



# Beyond Complexity: RCM Strategies for Multispecialty Groups

## Why multispecialty practices need a different RCM lens

Multispecialty groups are growing through new service lines, acquisitions and added locations—and with growth comes operational challenges. Financial performance can be harder to control unless complexity is intentional from payer policy nuances to documentation depth to interoperability.

To optimize revenue leaders must shift from reactive fixes to proactive design embracing front-end precision, specialty-aware education, interoperable systems and actionable reporting.

## Operational pressures multispecialty leaders face

### Complexity

Intricate medicine translates to intricate coding. These claims become sensitive to coding documentation and payer policy specifics. High-acuity specialties can encounter local coverage determinations (LCD), medical-necessity requirements, step-therapy rules, prior authorization hurdles and peer-to-peer reviews. Missing just one component can derail billing. Tight collaboration with providers is essential—letters of medical necessity,



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Caitlin Walker brings over 10 years of RCM and client service experience, building strong relationships through proactive communication and cross-functional collaboration. A dedicated client advocate, she partners closely with operations teams to improve performance and drive revenue impact.

procedure-level detail and clinical context can tip claims from denial to payment.

### In-depth reporting

The ability to drill into the data, identify trends utilizing actionable data is key to setting targets, action plans and rectifying systemic issues in your revenue cycle.

### Specialty knowledge

Multispecialty groups thrive when they master specialty-specific expertise in coding, payer rules, follow-up strategies and education. With payer policies and CMS guidance shifting constantly, staying ahead isn't just about compliance—it's about unlocking revenue potential. Investing in continuous education and specialized knowledge

can transform complexity into opportunity, launching expertise into a powerful growth engine.

## Fragmentation in systems

Growth can leave a patchwork of EHRs, PM tools and specialty add-ons complicating workflow standardization, interoperability and reporting. Consider technology partners with platforms that can be customized yet support unified reporting.

## Delayed payouts from missed steps

While benchmarks are broadly consistent, specialty claims can be less forgiving. Incorrect demographics, missing eligibility or absent authorizations can cascade into denials and slow appeals.

## A proactive playbook for financial clarity

### 1. Drive downstream revenue using front-end precision

Most denials start before the visit—standardize intake scripts, embed authorization prompts and require documentation checks.

### 2. Make education continuous.

Use two tracks—global policy updates and specialty-specific deep dives. Publish quick-reference playcards for high-impact procedures.

### 3. Integrate where it counts.

Prioritize connections that move the revenue needle. Leaders should be able to trace any denial to its source data within a few clicks.

### 4. Build reporting leaders actually use.

Layer dashboards by level—executive, operational, specialty—and insist on real-time metrics for yield, denials and appeals.

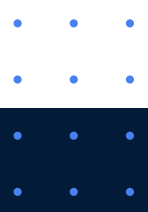
### 5. Normalize culture changes.

Institutionalize micro-changes—monthly policy roundups, quarterly coding refreshers and rapid testing of workflow tweaks.

#### What improvement looks like in 90 days:

- Denial trend-to-action loop in place
- Authorizations up for high-dollar services
- First-pass yield increase
- Specialty dashboards in real-time with drilldowns
- Education cadence running

**The outcome:** multi-specialty groups that engineer complexity into design gain control, predictability and optimize reimbursement.



Turning complexity into control starts with deliberate design.

