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The CFO playbook for revenue cycle performance

A practical guide to protecting margin in a volatile healthcare economy

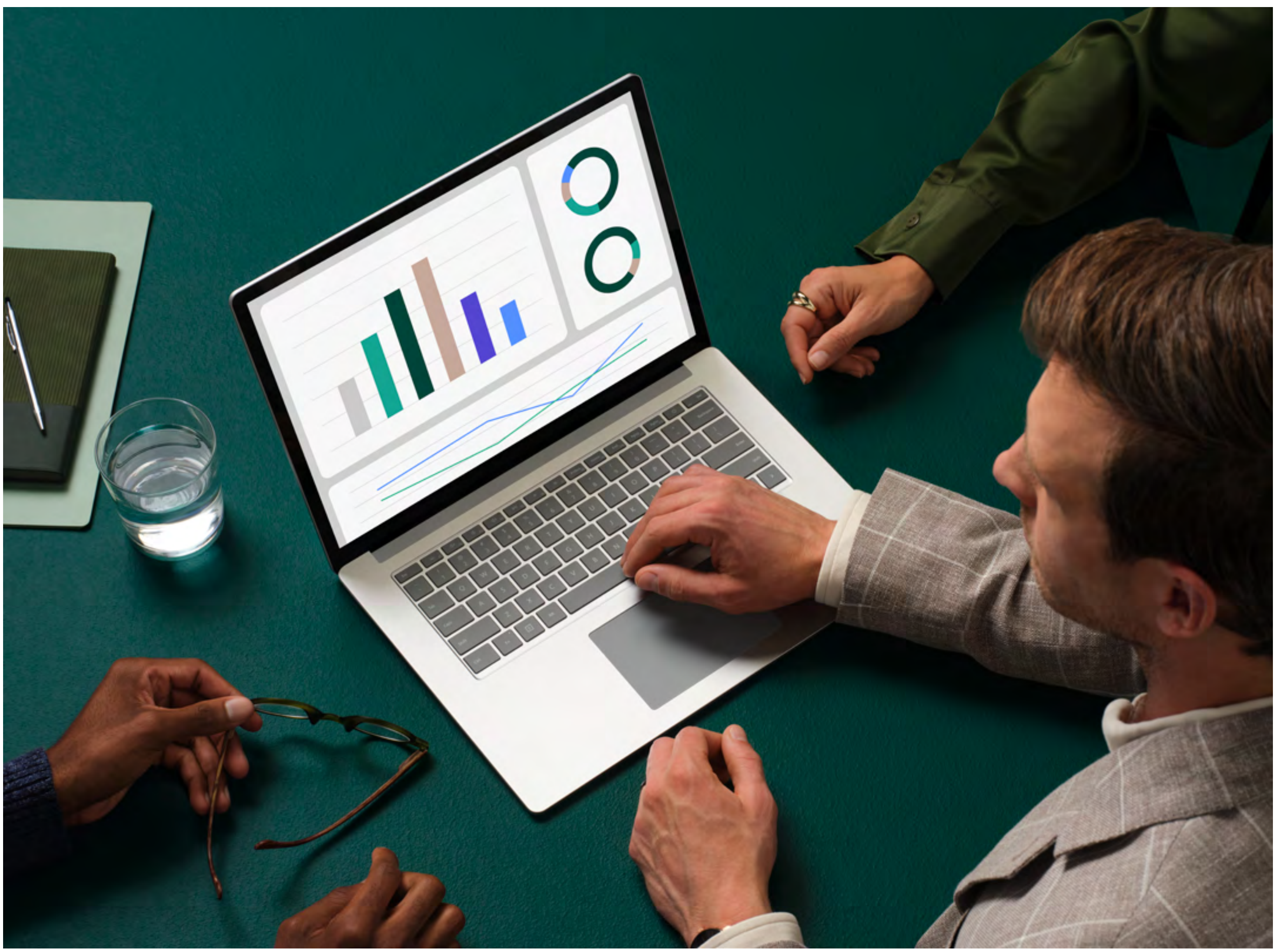
The margin reality facing healthcare CFOs

Hospital and health system CFOs are operating in a high-risk financial environment, experiencing:

- Persistent labor shortages, inefficiencies and wage inflation
- Escalating denial rates and payer scrutiny
- Documentation variability that affects revenue and quality metrics
- Growing regulatory complexity
- Capital constraints limiting large system overhauls

At the same time, expectations have not changed. Boards still expect predictable, stable margins, communities still expect access and clinicians still expect support.

The revenue cycle has become one of the fastest, most direct levers for meaningful financial improvement. But incremental fixes are no longer enough. CFOs need systemic performance improvement across the entire revenue cycle, from documentation through final reimbursement.



Have you invested in a complete revenue cycle platform? Or are gaps still putting margin at risk?

Many health systems have modernized parts of the revenue cycle. But when investments are made in isolated point solutions, or in one function without another, gaps can still emerge across workflows. For example, organizations may invest in:

- Coding automation without integrated CDI
- Audit tools that don't feed back into documentation improvement
- Denials management without upstream prevention
- Prior authorization solutions disconnected from clinical and coding workflows

These investments can create gaps such as:

- Limited shared visibility between front-end clinical care and back-end revenue processes
- CDI, coding and quality teams that operate in parallel rather than together
- Coding and audit functions that are not fully aligned
- Audit insights that fail to inform future documentation
- Denials that are addressed reactively, long after discharge
- Manual or disconnected prior-authorization workflows

This can create:

- Revenue leakage
- Rework and preventable denials
- Delays in cash
- High cost to collect
- Staff burnout and turnover

Point solutions add complexity. Additional FTEs increase cost. Retrospective fixes do not prevent future loss. What CFOs need now is coordinated intelligence across the revenue cycle.

The case for an integrated, ‘human-in-the-loop’ AI platform

AI alone is not the answer. Automation without clinical context can create compliance risk and operational friction. A human-in-the-loop AI platform combines:

- Advanced, deep learning and neural network AI models
- Workflow-embedded intelligence
- Real-time data analysis
- Coding and compliance oversight
- Clinical expertise that trains AI
- Continuous feedback loops with transparency

This approach ensures that AI automates where confident and supports decision making without replacing professional judgment.

For CFOs, this can mean:

- Scalable productivity without sacrificing compliance
- Earlier identification of financial opportunities and risk
- Stronger alignment between clinical and financial teams
- Sustainable performance improvement

Integration is what transforms isolated improvements into measurable enterprise impact.

Stabilizing revenue at the source

Revenue performance begins with clinical documentation. Incomplete or inconsistent documentation can lead to:

- Under coding
- Quality score degradation
- Increased audit vulnerability
- Downstream denials

An integrated platform embeds intelligence directly into CDI workflows, helping teams:

- Identify documentation opportunities in real time
- Prioritize cases with the highest financial and quality impact
- Ensure accurate capture of risk adjustment factors
- Improve productivity and relieve administrative burden

For CFOs, this can translate to:

- More accurate reimbursement
- Improved case mix index
- Stronger quality performance
- Reduced need for retrospective correction

When documentation is right, everything downstream improves. See how upstream documentation improvement has driven results.

Improving coding accuracy and productivity

Coding remains one of the largest operational cost centers within the revenue cycle. It brings about many challenges, including complex and ever-changing coding guidelines, volume variability, talent shortages and inefficiencies and backlogs that delay billing.

Human-in-the-loop AI can enhance coding teams by:

- Pre analyzing encounters and fully automating confident ones
- Surfacing suggested codes with alerts and explainers for those that fall behind a threshold
- Flagging missing or conflicting documentation
- Prioritizing high-risk or high-value cases
- Having a robust reporting system that lets administrators identify areas of improvement

Coding teams remain in control while AI automates where confident, and accelerates review where needed, reducing cognitive burden.

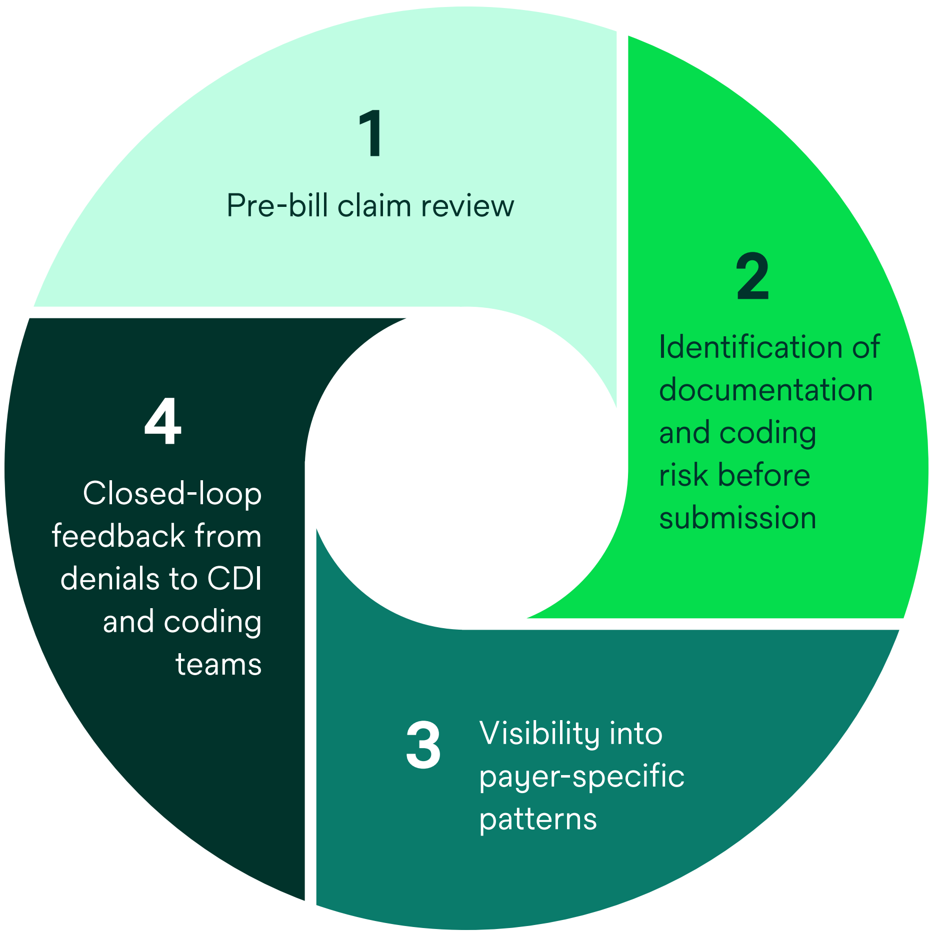
This can financially impact CFOs, offering:

- Lower cost to collect
- Reduced discharged not final billed (DNFB)
- Mitigated audit risk with standard coding practices
- Faster time to bill

Productivity gains without adding headcount protect margin in an inflationary labor market. See how one health system achieved these results by modernizing coding workflows.

Moving from reactive to proactive denials management

Denials are no longer an exception. They are a systemic pressure point. Traditional approaches focus on appeal after the fact. That model is expensive and inefficient. An integrated revenue cycle platform can enable:



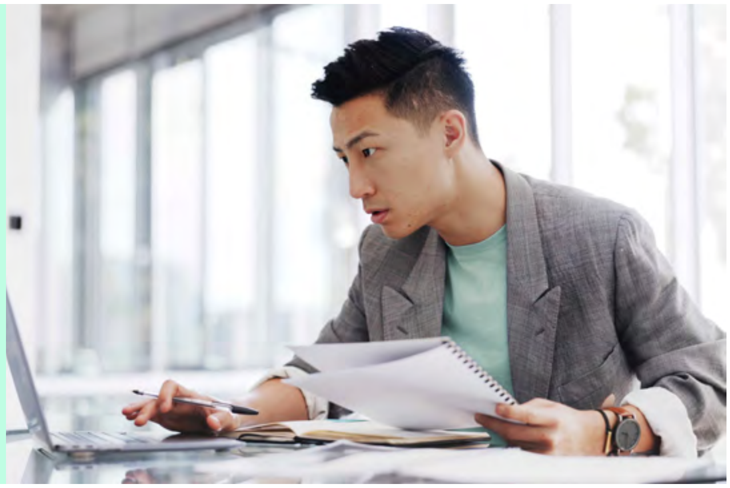
This shifts the organization from denial management to denial prevention.

For CFOs, this can impact:

- Lower initial denial rates
- Reduced appeal costs
- Improved cash predictability
- Stronger payer negotiation positioning

Preventing a denial is far less costly than overturning one.

Controlling cost to collect



Cost discipline remains just as important as revenue growth. Fragmented workflows create duplication of effort, such as:

- Manual chart reviews
- Rework between departments
- Redundant quality checks
- Siloed reporting systems

An integrated AI-enabled platform can reduce administrative friction by:

- Sharing intelligence across CDI, quality, coding, audit and revenue integrity
- Automating low-risk validations
- Routing high-risk cases to the right expert
- Providing unified reporting for leadership

For finance leaders, this can mean:

- Lower cost to collect
- More efficient use of clinical expertise
- Reduced reliance on contract labor
- Better forecasting through consistent performance data

Operational efficiency directly supports operating margin. Explore real results from autonomous coding.

A CFO framework for revenue cycle transformation

Revenue cycle transformation does not require a full system replacement. It requires strategic alignment around three priorities:

1. **Preventing leakage early:** Focus upstream on documentation and coding accuracy *before* claims leave the organization.
2. **Embedding intelligence into workflow:** Support teams with AI that enhances productivity and highlights financial risk and opportunity in real time.
3. **Aligning clinical and financial performance:** Ensure quality metrics, compliance standards and reimbursement accuracy move in the same direction.

An integrated human-in-the-loop AI platform supports this framework by connecting:

- CDI and quality
- Coding automation and review
- Audit and compliance oversight
- Pre-bill revenue integrity
- Denials prevention

The result is not just improved revenue integrity. It is stronger, more predictable financial performance across the entire revenue cycle.

Contact Solventum today

For more information on how our software and services can assist your organization, contact your Solventum sales representative, call us at 800-367-2447, or visit us online at **Solventum.com**.

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