

AMPLIFY

SEEING THE WHOLE PICTURE

Using RCM Surveillance to Identify Millions in Preventable Loss.

WAYZEN LIN

CEO, RevOps Health



Hi.



Wayzen Lin

CEO & Founder

RevOps Health, Inc.

Global Lead for AI & Machine Learning, Hitachi Ltd.
VP of Technology, Hitachi Vantara
AT&T/Lucent Bell Labs Research

Surveillance.

Reimbursement.



10%

Payment errors cause **silent** revenue loss

per year

A simple example

Scheduling Data

Clinical/Practice system

Patient: LUIS, MARIA LOPEZ
 MRN: 982735
 Gender: F
 DOB: 7/2/1948
 Service Date: 2/4/2020
 Services: 99214, 92134, J9035
 Diagnoses: E113313, H35033

Service performed

Insurance Claim Data

Clearinghouse/Practice system

Claim ID: 123456789
 Patient: LUIS, MARIA LOPEZ
 MRN: 982735
 Gender: F
 DOB: 7/2/1948
 Service Date: 2/4/2021
 Submit Date: 2/19/2020
 Diagnoses: E113313, H35033
 Payer 1: MEDICARE (01182)
 Payer 2: CIGNA (GENERAL) (PROF)

Service	Billed	Allowed	Paid
99214	234.00		
92134	106.00		
J9035	340.00		

Is duplicate?

Middle name moved

Insurance Remit Data

Clearinghouse/Practice system

Claim ID: 123456789
 Patient: LOPEZ LUIS, MARIA
 Service Date: 2/4/2020
 Adjudication Date: 3/12/2020
 Services: 99214, 92134, J9035
 Payer: MEDICARE (01182)
 Response: DENIAL
 Adjustment Codes: C0252

Missing middle name

Insurance Remit Data

Clearinghouse/Practice system

Claim ID:
 Patient: LUIS, MARIA
 Service Date: 2/4/2020
 Adjudication Date: 4/9/2020
 Check Date: 4/19/2020
 Payer: MEDICARE (01182)
 Adjustment Codes: C045, PR2, C0237

Service	Billed	Allowed	Paid
J9035	340.00	120.00	80.00

Missing middle name

Large time difference

Payment Data

Practice system

Claim ID:
 Patient: LUIS, MARY
 Service Date: 2/4/2020
 Adjudication Date: 4/27/2020
 Payer: MEDICARE (01182)
 Adjustment Codes:

Service	Billed	Allowed	Paid
J9035	340.00	120.00	80.00

Missing Claim ID

Nicknames

Payment Data

Practice system

Claim ID: 123456789
 Patient: LOPEZ LUIS, MARIA
 Service Date: 2/4/2020
 Adjudication Date: 4/27/2020
 Payer: GREATWEST
 Adjustment Codes:

Service	Billed	Allowed	Paid
99214	234.00	100.00	27.00
92134	106.00	50.00	8.00

Paper-only remits

Payer name mismatch, missing Payer ID

Why is paid < allowed?

Missing service?

Insurance Claim Data

Clearinghouse/Practice system

Claim ID: 123456798
 Patient: LUIS, MARIA LOPEZ
 MRN: 982735
 Gender: F
 DOB: 7/2/1948
 Service Date: 2/4/2020
 Submit Date: 3/13/2020
 Diagnoses: E113313, H35033
 Payer 1: MEDICARE (01182)
 Payer 2: CIGNA (GENERAL) (62308)

Service	Billed	Allowed	Paid
J9035	340.00		

Second claim for missing service?

Missing service?

Insurance Remit Data

Clearinghouse/Practice system

Claim ID: 123456789
 Patient: LUIS, MARIA
 Service Date: 2/4/2020
 Adjudication Date: 4/12/2020
 Payer: MEDICARE (01182)
 Adjustment Codes: C045, PR2, C0237

Service	Billed	Allowed	Paid
99214	234.00	100.00	70.00
92134	106.00	50.00	40.00

Is duplicate?

Why is paid < allowed?

Payment Data

Practice system

Claim ID:
 Patient: LUIS, MARIA
 Service Date: 2/4/2020
 Adjudication Date: 4/14/2020
 Payer: MEDICARE OF CA
 Adjustment Codes:

Service	Billed	Allowed	Paid
99214	234.00	120.00	70.00
92134	106.00	50.00	40.00

Missing Claim ID

Missing middle name

Finance discrepancies

Payer name mismatch, missing Payer ID

Payment Data

Practice system

Claim ID: 123456789
 Patient: LUIS LOPEZ, MARIA
 Service Date: 2/4/2020
 Adjudication Date: 6/2/2020
 Payer: PATIENT
 Adjustment Codes:

Service	Billed	Allowed	Paid
99214	234.00	100.00	15.00
92134	106.00	50.00	5.00
J9035	340.00	120.00	0.00

Patient payments

Concatenated, moved middle name

Why these amounts?

+ Search...



LAST YEAR ▾

Jan 1, 2022

to

Dec 31, 2022

Encounter Volume by Service Date *for selections*

60,190 encounters



Providers
21

Services
368

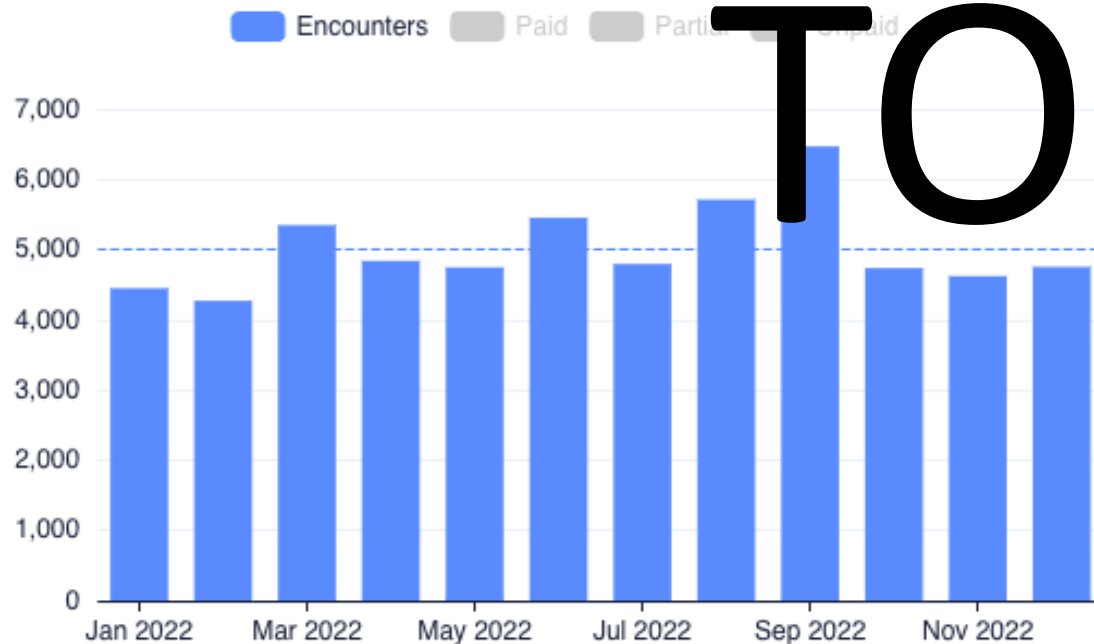
Service Sets
3,225

Payers
142

Total Claims
74282

Total Remits
263731

TODO



+ Search...



LAST YEAR ▾

Jan 1, 2022

to

Dec 31, 2022

Encounter Volume by Service Date *for selections*

60,190 encounters



Providers
21

Services
368

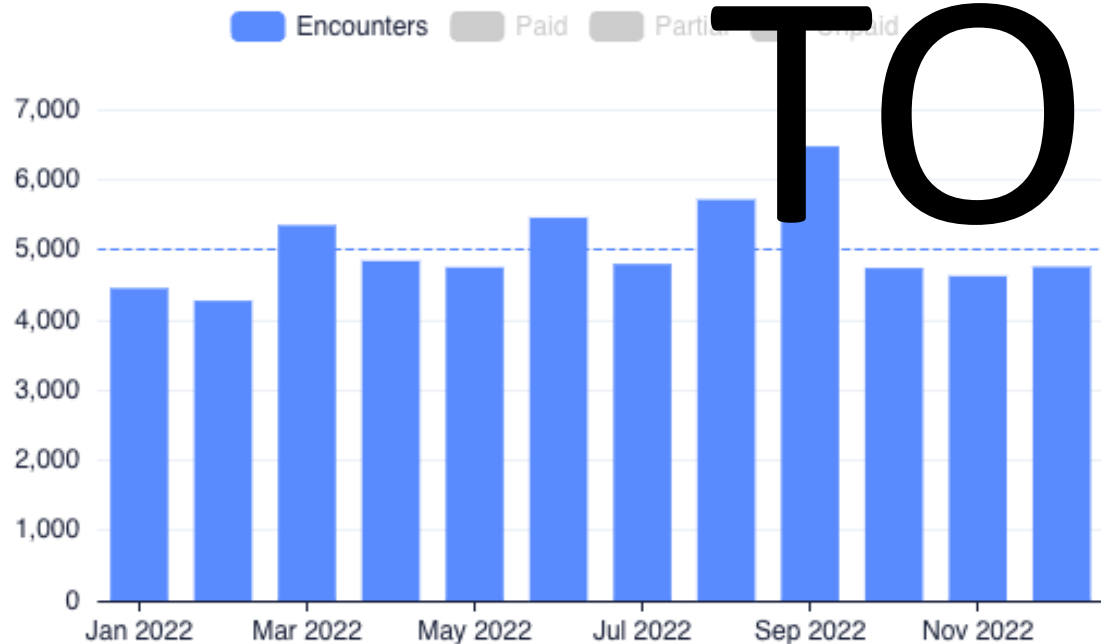
Service Sets
3,225

Payers
142

Total Claims
74282

Total Remits
263731

TODO



Problems will only get **worse**

Increasing
COMPLEXITY

Increasing
REGULATIONS

Increasing
VOLUME

It's too **complicated** now

Tracking
PATIENTS

Monitoring
BILLERS

Managing
INSURERS

Companies who **WIN** use data

United Health Group

2023 profit
\$32.4B (+14.4% Y/Y)

Purchased **Change Healthcare** for \$13B to accelerate reimbursement analytics

Everyone else **LOSES** money

8,000

practices consolidated
2016 – 2018

36%

drop in physician-owned practices
1988 – 2018

just as margins to stay **solvent** are getting thinner

Data.

A large red circle containing the white number '1', indicating the first step in a process.

Identify

Use data & computing power
to identify new & emerging
trends.

A large orange circle containing the white number '2', serving as a section indicator.

Quantify

Use data and computing power to quantify their impact.



Resolve

Use data and human subject matter expertise to triage & resolve issues.

4

Monitor

Use data and computing power to monitor plans & provide accountability.

3

examples

OUR LAWYERS WOULD LIKE US TO SAY

The following content reflects observed patterns in specific datasets and does not assert intent or imply wrongdoing.

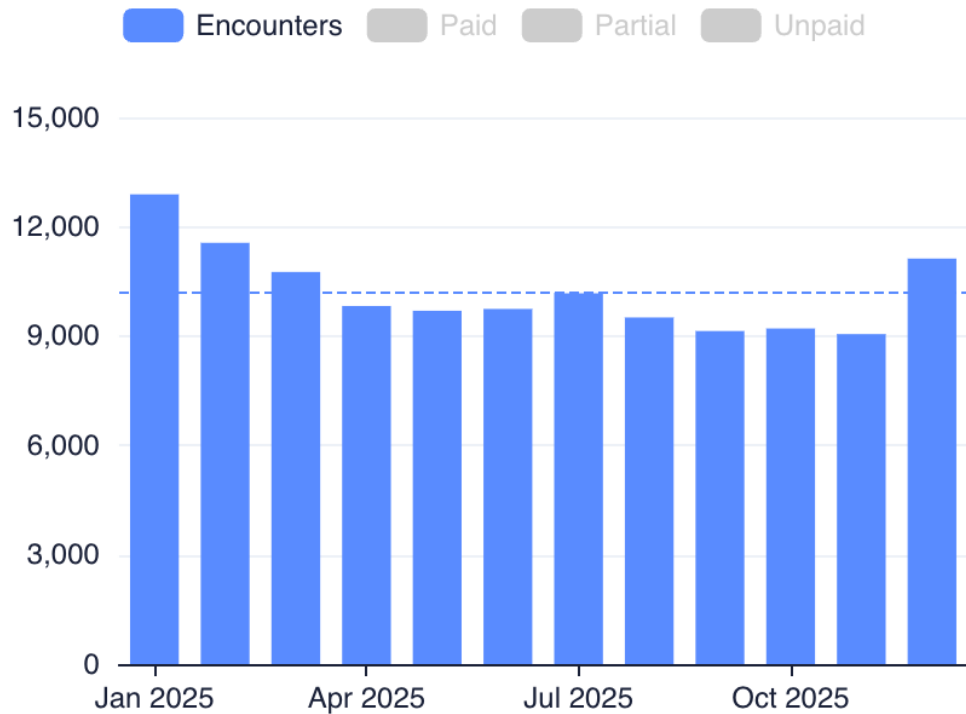
PART

1

Find the Lady

ENCOUNTER VOLUME BY SERVICE DATE

122,664 encounters



Providers

40

Services

407

Payers

6,996

Service Sets

176

Claims

138,036

Remit Lines

297,772

\$185

Flat rate COVID testing

Sounds **SIMPLE**

Right?

$$\begin{array}{ccc} \mathbf{1,500} & \times & \mathbf{\$185} \\ \text{tests} & & \text{per test} \\ \\ = & & \mathbf{\$280,000} \\ & & \text{revenue} \end{array}$$

Not **ADDING** up

IMPOSSIBLE to verify using existing tools.

Reports for service **BUNDLE** didn't add up.

EHR reported 0% denials.

COVID Testing

Variable Bundles

Service

Allowed

COVID Test

\$40.00

Clinic fee

\$145.00

TOTAL

\$185.00

COVID Testing

Variable Bundles

Service	Allowed	Denial rate
COVID Test	\$40.00	0%
Clinic fee	\$145.00	39.2%
TOTAL	\$185.00	

Checking tests alone would show 100% payment



\$85,260

underpayment

ONE payer, **ONE** bundle

Simple reports don't cut it

Services that travel **TOGETHER** can affect reimbursement.

Bundling behavior **VARIES** between Payers.

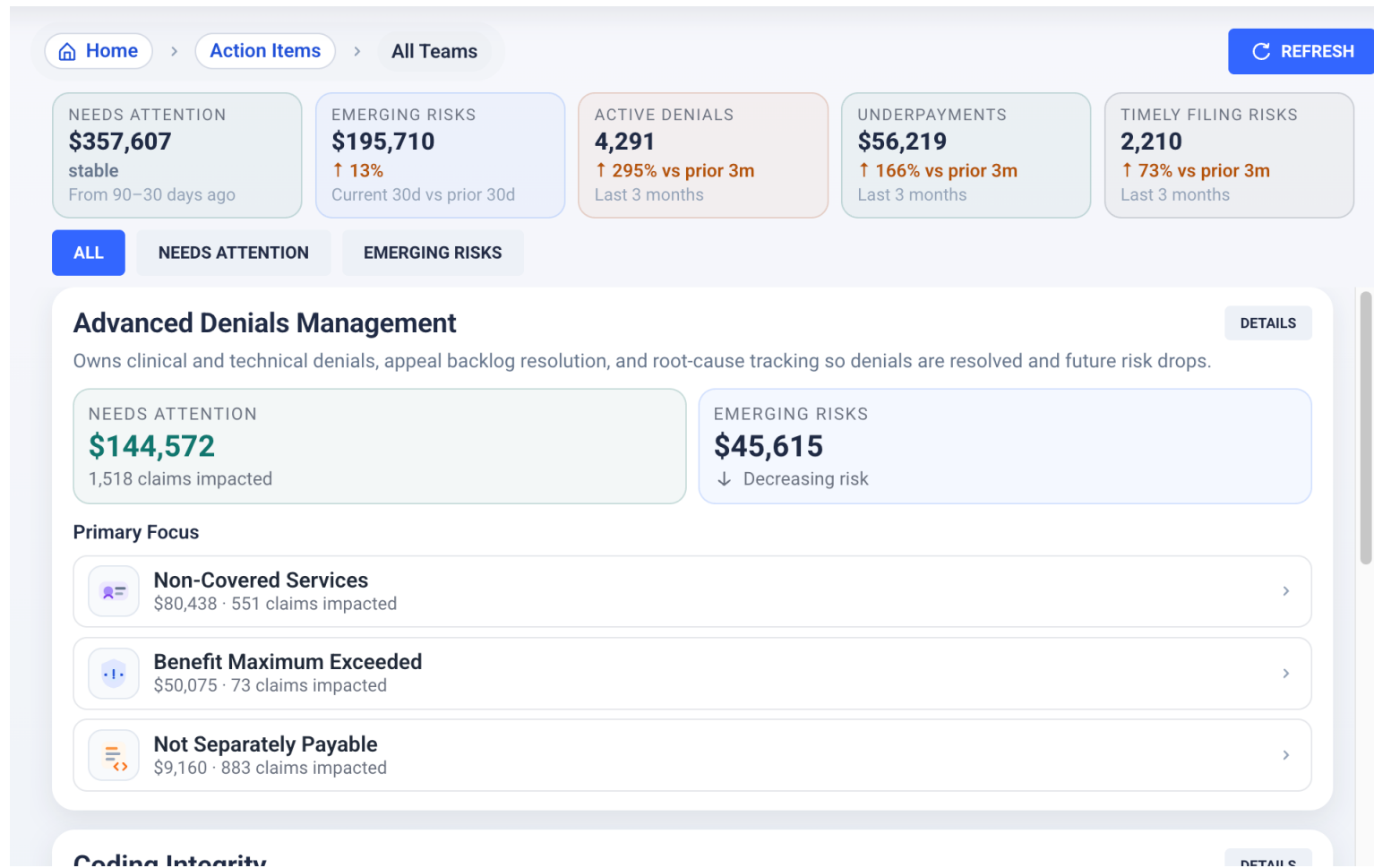
Need to **TRACK** those connections.

24x7 SURVEILLANCE.

Agents deployed to **SURVEIL** bundles

MONITOR payments over a 3-year window to ensure reconciliation.

Email **NOTIFICATIONS** and weekly **ALERTS**



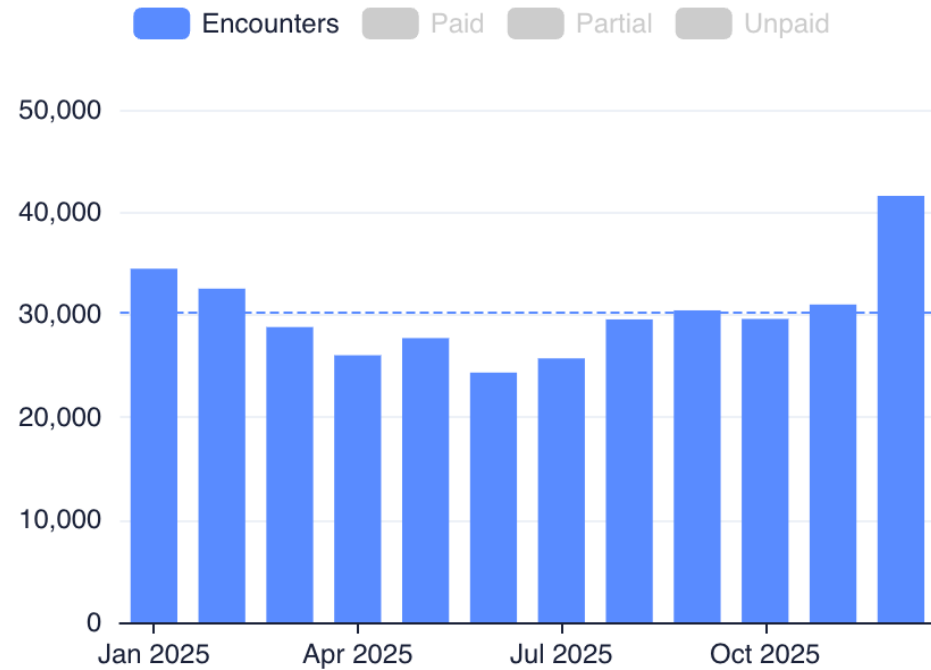
PART

2

Bailing Leaky Boats

ENCOUNTER VOLUME BY SERVICE DATE

361,823 encounters



Providers

126

Services

634

Payers

8,939

Service Sets

22,241

Claims

393,299

Remit Lines

1,248,549

OPERATIONAL EXPOSURE

1 YEAR ▾

TOTAL ENCOUNTERS ⓘ
393,299

PAID (FIRST PASS) ⓘ
274,709

PAID (AFTER REWORK) ⓘ
22,189

OPEN WORK (WINDOW) ⓘ
96,384

OPERATIONAL EXPOSURE

1 YEAR ▾

TOTAL ENCOUNTERS ⓘ

393,299

PAID (FIRST PASS) ⓘ

274,709

PAID (AFTER REWORK) ⓘ

22,189

OPEN WORK (WINDOW) ⓘ

96,384

70%

Paid after
1 submission

5%

Paid after
2+ submission

25%

Claims
Outstanding

Prevent denials **before**
they happen

LOTS of impact

Lost or delayed **REVENUE**

Increased **BACK-PRESSURE**

Increased days to **PAYMENT**

Coding Integrity

Drives CPT/ICD accuracy, modifier usage, documentation sufficiency, and charge capture gap identification to minimize downstream denials.

NEEDS ATTENTION

\$88,762

8,850 claims impacted

Primary Focus

Invalid Modifier

\$30,460 · 210 impacted

EMERGING RISKS

\$88,730

↑ Increasing

Primary Focus

Invalid Modifier

\$48,774 · ↑ +81% vs prior 30d

Key drivers

Invalid Modifier

Payer: TRUST U.S. INSURANCE \$16,223 · Service: 87812 \$20,537

Insufficient Documentation

Payer: UHO \$3,761 · Service: 99214 \$4,475

Key Issues for Coding Integrity

ALL NEEDS ATTENTION EMERGING

ALERT TYPE	NOW	TREND (30D)	CLAIMS IMPACTED
Invalid Modifier Identifies services denied due to missing, invalid, or inappropriate modifiers.	\$30,460	↑ +81% vs prior 30d \$48,774 proj	210
Insufficient Documentation Flags issues due to missing or inadequate documentation to support the billed service.	\$18,378	↑ +11% vs prior 30d \$10,785 proj	90

CODING & BILLING ERRORS

Bad **modifiers**

Bad **procedure** codes

Bad **diagnosis** codes

Missing **documentation**

Home > Action Items > All Teams > Billing Operations

Billing Operations

Concentrates on claim submission quality, timely filing, and clearinghouse orchestration to maximize clean claim throughput.

NEEDS ATTENTION

\$123,084

5,335 claims impacted

Primary Focus

Missing Claim Information

\$83,812 · 655 impacted

EMERGING RISKS

\$145,738

New risk detected

Primary Focus

Missing Claim Information

\$132,804 · New risk detected

Key drivers

Missing Claim Information

Payer: TRUST U.S. INSURANCE HMO MEDICARE \$14,392 · Service: 99214 \$12,303

Timely Filing Errors

Payer: READY PAYER ONE \$13,378 · Service: 99204 \$6,229

Key Issues for Billing Operations

ALL
NEEDS ATTENTION
EMERGING

ALERT TYPE	NOW	TREND (30D)	CLAIMS IMPACTED
<p>Missing Claim Information</p> <p>Flags issues due to missing, invalid, or incomplete required fields in the claim submission.</p>	\$83,812	New risk detected \$132,804 proj	655
<p>Timely Filing Errors</p> <p>Flags issues caused by missing a payer filing deadline, often due to internal delays or workflow issues.</p>	\$28,415	↓ -4% vs prior 30d \$7,063 proj	103

Billing Operations

Concentrates on claim submission quality, timely filing, and clearinghouse orchestration to maximize clean claim throughput.

NEEDS ATTENTION

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TOTAL EXPOSURE

\$212K/quarter

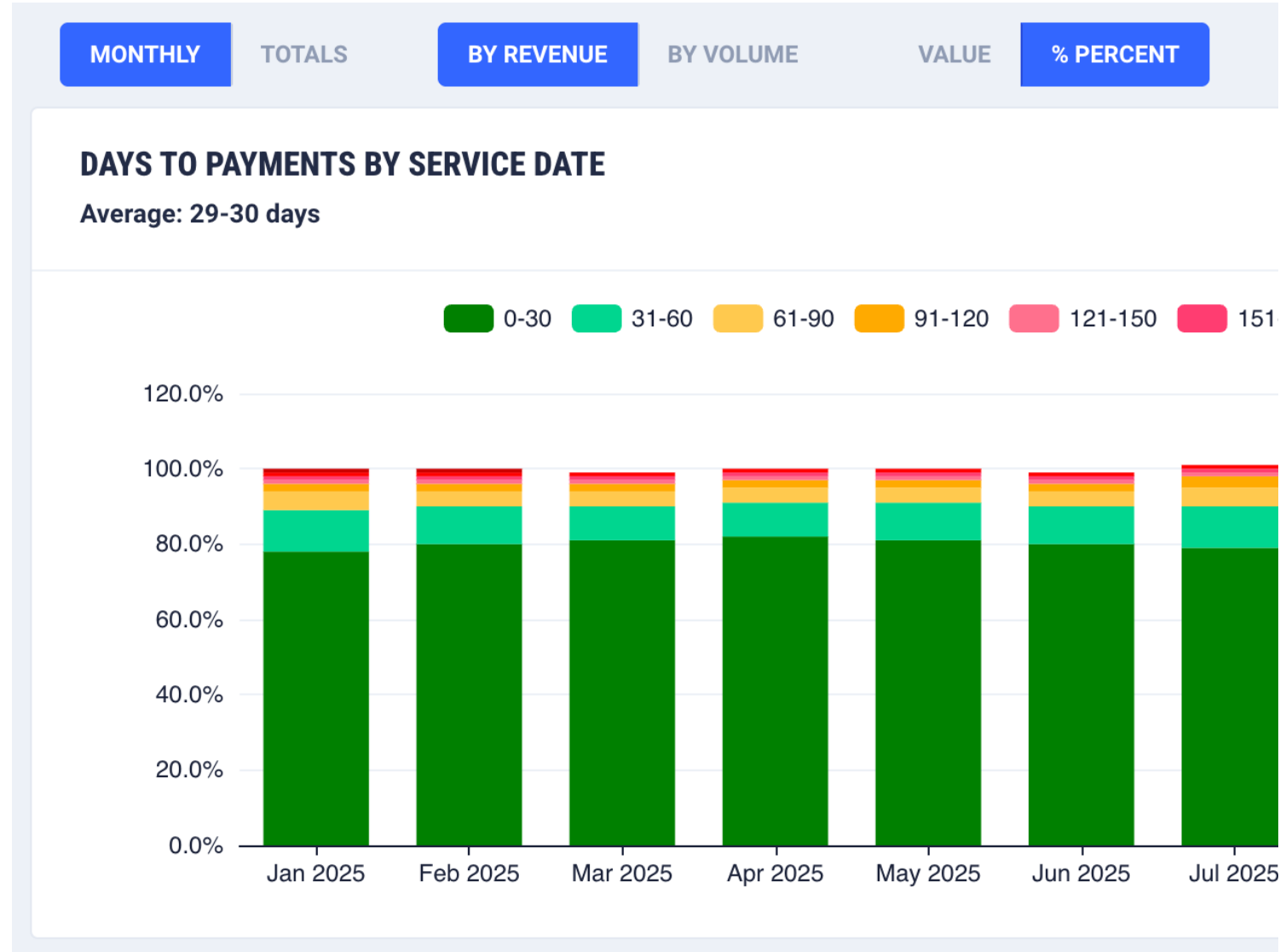
\$900K/year

29

days to payment
(average)

Jan 2025

- 0-30 **78.0%**
- 31-60 **11.0%**
- 61-90 **5.0%**
- 91-120 **2.0%**
- 121-150 **1.0%**
- 151-180 **1.0%**
- 181-270 **1.0%**
- 271-365 **1.0%**



What's the **impact** of

Tag: MISSING_CLAIM_INFO



29

days to payment
(average)

Jan 2025

- 0-30 78.0%
- 31-60 11.0%
- 61-90 5.0%
- 91-120 2.0%
- 121-150 1.0%
- 151-180 1.0%
- 181-270 1.0%
- 271-365 1.0%

Tag: MISSING_CLAIM_INFO



67

days to payment
(average)

Jan 2025

- 0-30 24.0%
- 31-60 26.0%
- 61-90 23.0%
- 91-120 21.0%
- 121-150 6.0%

\$125K

lost revenue

2025

Tag: MISSING_CLAIM_INFO



Submitting the same error over and over...

Home > Action Items > All Teams > Coding Integrity > Invalid Modifier

Invalid Modifier

Identifies services denied due to missing, invalid, or inappropriate modifiers.

Coding Integrity

[DOWNLOAD MATCHES](#)
[ADVANCED SEARCH](#)
[ADD FILTER...](#)

EST. REVENUE IMPACT

\$30,460

CLAIMS

210

MATCHES

278

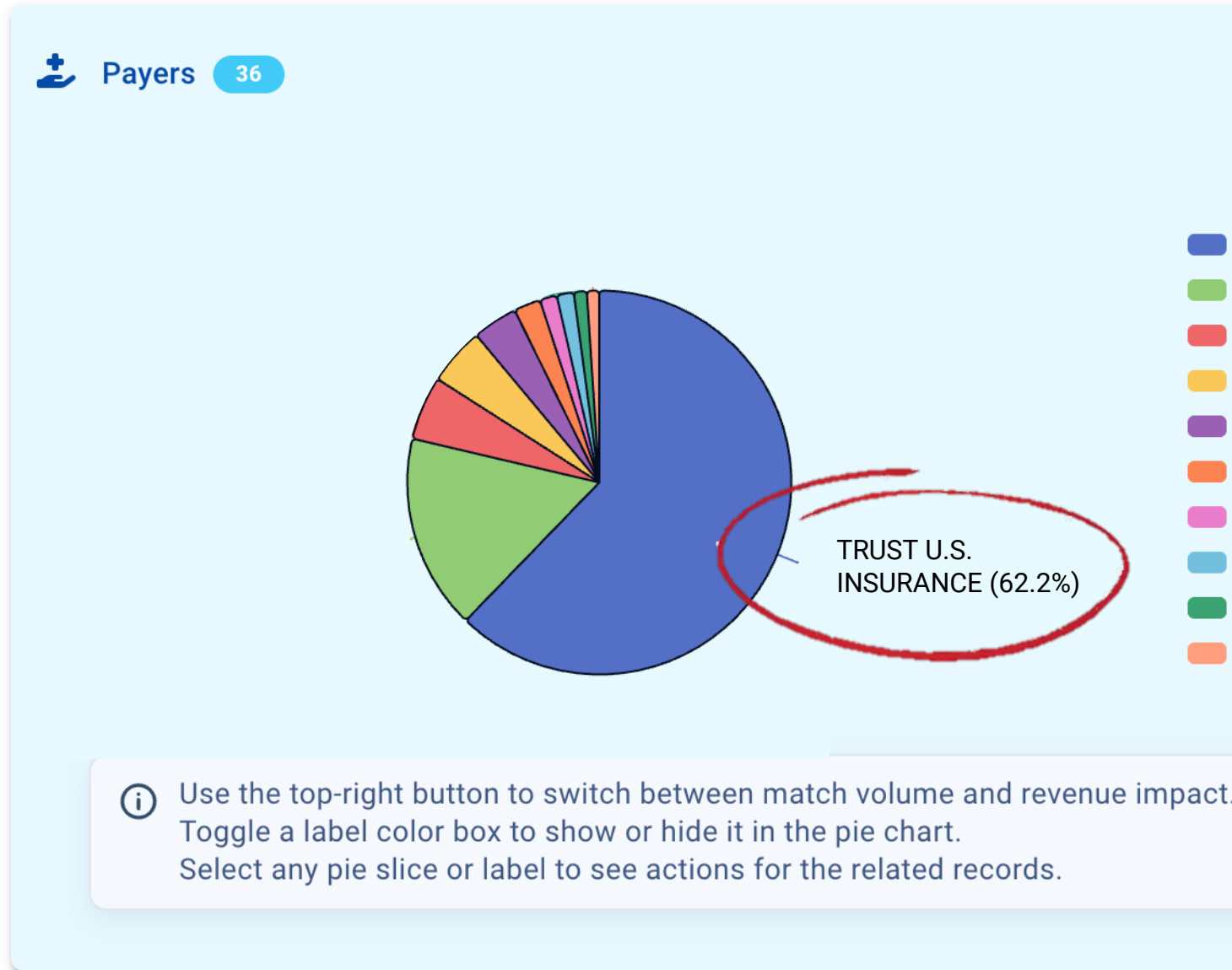
Evidence
 Matching records were verified in **Remits** from 90 days ago to 30 days ago.
 Scope: Dec 19, 2025 – Feb 16, 2026.

Breakdowns + ADD
 Identify where this issue is concentrated. Customize to change the fields shown.

Top Modifier Set

VALUE	CLAIMS	AMOUNT
QW	144	\$20,984
RT	7	\$1,067
LT	5	\$903

...to the same
payer.



Rapid Adaptation

IDENTIFY emerging patterns

QUANTIFY high value targets

RESOLVE issues

DEPLOY process changes



Missing Claim Information

Flags issues due to missing, invalid, or incomplete required fields in the claim submission.

Billing Operations

EST. REVENUE IMPACT

\$83,812

CLAIMS

655

MATCHES

1,239

EVIDENCE

Matching records were verified in **Remits** from 90 days ago to 30 days ago.

Scope: Dec 19, 2025 – Feb 16, 2026.

[SHOW MORE](#)

Top Drivers

Top revenue-impact value combinations. Click a row to add all values as filters.

VALUES	IMPACT
TRUST U.S. INSURANCE HMO MEDICARE 99214 CO16 N288	\$3,997
READY PAYER ONE J1885 CO16 N823	\$3,612
MEDICAID CO16 MA30	\$1,680

[SHOW 2 MORE](#)

Missing/incomplete/invalid rendering provider taxonomy.

Breakdowns

Monthly reports don't cut it

DETECT emerging trends ASAP.

STAUNCH their effects before it impacts operations.

Relieve **BACK-PRESSURE** on your RCM team.

24x7 SURVEILLANCE.

Agents deployed to **SURVEIL** claims stream

MONITOR denials continuously for emerging trends

Email **NOTIFICATIONS** and weekly **ALERTS**

Home > Action Items > All Teams > Coding Integrity

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ALL | NEEDS ATTENTION | EMERGING

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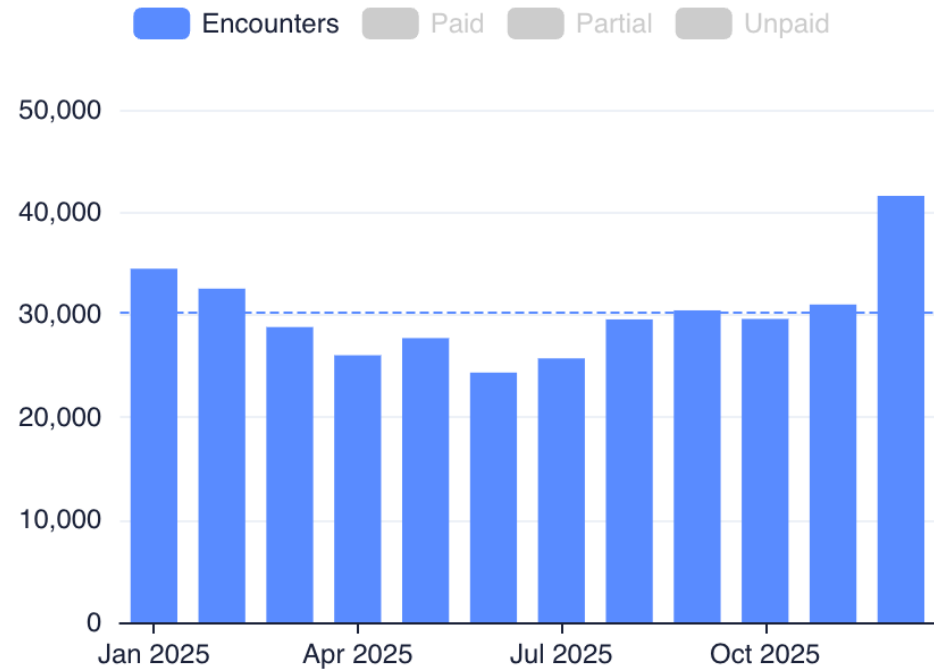
PART

3

Needles in a Haystack

ENCOUNTER VOLUME BY SERVICE DATE

361,823 encounters



Providers

85

Services

308

Payers

692

Service Sets

6,632

Claims

275,909

Remit Lines

643,474

Am I being **underpaid?**

LOTS of ways to underpay

CONTRACTUAL

False **ADJUSTMENTS**

Low negotiated **RATES**

Millions of permutations*

Services

308

Payers

692

Remit Lines

643,474

Procedure

Quantity

Payer

Provider

Credentials

Modifiers

Linked services

Reimbursement model

Service date(s)

Diagnoses

Place of service

Authorizations

Coverage

Plan type

Doesn't **SHOW** easily

Presents as “fully” **PAID**

Masked by other **DENIALS**

BACK-PRESSURE makes it hard to validate

UNDERPAYMENT ERRORS

Credentialing gaps

Payer Errors

Fee schedule bugs *

Home > Worklists > Underpayments 1 YEAR

Underpayments

Track underpaid claims and appeal opportunities.

[DOWNLOAD WORKLIST](#)
[ADVANCED SEARCH](#)
[ADD FILTER...](#)

[ALL](#)
[CONTRACTED](#)
[HISTORICAL](#)
[PAYMENT SHORTFALLS](#)

① Underpayments where expected amount is greater than allowed amount and the expected value comes from a fee schedule contract.

Worklist (10,000+) EST. REVENUE IMPACT **\$813,146**
Columns: Custom [CUSTOMIZE](#)

SERVICE DATE	CHECK DATE	SERVICE CODE	PAYER	EXPECTED PRICE	ALLOWED	DIFF
03/10/2025	04/15/2025	99205	MEDICARE B	\$201	\$191	\$201
03/11/2025	05/07/2025	10061	MEDICARE B	\$230	\$186	\$230
12/11/2024	08/01/2025	99214	UHO	\$182	\$155	\$182
07/15/2025	08/12/2025	99213	UHO	\$182	\$155	\$182
07/05/2025	08/05/2025	99214	UHO	\$182	\$155	\$182
10/31/2025	12/05/2025	99203	UHO	\$182	\$12	\$182
08/30/2025	09/15/2025	99213	UHO	\$182	\$155	\$182
12/04/2025	12/17/2025	99204	TRUST U.S. INSURANCE	\$171	\$143	\$171
06/29/2025	07/24/2025	99213	VESUVIUS ASSURANCE	\$182	\$155	\$182

UNDERPAYMENT ERRORS

Credentialing gaps

Payer Errors

Fee schedule bugs *

Home > Worklists > Underpayments 1 YEAR

Underpayments

Track underpaid claims and appeal opportunities.

DOWNLOAD WORKLIST
ADVANCED SEARCH
ADD FILTER...

ALL
CONTRACTED
HISTORICAL
PAYMENT SHORTFALLS

Underpayments where expected amount is greater than allowed amount and the expected value is based on historical pricing analysis.

Worklist (916) EST. REVENUE IMPACT **\$23,220**

Columns: Custom CUSTOMIZE

CHECK DATE	SERVICE DATE	SERVICE CODE	PAYER	EXPECTED PRICE	ALLOWED	DIFF
08/06/2025	02/05/2025	S9083	PYRITE HEALTH	\$182	\$135	\$182
05/01/2025	03/30/2025	99203	UHO	\$182	\$145	\$182
05/01/2025	04/25/2025	99215	UHO	\$237	\$145	\$237
10/29/2025	09/19/2025	99213	TRUST U.S. INSURANCE	\$171	\$20	\$171
07/01/2025	01/09/2025	99202	UHO	\$182	\$33	\$182
07/01/2025	04/06/2025	99204	VESUVIUS ASSURANCE	\$156	\$145	\$156
05/23/2025	04/08/2025	99203	UHO	\$182	\$97	\$182
06/03/2025	01/14/2025	99213	UHO	\$150	\$145	\$150
07/17/2025	11/21/2024	S9083	VESUVIUS ASSURANCE	\$158	\$156	\$158

TOTAL EXPOSURE

Contractual + Historical
Surveillance

\$836K/year

Home > Worklists > Underpayments 1 YEAR

Underpayments

Track underpaid claims and appeal opportunities.

[DOWNLOAD WORKLIST](#)
[ADVANCED SEARCH](#)
[ADD FILTER...](#)

[ALL](#)
[CONTRACTED](#)
[HISTORICAL](#)
[PAYMENT SHORTFALLS](#)

Underpayments where expected amount is greater than allowed amount and the expected value is based on historical pricing analysis.

Worklist (916) EST. REVENUE IMPACT **\$23,220** Columns: Custom CUSTOMIZE

CHECK DATE	SERVICE DATE	SERVICE CODE	PAYER	EXPECTED PRICE	ALLOWED	DIFF
08/06/2025	02/05/2025	S9083	PYRITE HEALTH	\$182	\$135	\$182
05/01/2025	03/30/2025	99203	UHO	\$182	\$145	\$182
05/01/2025	04/25/2025	99215	UHO	\$237	\$145	\$237
10/29/2025	09/19/2025	99213	TRUST U.S. INSURANCE	\$171	\$20	\$171
07/01/2025	01/09/2025	99202	UHO	\$182	\$33	\$182
07/01/2025	04/06/2025	99204	VESUVIUS ASSURANCE	\$156	\$145	\$156
05/23/2025	04/08/2025	99203	UHO	\$182	\$97	\$182
06/03/2025	01/14/2025	99213	UHO	\$150	\$145	\$150
07/17/2025	11/21/2024	S9083	VESUVIUS ASSURANCE	\$158	\$156	\$158

This is **OVERWHELMING**

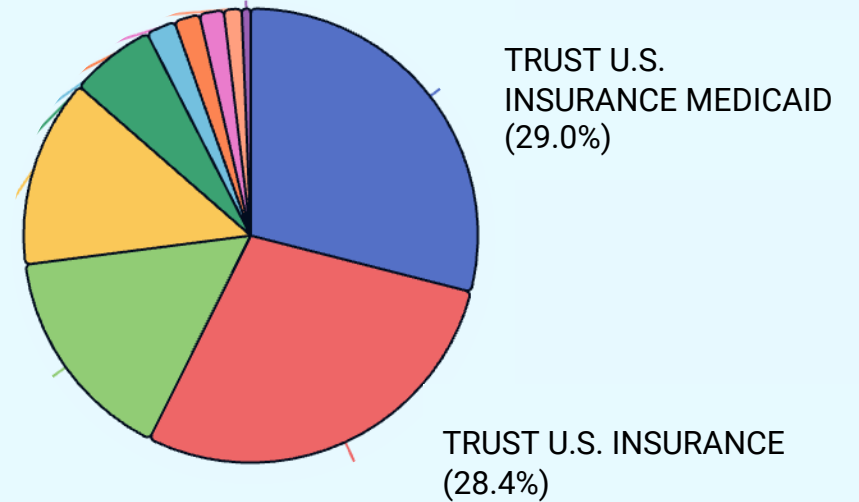
Tons of **RECORDS**


High **EVIDENCE** requirements

Where do you even **START?**

Activity centers
largely around the
same **Payer...**

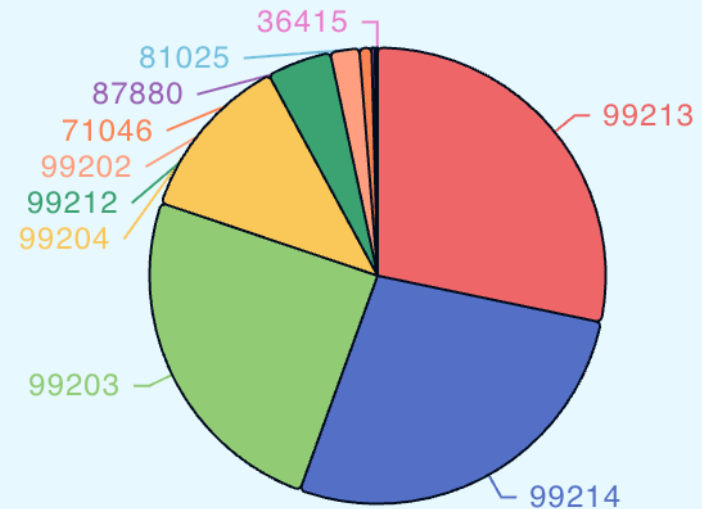
 Payers 115



 Use the top-right button to switch between match volume and revenue impact. Toggle a label color box to show or hide it in the pie chart. Select any pie slice or label to see actions for the related records.

...and a small set
of **procedure**
codes

Services 74



i Use the top-right button to switch between match volume and revenue impact. Toggle a label color box to show or hide it in the pie chart. Select any pie slice or label to see actions for the related records.

Start **small**
Start **focused**



Underpayments - Allowed Below Contract

Payer allowed amount is lower than the contracted rate, indicating possible fee schedule d

Contract & Payer Performance

DOWNLOAD MATCHES

ADVANCED SEARCH

ADD FILTER...

CLEAR FILTERS

FILTERS

Payer: TRUST U.S. INSURANCE

EST. REVENUE IMPACT

\$15,766

CLAIMS

668

MATCHES

739

Evidence

Matching records were verified in **Remits** from 90 days ago to 30 days ago.

Scope: Dec 20, 2025 – Feb 17, 2026.

Breakdowns

Identify where this issue is concentrated. Customize to change the fields shown.

Top Payer

Gather **evidence**

GROUP underpaid claims with their corresponding "properly" paid claims

Ensure all critical fields (Payer, CPT, Provider, etc...) **MATCH**

BUNDLE raw EOBs/835s

Underpayments - Allowed Below Contract
 Payer allowed amount is lower than the contracted rate, indicating possible fee schedule d

Contract & Payer Performance

DOWNLOAD MATCHES **ADVANCED SEARCH** **ADD FILTER...** **CLEAR FILTERS**

FILTERS

Payer: TRUST U.S. INSURANCE

EST. REVENUE IMPACT	CLAIMS	MATCHES
\$15,766	668	739

Evidence
 Matching records were verified in **Remits** from 90 days ago to 30 days ago.
 Scope: Dec 20, 2025 – Feb 17, 2026.

Breakdowns
 Identify where this issue is concentrated. Customize to change the fields shown.

Top Payer

Quarterly reports don't cut it

UNDERPAYMENTS can happen in “archival” scenarios

GATHER evidence. Lots of it.

Use **AI** and **DATA** to vet your evidence.

24x7 SURVEILLANCE.

Agents deployed to **SURVEIL** claims stream (> 12 months)

MONITOR payments continuously for emerging trends

AI curates and validates evidence for rapid reconciliation

Home > Action Items > All Teams > Coding Integrity

Coding Integrity

Drives CPT/ICD accuracy, modifier usage, documentation sufficiency, and charge capture gap identification to minimize downstream denials.

NEEDS ATTENTION

\$88,762

8,850 claims impacted

Primary Focus

Invalid Modifier
\$30,460 · 210 impacted

EMERGING RISKS

\$88,730

↑ Increasing

Primary Focus

Invalid Modifier
\$48,774 · ↑ +81% vs prior 30d

Key Issues for Coding Integrity

ALL | NEEDS ATTENTION | EMERGING

ALERT TYPE	NOW	TREND (30D)	CLAIMS IMPACTED
Invalid Modifier Identifies services denied due to missing, invalid, or inappropriate modifiers.	\$30,460	↑ +81% vs prior 30d \$48,774 proj	210
Insufficient Documentation Flags issues due to missing or inadequate documentation to support the billed service.	\$18,378	↑ +11% vs prior 30d \$10,785 proj	90

PART

4

An Ounce of Prevention

- Front Desk Story
 - Is there time for this?
 - Need to workshop this out to assess

- Contact information
- RevOps Health
- Join us for a happy hour before you head out tonight!
- Let's talk



SAY NICE THINGS ABOUT ME!

Prefer paper?

On the form in front of you, please score me and the content I shared today.



THANK YOU

