



WHITE PAPER

Modern RCM Moves That Drive Meaningful Results



The Revenue Pressure Is Real and Growing

Today's healthcare landscape isn't just complex – it's constantly shifting. Payers are tightening reimbursement, denials are surging, and more financial responsibility is falling on patients who are already overwhelmed. It's no wonder 40% of healthcare leaders say denials are their biggest challenge,¹ followed closely by patient payments and front-end bottlenecks.

What's making recovery so hard?

- It's not just one issue; it's the ripple effect across every stage of the revenue cycle.
- When intake processes are clunky, coverage goes unchecked.
- When claims workflows are scattered, denials pile up.
- When patients don't understand their bills, payments stall out.

And it all adds up to lost revenue.

But here's the good news: Recovery is possible – when your systems talk to each other, your team can act fast, and your patients can focus more on their care plan than worrying about healthcare expenses. From verifying demographics to managing denials and simplifying patient payments, small changes can make a big impact.

This paper breaks down how to modernize each phase of the revenue cycle to drive real financial results and stay resilient, no matter what comes next.

1. "Optimizing Revenue Cycle Efficiency Through Denials Management," The Health Management Academy, July, 10, 2024, <https://hmacademy.com/insights/all-access/payer-strategy/optimizing-revenue-cycle-efficiency-through-denials-management>

Where Revenue Recovery Actually Happens

Recovery isn't a single fix, it's a full-cycle strategy. From the first patient interaction to final payment, every step holds opportunities to plug leaks and reclaim lost revenue. Here's how leading providers are strengthening each phase of the cycle.

Front-end: Clean intake, clean revenue

The front-end sets the tone for everything that follows. Bad data at registration can lead to denied claims, delayed payments, and frustrated patients. Clean intake, powered by automation and real-time verification, prevents those issues from happening.

Strategies that work:

- Verify demographics and insurance instantly to reduce denials.
- Automate eligibility checks to avoid surprise billing and coverage gaps.
- Integrate workflows so revenue management staff can work smarter, not harder.



33% of leading healthcare systems have a current **healthcare denial rate of 13% or more.**¹

Back-end: Fix denials at the source

Denied claims are the top challenge for most providers, and for good reason: they're expensive, time-consuming, and preventable. But with the right tools, you can pinpoint issues fast, streamline corrections, and see the full picture of your claim's lifecycle.

Strategies that work:

- Use real-time analytics to spot trends and root causes.
- Automate claim edits and resubmissions.
- Consolidate claims management in one solution to eliminate silos.



On average, Inovalon's RCM Intelligence™ customers see a **21% improvement in cash flow.**²

2. Inovalon internal reporting, average of customer results. May 2025.

Patient responsibility: Meet patients where they are

Patients are now the third-largest payer. But traditional billing methods – mailed statements, confusing balances, zero transparency – don't cut it anymore. To collect more, healthcare organizations need to make paying easy, digital, and understandable.

Strategies that work:

- Offer text-to-pay and mobile-friendly billing.
- Use personalized estimates to set expectations up front.
- Customize statement formats to match your brand and simplify communication.

How to Choose the Right RCM Vendor

You've seen what it takes to build a stronger more resilient revenue cycle. Now the question is – do you have the right tools to bring these strategies to life?

If you're juggling disconnected systems, relying on manual processes, or struggling to see real time performance, it's time for something different. Modern revenue recovery requires more than a patchwork of solutions; it takes a unified approach that connects the entire cycle, from the front-end to final payment.

Questions to ask yourself:

- Are we still chasing denials manually?
- Do our front-end and back-end teams work from the same data?
- Can we track performance in real time, or are we always looking backward?
- Is our vendor helping us innovate or just maintaining the status quo?

On the front-end, [Inovalon's Registration Workflow™](#) eliminates common errors before they happen, instantly verifying demographics and insurance to prevent costly denials and delays.

On the back-end, [Inovalon's Claims Management Pro™](#) keeps revenue flowing by ensuring every claim is clean, compliant, and submitted on time. It flags issues before payers reject them, accelerating reimbursements and reducing rework. Together, these tools form a powerful, connected RCM infrastructure so providers can stop chasing revenue and start controlling it.

Look for solutions that cover the full revenue cycle, integrate seamlessly with your existing systems, deliver robust analytics and automation, and adapt to the way your teams work. When your revenue systems work together, so does your entire organization.

Ready to Recover More Revenue?

Let's Show You How

See how Inovalon helps hospitals and health systems simplify the revenue cycle from front-end intake to final payment.

Discover what simplified workflows, smarter automation, and real-time insights can do for your bottom line.

[Request A Demo](#)



About us

Inovalon is a leading provider of cloud-based SaaS solutions empowering data-driven healthcare. The Inovalon ONE® Platform brings together national-scale connectivity, real-time primary source data access, and advanced analytics into a sophisticated cloud-based platform empowering improved outcomes and economics across the healthcare ecosystem. The company's analytics and capabilities are used by 50,000 active, licensed customers.

Inovalon
4321 Collington Road
Bowie, MD 20716
(301) 809-4000

www.inovalon.com