FinThrive

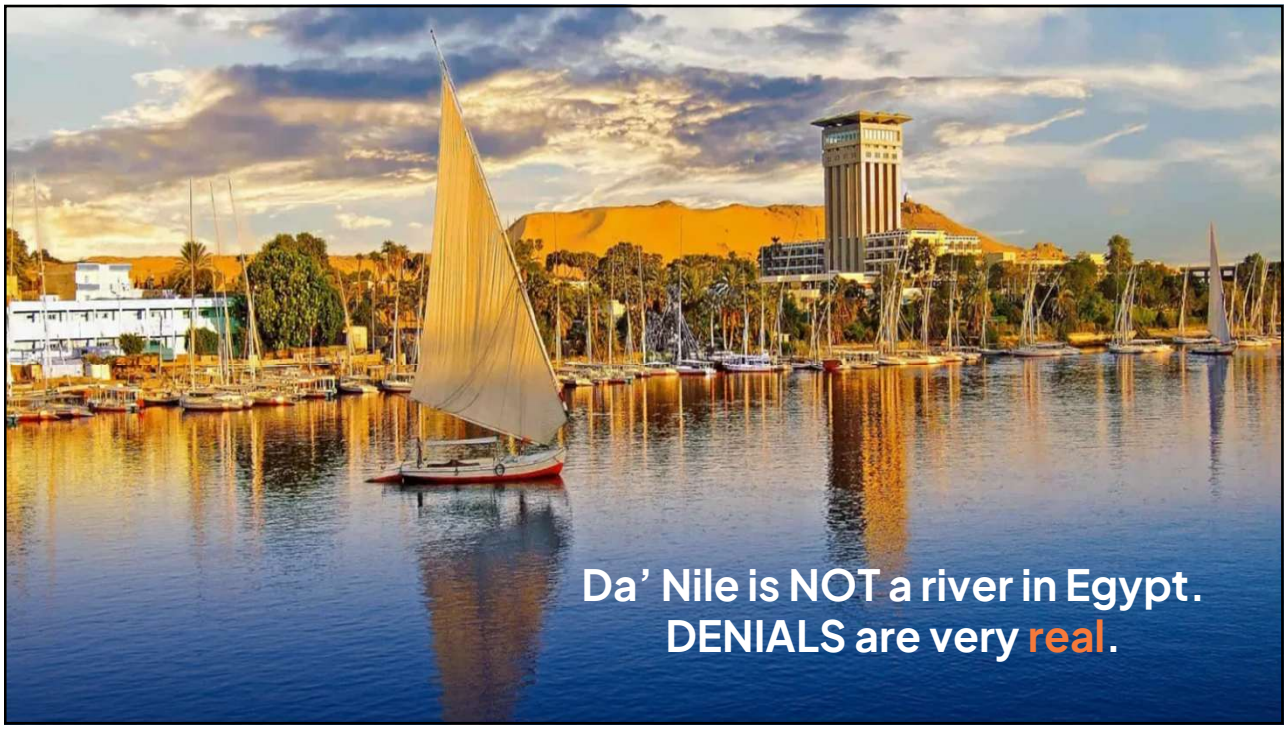
Damming the Denial River

Prioritize Your Workflow or Get Swept Away

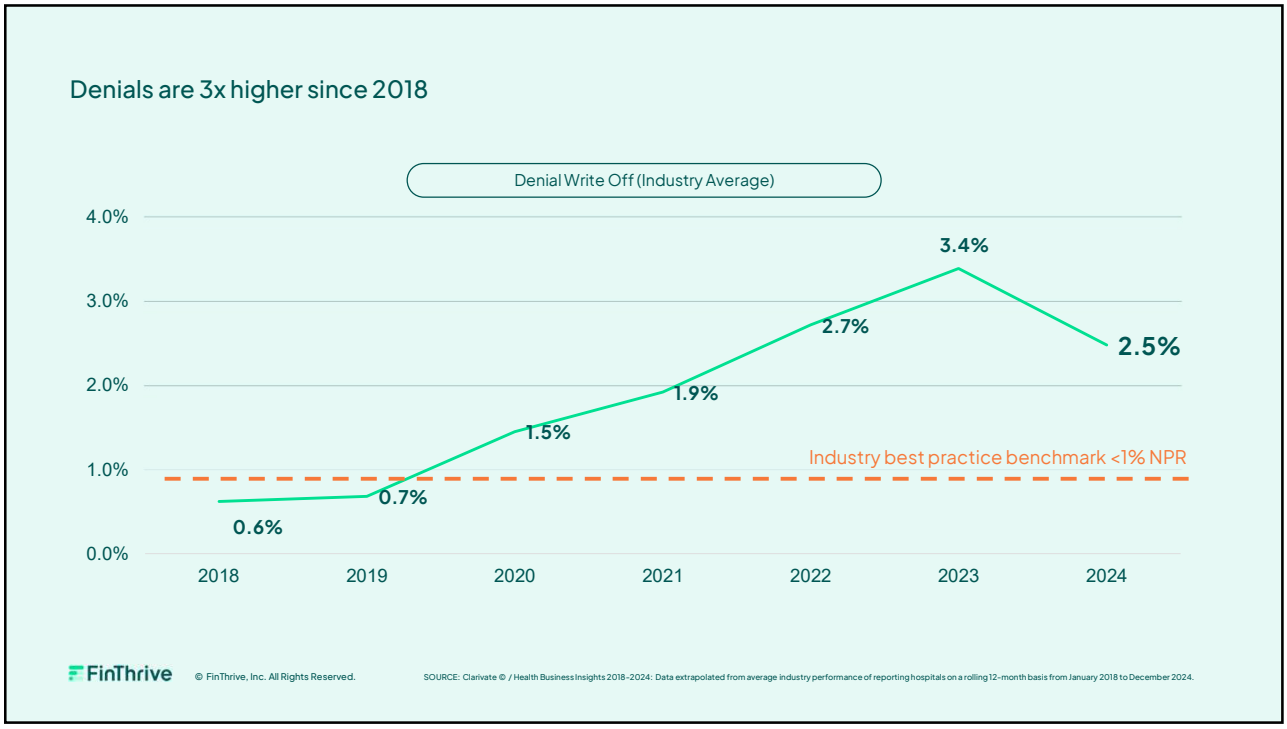
November 17, 2025

1

2


Da' Nile is NOT a river in Egypt.
DENIALS are very real.

3


Denials are 3x higher since 2018
Denial Write Off (Industry Average)
4.0%
3.0%
2.0%
1.0%
0.0%
0.6%
0.7%
1.5%
1.9%
2.7%
3.4%
2.5%
Industry best practice benchmark <1% NPR
2018
2019
2020
2021
2022
2023
2024
FinThrive
© FinThrive, Inc. All Rights Reserved.
SOURCE: Clarivate © / Health Business Insights 2018-2024: Data extrapolated from average industry performance of reporting hospitals on a rolling 12-month basis from January 2018 to December 2024.

4

Denials and Underpayments by the Numbers…

$60–$180
Cost per claim to appeal, or $8.8 billion in admin costs[1]

11%
Average initial denial rate of claims submitted[2]

82%
Percentage of denials eventually overturned[3]

$4.6M
$1.6M in denial write-off adjustments (mid-sized $350M NPR hospital)[4]

7% – 11%
Percentage of claims that are underpaid[5]

$5M – $10M
Typical cash recoveries with 3rd party solutions[3,4,5]

FinThrive

Sources: 1. AHIMA, 2. AMA, 3. KFF, 4. Clarivate HBI , 5. MGMA

5

Challenges

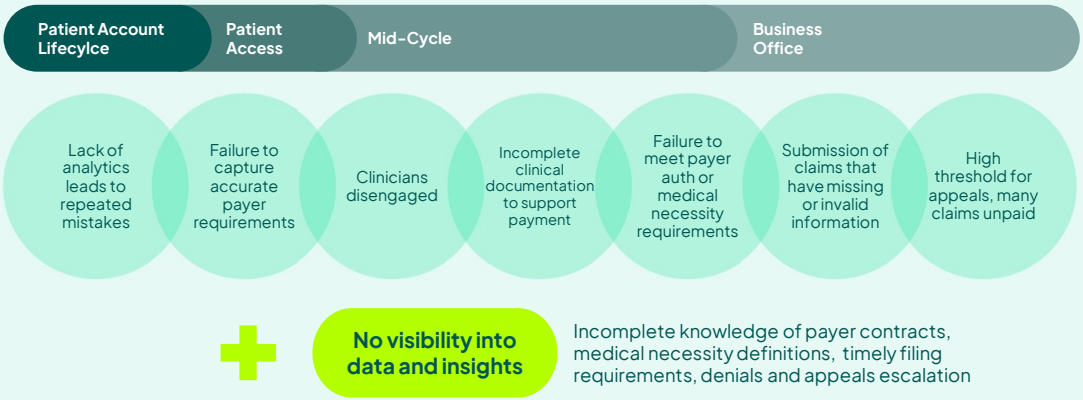
Payers:
- Automated claims clearinghouse
- Changing rules – DENIALS!
- Sophisticated actuarial analytics
- No urgency to pay claim
- Lots of tools, missing clinical "story"

Providers:
- Fixed resources
- Inventory mixed
- Wasteful claim touches
- Lack of analytics/insight
- Need revenue ASAP
- Have clinical data

FinThrive

6

Vulnerabilities in a Claim Life Cycle



No visibility into data and insights

Incomplete knowledge of payer contracts, medical necessity definitions, timely filing requirements, denials and appeals escalation

FinThrive

Adapted: "The State of Denials" - Advisory Board

7

AHA: Payers are Playing Hardball

Contributing to workforce burden…

95% of hospitals and health systems report **increases in staff time** spent seeking prior authorization approval

84% report the **cost of complying with insurer policies** is increasing

62% of **prior authorization denials** and 50% of initial claims denials that are appealed are ultimately overturned

…And it is only getting worse.

78% of hospitals and health systems report that their experience with commercial insurers is **getting worse**

FinThrive

https://www.aha.org/infographics/2022-11-01-survey-commercial-health-insurance-practices-delay-care-increase-costs-infographic

8

9

"We've been invaded…
Sheldon Pink, FHFMA, MBA,
Corp Director RCM, Houston Methodist

"We're essentially arming both sides of the house…
Ashraf Shehata, KPMG

"There has been a substantial increase in activity on the payer side to create obstacles for payment, and the pain is being felt on the provider side through the 'triple-D effect': downgrades, delays and denials…
Amy Assenmacher, RN, FHFMA, CRCR, SVP, RCM, CorewellHealth

hfma healthcare financial management association
Discover Guidance News & Articles Education & Events Career Resources

Denials Management

Battle of the Bots: As payers use AI to drive denials higher, providers fight back

As denial rates climb to record highs, driven in part by AI-powered robots, health systems are starting to fight back.

Jeni Williams

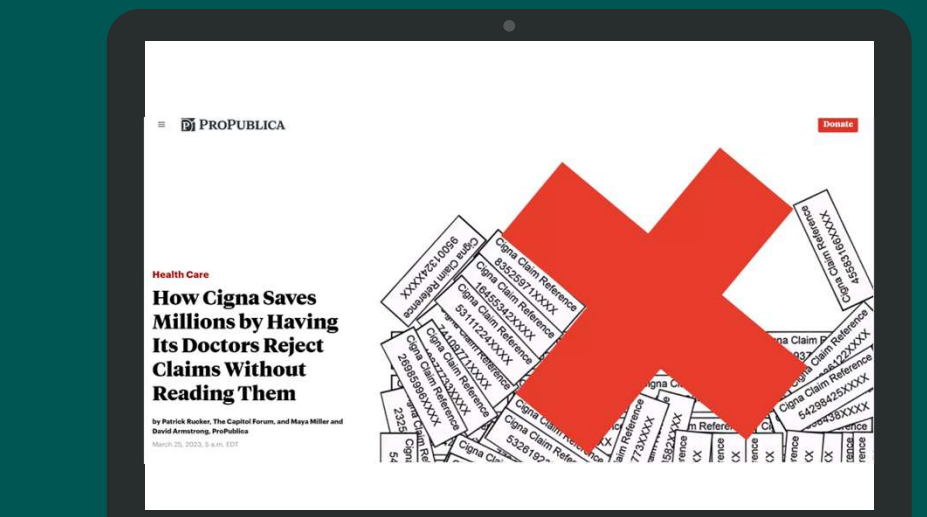
Like 12 March 28, 2024 3:39 pm Print

FinThrive

https://www.hfma.org/revenue-cycle/denials-management/health-systems-start-to-fight-back-against-ai-powered-robots-driving-denial-rates-higher/ 10

10

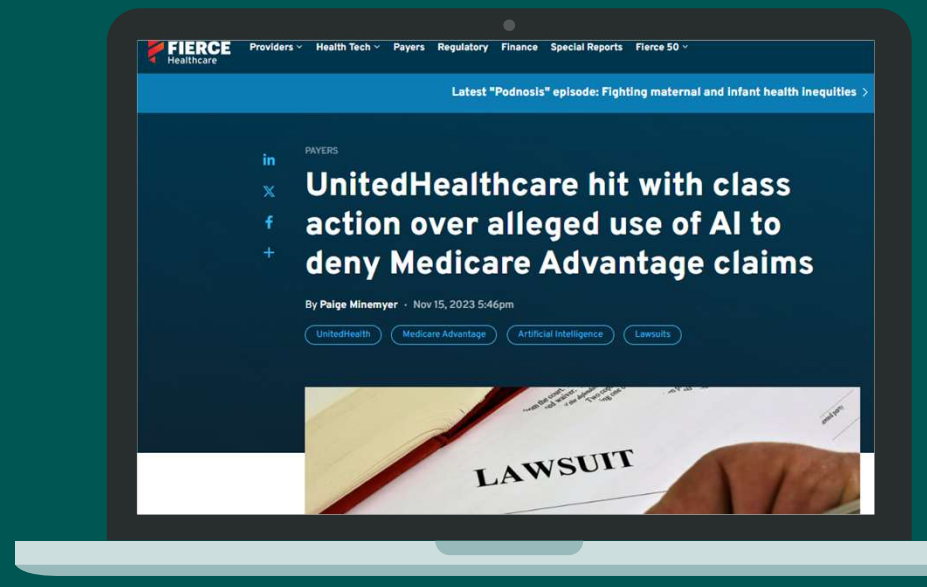
AI Wars



https://www.propublica.org/article/cigna-pxdx-medical-health-insurance-rejection-claims 11

11

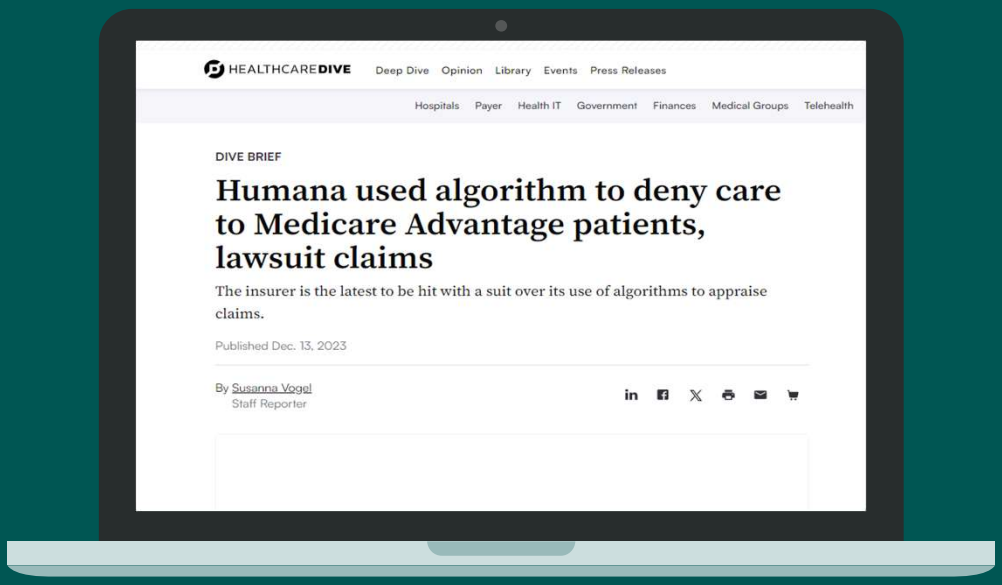
AI Wars



https://www.fiercehealthcare.com/payers/unitedhealthcare-hit-class-action-over-alleged-use-ai-deny-medicare-advantage-claims 12

12

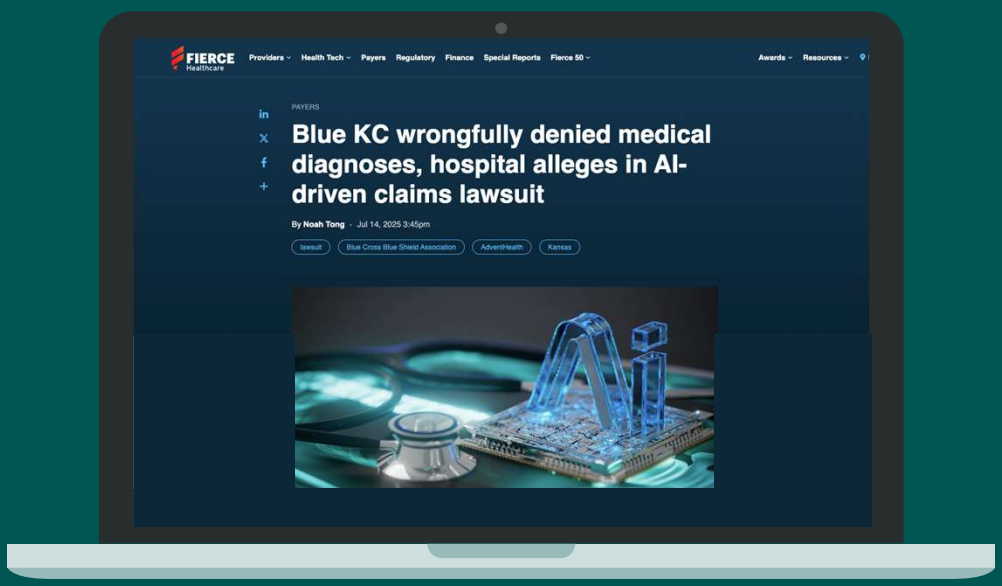
AI Wars



https://www.healthcaredive.com/news/humana-lawsuit-algorithm-medicare-advantage-deny-claims/702403/ 13

13

AI Wars



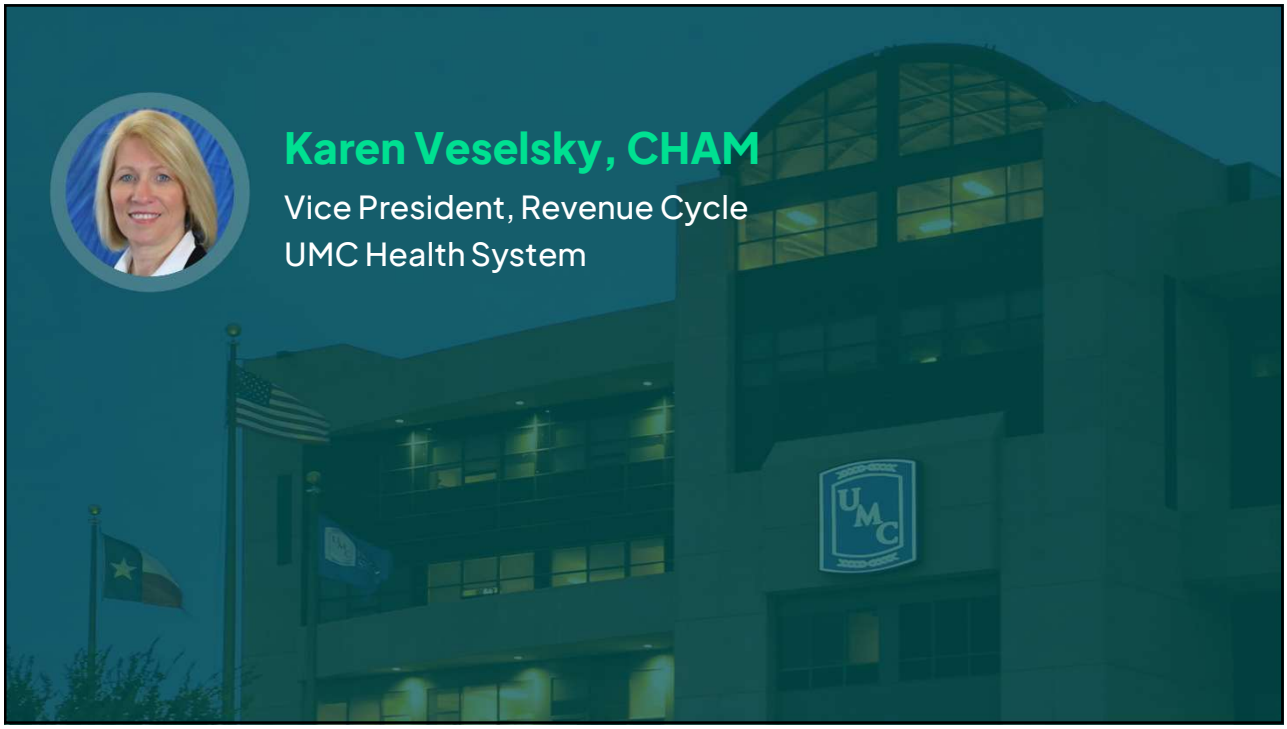
https://www.fiercehealthcare.com/payers/blue-kc-wrongfully-denied-medical-diagnoses-hospital-alleges-ai-driven-claims-lawsuit

14

UMC Health Approach

15

15



16

UMC HEALTH SYSTEM

"Super Safety Net" Hospital

- One of 136 Hospitals across the US
- Does the most teaching/education
- Delivers the most unfunded care
- Provides the most complex treatment

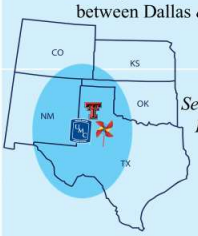
Health & Wellness Hospital

UMC Cancer Center - current

Cancer Center, April 2025

17

The Value of UMC Health System

TODAY	TOMORROW	FOR LUBBOCK & BEYOND	OUR IMPACT
We care for the unfunded and the least of these at a cost of $105M/yr	By 2032, Texas will experience shortage of 10,000 doctors & 57,000 full-time RNs	The **only** Level 1 Trauma Center between Dallas & Albuquerque	Annual payroll of $430 million and capital expenditures of >$120M
To fund this responsibility, UMC receives property tax support of $38M	We partner with TTUHSC to train 258 resident physicians, at a cost of $100M/yr	The **only** Verified Burn Center between Dallas & Phoenix	UMC EMS provides 911 ambulance service with no tax support Funds 100% of county correctional health-care cost with no tax support
These taxes account **for only 3.7%** of our operating budget	Of all TTUHSC medical students, 30% more now choose TTUHSC for residency	 *Serving patients from 157 counties across 260,000 sq. miles*	1st Drive–Thru Clinic serves >10,000 with 2nd location coming in Wolfforth
Taxes account for 21.8% on average at similar Texas hospitals	UMC invests in our future – And remains **debt-free**	>55% of Lubbock County Residents who require inpatient care choose UMC	24/7 Urgent Cares save patients & payors >$15M for non-emergent care Rx Perks Clinics save patients >$3.8M out-of-pocket for high-cost prescriptions
Lowest comparable tax rate in Texas	***Continually expanding to meet your family's medical needs***	***Exceptional, outstanding care, when you need it***	***LOCAL decisions always: Investing in more accessible & affordable care***

18

19

UMC HEALTH SYSTEM

Revenue Cycle Structure

Patient Access

Scheduling
Financial Clearance**
Patient Estimates
Financial Assistance
Patient Registration**
Pre-Bill Edits
Training/Audits

** Recently completed or in the process of moving to centralized reporting in a decentralized environment

Middle

Case Management
Utilization Review
Clinical Documentation Improvement
Charge Capture
Charging Edits
Revenue Reconciliation
Health Information Management
HIM Coding Edits

Back

Billing/Claim Edits
AR Follow Up
Cash Management
Credit Balance Resolution
Technical/Clinical Denials Management
Customer Service
Vendor Management
Training/Audits

20

Denial Mitigation Strategies of a Super Safety Net Hospital

Proactive Case Management

- UMC employs 20 Case Managers – all registered nurses and a health plan operations manager for our self-insured employees
- Physician champion and liaison with medical staff for LOC and continued stay issues
- Hospital to Hospital transfers screened by a Physician prior to acceptance

Financial Assistance & Eligibility Screening

Resource Assistance Department evaluates all self-pay patients for program eligibility and in-person and phone-based counseling

- Federal & State Programs (TX Medicaid worker on site)
- Lubbock County Medical Indigent Program (LCMI)
  - UMC's payer mix includes over 10% in unfunded care/year (2025 YTD = 10.4%
- Uninsured Discount Program – Self Pay Discount Program (in development, where allowed by payer contracts)

Automated Discounts – Presumptive Eligibility

- Automatic discounts for uninsured patients based on the "amount generally billed" (AGB) to Medicare and private insurers
- Policy aligns with IRS 501(r) regulations and helps avoid billing disputes
- UMC uses external data sources to determine financial assistance eligibility if patients don't provide documentation

21

21

2024 Total OP Initial Denial Data = 3.0%

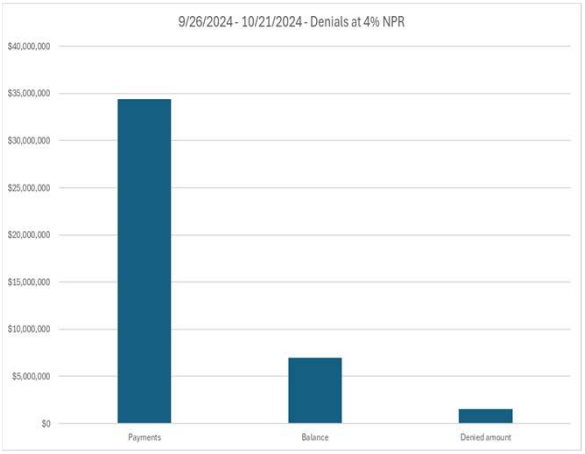
ProgramDescription	
EMERGENCY CENTER	0.57%
OUTPATIENT SURGERY	0.27%
CHEMOTHERAPY	0.22%
OP HOSPITAL CLINIC	0.10%
CATH LAB	0.08%
AMBULATORY INFUSION CENTER	0.06%
NON-PATIENT LAB	0.04%
LABORATORY	0.04%
CAT SCAN	0.03%
MAGNETIC RESONANCE IMAGING	0.03%
INTERVENTIONAL RADIOLOGY	0.03%
INPATIENT	0.03%
G.I. LAB	0.02%
EAST TOWER OR	0.02%
NUCLEAR MEDICINE	0.02%
SOUTH PLAINS REHAB CENTER	0.02%
OUTPATIENT GI CENTER	0.02%
DIMENSIONS	0.02%
RADIOLOGY	0.02%
CARDIOPULMONARY	0.01%
PET SCAN	0.01%
LABOR & DELIVERY	0.01%
ULTRASOUND-OB	0.01%
SPECIAL PROCEDURES	0.01%
ULTRASOUND	0.01%
TTU CARDIAC HEALTH	0.01%
OCCUPATIONAL THERAPY	0.01%
RADIATION	0.01%

22

22

2024 Ransomware Attack Impact

CountOfVisitI	TransactionCodeDescription	SumOfTransactionAmount	SumOfProfessionalAmount	SumOfTotalCha	SumOfTotalPay	SumOfARBal
485	DENIAL NOT MEDICALLY NECESSARY	($537,088)	($6,408)	$7,872,857	$943,768	$69,045
307	DENIAL PRECERT-REFERRAL	($478,053)	($18,911)	$19,300,199	$3,416,683	$13,768
185	DENIAL PAST FILING DEADLINE	($170,900)	($11,026)	$2,954,983	$279,268	($1,116)
408	DENIAL PAYER PROCESSING ERROR	($97,295)	($5,361)	$3,736,386	$375,840	$245,506
135	DENIAL WRONG INS ORIG BILLED	($96,235)	($13,969)	$3,042,154	$208,494	$132
38	DENIAL REG/DEPT/CODING ERROR	($64,975)	($1,057)	$1,818,776	$178,267	$10,353
2	DENIAL MED REC RQEST NOT RCVD	($30,570)	$0	$198,361	$2,240	$0
3	DENIAL NO RETRO AUTH	($24,308)	$0	$212,248	$5,646	$177
1	DENIAL READMISSION	($22,906)	$0	$26,306	$821	$101
3	DENIAL EXP/INV/RESEARCH	($19,127)	$0	$53,417	$0	$0
44	DENIAL NOT A BENEFIT	($16,081)	($2,324)	$679,205	$148,888	$63,022
36	DENIAL EXCEEDS MUE	($15,735)	($1,684)	$680,828	$150,626	$9,040
14	DENIAL FILING/AUTH (FC)	($14,266)	($2,068)	$84,393	$0	$480
4	DENIAL DRG MISMATCH	($10,449)	($1,058)	$617,627	$86,786	$0
38	DENIAL EXHAUSTED BENEFITS	($9,425)	($35)	$206,253	$15,890	$3,560
36	DENIAL DOWN CODED	($8,057)	$0	$271,938	$21,299	$1,394
12	DENIAL VENDOR PAST FILING	($5,075)	($1,482)	$21,773	$853	$0
1	DENIAL M/CAID RETRO NO PREAUTH	($3,766)	$0	$18,743	$5,231	$0
1	DENIAL IP ONLY PX	($3,435)	$0	$57,649	$4,269	$0
12	DENIAL NON-EMERGENT	($2,524)	($256)	$34,775	$1,721	$0
13	DENIAL OUT OF NETWORK	($1,514)	($1,257)	$61,136	$8,248	$1,958
1	DENIAL RETRO REVIEW (UR)	($430)	$0	$5,008	$109	$28
1	DENIAL LOST CHART	($229)	$0	$455	$0	$0
4	DENIAL NOT WORK RELATED	($60)	($60)	$456,609	$135,042	$0
		($1,632,504)	($66,956)	$299,742	$2,813	$0
		($1,565,548)				$417,449
		4%				

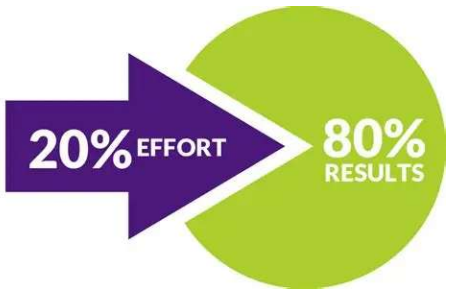


23

23

Inpatient Managed MCR Denials

Denial Reason	Overall Denial Percentage
DENIAL PRECERT-REFERRAL	33.16%
DENIAL NOT MEDICALLY NECESSARY	26.63%
DENIAL PAST FILING DEADLINE	12.03%
DENIAL PAYER PROCESSING ERROR	6.69%
DENIAL WRONG INS ORIG BILLED	4.72%
DENIAL REG/DEPT/CODING ERROR	3.40%
DENIAL MED REC RQEST NOT RCVD	2.18%
DENIAL NO RETRO AUTH	1.74%
DENIAL READMISSION	1.64%
DENIAL EXP/INV/RESEARCH	1.37%
DENIAL EXCEEDS MUE	1.32%
DENIAL NOT A BENEFIT	1.14%
DENIAL FILING/AUTH (FC)	1.02%
DENIAL DRG MISMATCH	0.75%
DENIAL EXHAUSTED BENEFITS	0.68%
DENIAL DOWN CODED	0.56%
DENIAL VENDOR PAST FILING	0.36%
DENIAL M/CAID RETRO NO PREAUTH	0.27%
DENIAL NON-EMERGENT	0.18%
DENIAL OUT OF NETWORK	0.11%
DENIAL RETRO REVIEW (UR)	0.03%
DENIAL LOST CHART	0.02%
	100.00%



24

24

UMC Denials Focus for 2025 & 2026

FY 2024 vs FY 2025 Trending Denials

- FY 2024 initial denials 3% - final denials 1.2%
- FY 2025 denials trending 3% - final denials trending 1%
  - Q1 initial denials = $5,158775
  - Q2 initial denials = $9,169,431 (financial clearance centralization began)
  - Q3 initial denials = $4,540,517

UMC Hot Spots

- Medicare Advantage
  - United Healthcare Inpatient Medical Necessity 2024 vs 6 months of 2025
- OON denials (No surprise billing notice/consent process workflow revisions)
- IDR / ALJ process typically pursued when reimbursement amount is warranted

Epic Implementation – February 2026

- Will assist with precert/auth workflow for surgical and chemotherapy services to reduce denials in two of the top three departments!
  - OR Nurse to update/revise surgical orders at the conclusion of each case

FinThrive

25

A Small Reminder . . . to the entire UMC Team

August 2025

I am writing to extend my deepest gratitude to your entire team on behalf of many who love these two families from our small town in Texas. Though I do not know this husband and wife personally, I am close with many of their relatives, and our whole community has been deeply touched by the care and compassion the staff at UMC has shown during this incredibly difficult time.

One week ago, this young family experience a life-changing tragedy when they were involved in a major collision and brought to UMC for emergency care. From that moment forward, UMC has been nothing short of extraordinary. From the ICU team caring for the husband and his serious spinal injuries to the surgical teams, OB staff, Orthopedic unit, and NICU caregivers supporting the wife who suffered a fractured shoulder and hip and required emergency c-section at 36 weeks for the birth of their baby, the UMC staff has gone above and beyond in every way. One especially moving example was the effort taken to make it possible for the husband, who is completely bed bound, to meet his newborn baby. Understanding that temporarily transferring a baby from the NICU to another part of the hospital is no simple task; it took coordination, compassion, and initiative from multiple departments. That one moment, a father meeting his child for the first time, meant everything to his family and to all of us standing behind them.

In addition, we heard that the NICU team printed a photo of the newborn and wrote a heartfelt card from the baby to his Dad ahead of his surgery, an act of kindness that goes far beyond the standard of care. Nurses even helped wheel his wife, still recovering and in a wheelchair, to visit her husband at his bedside and stayed with her to make sure she was supported. These may seem like small things to some, but to those of us who have been following this family's story, they are powerful reminder of what true patient care looks like. It's not just clinical excellence, it's humanity, empathy and heart.

Please share this letter with every nurse, doctor, surgical team member, NICU staff, social worker, administrator and behind-the-scenes team members who have had a hand in helping this family. What you do every day has a ripple effect. It matters. And from the entire community of our town, we want you to know; we see it, we feel it, and we are deeply grateful.

The Chamber of Commerce
Friends & Supporters of the Family

26

26

Solutions

27

n = 1062 hospitals

81.2%

Of hospitals have a denial committee in place, but…

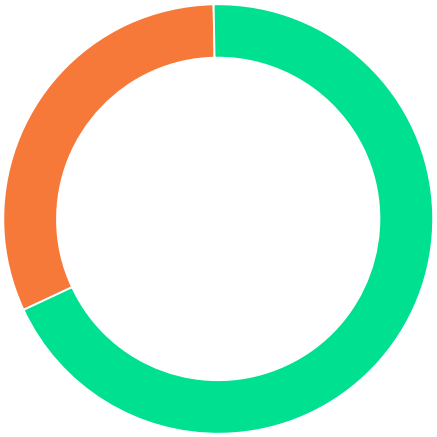
This can represent an exhaustive labor expense without the right tools

Source: Clarivate

28

Leveraging Technology to Combat Denials

n = 189 hospitals



FinThrive

Source: Clarivate HBI : https://clarivate.com/products/healthcare-business-insights/ 29

29

It's Your Revenue. Automation Can Help You Protect It.

Automation streamlines revenue collection by reducing manual effort in claim processing, eligibility verification, billing adjustments, and cash posting.

01 Faster Claim Processing
Automates eligibility checks, document handling, and claim edits for quicker resolution

02 Reduced Manual Effort
Minimizes labor-intensive tasks like claim follow-ups, charge adjustments, and payer interactions

03 Optimized Cash Flow
Speeds up 835 cash posting and reconciliation for improved financial performance

04 Improved Staff Efficiency
Allows teams to focus on higher-value activities instead of manual claim management

05 Enhanced Accuracy & Compliance
Ensures proper data validation, secure redaction, and adherence to timely filing requirements

RCM Example Bots

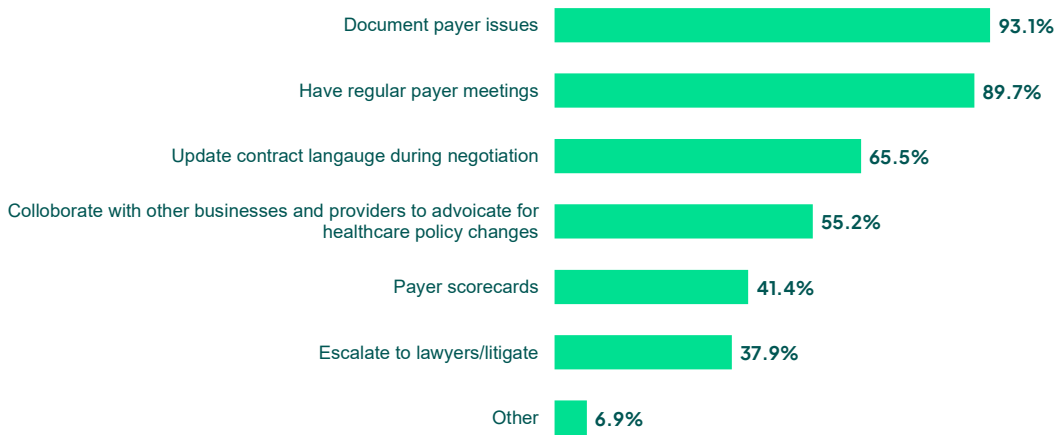
- ICN/DCN Claim Population
- Claim Attachments
- Release Secondary Bill Hold
- Baby Claim Eligibility
- Past Due Claim Payments
- Late Charge Rebill
- 835 Cash Posting

FinThrive

30

Strategies to Increase Payer Accountability

n = 346 hospitals



FinThrive

Source: Clarivate HBI: https://clarivate.com/products/healthcare-business-insights/ 31

31

Payer Strategies

Payer Successes

Limited EMR access

Prompt payment penalties, Pay for Performance, Shared Savings

Banner Aetna Collaboration

Gold Carding

Arbitration

Mutually Agreed Definitions/Timetables

FFS with Upside Risk

Narrow Networks

Risk shifted UR

Payer Learnings

Global EMR access

Prompt payment penalties, Pay for Performance, Shared Savings

Medicare Advantage (volume vs. admin expense)

Managed Medicaid (rules)

Terminations (worth it?)

UR - On site vs remote, unfavorable language

32

32

What Does it REALLY Take to Bend the Denials Curve?

1 Know the rules

Hospitals should know payers' payment requirements and preauthorization rules always, and should always be up to date.

"This comes down to the claims, contracts, operations and technology…"

2 Clean Claims

Ensure seamless, integrated workflows for generating claims. Alerts and statuses to work the right accounts, with the right people, at the right time.

Technology solutions can help teams work smarter to help ensure claims are clean.

3 Leverage AI and Platform Analytics

Payers are sophisticated, and technology is always evolving for clinical care.

A robust technology solution With embedded AI and analytics can help teams evaluate the longitudinal lifecycle of the claim.

Automated workflow solutions leveraging AI can reduce accounts receivable (A/R) days can save an average of **$3 million annually** and can result in **300 to 500 fewer denials per month**.

33

33

Opportunities for Denial Prevention in the Claim Life Cycle

Patient Account Lifecycle	Patient Access	Mid-Cycle	Business Office

Determine root cause (5 why and STANDARDIZE RACR and CARC buckets)

Mitigate denials on front end

Bridge gap between the financial and clinical revenue cycle (clinicians)

Look at best practice CDI

Focus on high-cost stays/encounters in ED and IP

STANDARDIZE escalation process (stop the andon)

Appeal high yield and track progress for JOCs

FinThrive

Adapted: "The State of Denials" - Advisory Board 34

34

AI and RCM Applications

35

The Opportunity

Turning Complexity into Clarity with Actionable Insights

Understand the Why

Maximize reimbursements by **uncovering patterns** in denials and underpayments

See What Matters

Applied business logic reduces the noise, keeping teams focused on real denials and underpayments

Know What to Do Next

Predict and prevent revenue loss before it happens again

FinThrive

36

36

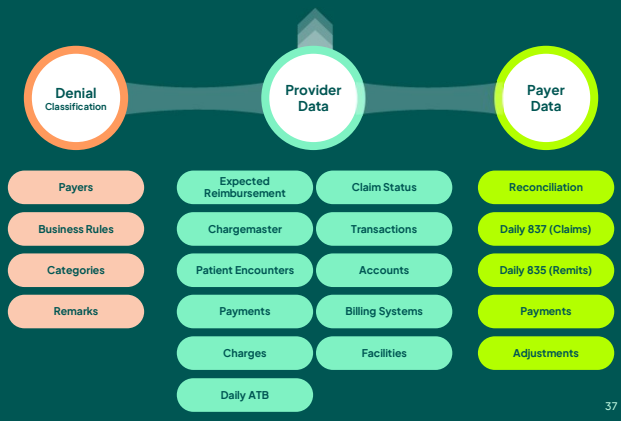
Use a broad data set

combined with analytics and AI to recover up to 20% more than traditional solutions

Proven ROI

Significantly enhances recoveries – **up to 20% higher** than traditional solutions. In areas such as appeals, recoveries can be **as high as 40% for specific denials**

Denial and Underpayment Analytics



37

37

FinThrive
Intelligent Revenue Management

FinThrive Fusion

38

38

FinThrive

Intelligent Revenue Management

RCM Solution Suite

Patient Experience

- Insurance Verification
- Payer Engagement
- Patient Clearance
- Patient Payments
- Insurance Discover
- Price Transparency
- Authorization Manager
- Digital Scheduler
- Order Manager
- Virtual Intake

Revenue Integrity

- CDM Manager
- Revenue Capture

Revenue Optimization

- Claims Manager
- Contract Manager
- Denials & Underpayments Manager
- Insurance Discover
- A/R Optimizer
- Revenue Opportunity Manager
- Cost Reports Manager

Content

- Knowledge Source
- Learn

FinThrive Analyze | Insights Hub | Solution Analyzers | Data Hub

AI • Automation • Intelligent Agents
(AI-Driven Efficiency & Optimization)

Unified Data Exchange • Data Lake
(RCM Data Fabric)

FinThrive Fusion

39

39

Data Driven Insights

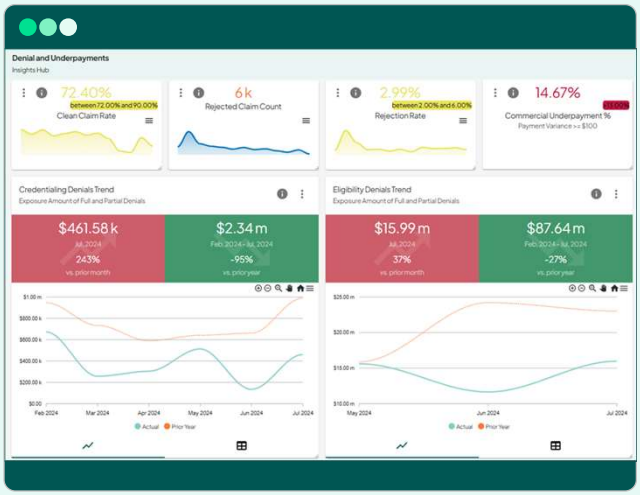
Imagine if you knew exactly what to do next

A configurable command center delivers clarity and control

Dashboards can be quickly built to align with role, focus areas, and priorities—no coding or report requests are needed

Instead of sifting through data, guided insights highlight what matters most—enabling teams to see what to pay attention to, and what to do next

Built with RCM operators in mind—rev cycle leaders, finance directors and operational teams who need clarity fast



FinThrive

40

40

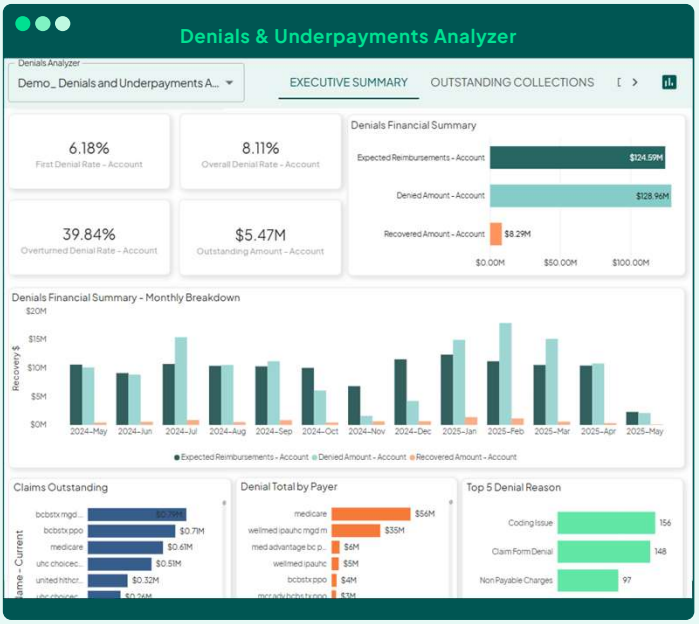
Data-Driven Revenue Recovery

Data to Predict Denials & Underpayments

- Surface denial and underpayment trends
- Breakdown by payer and reasons
- Line-level detail is key, not just at claim level
- Drill into the "why" behind each
- Identify strategies and teams to mitigate

Data drives Denial & Underpayment Appeals

- Identify and track appeal strategies and monitor success/failure
- Automate where it counts most—high-volume or high-value tasks.
- Appeal in bulk where possible



41

Delivering Out-of-the-Box Intelligent Automation

- Working denials requesting medical records
- Pre-bill charge write-offs
- Loading fee schedules
- Medicaid remit data extraction
- Eligibility research
- False Variance correction due to incorrect plan code
- Collections/Denials Management automation

- Credit backlog cleanup
- Auth submission/tracking
- Government eligibility denial elimination
- Missing ICN/DCN claim edit / hold
- Secondary claim COB billing edits
- Other billing edits (essentially bridge routines that can look at other systems and make decisions)

- Work patient account system work queues
- Notice of admission
- Late charge validation pre-bill
- Medical records for workers compensation
- Charge reconciliation to dept systems
- Notes Posting
- Cash/Adjustment posting

	ICN/DCN Bot	Remit Posting Bot	Late Charge Management Bot	Credit Reconciliation Bot
AVG LABOR SAVINGS	4 FTEs ($187K)	18 FTEs ($748K)	3 FTEs ($119K)	7 FTEs ($331K)
ROI	839%	420%	401%	1200%

42

42

Generative AI Applications in RCM

Automated Coding and Billing

- Accelerates the billing cycle, leading to faster reimbursements
- Tools leveraging Natural Language Processing (NLP) interpret complex claims
- Coded correctly from the outset, thereby minimizing the risk of denials

Predictive Analytics for Denial Management

- Analytics tools analyze historical data to forecast potential claim denials
- Tools provide actionable insights that allow healthcare organizations to proactively address issues

Patient Financial Experience

- Personalized communication enhance patient engagement
- Provide patients with real-time information on their financial obligations, available payment plans, and insurance coverage

Revenue Cycle Optimization Platforms

- Integrate seamlessly with existing RCM systems
- Optimize workflows from patient registration to final payment
- Utilize machine learning algorithms to identify inefficiencies, recommend process improvements, and automate routine tasks
- Affords focus on complex issues that require human intervention

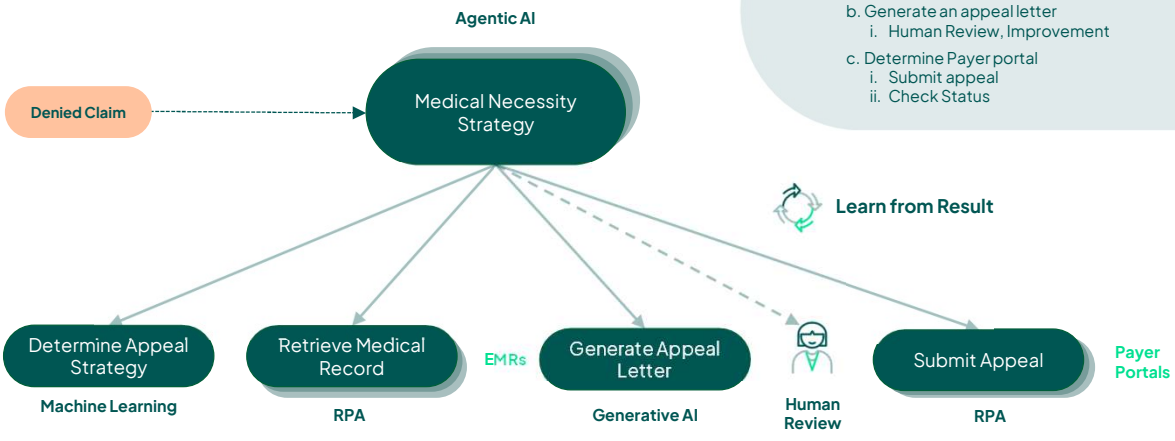
https://www.linkedin.com/pulse/genai-transformation-revenue-cycle-management-2024-best-ben-carroll-pnfme/ 43

43

Intelligent Appeals

Agentic AI uses data, tools and connections to make data-driven decisions and to execute tasks in a workflow.

1. **Determine appeal strategy**
2. **Execute strategy's workflow**
   a. Retrieve Medical Record from EMR/EHR
   b. Generate an appeal letter
      i. Human Review, Improvement
   c. Determine Payer portal
      i. Submit appeal
      ii. Check Status



44

44

Payer/Provider Contract Autoloading

- Quickly apply contract details to estimate expected reimbursement using current contract details
- Keep Payer Policy documents up-to-date for accurate prior authorization requirements and claim edits

Leverage machine learning and AI to manage payer contract updates and provisional changes in a more efficient manner

45

Examples of Deployed AI

Key Solutions	Integration	Key Benefits
Prior Auth	• Payer bulletins and coverage rules to EMR via EDI/API	• Rapid deployment, proven precision, higher productivity
Cash Flow Forecast	• Accurate insights from claims inventory through analytics	• Actionable dashboard with trends and predictive cash flow
Continuous Eligibility/ Insurance Discovery	• Intelligent work que prioritization for maximized revenue	• Accounts worked faster, prioritizing high-yield claim touches to maximize revenue

46

Rethink Revenue Management

"The goal of automated RCM technology is not to replace human beings but **to lead them to skill up while helping organizations control RCM overhead even in times of expansion**... Organizations that have truly embraced this technology and are using it as a competitive advantage"

Dustin Cragun, Vice President of RCM technology, KLAS Research

1. Get analytical

Critical to have technical capability and capacity for the advanced analytics to drive data-driven decisioning

2. Employ Automated technologies

AI and RPA technologies which automate simple, stagnant tasks can create capacity for complex patient-facing issues. RCM demands a unified approach to respond in real time to changes from patients and payers

3. RCM is ripe for dynamic automation

A myriad of vendors has forces a "frankencycle", fragmented view, leading to disparate outcomes. Consolidating to a partner that harnesses advanced technology in AI and Automation will separate performance.

FinThrive

https://www.beckershospitalreview.com/healthcare-information-technology/how-advanced-automation-technologies-can-help-solve-healthcare-s-most-significant-rcm-problems.html 47

47

FinThrive

Questions?

48

FinThrive

Thank you!

Karen Veselsky, CHAM
Vice President, Revenue Cycle
Karen.Veselsky@umchealthsystem.com

Jonathan G Wiik, MHA MBA FHFMA
Vice President, Healthcare Insights
970.301.1960
jonathan.wiik@finthrive.com

49