



Virtual Sessions

C-Suite Perspectives on the Mid-Revenue Cycle: New Insights from 80 Health System Leaders

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Featuring:

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Introductions



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Today's topics



The strategic imperative of mid-revenue cycle

Despite mid-revenue cycle management being a C-suite priority, most health systems lack visibility into the true cost of inefficiencies, making it hard to quantify the problem and undermining even the strongest improvement efforts.



Market landscape and intrasystem dynamics

Only 4% of systems are primarily proactive (with 14% leaning proactive), yet most aim to shift upstream within three years—highlighting a major gap between current state and future ambition that defines this research.



Building a collaborative foundation to deploy AI

Systems investing in mid-cycle AI show far stronger CDI alignment and shared accountability than non-investors, underscoring that executive urgency without foundational infrastructure doesn't drive successful deployment.

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How would you describe your organization's visibility into mid-revenue cycle inefficiencies and their financial impact?

MRCM inefficiency opaqueness undermines strategic improvements

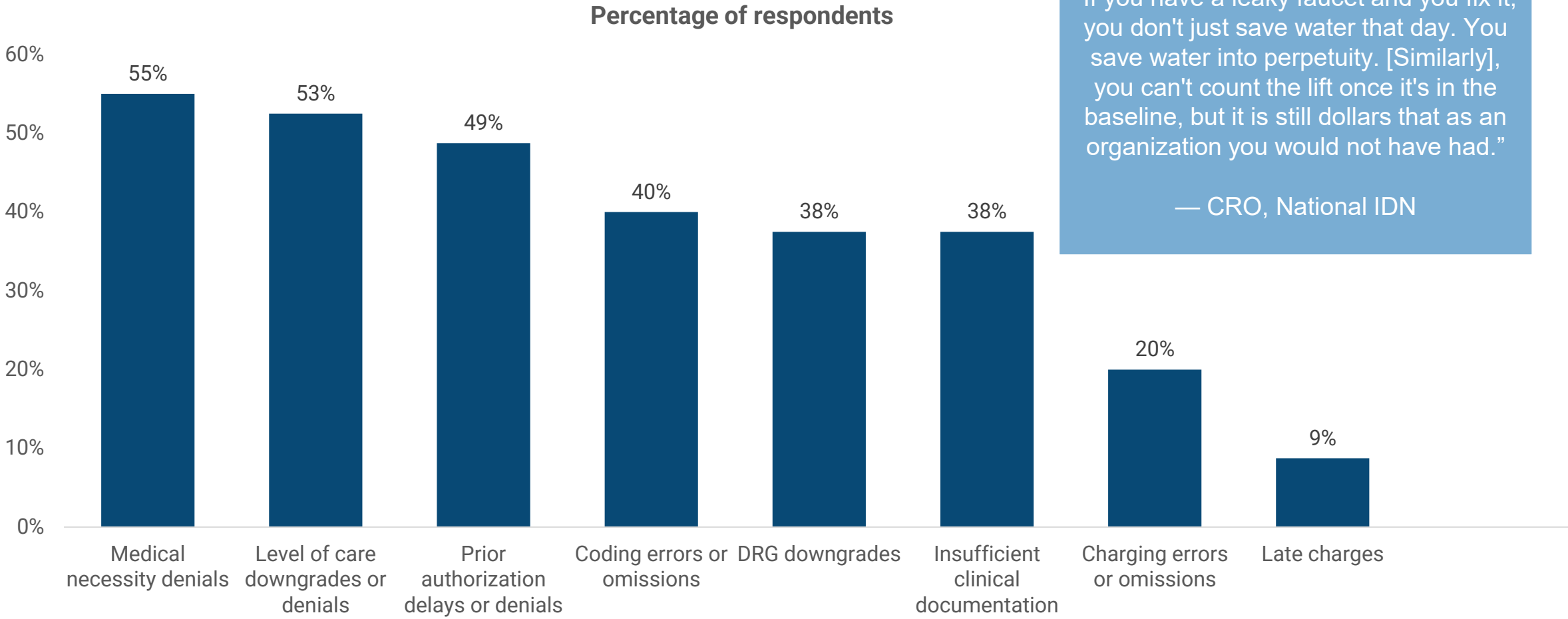
- **Most systems (72%)** still cannot systematically quantify mid-cycle inefficiency costs despite MRCM being a C-suite priority.
- Inability to accurately assess the extent of operational costs leads to addressing **reactive symptoms** rather than **systemic root causes**.
- **58%** of organizations prefer to scale MRCM capabilities through a hybrid approach of AI tools and outsourced expert support.
- **44%** of systems are in piloting AI in MRCM and 30% are actively investing at scale.

What is driving AI MRCM investment?

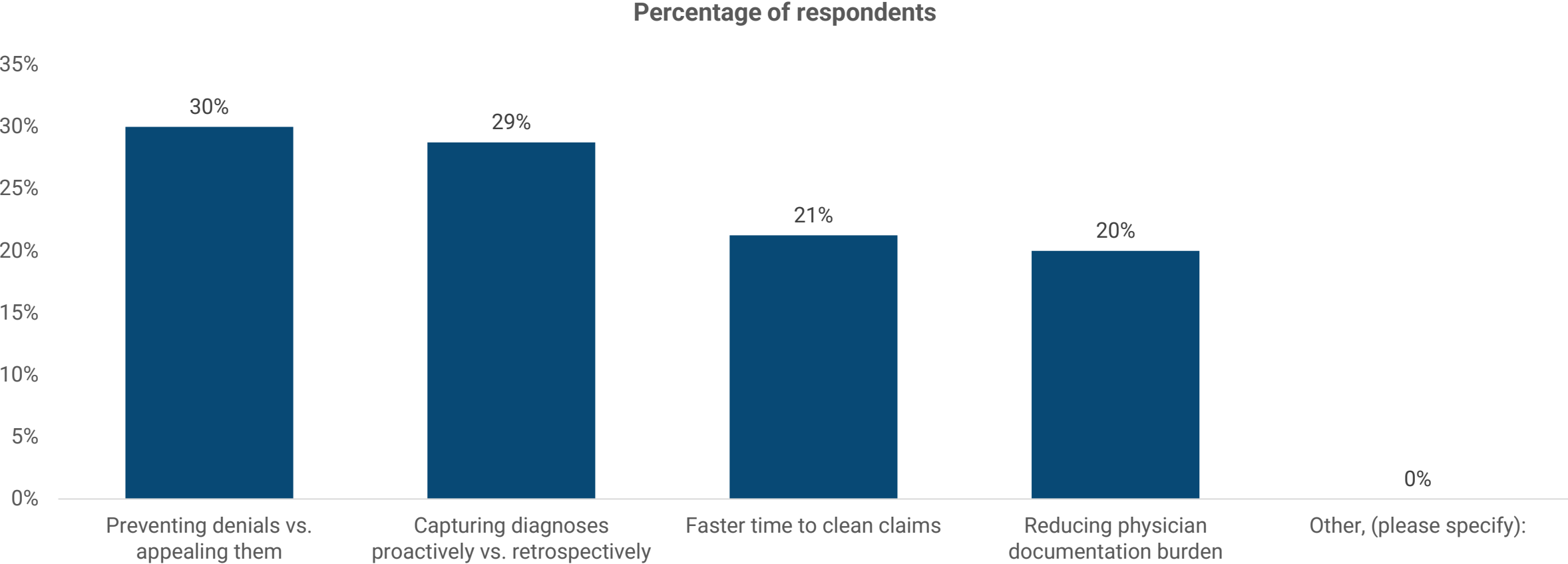
- 1) Increasing denial complexity – **70%**
- 2) Pressure to improve cash flow – **68%**
- 3) Payer AI adoption – **58%**

Which areas of mid-revenue cycle management (MRCM) represent the most significant revenue threat to your organization?

"If you have a leaky faucet and you fix it, you don't just save water that day. You save water into perpetuity. [Similarly], you can't count the lift once it's in the baseline, but it is still dollars that as an organization you would not have had."
— CRO, National IDN



What is your primary value driver of embedded CDI intelligence in real-time documentation?



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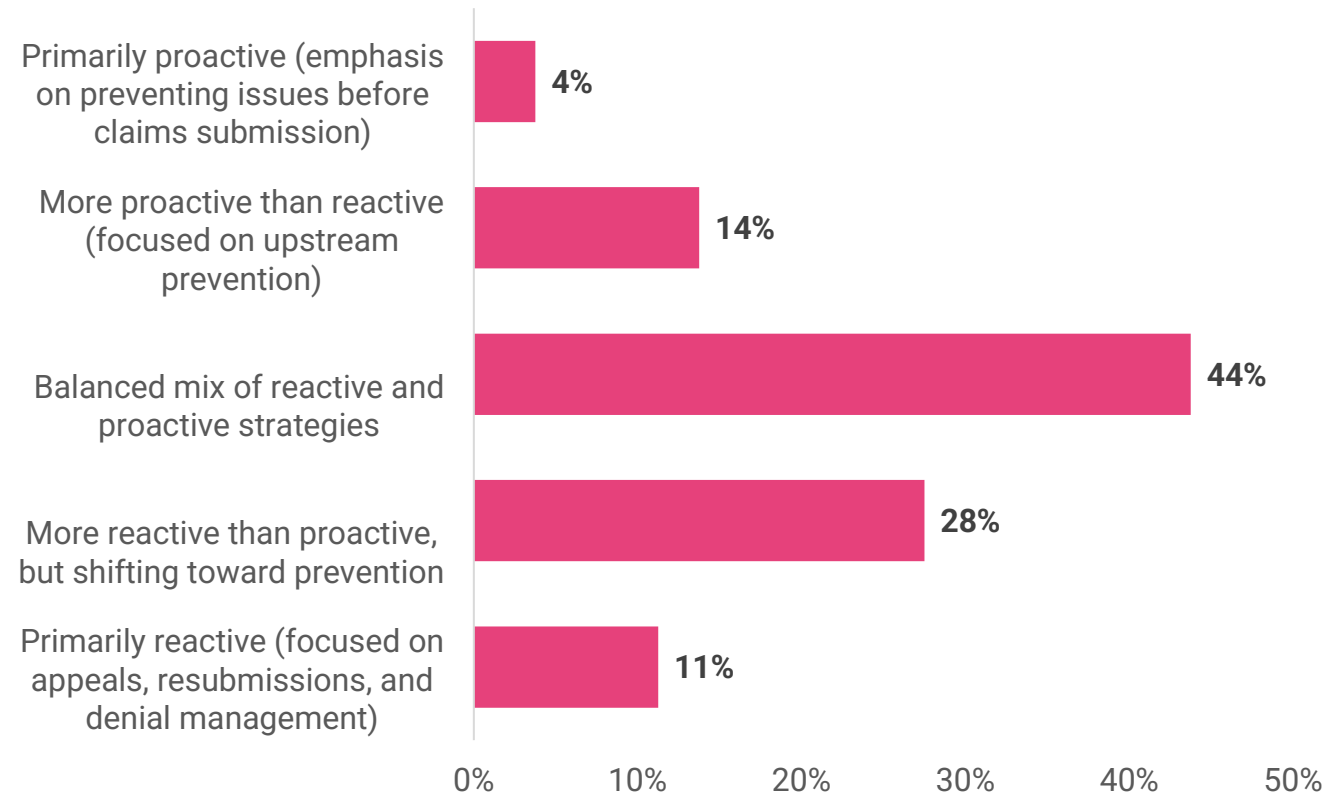
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**Where is your organization today
— and where are you aiming to
be — in managing mid-revenue
cycle performance?**

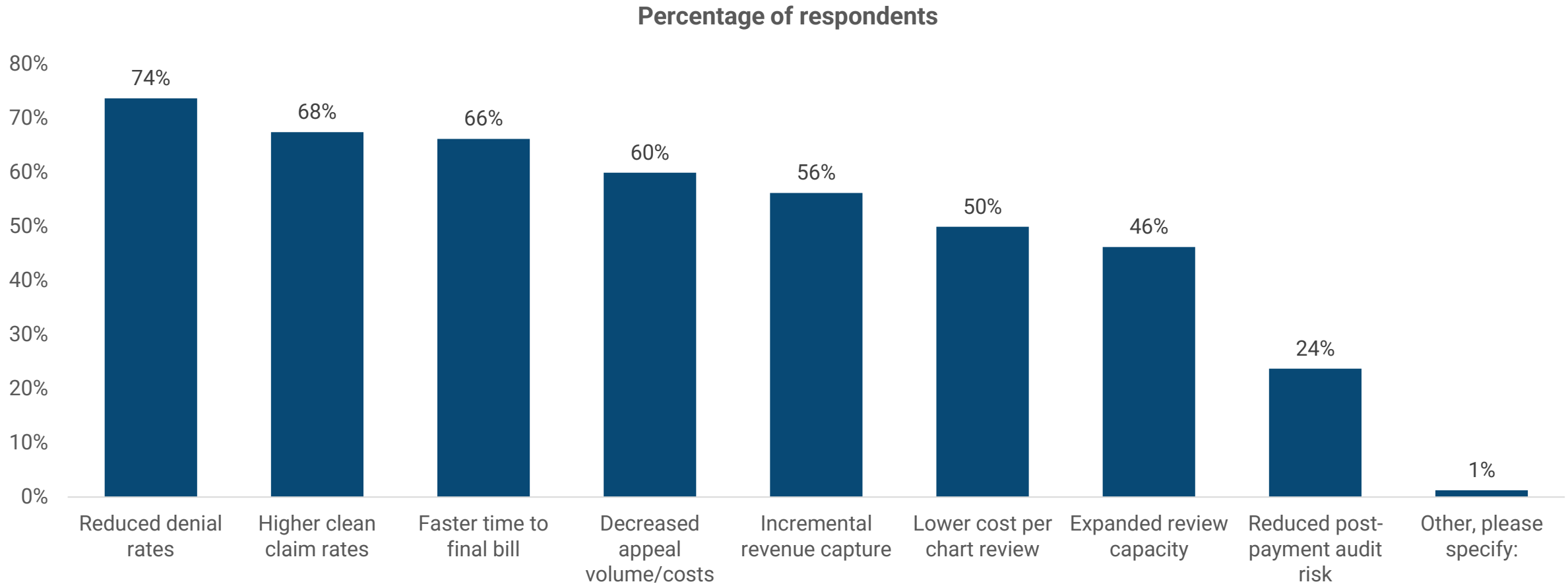
Accelerated payer AI adoption necessitates an upstream MRCM strategy

How does your organization currently approach its mid-revenue cycle management (MRCM)?

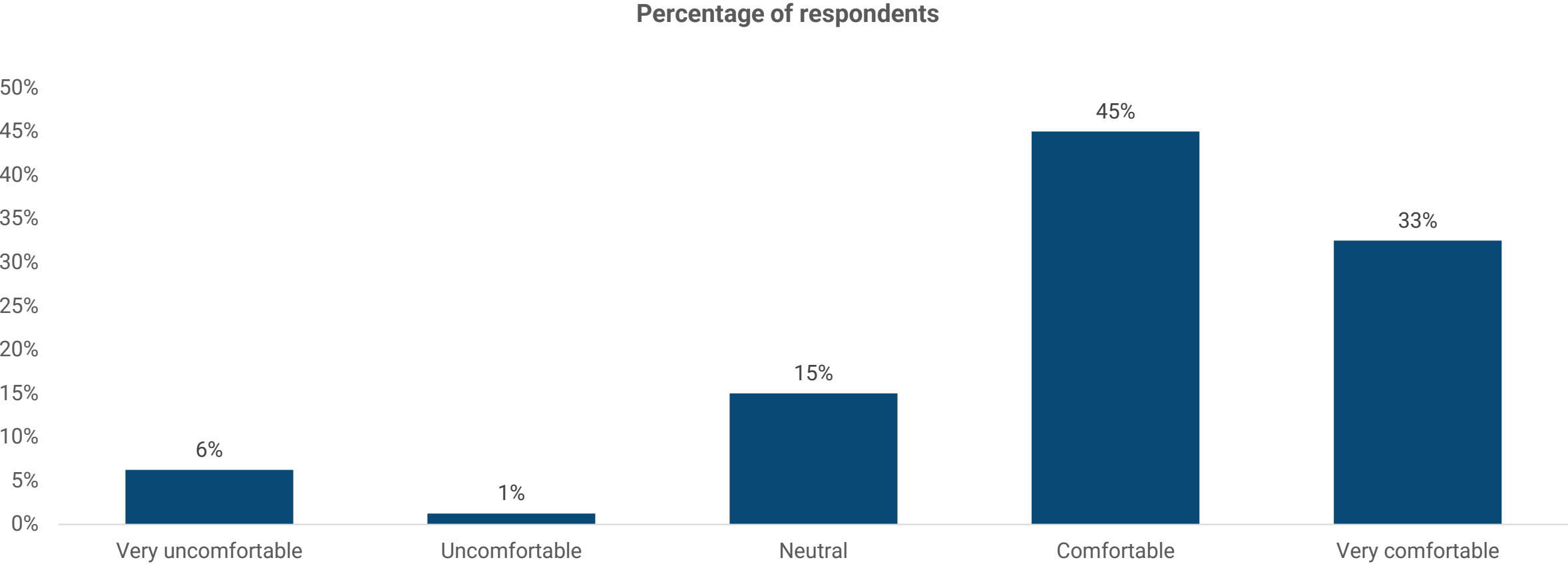


- The **top three** areas of MRCM that pose a significant revenue threat all refer to denials and clinical judgement disputes.
- Only 4% of respondents indicated the use of a proactive approach to mitigate denials pressure.
- With payer adoption of AI, and the subsequent increase in denials, this presents an operational necessity.

Where do you see the most opportunity for AI MRCM tools to have a positive impact on revenue cycle outcomes?



How comfortable are you with leveraging AI MRCM tools in your health system?



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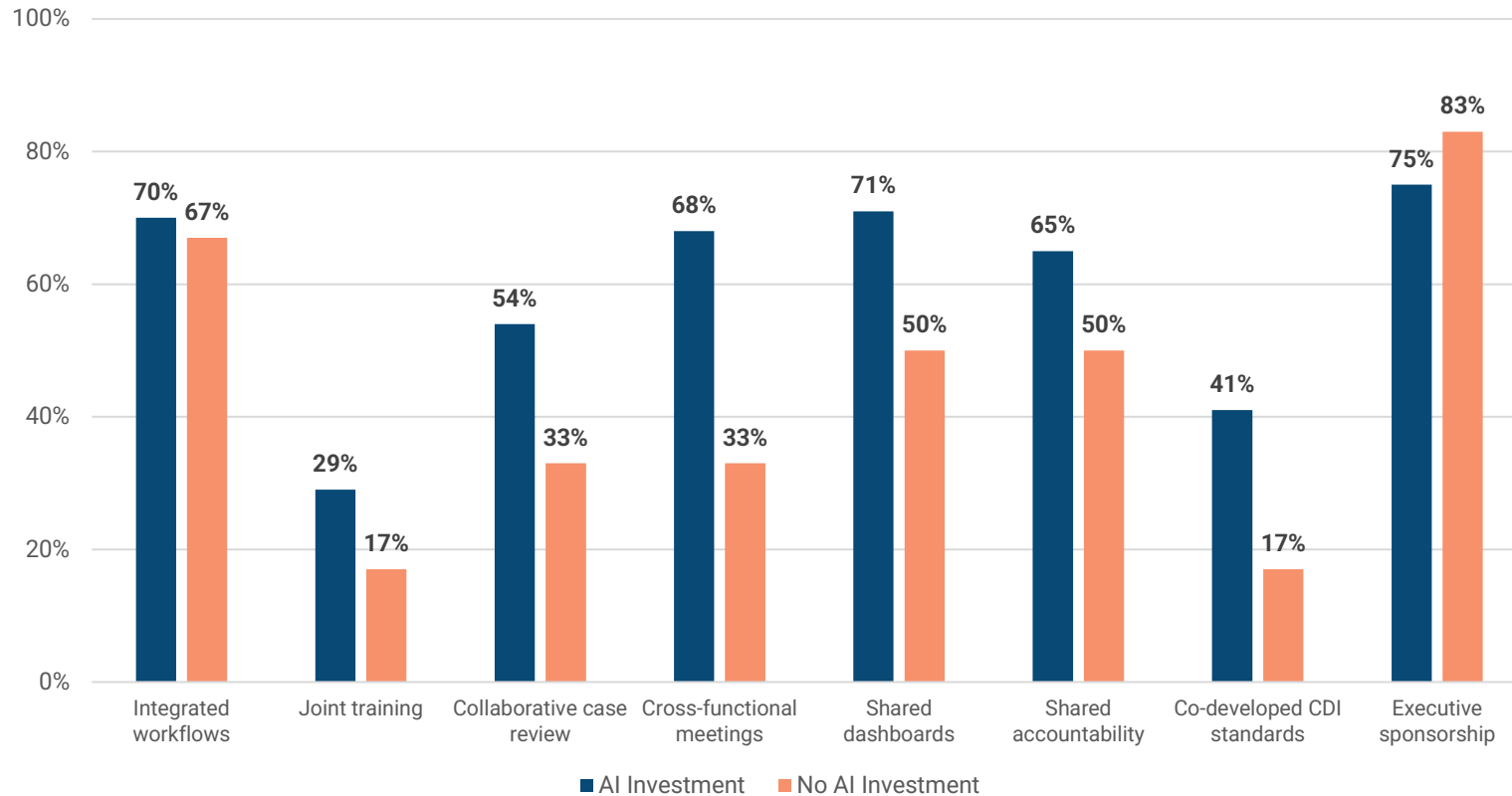
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What is the biggest barrier to advancing mid-revenue cycle transformation or AI adoption at your organization?

A collaboration-forward CDI foundation predicates successful AI deployment

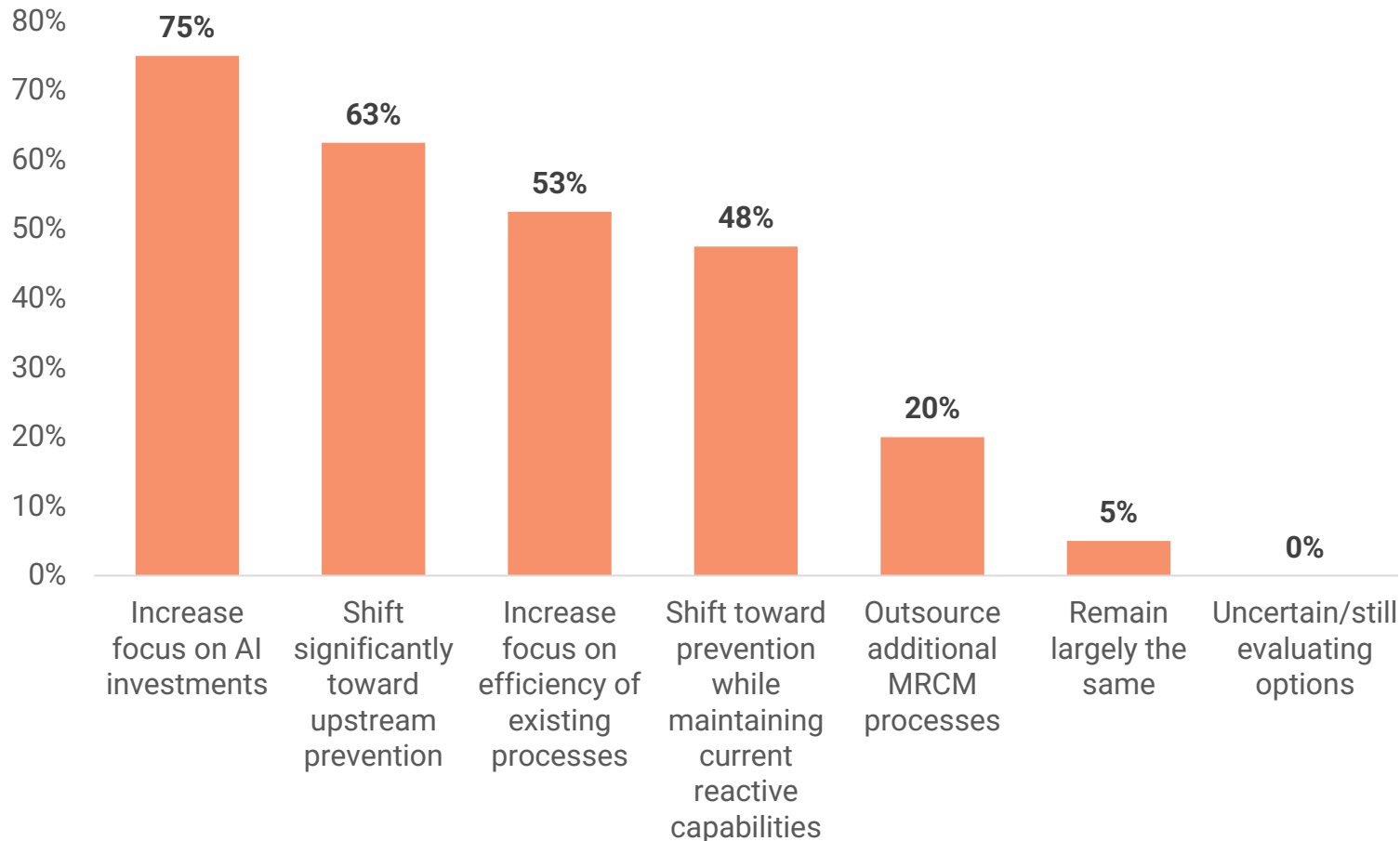
How are clinical and revenue-cycle teams currently aligned to improve MRCM performance?



- **83%** of non-AI-investing systems report executive sponsorship yet that top-down support isn't converting into operational coordination.
- AI-investing systems are **2x** more likely to hold cross-functional meetings (68% vs. 33%) and collaborative case reviews (54% vs. 33%).

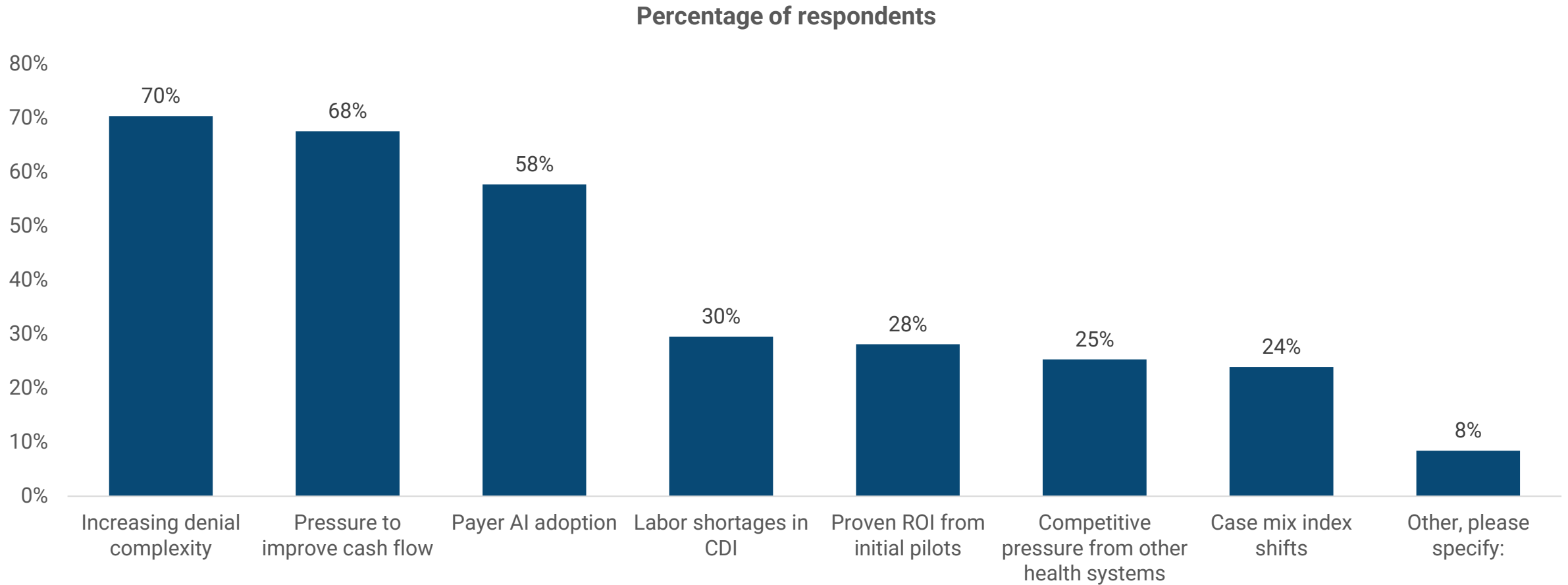
The right AI unlocks upstream intervention and long-term utility

Over the next 3 years, how do you expect your MRCM strategy to evolve?

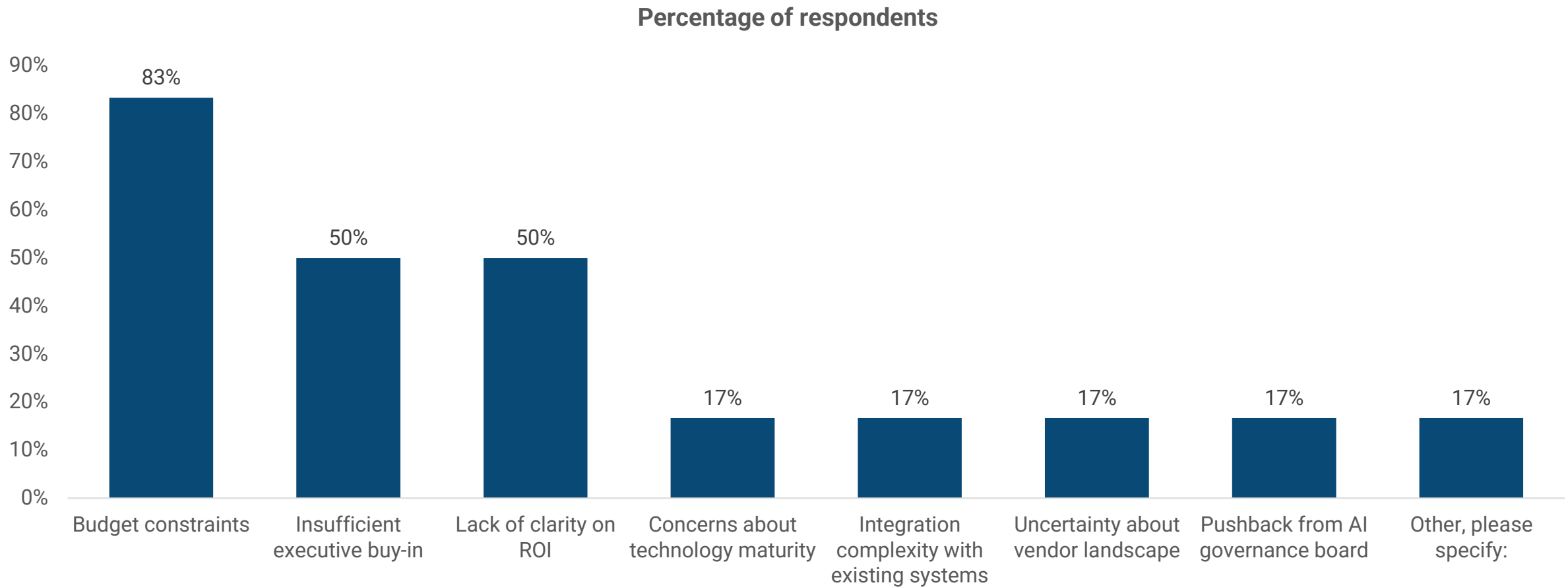


- **75%** said that over the next 3 years they would expect their MRCM strategy to have an increased focus on AI investments and 63% said it would shift significantly toward upstream prevention.
- **92%** of respondents have high affinity for real-time, embedded CDI over traditional post-discharge review.
- **73%** cited denial rate as their primary justification for investment in AI MRCM solutions.

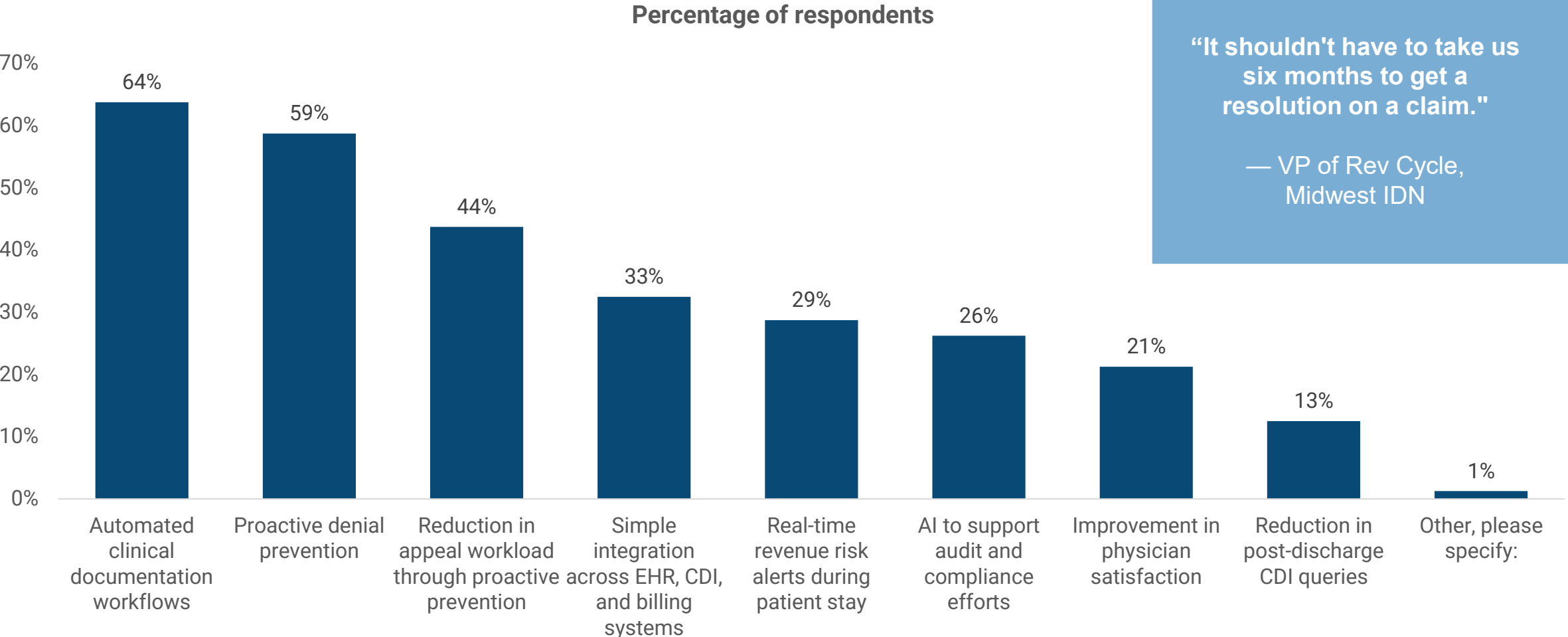
What factors are driving your AI MRCM investment?



What barriers are preventing AI MRCM investment?



What would a "breakthrough" solution in MRCM look like for your organization?



“It shouldn't have to take us six months to get a resolution on a claim.”
 — VP of Rev Cycle, Midwest IDN

Key takeaways



Visibility into MRCM

The rigor of MRCM performance tracking hasn't kept pace with strategy. Most organizations still can't systematically quantify mid-cycle inefficiency costs.



Proactivity vs reactivity

Upstream failures drive downstream losses, yet a majority of systems still maintain a reactive posture. Key threats, like medical necessity denials and prior auth breakdowns, start before discharge.



Shared accountability

Shared accountability is more than just shared dashboards. Those who restructure clinical-RCM incentives around joint outcomes and mutual definitions instill a culture of collaboration not achieved by joint reporting alone.



Long-term ROI

Leading organizations are asking a different question to assess AI ROI: what long-term utility does this generate as our workforce and our payer environment keep changing?