

LOUISIANA HFMA · 2026 ANNUAL INSTITUTE

THE 4 MOST

Dangerous

RCM KPIs

The numbers your dashboard isn't showing you.

DEEPAK SHARMA · Jindal Healthcare · May 3–5, 2026 · Baton Rouge, LA

DARK MATTER

You can't see it.
It's *running the show.*

Stars and galaxies make up roughly 15% of the matter in the universe. The other 85% is dark matter — undetectable by any instrument, yet it warps spacetime, pulls galaxies into orbit, and dictates the architecture of everything we can see.

~85%

of all gravitational mass is dark matter.
Untracked. Undetected. In control.

THE PREMISE

Most RCM dashboards measure what's *easy*.

Not what *hurts*.

Days in AR, denial rate, clean claim rate — these are the KPIs every dashboard tracks and every leader watches. But four other KPIs sit just outside the spotlight, quietly draining revenue while the well-lit ones get all the attention.

1

Avg Touches to Resolution

2

Appeal Success Rate

3

Appointment Reschedule Rate

4

Failure to Collect

Look who's talking.

JINDAL HEALTHCARE

The company.

Part of the **\$40 billion OP Jindal Group** — global presence, multi-sector expertise.

10 years of RCM wins through people, process, and technology.

DEEPAK SHARMA

The guy with opinions.

7,560 days in RCM — and it still makes me happy, sad, angry, frustrated, and disillusioned. Usually all at once.

Ran on gut for years. Now fueled by processes, dashboards, and analytics.

01

DANGEROUS
KPI

Average Touches to Resolution

Why are claims still unresolved after being worked 20+ times?

"INDUSTRY" AVERAGE

8

WHY WE'RE STRUGGLING



Unclear/missing SOPs + gaps in continual training and skill building



Disconnected and fragmented workflows across the touch chain



Ineffective work allocation — no priority logic, no propensity-to-pay lens

WHAT WE DO ABOUT IT



Build and continuously optimize SOPs — and train against them



Democratize information — every little bit counts



Run propensity-to-pay based AR worklists

REMINDER: *what gets tracked gets improved.*

02 DANGEROUS KPI

Appeal Success Rate

Appeals are preventable costs. Period.

"INDUSTRY" AVERAGE

<12%

WHY WE'RE STRUGGLING



Poorly documented appeal justification



Missed filing limits and inconsistent follow-ups



Failure to identify payer trends and PREVENT denials

WHAT WE DO ABOUT IT



Improved and customized appeal templates



Follow-up promises and prioritized worklists



Root-cause analysis — and act on it

REMINDER: *what gets tracked gets improved.*

03 DANGEROUS KPI




Appointment Reschedule Rate

Nobody tracks it. Everybody bleeds from it.




"INDUSTRY" AVERAGE

???

WHY WE'RE STRUGGLING

-  Fragmented patient access workflows between verification and prior auth functions
-  No-show / reschedule policy gaps and lack of follow-ups
-  Missing appointment confirmation and reminder systems

WHAT WE DO ABOUT IT

-  Treat verification and prior auth as interlinked disciplines — both deserve focus
-  Tiered no-show / reschedule policies with human-in-the-loop
-  Automate reminders. Track recurring lapses.

REMINDER: *what gets tracked gets improved.*




04 DANGEROUS KPI

Failure to Collect




The KPI that quietly defines whether everything else mattered.



WHY WE'RE STRUGGLING

-  RCM is a relay race — one department's mess becomes another's stress
-  "Pro-tech" gets framed as anti-care, so smart tools never land
-  File claims, file appeals, cross fingers. Repeat.

WHAT WE DO ABOUT IT

-  Communicate, educate, collaborate: "how do we prevent this?"
-  Embrace smart tech — it's not the enemy of care, it's the enabler
-  Break the cycle: Analyze, Act, Appeal

Net Collection Rate vs. Failure to Collect — which one is the truer measure?

REMINDER: *what gets tracked gets improved.*

IF YOU REMEMBER NOTHING ELSE

Cliff Notes.

01

Touches to Resolution

- Every unnecessary touch is a wasted dollar.
- Build SOPs and analyze root causes of delay.
- Let data, not instinct, drive claims closure.

02

Appeal Success Rate

- Appeals are preventable costs. Period.
- Identify success trends. Standardize templates.
- Turn denial resolution into denial prevention.

03

Appt Reschedule Rate

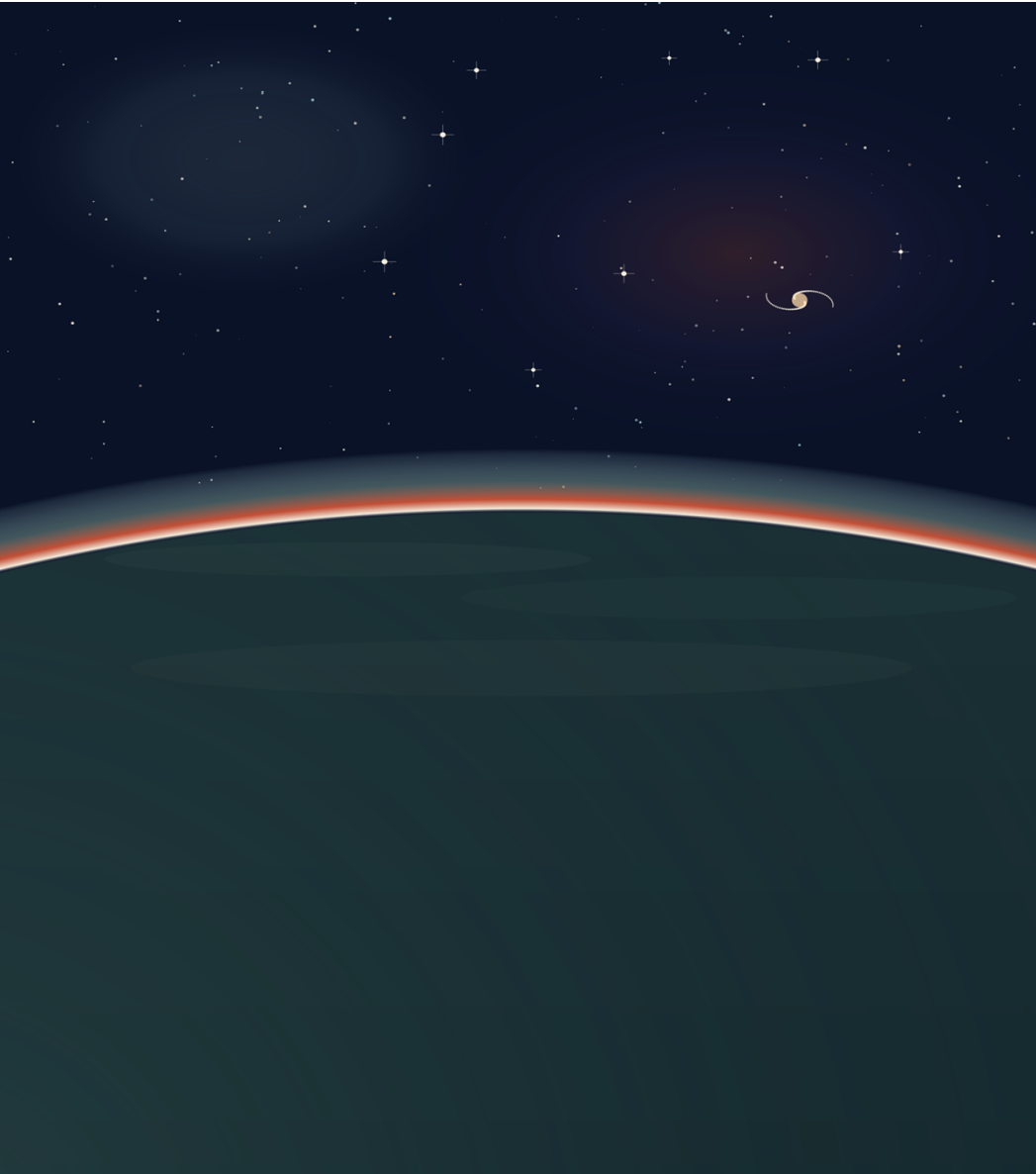
- Reschedules quietly erode revenue.
- Automate reminders. Enforce deterring policies.
- Lead with proactive patient workflows.

04

Failure to Collect

- The KPI that defines the rest.
- Identify systemic gaps. Build sustainable fixes.
- Always keep improving.

REMINDER: *what gets tracked gets improved.*



A N D . . .

Thank you.

For choosing to fight the good fight.

*Get these four right **and we breach new horizons** in revenue cycle.*

DEEPAK SHARMA

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Jindal Healthcare