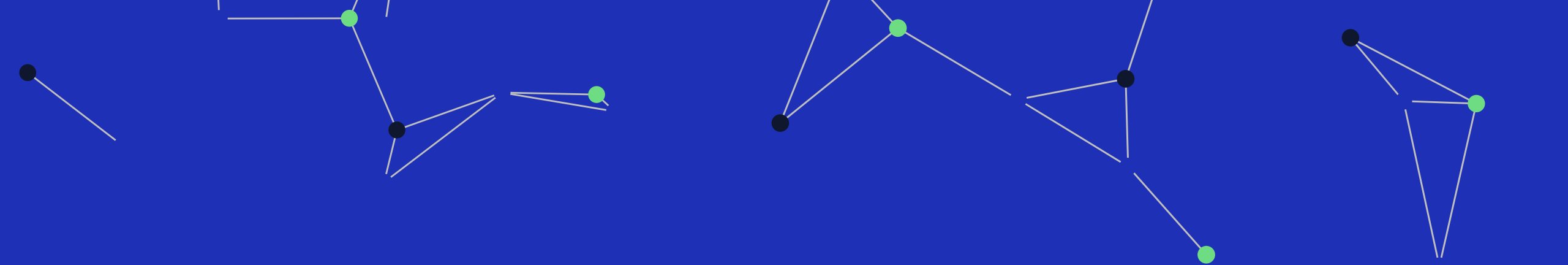


Aligning Strategic, Financial, and Operational Decisions

The Margin Equation

MA SI 2026



Disclaimer

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Presenters



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Director



Rachel Pugliano

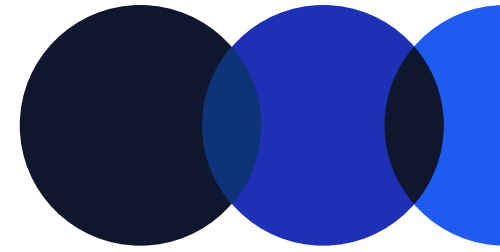
Managing Director



Jared Heim

Partner

Session Overview & Learning Objectives



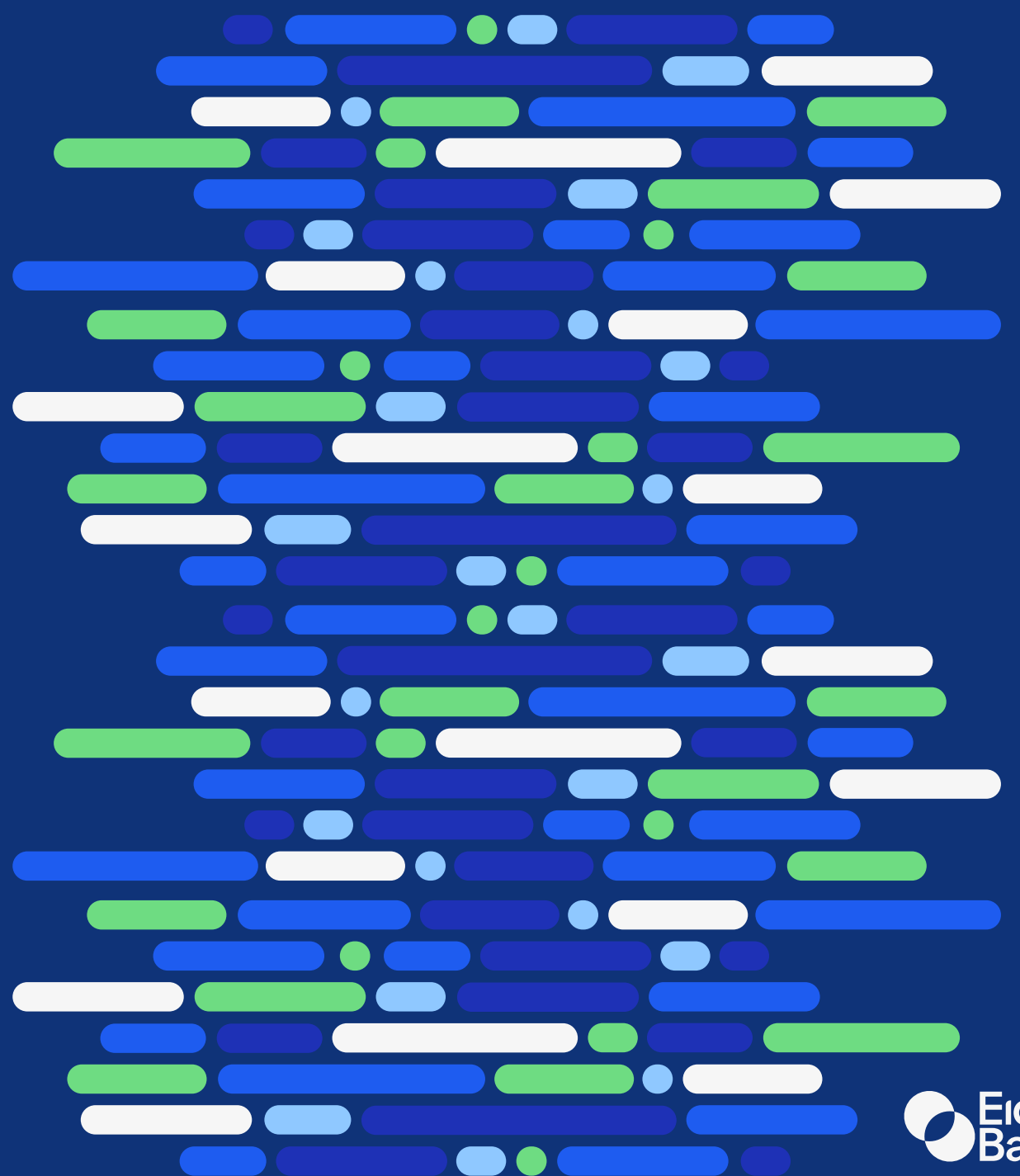
Understand the primary drivers of hospital profitability and how strategic, financial, and operational decisions intersect.

Evaluate capital structure and financing strategies that support long-term sustainability while preserving flexibility.

Identify operational improvement opportunities within revenue cycle and staffing productivity that directly impact margin and cash flow.

Leverage data and performance metrics to shift from reactive management to proactive financial decision-making.

Strategic Planning as the Foundation



Leveraging Market Share Data for Performance

Strategic Planning

- Utilize data to inform decision making to deploy long-term strategies that may require significant lead time to implement.

Benchmarking

- Identify how you are performing against peers and competitors in your region.

Identifying Trends

- Trends provides data in shifts in patient preferences and provides opportunities for your organization to adapt to those changing preferences more quickly.

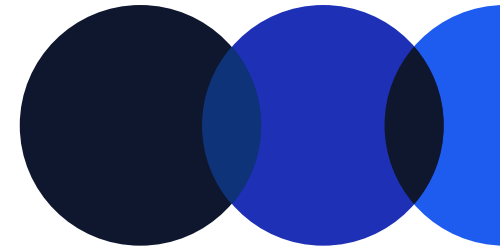
Ongoing Performance Management

- Utilize data to measure effectiveness of key performance indicators.

External Confidence

- Organizations utilize market data to obtain external resources (lending, community support, etc.).

Data-Driven Market Resources



- **Identifying Market Gaps or Strengths:**

- Leverage data to understand how the organization is performing through review of your volumes in comparison to your peers:
 - *(State Hospital Association, internal volume trends, Medicare data, review peer/competitor websites, Advisory Board, Definitive Healthcare).*

- **Identifying Service Area Needs:**

- Use demographic data to inform what healthcare services might be needed and how your organization plans to provide those services:
 - *(U.S. Census, U.S. Bureau for Labor Statistics, internal patient data trends, Environics).*

- **Using Predictive Analytics:**

- Use data to predict future trends and patient behavior:
 - *(internal volume trends and modeling, Advisory Board, Definitive Healthcare, Environics).*

Common Discoveries

Patient & Consumer Behavior

- Out-Migration Trends
- Shifts in Patient Preferences
- Demographic Changes

Competitive Landscape

- Market Share Insights
- New or Expanding Competitors
- Reputation & Brand Perception

Service Line Performance & Growth Opportunities

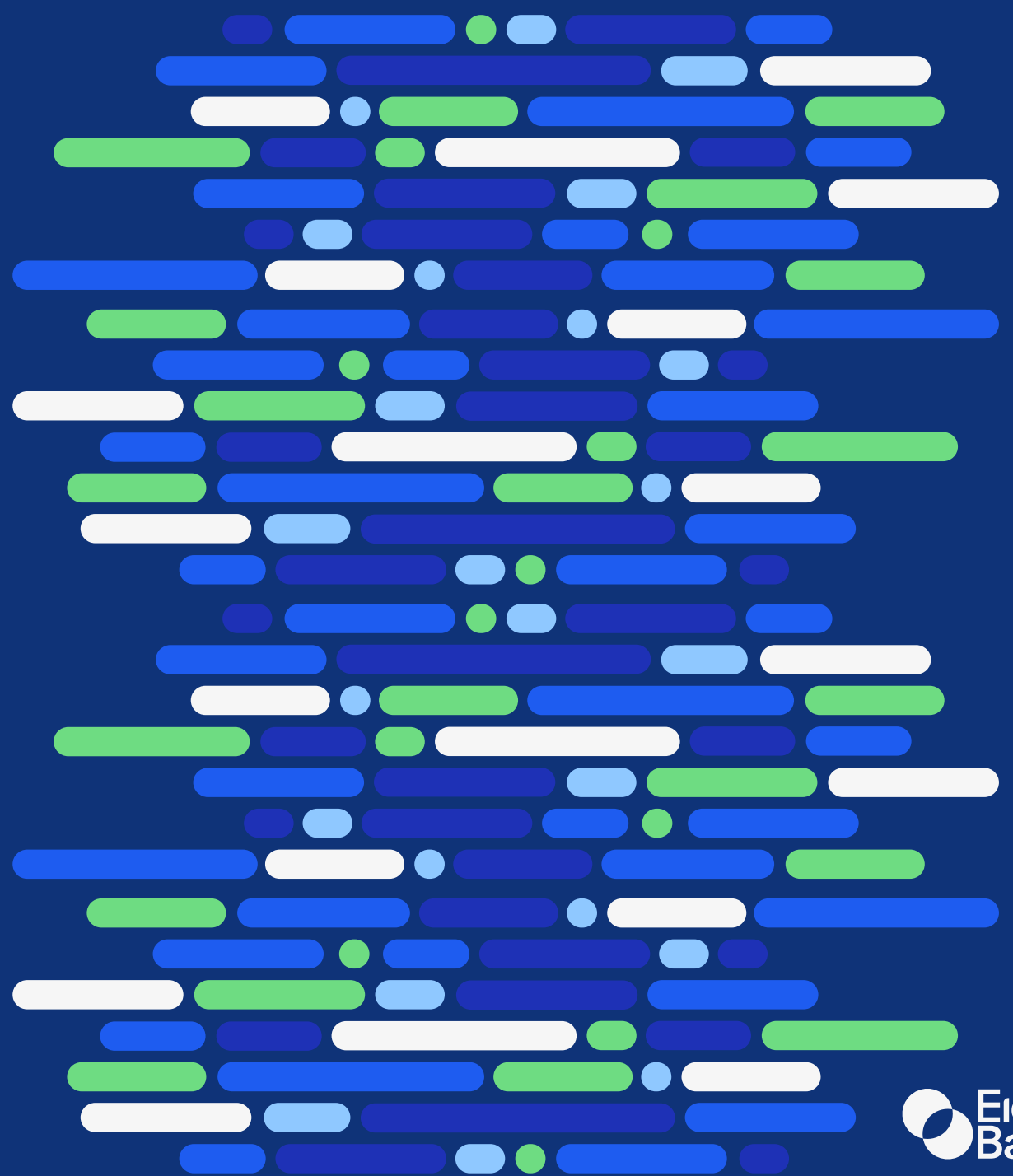
- High-Demand Services
- Underutilized or Declining Services
- Gaps in Care

External & Industry Trends

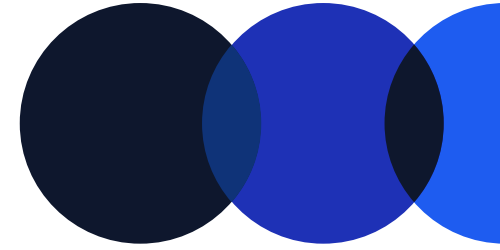
- Economic & Social Factors – inflation, employment trends



The Profitability Reality for Hospitals Today



A Thin-Margin “New Normal”



- Hospitals enter 2026 profitable but fragile: margins stabilized above prior years, yet expenses stay elevated, bad debt is climbing, and the payer mix keeps eroding.

1.3%

**Median operating
margin**
CYTD 2025 (Kaufman Hall)

208–215

Days cash on hand
Liquidity still “robust” (S&P / Fitch)

+14%

Labor cost vs. 2019
Wage & contract-labor inflation

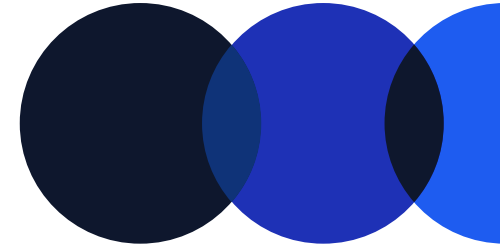
56%

Of total hospital costs
Labor & compensation (AHA)

Watch-items: rising bad debt & charity care, growing gross-to-net revenue gap, and drug/supply expense growth of 9–11% year-over-year.

Today's challenge is not returning to profitability. It's protecting profitability.

Four Forces Set the Margin



Volume & Acuity

Patient volumes keep growing with a higher-acuity inpatient mix and rising outpatient demand — shifting where and how revenue is earned.



Payer Mix

A move toward government payers and more uninsured patients widens the gap between gross and net revenue and pressures yield.



Cost Structure

Labor is 56% of costs and up 14% vs. 2019; drug and supply expense growth of 9–11% keeps total cost per day elevated.

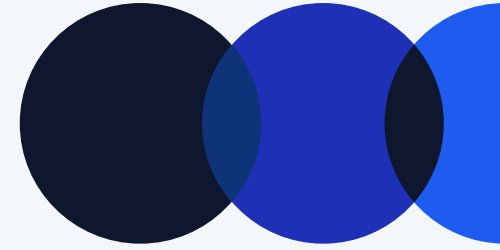


Revenue Capture

With denials averaging 9–10% of claims, front-end and revenue-cycle leakage directly erodes collectable net revenue.

THE INTERSECTION

Three Lenses, One Margin



- No decision is purely strategic, financial, or operational — each pillar constrains and enables the others. Sustainable margin lives where all three align.



Strategic

- Service-line & site-of-care mix
- Growth, M&A and partnerships
- Outpatient diversification



Financial

- Capital structure & liquidity
- Credit rating & covenants
- Capital allocation discipline

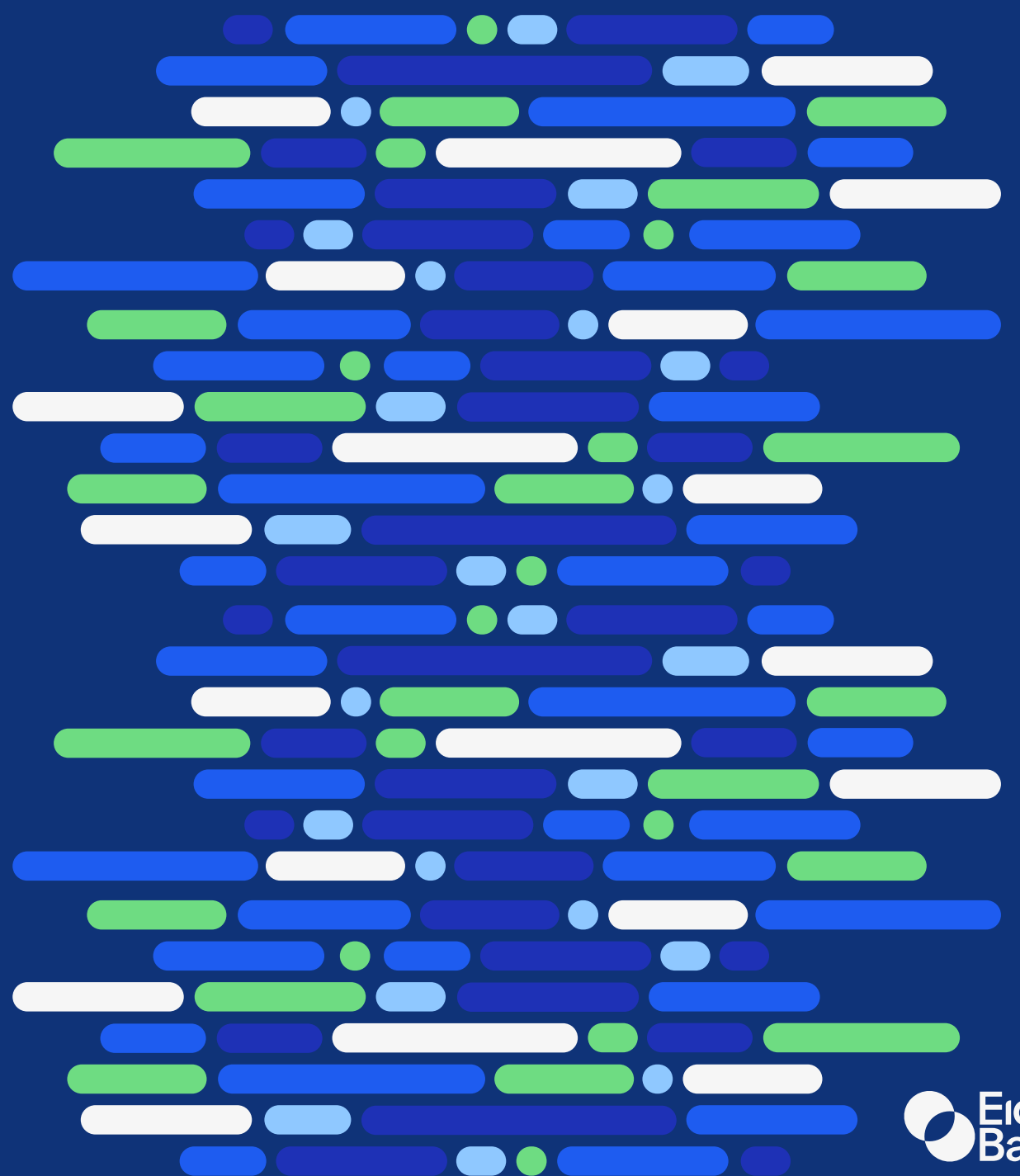


Operational

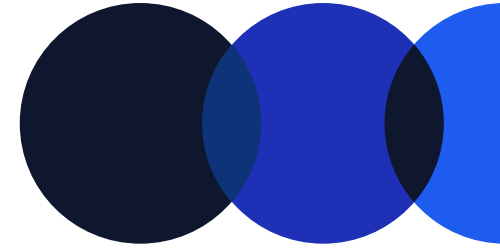
- Revenue cycle & throughput
- Labor & staffing productivity
- Length of stay & efficiency

Where they converge: durable operating margin and mission sustainability — measured with shared metrics across every function.

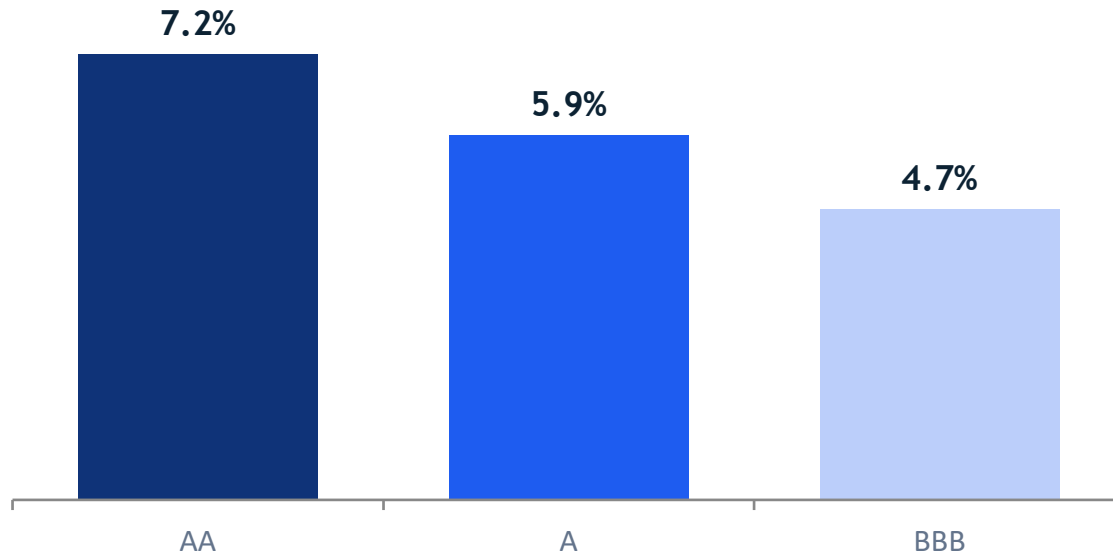
Strategic Financing & Capital Structure



Balance-Sheet Strength, by Rating



Operating EBITDA margin by credit category
(2025 medians)



26-31%

Long-term debt to capitalization
Moderate leverage (S&P 26.3% / Fitch 30.7%)

4.4x

Max annual debt-service coverage
Comfortable cushion above covenants

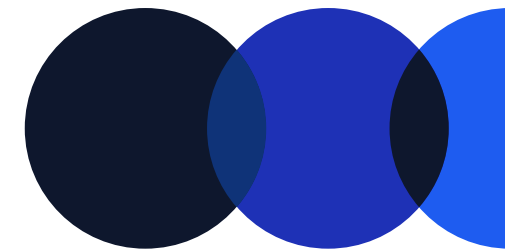
169%

Cash-to-debt
Up from 164% year-over-year (Fitch)

134%

Capital spend to depreciation
Reinvesting ahead of asset aging

Financing for Sustainability and Flexibility



Protect liquidity

Hold days-cash-on-hand near sector medians so the balance sheet can absorb Medicaid and reimbursement shocks expected from 2027.



Ladder maturities

Stagger debt maturities and balance fixed vs. variable rate exposure to avoid refinancing cliffs and rate shocks.



Preserve covenant headroom

Manage to coverage and leverage targets with cushion — keeping optionality for future capital access.



Defend the credit rating

A stable rating lowers cost of capital; reserves-to-debt above 200% signals resilience to lenders and boards.



Fund capital from cash flow

With capex at 134% of depreciation, self-funding growth reduces reliance on new debt and protects flexibility.



Diversify to strengthen coverage

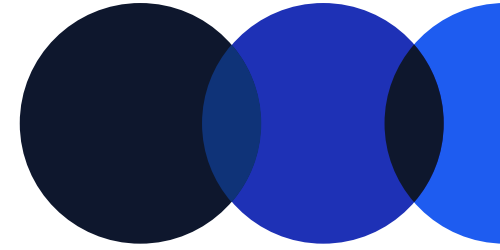
Expanding outpatient and ambulatory revenue stabilizes cash flow and supports debt-service capacity over time.

A blue pen with a silver tip is positioned diagonally across the left side of the image, resting on a document that features a bar chart with blue bars. The background is a light blue gradient with a subtle grid pattern.

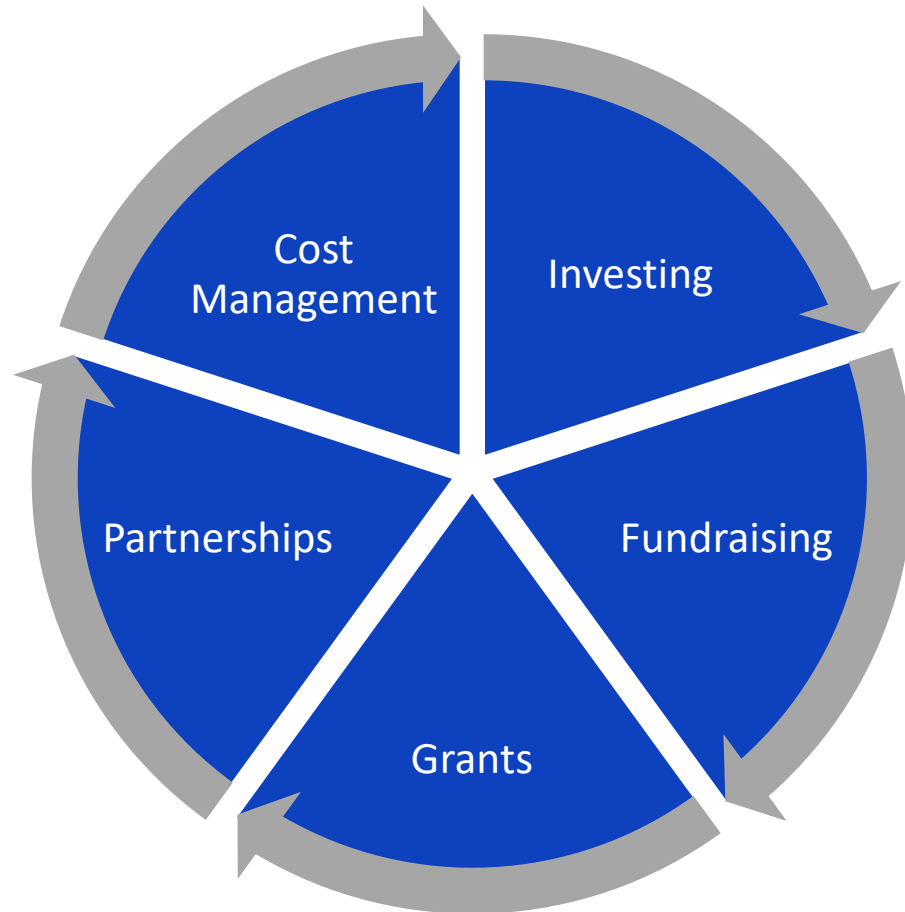
Budgeting and Planning with Purpose

- Building Responsive, Rolling Budgets.
- Techniques for Incorporating Uncertainty and Reimbursement Volatility.
- Aligning Budget with Operational Priorities.
- Connecting Patient Experience in the Budgeting and Planning.

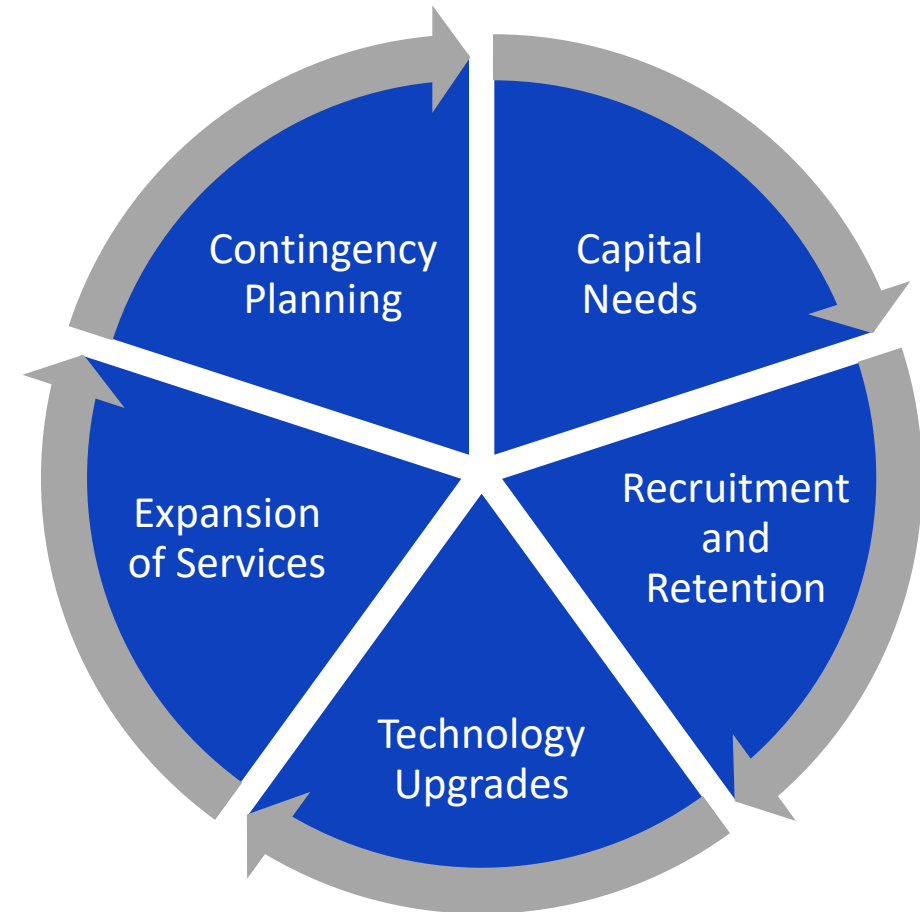
Cash Flow Planning



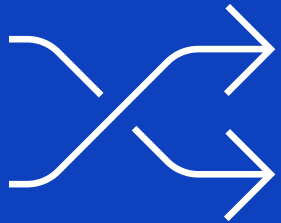
Strategies for long-term financial stability:



Planning for long-term financial needs:



Capital Planning and Financing Strategies: Evaluate Financial Readiness



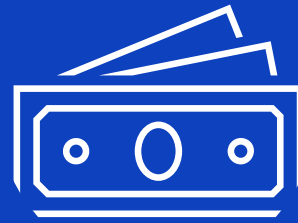
Assess Current Financial Health:

- KPI review.
- Review of current indebtedness.
- Identify trends of revenues and expenses.



Evaluate Available Capital and Internal Funding Sources:

- Available cash reserves.



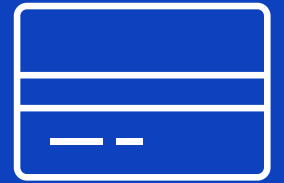
Analyze Revenue Streams and Payor Mix:

- Payor dependence.
- Project future reimbursement.
- Impact of Project (*Cost-Based Reimbursement*).



Determine Debt Capacity and Credit Worthiness:

- Project existing loan obligations forward.
- Review current compliance requirements.
- Review loan eligibility.
- Ensure Project scope is feasible.



Review Operational and Financial Sustainability:

- Additional staffing, operational costs, and long-term expenses.
- Improved efficiencies and reduction in long-term costs.
- Strategic alignment.



Capital Planning and Financing Strategies: Develop a Financial Strategy

- **Government Financing:**

- Less stringent financial requirements
- More favorable terms
- Generally lower cost of issuance

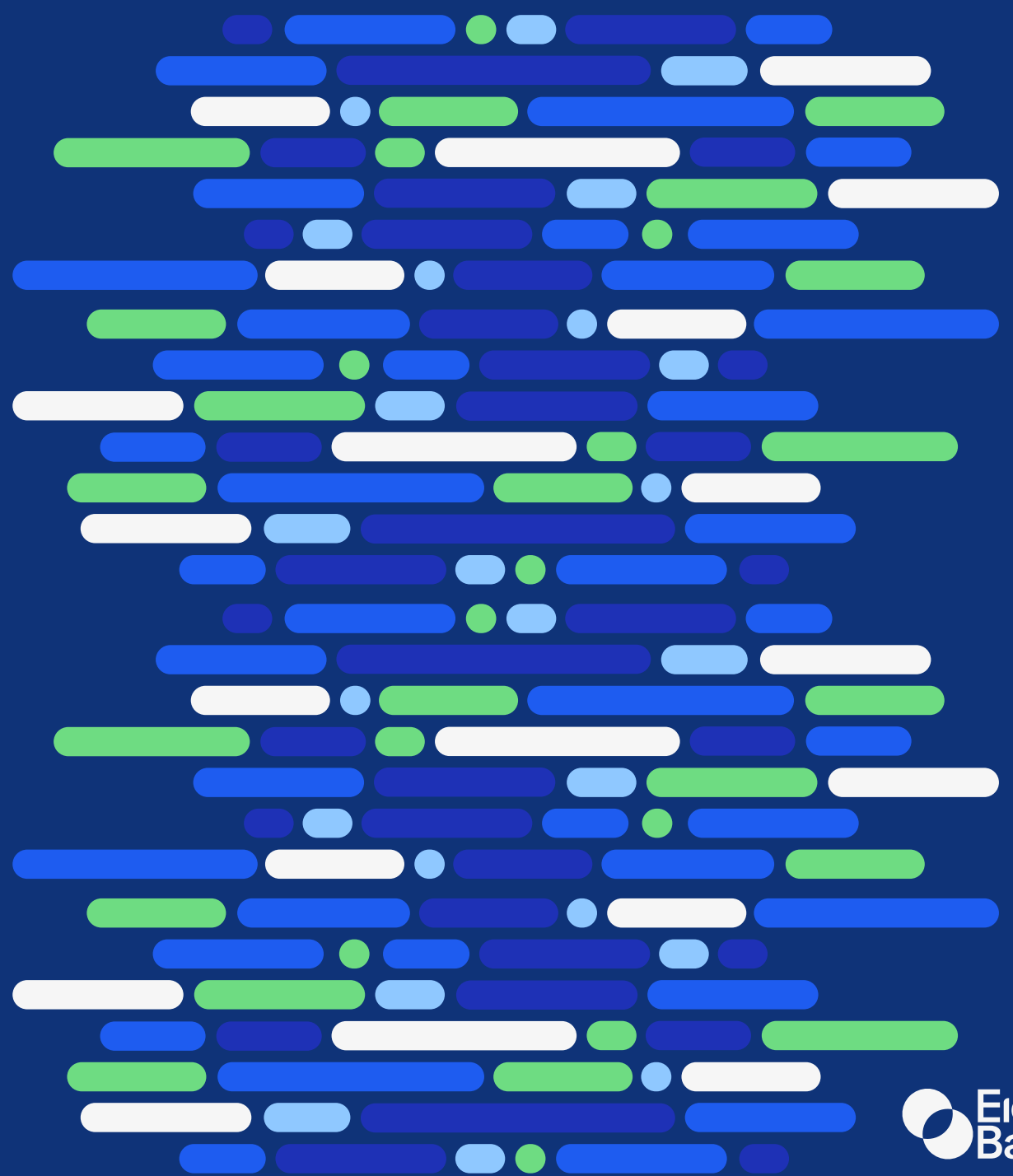
- **Bond Financing:**

- Avoids stringent USDA application process
- More favorable timing
- Avoids compliance audits
- Avoids limitations in sourcing materials

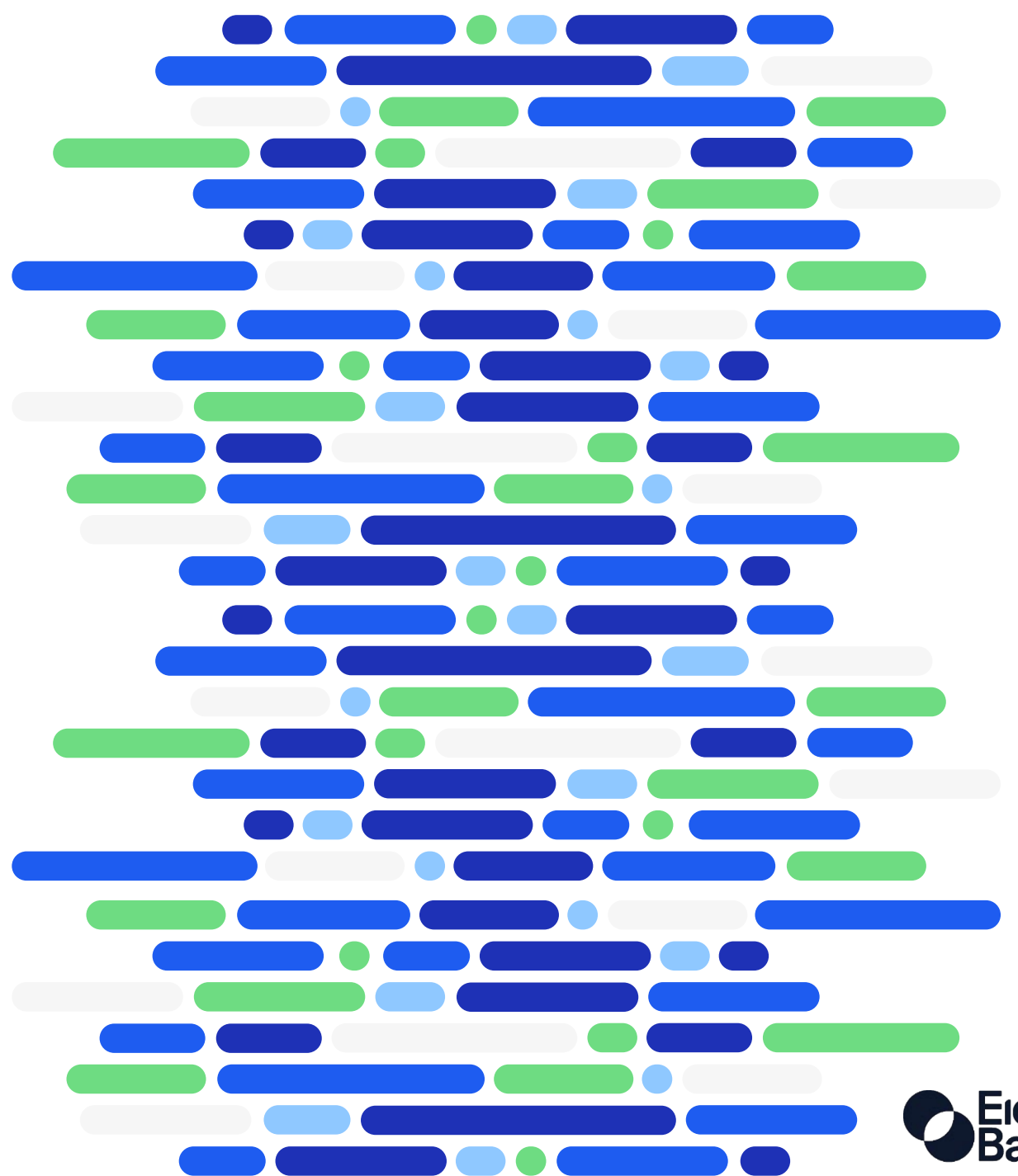
- **Factors In Decision Making:**

- Comparing costs and risks:
 - Assess repayment terms.
- Alignment with operational needs:
 - Assess available cash for operations after debt service.
- Optimize financing decisions for most preferred performance:
 - Complete proforma analysis.

Operational Levers That Move the Margin



Revenue Cycle



Revenue Cycle Challenges

Increasing Denials



Growing Accounts Receivable



Payer Behavior



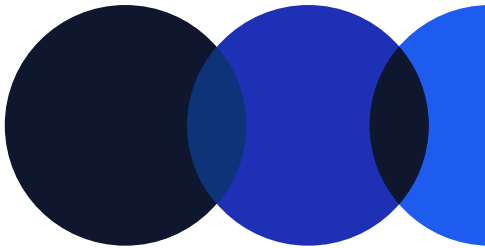
Pricing & Contracting



Revenue Leakage/Charge Capture



Where Cash Leaks — and the Target

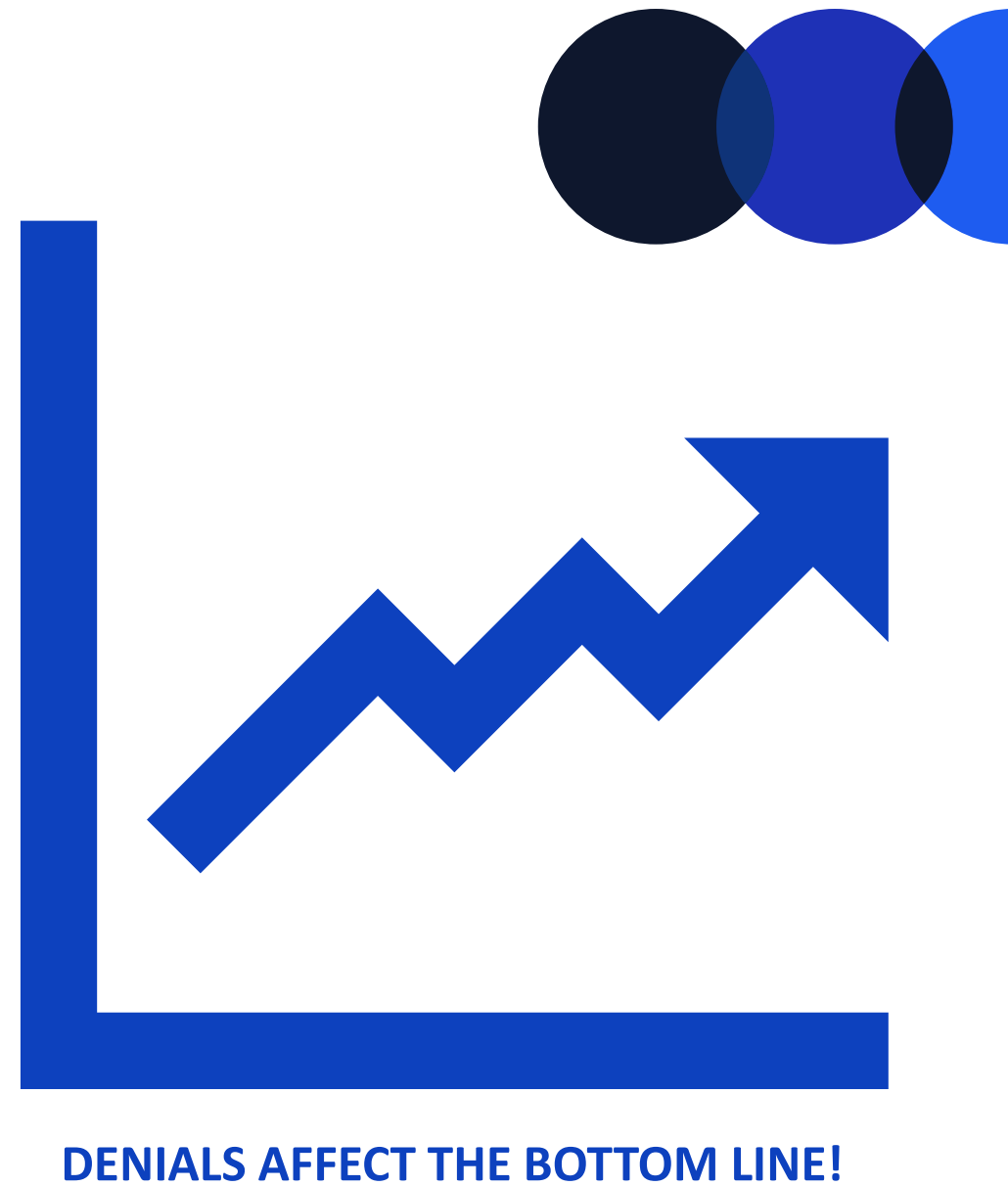


Metric	Best-practice Target	Industry Reality	Why It Matters
Net collection rate	95–98%	Single best RCM-health signal	Actual vs. collectable revenue
Days in A/R	< 40–45 days	50+ = cash-flow risk	Speed from service to cash
First-pass denial rate	< 5%	9–10% avg, creeping to 10–12%	Rework cost & delayed cash
Clean claim rate	≥ 95%	< 90% signals front-end gaps	First-pass yield
Cost to collect	< 3% of net rev.	Higher = inefficiency	Administrative efficiency
Final denial write-offs	< 1–2% of gross	Permanent revenue loss	Leakage after all appeals

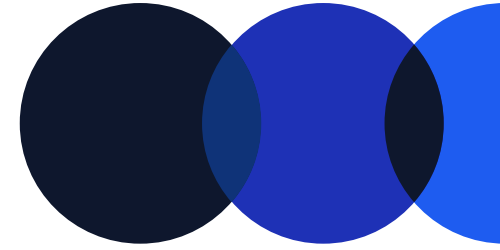
Bottom line: every point of denial reduction and each day trimmed from A/R converts directly into recovered net revenue and faster cash.

The Cost of Denials

- Financial Implications:
 - Revenue Loss: Direct impact on the organization's revenue stream.
 - Increased Operational Costs: Additional resources required for rework and appeals.
 - Impact on Patient Care: Potential reduction in resources available for patient care.
- Importance of Proactive Denial Management:
 - Mitigating Financial Risks: Proactive measures reduce the risks associated with denials.
 - Optimizing Revenue Streams: Focusing on prevention and resolution for optimal revenue generation.



Key Performance Indicators



- Denial Rate:
 - Total # of denied claims divided by total billed claims.
 - *Formula: Claim Denial Rate = (Total Number of Denied Claims / Total Number of Claims Submitted) x 100*
- Denial Overturn Ratio:
 - Denials overturned divided by total denials received.
 - *Formula: Denial overturn rate = (Number of denied claims overturned / Total number of denied claims) x 100*
- Underpayment Rate:
 - Percent of actual payment vs expected payment.
 - *Formula: Underpayments (payment variance) = actual payment/expected payment x 100*

Strategies for Accounts Receivable Optimization

- Monitoring Aging Buckets:
 - Tracking overdue accounts helps prioritize collection efforts on high-risk or high-value receivables.
- Implementing AR Dashboards:
 - Dashboards offer visibility into outstanding balances, collection trends, and team performance metrics.
- Regular AR Data Reviews:
 - Analyzing AR data frequently uncovers billing inefficiencies and aids timely follow-up actions.
- Predictive Analytics Integration:
 - Using predictive tools forecasts payment delays and optimizes resource allocation for collections.





Leveraging KPI Monitoring And Analytics

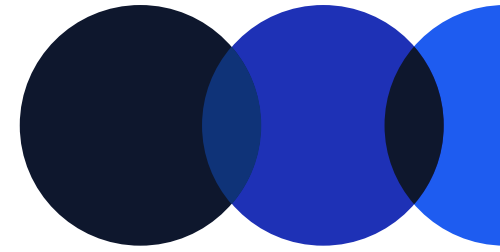
- Tracking Core KPIs:
 - Monitoring KPIs like DNFB, AR days, and denial rates reveals financial and operational performance insights.
- Real-Time Dashboard Access:
 - Dashboards provide revenue teams with real-time data to facilitate timely and informed decision-making.
- Predictive Analytics:
 - Analytics identify trends and forecast issues, enabling proactive revenue cycle management.
- Continuous Improvement:
 - Regular KPI review supports setting benchmarks, tracking progress, and targeted interventions for better outcomes.



Payer Behavior

- Continual Rule Changes
- Increasingly Complex Denials
- Undetected Underpayments
- Limited Payer Performance Visibility
- Increased Prior Authorization Requirements

Mitigation Strategies



Shift from Denial
Management to
'Payer Intelligence'.

Develop Payer
Scorecards.

Strengthen Contract
Management.

Use Predictive
Analytics and AI.

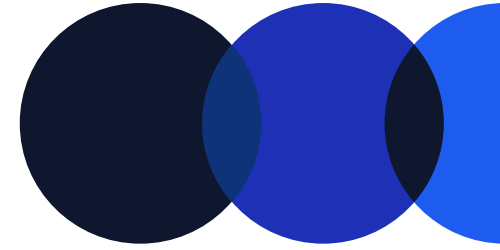
Elevate Payer
Behavior to an
Enterprise Risk
Discussion.

Payer Contracting

- Why is it important?
 - Define reimbursement structures.
 - Specify claim submission deadlines and payment terms.
 - Outline appeal rights and dispute resolution mechanisms.
 - Ensure compliance with federal and state regulations.



Payer Contract Management Best Practices



Maintain

- Maintain a central database of all payer contracts.

Audit

- Regularly audit reimbursement rates and payer performance.

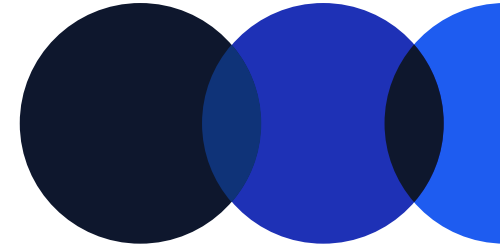
Train

- Train staff on contract terms and compliance requirements.

Leverage

- Leverage technology for tracking and analytics.

Common Pricing Approaches



Annual Increase

- Assumes the original pricing is accurate.
- Assumes cost fluctuation is the same across all departments.
- Ignores the market and/or fee schedule rates.

Fee Schedule/Contract Based

- Mark-up table applied to highest paid contract/schedule.
- Assumes appropriate terms.
- Ignores costs and market.

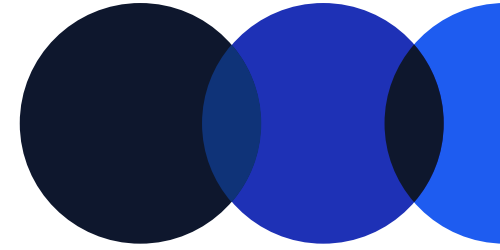
Market Based

- Data now available through price transparency.
- Ignores costs.
- Ignores fee schedule/contract terms.

Cost to Charge Ratio

- Assumes costs are appropriate.
- Ignores market.
- Ignores fee schedules/contract terms.

Strategic Pricing Framework

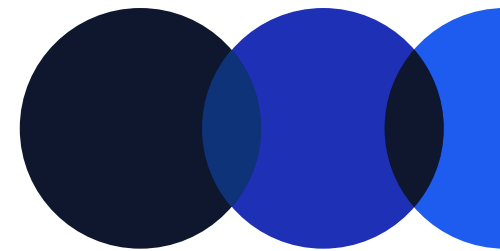




Addressing Revenue Leakage

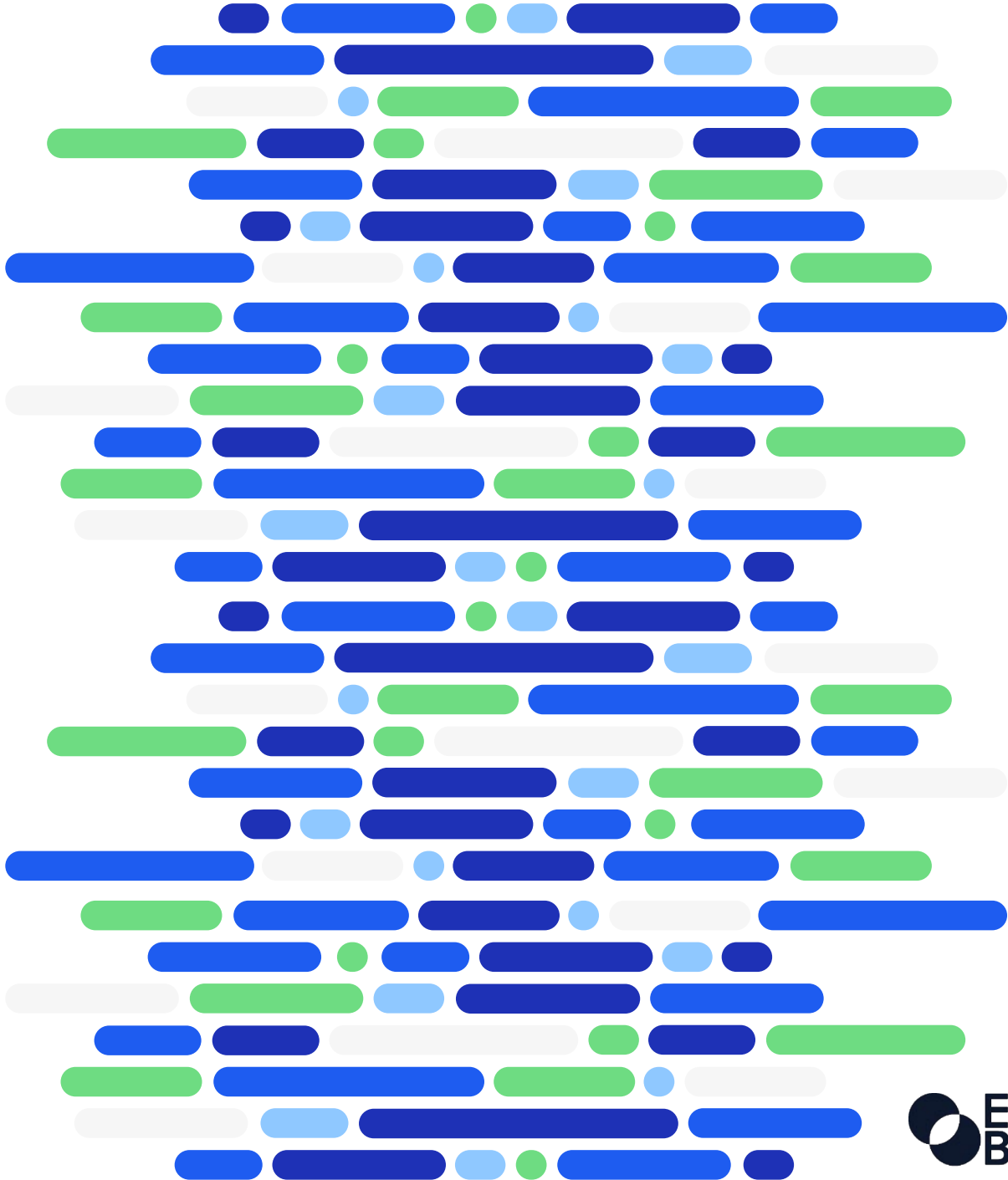
Revenue Integrity: Per the National Association of Healthcare Revenue Integrity - The basis of revenue integrity is to prevent recurrence of issues that can cause **revenue leakage and/or compliance risks** through effective, efficient, replicable processes and internal controls across the continuum of patient care, supported by the appropriate documentation and the application of sound financial practices that are able to withstand audits at any point in time.

Core Revenue Integrity Functions

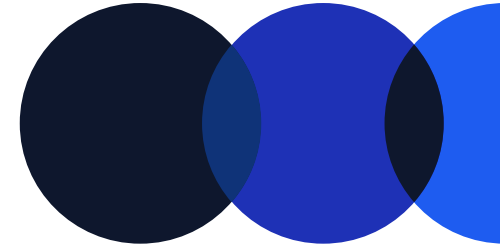


- Liaison between clinical departments & revenue cycle.
- Revenue leakage prevention.
- Charge Description Master (CDM) maintenance.
- Root cause analysis and correction of charging issues.
- Education and Training.

Staffing Productivity



Labor is the Margin — and the Lever



The labor reality

56%

of total hospital costs are labor & compensation

+7%

provider wRVU per FTE since 2023 — while pay rose 6%

+4%

labor expense growth year-over-year into 2026

Levers that recover margin and cash



Cut agency & contract reliance Easing contract-labor use was a primary driver of 2025 margin recovery.



Match staffing to real demand Align hours-per-patient-day and productivity targets to actual volume and acuity.

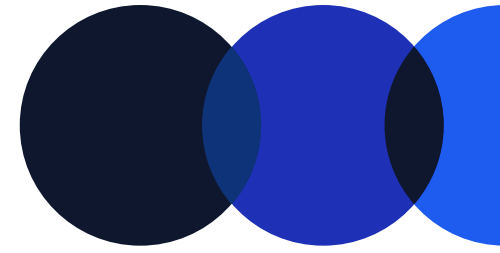


Reduce length of stay Shorter average stay drove the best hospital month of 2026 (March) — lowering cost per case.



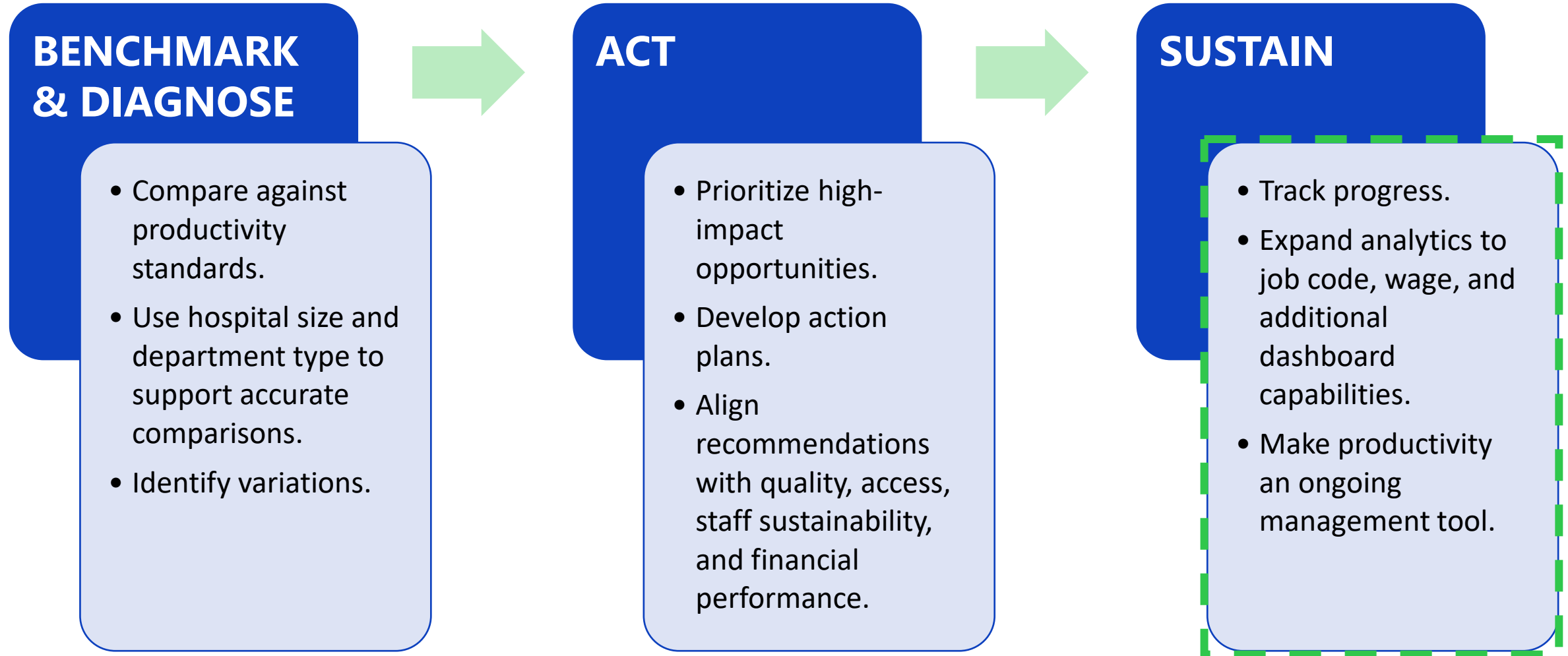
Retain to reduce premium pay Retention curbs turnover and the wage premiums that inflate the labor line.

Productivity – Turning Hours and Volume Into Action

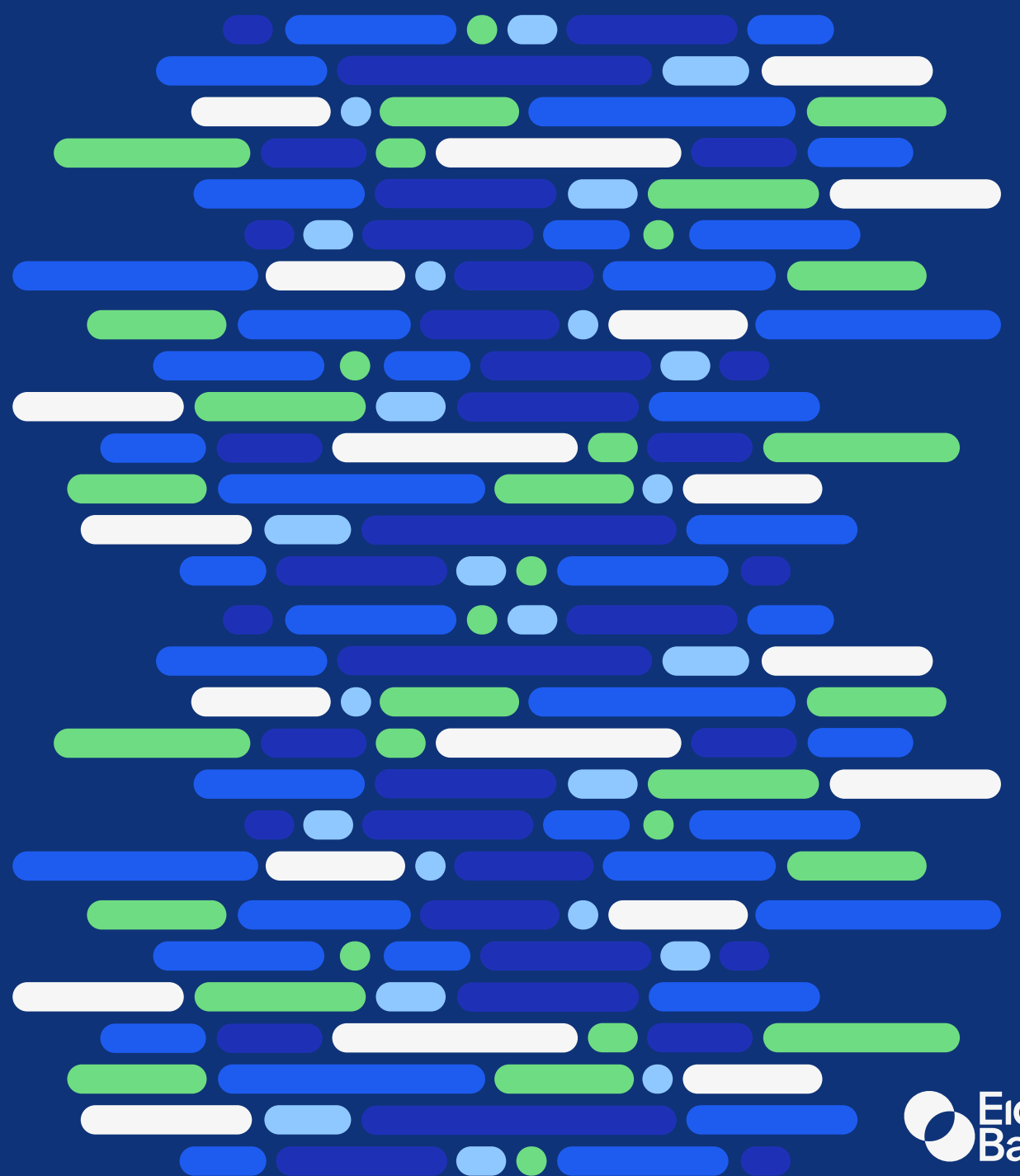


- What is it?
 - Evaluates whether staffing levels align with patient volume, acuity, and service demand.
 - Leverages benchmarks to create meaningful comparisons.
- How it works?
 - Collect worked hours, volumes, and staffing data.
 - Map to relevant benchmarks.
 - Identify variations.
- Why it matters?
 - Supports staffing decisions.
 - Assists leaders to address staffing and workflow issues.
 - Creates a more sustainable workload.

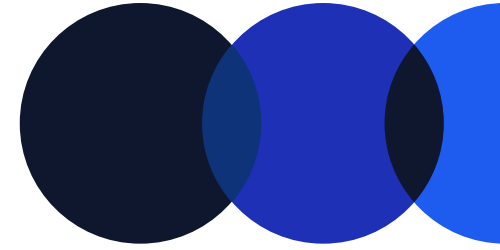
Overview of Productivity Tools



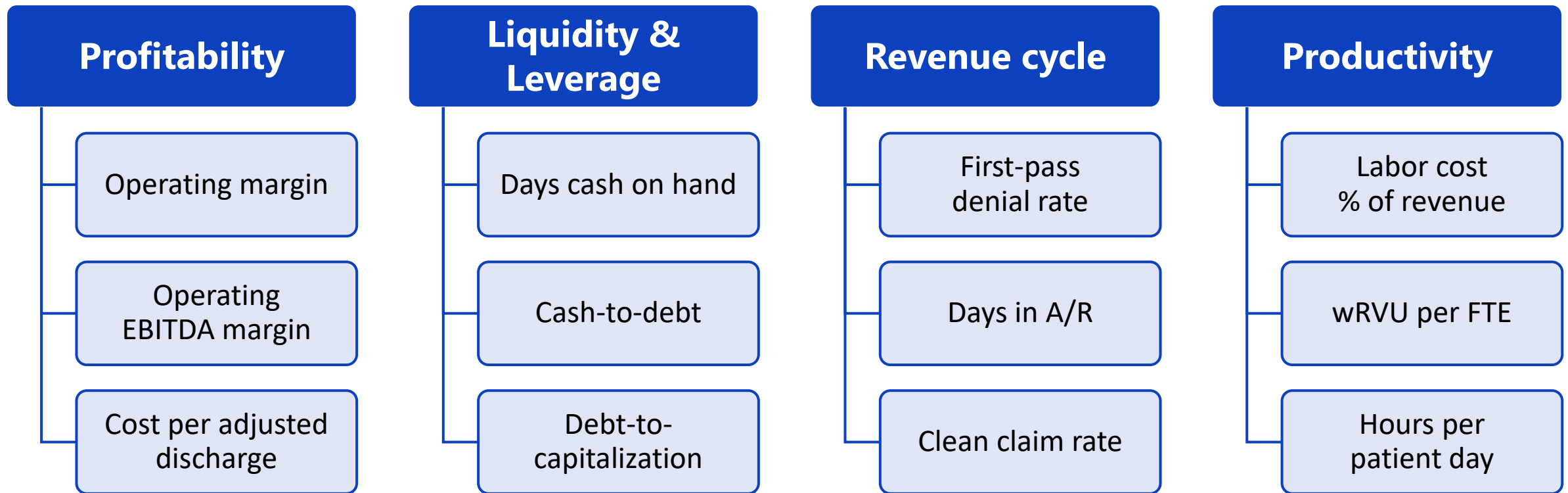
Bringing It All Together: A Profitability Playbook



The Metrics That Drive Decisions

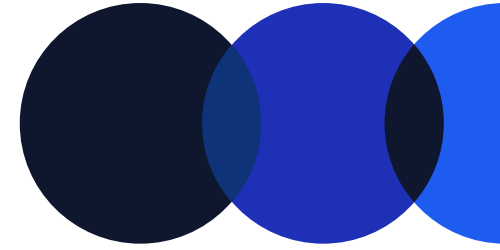


- A single executive scorecard aligns strategy, finance, and operations around the same numbers — refreshed continuously, not at month-end.



THE SHIFT

From Rear-View to Windshield



REACTIVE · TODAY

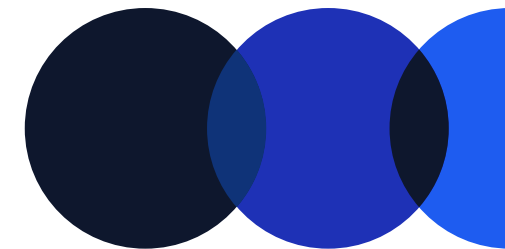
- Month-end surprises drive the conversation
- Retrospective reporting, backward-looking
- Finance, strategy & operations work in silos
- Denials worked after they occur
- Static annual budget anchors decisions



PROACTIVE · TARGET

- Real-time dashboards steer the month
- Predictive analytics & rolling forecasts
- One integrated strategic-financial-operational view
- Denials prevented at the front end
- Scenario planning against 2027 headwinds

A 90-Day Path to Proactive Finance



DAYS 0–30

Baseline & benchmark

- Compare margin, liquidity & RCM to national medians.
- Stand up the executive KPI dashboard.

OUTCOME A shared baseline and live visibility



DAYS 31–60

Capture quick wins

- Attack front-end denials and A/R days.
- Reduce agency labor and premium pay.

OUTCOME Recovered net revenue and faster cash



DAYS 61–90

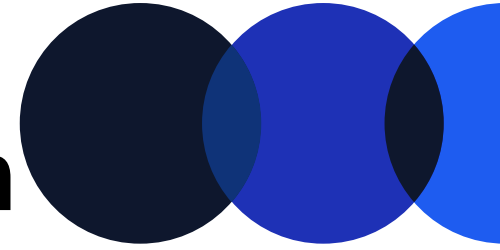
Institutionalize

- Align capital plan, covenants & reserves.
- Launch a monthly rolling S-F-O forecast review.

OUTCOME A durable, forward-looking operating rhythm

KEY TAKEAWAYS

Four Decisions that Protect the Margin



01 Manage the intersection, not the silo

Profitability lives where strategic, financial, and operational decisions align — govern them together with shared metrics.



02 Finance for flexibility

Protect liquidity, coverage, and the credit rating now to absorb the reimbursement and Medicaid pressures expected from 2027.



03 Mine revenue cycle and labor

Denial reduction, A/R discipline, and lower agency reliance convert directly into recovered margin and cash.

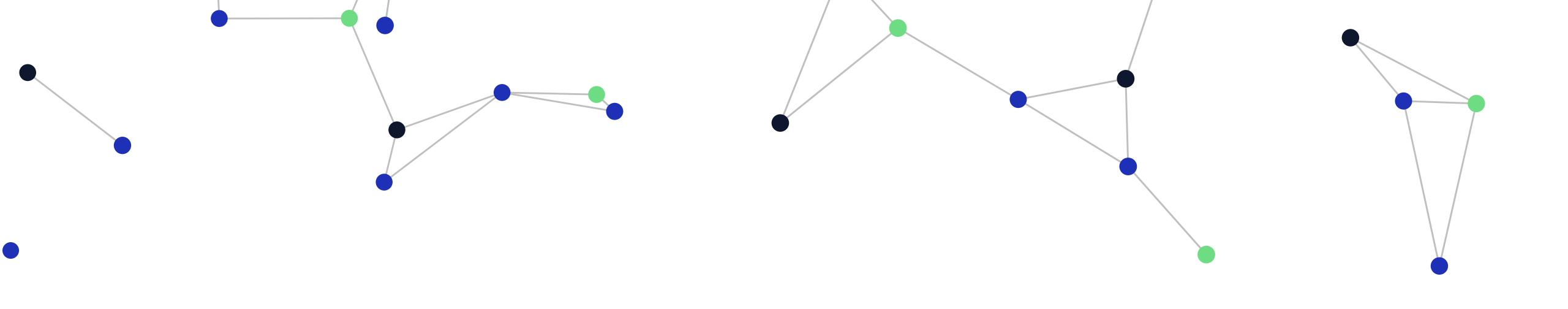


04 Decide with data, in real time

Replace month-end surprises with dashboards and rolling forecasts to lead proactively, not react.

In Conclusion





Questions?

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