



Seminar Toolkit

**Measuring & Managing Financial Strength:
The 2026 *OPEN MINDS* Seminar On A
Framework For Improving Financial
Resilience**




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Measuring & Managing Financial Strength: A Framework For Improving Financial Resilience: Seminar Toolkit



Monica E. Oss, Chief Executive Officer, *OPEN MINDS*

Thank you for downloading The *OPEN MINDS* Seminar Toolkit, a supplemental guide to Measuring & Managing Financial Strength: The 2026 *OPEN MINDS* Seminar On A Framework For Improving Financial Resilience, a signature part of The 2026 *OPEN MINDS* Performance Management Institute.

Financial strength has become a defining factor for success in today's behavioral health landscape. With rising labor costs, shifting reimbursement models, and growing pressure to invest in technology and compliance, organizations must have the financial stability to adapt and grow.

To build financial strength, you must start with the fundamentals. That begins with strong cash management practices to stabilize the day-to-day operations and leads to strategies that maximize revenue and position your organization for long-term financial health.

On February 10, 2026, join Ray Wolfe, J.D., Senior Associate at *OPEN MINDS*, for the in-person seminar featured at The 2026 *OPEN MINDS* Performance Management Institute. Our industry expert will discuss a proven framework for measuring, monitoring, and managing the financial health of your organization.

I hope you will take advantage of all the toolkit and seminar have to offer, and feel free to reach out to rwolfe@openminds.com with any questions on how your organization can become financially stable today for strategic growth tomorrow.



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The Financial Squeeze

By Monica E. Oss, Chief Executive Officer

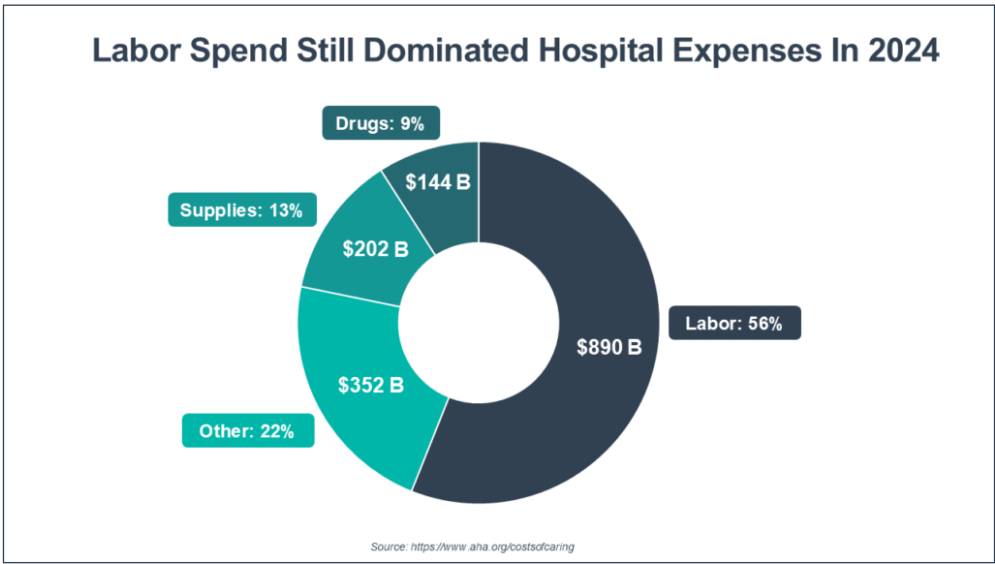
The health care delivery system is once again under financial pressure. What was once a slow boil of cost pressure has, with current and pending federal budget changes, erupted into a full-blown crisis. Executives today are grappling with a trifecta of converging challenges: accelerated shifts in federal policy, technological disruption, and maneuvering by health plans to find the most value. The mandate to “do more with less” is no longer rhetorical—it’s the defining management feature at many organizations.

A new report from the American Hospital Association offers a sobering snapshot of the

current state of play (see [The Cost of Caring: Challenges Facing America’s Hospitals In 2025](#)). In 2024, hospital operating expenses climbed by 5.1%, well outpacing the U.S. inflation rate of 2.9%. Labor costs alone—encompassing compensation, benefits, and workforce management—now consume 56% of total hospital expenditures...

Previously Published – Newsletter Article, June 13, 2025 — openminds.com/market-intelligence/editorials/the-financial-squeeze/

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Leading Through Volatility: A 12-Step Framework For Strategic Cash Management

By Raymond Wolfe, J.D., Senior Associate

In an era defined by disruption and uncertainty, the most resilient provider organizations are those that view cash both as a resource and as a strategic lever. Leading during chaotic times (see The Chaos Cookbook) means adopting a rigorous, data-driven approach to cash management that is more than cost containment; it demands operational discipline, financial foresight, and enterprise-wide engagement.

A strong first step to strengthening and optimizing cash flow is to assess current liquidity using three fundamental metrics—

working capital, current ratio, and days of cash on hand...

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Better Collection Rates, More Cash

By Joe Naughton-Travers, Ed.M., Senior Associate

If a health care practice collects just 80% of all medical claims, that means 20% is left on the table. Even with best practice revenue cycle management (RCM) operations already in place, specialty provider organizations that are failing to collect their authorized reimbursements can still find ways to improve their collection rates for approved services from health plan claims, as goals for target net revenue collection rates exceed 95%.

Here, I share seven tips for improving collection rates, with strategic approaches to make these insights actionable.

1. Maximize the billing edit capabilities of your electronic health record (EHR) system.

- 2. Tighten up the staff privileges and case assignment processes.
- 3. Keep the revenue cycle up-to-date.
- 4. Keep an eye on service authorizations.
- 5. Follow up on unpaid claims.
- 6. Institute data entry quality assurance checks.
- 7. Incentivize staff to improve collections.

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Seven Tips For Improving Collection Rates

1

Maximize The Billing Edit Capabilities Of EHR Systems

2

Tighten Up Staff Privileges & Case Assignment Processes

3

Keep The Revenue Cycle Up-to-date

4

Keep An Eye On Service Authorizations

5

Follow Up On Unpaid Claims

6

Institute Data Entry Quality Assurance Checks

7

Incentivize Staff To Improve Collections

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Change Takes Cash

By Monica E. Oss, Chief Executive Officer

Expect the unexpected. It's the end of another week of sweeping changes to federal health and human service policy. There have been massive and immediate staff layoffs at the Department of Health & Human Services (DHHS)—though exact numbers are hard to come by (see [HHS Officials Did Not Know How Many People Have Been Fired](#)). Among the unexpected layoffs was the entire DHHS office that sets federal poverty guidelines and eligibility for programs like Medicaid, food assistance, and child care (see [Trump HHS Eliminates Office That Sets Poverty Levels Tied To Benefits For At Least 80 Million People](#)). And, the Centers For Medicare & Medicaid Services announced it will no longer

extend federal matching funds for Medicaid programs in 1115 waivers under the designated state health programs and the designated state investment programs (see [Designated State Health Programs And Designated State Investment Programs Letter](#))...

Previously Published – Executive Briefing, April 12, 2025—openminds.com/market-intelligence/executive-briefings/change-takes-cash/

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Aggressive Cash Management
& Management Of Financial Strength

Building Blocks Of Financial Strength

Liquidity

Performance

Leverage

Process Efficiency

1. Manage cash aggressively

2. Secure additional financing

3. Streamline operations to aggressively manage unit costs

4. Set thresholds for discontinuing service lines

5. Reevaluate customer contracts regarding payment terms

6. Renegotiate payment terms with vendors

7. Improve the speed of billing and collections

8. Increase billing intervals (weekly?) and billing accuracy

9. Extensions to lines of credit from current sources of financing

10. Outsourcing of non-core services

11. Analyze and address the "overhead" issue

12. Conduct a financial strength assessment

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Aligning Strategy & Services For More Revenue

By Monica E. Oss, Chief Executive Officer

As my news feeds come across my desk every day, a common theme has emerged for 2025: health care provider organization executive concerns are high and market complexity is accelerating. All of us living through the past half of 2025 can likely relate to both of those statements. According to the Mindsets 2025 Healthcare Executive Leadership Report, industry leaders cite regulatory and reimbursement restructuring (34%), workforce instability (32%), economic uncertainty (13%), and revenue cycle and payor mix challenges (6% each) as their primary sources of pressure.

Yet despite these challenges, nearly all executives (98%) anticipate revenue growth in the coming year...

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The OPEN MINDS Key Performance Domains For Health & Human Service Provider Organizations				
Customer Metrics				
"High Performing" On Payer Contracts	The Speed & Cost Factors	The Consumer Experience	Clinically Cutting Edge	Financial Sustainability
<ul style="list-style-type: none">National health home measuresNCQA HEDIS measuresCMS STARS measuresMost common health plan contract measuresSpecific health plan contract measuresSpecific funder performance measures	<ul style="list-style-type: none">Search engine ranking and optimization scoresOnline reputationInquiriesInquiry response timeInquiry conversion ratesTime to appointmentService ratesRate-value linkage	<ul style="list-style-type: none">Net promoter scoreCustomer satisfactionCustomer experience monitoring ("mystery shopper") results	<ul style="list-style-type: none">Consistency in "treatment model" – lack of unexplained variabilityCurrent clinical and service practicesShort time to evaluation and adoption of new treatment technology	<ul style="list-style-type: none">Revenue – by service lineLiquidity – current ratio, days cash outstanding, cash flow from operations, days of accounts receivableProfitability – revenue growth and net operating profit margin, by service lineLeverage – debt to equity ratio
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The Benefits & Considerations Of Revenue Diversification

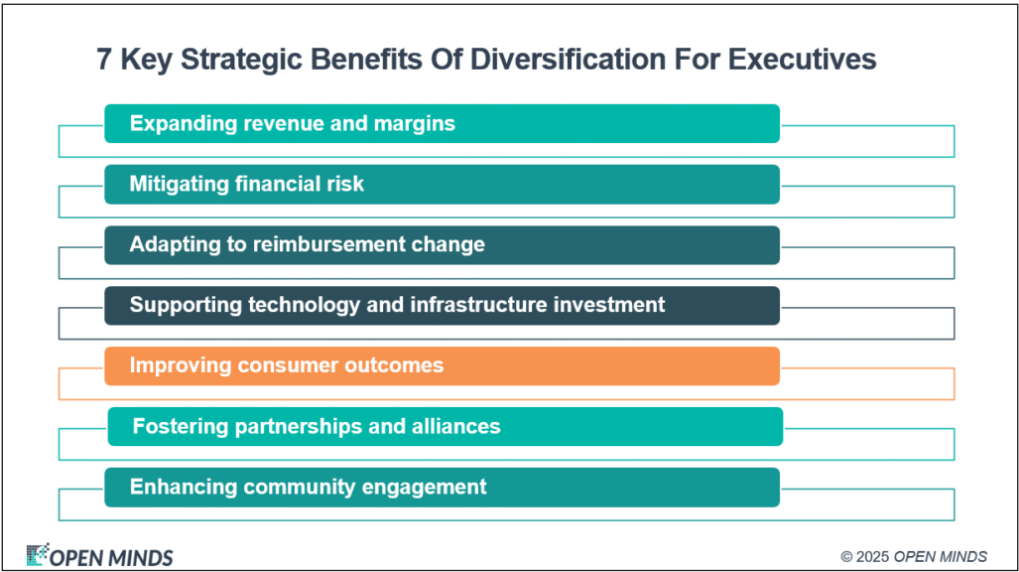
By Kimberly Bond, MS, LMFT, Executive Vice President

Executives of health and human service organizations are confronting an era of extraordinary market turbulence resulting from shifting federal policies whose effects will trickle down to the states, labor shortages, rising costs, evolving reimbursement models, and escalating expectations for digital innovation and consumer engagement. Traditional financial strategies focused on incremental growth and efficiency are proving insufficient at keeping organizations ahead of the competition or maintaining sustainability or creating the foundation for growth for the future.

The new, “winning” executive mindset should be that financial sustainability requires service line diversification across the organization’s portfolio...

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Agile Because...

By Monica E. Oss, Chief Executive Officer

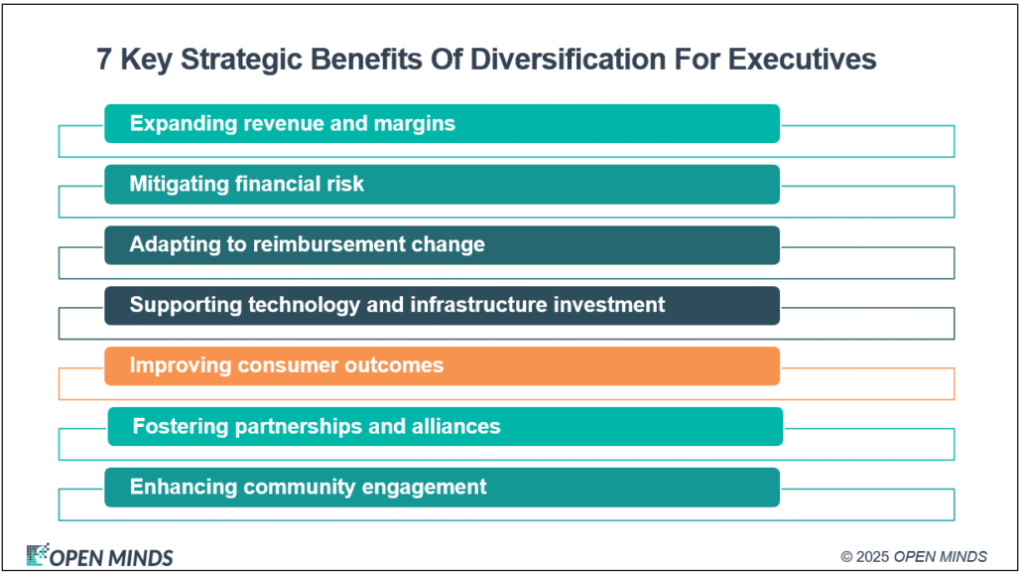
What keeps chief financial officers (CFOs) and CFOs-to-be up at night? According to a new survey, Finance Trends 2026: Navigating The Expanded Scope Of Finance, five key issues top their list of concerns.

Two of these priorities are typical financial concerns—the need for better management of day-to-day cash flow and for reducing current costs. But three top-of-mind concerns in the finance department are outside of the typical CFO purview—new external market factors (like tariffs and changing policy); the effect of new technology; and the need for diversification through new services.

In this uncertain health and human service landscape, CFOs and their fellow executive team members are shifting to new leadership and management practices with a focus on three areas...

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Designing A Referral Development Campaign That Drives Revenue

By Casey A. Bell, Chief Operating Officer

In the margin-pressured health and human services industry, marketing teams and referral development leaders must drive new enrollment while simultaneously proving the return on investment (ROI) of every initiative. A disciplined, campaign-based approach that is anchored in measurable goals for each defined audience segment can drive improved revenue performance.

Executives who manage teams that plan and monitor the execution of campaigns with clear goals, objectives, and metrics will be better

equipped to determine which activities are tied to desired revenue performance. Below, we've outlined the four steps executives can follow for a more detailed approach to referral development...

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Four Step Approach To Referral Development





Revenue Over Volume

By Monica E. Oss, Chief Executive Officer

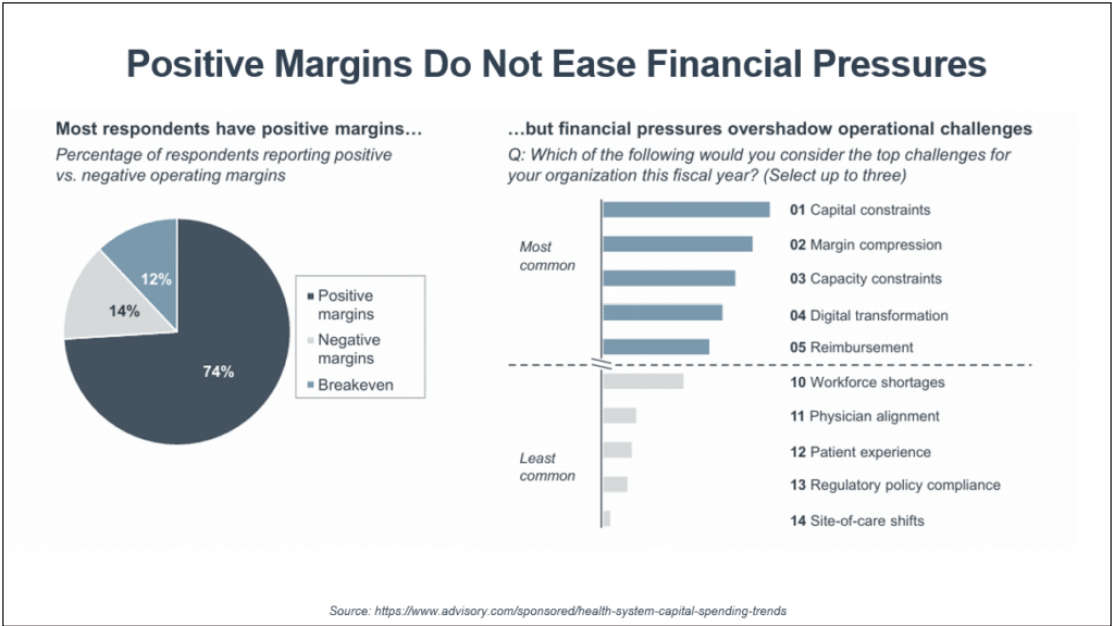
How are health systems planning to navigate the year ahead? One of the takeaways from the new survey of financial leaders—Survey Insights: Health System Capital Spending Trends—is that margins and revenue are the focus. Volume of services is no longer a primary driver of strategy—with only 9% prioritizing growth in the volume of services. Twenty-seven percent are prioritizing revenue growth by pursuing payer mix optimization and revenue cycle improvements.

A primary path for 68% of health systems to grow revenue and margins is increasing specific

service line investments year-over-year, with 60% of health systems investing in expanding existing service lines and 35% investing in new service lines...

Previously Published – Executive Briefing, September 27, 2025 — openminds.com/market-intelligence/executive-briefings/revenue-over-volume/

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Balancing Mission & Margin: How Hillside's Transformed Its Financial Trajectory

By Raymond Wolfe, J.D., Senior Associate

Chaotic market forces have been challenging sustainable business models for specialty health and human service provider organizations for some time. Key disruptive forces in recent memory include the rise of digital health, consumer-driven health care, non-traditional providers like retailers and tech companies, value-based care (VBR), the COVID-19 pandemic, and the current uncertainty at the federal level.

In each instance, staying competitive means operating with tighter margins, finding more capital through referrals and contract

negotiations, and an overall enhanced pressure to balance revenue with expenses. This means that monitoring and managing finances has become one of the most important things that executives can do—for both short-term and long-term success...

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Hillside's Path to Financial Sustainability

- Revenue
 - ❑ Maximize client census
 - ❑ Diversify revenue sources
 - ❑ Divest low mission impact and financial drag programs
- Expenses
 - ❑ Expense philosophy: utilize every funding \$\$ to its highest and best use
 - ❑ Performed RFP for every service contract including commercial banking (professional service and other contracts)

Open Minds Performance Management Institute 2025: CFO Summit