



BUSINESS PROBLEM

Healthcare providers face persistent inefficiencies in the revenue cycle, disrupting cash flow and increasing administrative workloads.

Complex payer contracts, coding errors, and issues in the claim submission process create significant barriers to securing timely reimbursements.

Current control methods are outdated and costly, relying on manual reviews that cause reimbursement delays and critically impact the financial health of healthcare providers.



OUR SOLUTION

Through AI-first software, we help healthcare providers transform the way they address revenue cycle inefficiencies. This continuous auditing system will:

- **Identify:** Leverage AI insights to uncover trends in payer profiles, detect hidden patterns affecting the revenue lifecycle, and automate the creation and tracking of key performance indicators (KPIs). It will also integrate with data exchange standards such as EDI 837 and EDI 835.
- **Predict:** Deploy AI Advisory tools to determine where, what, and when to focus efforts on denials prevention, leveraging a learning process to understand and anticipate payer behaviours and approval rates.
- **Manage and Prevent:** Create automated actions for managing and preventing issues, including real-time alerts and contextual actions. Content generation and AI advisory recommendations will be utilized to streamline processes and enhance decision-making.



Added Value: This solution provides healthcare providers with an agile, AI-driven workflow that reduces the time and cost associated with managing claim denials. By offering a more predictive and proactive management system, it secures the financial stability of healthcare providers by minimizing delays and reducing the rate of denied claims.

Target Markets: designed for healthcare providers who manage a high volume of claims and seek to improve their financial operations through advanced AI technology.