upgrades

Deploy tech & expertise at every stage

WHAT WE DO?



Re-Engineer Your Revenue Cycle to Turn KPIs into ROI

At Jindal Healthcare, we don't just track metrics; we convert them into ROI with cleaner claims, faster collections, and lower costs through end-to-end revenue cycle optimization.

THE IMPACT:



35%

Average
Revenue Growth



50%

Lower RCM
Costs



60%

Reduced 90+
Days AR

Book your financial health assessment

today to turn these metrics into
momentum for your financial growth.



SCAN FOR EXPERT HELP