EXECUTIVE BRIEF · FOR THE CEO & CFO

Before You Expand: The Payer-Readiness Questions

Expansion is where healthy centers get blindsided by their own growth. The clinical and facility work gets a project plan. The revenue-cycle readiness gets treated as paperwork — and that's what triggers the cash crisis.

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A new site or service line incurs full cost from day one. If the revenue-cycle groundwork lags, the site can't clean-bill for months — and for a center with fewer than 90 days of cash, a multi-month revenue gap on a new location isn't a slow start, it's an existential event. Before you commit, we'd want these questions answered.

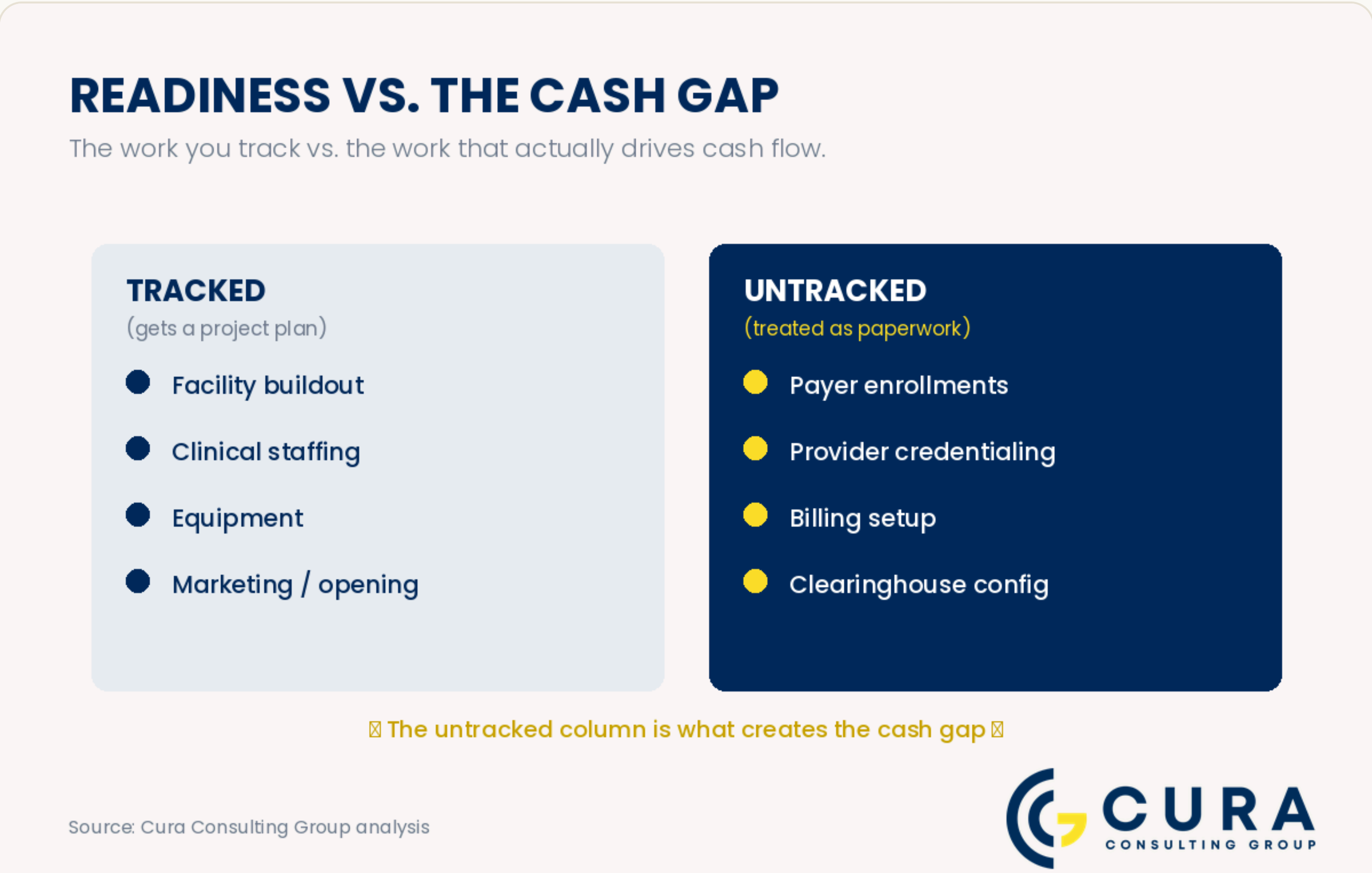

Figure 1 — The tracked work vs. the untracked work. The untracked column is what creates the cash gap.

1. Are payer enrollments for the new location complete before opening — or assumed?

Enrollment takes time you may not have. If it's not done, the site opens into a revenue gap.

2. Will every new provider be credentialed with every relevant plan on day one?

A provider who can't bill a major payer for their first two months is a cost with no offsetting revenue.

3. Is revenue-cycle readiness a tracked workstream, with the same rigor as the buildout?

If the construction has a timeline and an owner and the billing setup doesn't, you've prioritized the visible work over the one that determines cash flow.

4. Have we modeled the cash gap — and can we survive it?

This is the number that turns an exciting expansion into a crisis. It should be known before you break ground, not discovered after.

Expansion should strengthen a center. It only does when revenue-cycle readiness is planned and tracked as carefully as the facility — visible before the doors open, not after the claims won't pay.

This is exactly the readiness work we build with centers before they expand.

Talk to us about expansion readiness before you break ground.

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