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Margins Matter, Al-Driven Solutions for Therapy's Toughest Business Challenges

Speakers

- Amy McDermott, EmpowerMe
- Jordan Bowman, Athelas
- Kathleen Dwyer, Legacy Healthcare Services

Moderator

Linda Riccio, TCM Consulting & Management



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Housekeeping Reminders

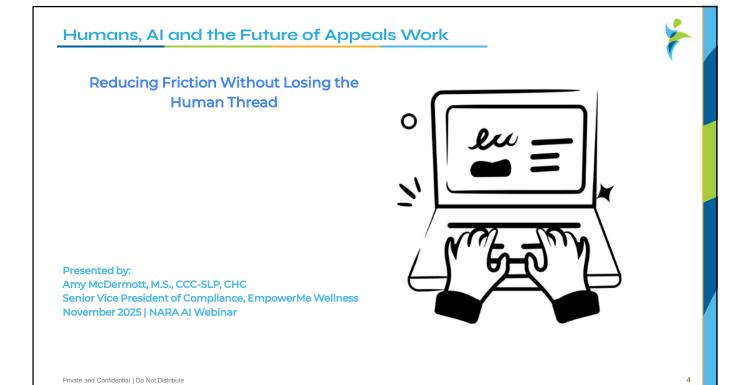
- All attendees are on mute
- Handouts are available on the NARA website: Resources>Quick Links Page
- Questions for Speakers: submit them using the Q&A button on the attendee control panel
- Technical Questions: submit them using the Chat button on the attendee control panel
- Recording: will be available on the NARA website: Resources>Quick Links Page

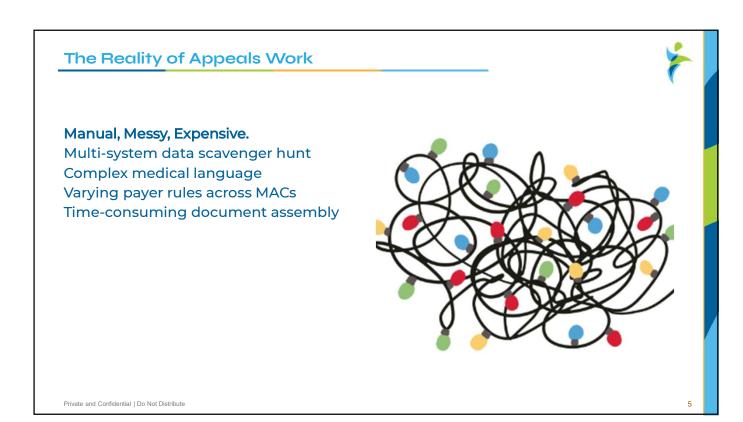


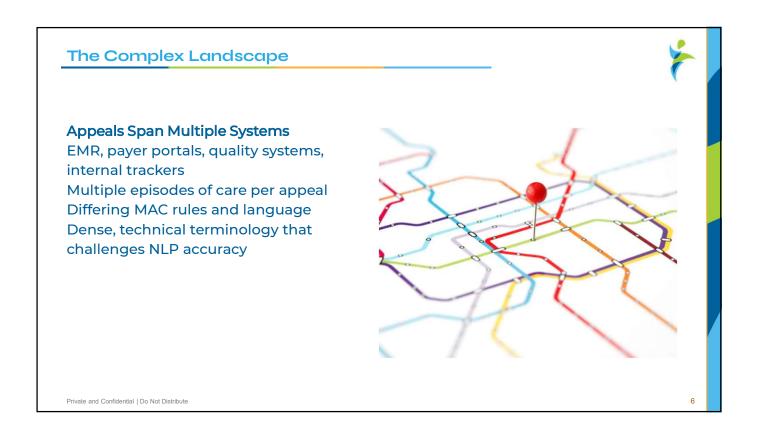
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Disclaimer

The information shared in today's presentation is shared in good faith and for general information purposes only. It is accurate as of the date and time of this presentation. Providers should seek further guidance and assistance from CMS and their Medicare Administrative Contractor (MAC), commercial payers, state and national associations, and continue to watch for new developments and information regarding the topics discussed today.







Early Experimentation

Where We Started

Partnered with an Al start-up focused on denials and appeals

Trained model on real EmpowerMe examples: denials, appeals, MAC responses

Al produced high-quality position papers and prefilled review packets

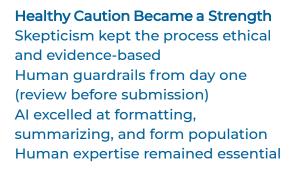
Human reviewers adjusted, refined, and taught the model in real time



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Productive Skepticism





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When It Broke

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The EMR Transition Changed Everything

interoperable information

New EMR disrupted AI data access and field mapping Lesson: AI is only as strong as its data ecosystem Success depends on structured,



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Lessons and Next Steps



Design for interoperability from day one

Human context still makes or breaks the output

Progress looks more like iteration than innovation



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Closing Thought

Al Won't Replace Humans – It Reduces Friction

Al can streamline our work, but only humans can give it purpose.

The goal isn't to replace ourselves — it's to remove what slows us down, so we can focus on what truly matters.



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Thank you!

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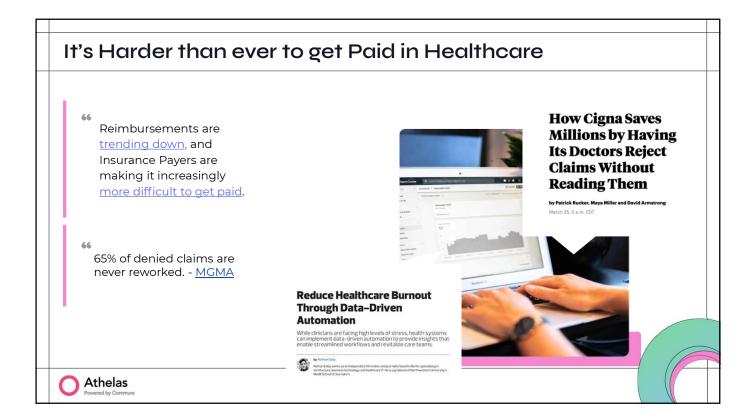


KPIs (Key Performance Indicators)

Therapist, Operator, Patient

Financial	Operational	Outcomes
 Profit per visit Net revenue per month Payer revenue per patient Average reimbursement per patient visit Billing units per visit Revenue leakage 	 Number of referrals Evaluations performed Completed visits per episode of care Percent of time billed Units per hour Therapist productivity Session attendance Cross-discipline referrals 	 Overall OT/PT/SLP outcomes Patient function at time of d/c Patient satisfaction Net promoter score
Athelas		

Key Causes of Therapy Revenue Leakage Billing and Coding Errors Claim Denials and Underpayments Contract Mismanagement Declining Reimbursement Rates Payor Policy Shifts Lack of transparency in revenue cycle process



Al Solution Examples for RCM

- Automated claim scrubbing
- Eligibility verification
- Smart coding assistance
- Denial prediction and prevention
- Automated payment posting
- Patient billing communication
- Predictive AR management
- Revenue insights dashboards
- MORE TO COME!!!!



Key Questions to Ask RCM Vendors During Your Search

Technology & Automation	Transparency & Reporting	Revenue & Outcomes
What aspects of your RCM process are powered by AI or automation? How does your system handle claim scrubbing and error detection before submission? Do you integrate with my EHR, scheduling, or billing system natively—or via API? How frequently is your technology updated, and what's your process for continuous improvement?	What level of visibility do I have into my claims, denials, and collections? Can I access real-time dashboards for AR aging, payer trends, and collection rates? Do you provide custom reporting by payer, location, or provider? How do you measure and communicate performance metrics to clients?	What is your average improvement in AR days, denial rates, and collections across clients like ours? How long does it take to see measurable ROI? Do you have client case studies or references? How are incentives aligned—do you charge a flat rate, percentage of collections, or hybrid model?

Key Questions to Ask RCM Vendors During Your Search

Compliance & Data Security	Team & Support	Implementation & Scalability
How do you ensure HIPAA compliance and patient data	What does your client support structure look like (dedicated rep,	What is the average implementation timeline?
protection? Where is your data stored, and what encryption protocols do you use?	ticket system, chat)? How quickly do you respond to issues or claims inquiries?	How do you manage data migration and ensure no disruption to cash flow?
How do you manage compliance with CMS, Medicare, and payer-specific regulations?	What level of training do you provide to our internal team?	How do you scale as our organization grows or adds service lines/sites?
Are there audit trails for all transactions and claim	Do you partner with us strategically to identify revenue opportunities, or only manage billing tasks?	What does your onboarding and change management process look like?

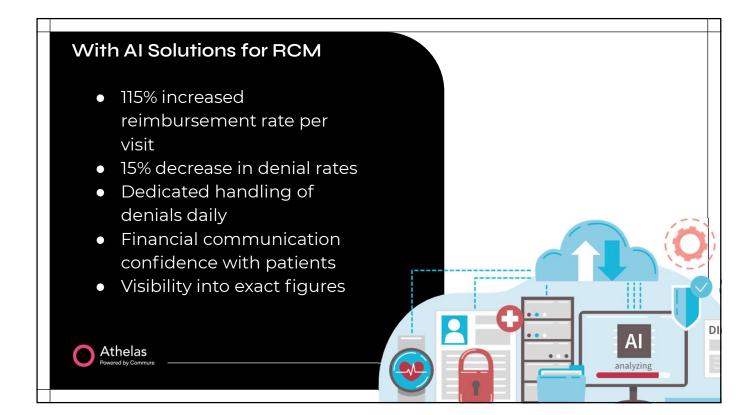
Before AI Solutions for RCM

- Limited visibility with no access to exact numbers
- No choice but to rely on estimations of revenue
- Uncertainty and doubt around billing execution
- No in-house solutions or support
- Lack of strategy and control



Case Study:

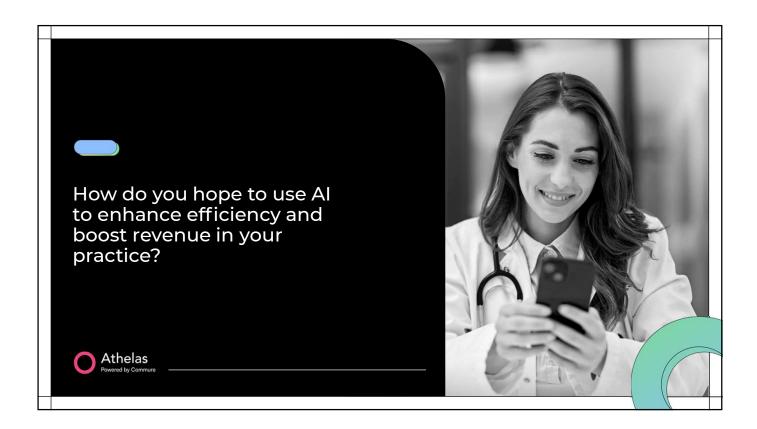
This Physical Therapy organization is both a teaching and learning physical therapy clinic. All of their physical therapists are dual-credentialed, and many teach both domestically and internationally about their innovative approach to rehabilitation and recovery. Their physical therapist-led aftercare initiative is designed to promote lifelong healthy habits and prevent future injuries.

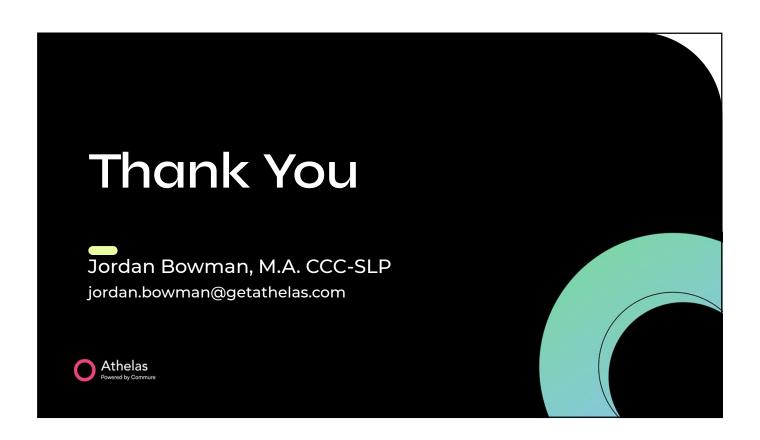




- Prepare key questions when evaluating an Al provider
- Consider change management for each team member
- ☐ Start with one measurable workflow
- ☐ Align Al with KPIs
- ☐ Keep human oversight on your end and your Al provider's end













How I found a reason to look into AI

- Idea → Heard about AI but unsure where to start
- ♣ Risk aversion → Waited until others tried it
- Trigger event → Large chart audit received
- ♣ Challenge → 98 beneficiaries Record needed fast
- \nearrow ? **Action** \rightarrow *Pulled 10-person team; 7 days to complete*
- Reflection → There must be a better way...





When It Dawned on Me "There Has to Be a Better Way"



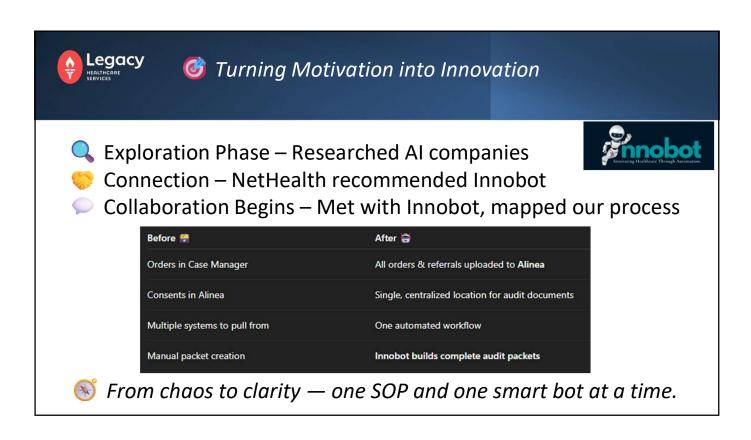
To meet one large audit, we had to pause other work and dedicate *everyone* for over a week.

I remembered sitting on my sofa late at night, repeating the same task over and over — pulling records, doing the same steps endlessly.

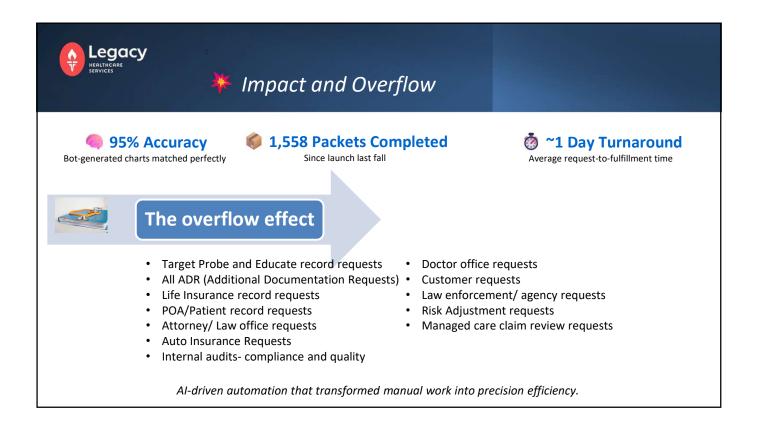
That's when it hit me:

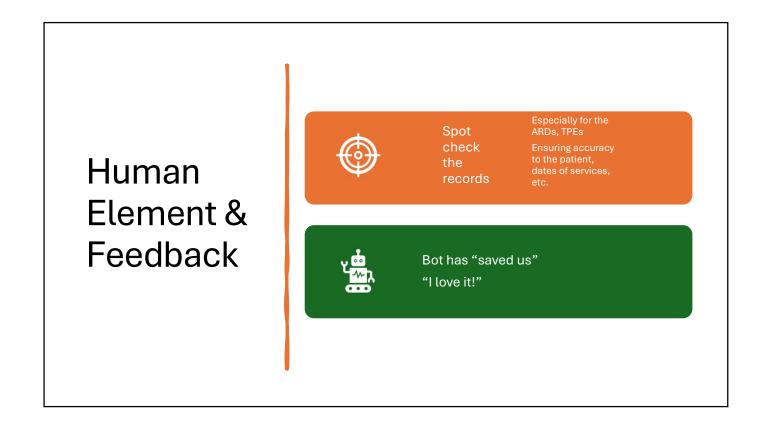
"I bet a robot could be trained to do this."

I started exploring companies using machine learning and having conversations with colleagues about how AI might help.









Exploring AI in Rehab: Where to Begin and What to Know Before You Dive In

Complimentary Webinar





Register at: www.naranet.org/education/webinars

- What AI is—and isn't—and how it applies to physical, occupational, and speech therapy settings
- · Common use cases for AI in rehab, including documentation support, billing, and patient engagement
- How to identify operational pain points that could benefit from automation
- · What to consider in terms of cost, integration, compliance, and staff
- Questions to ask AI vendors to ensure transparency, effectiveness, and ethical use
- Policies to protect your organization





Thank you for listening!

What questions do you have?