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SPARK SESSION • FIRESIDE CHAT

Payers Are Getting Smarter. Are You?

Building a smarter, more proactive denials strategy—from the frontline and the front end of the build.

RA
Rikki Ashkin, JD
Senior Client Success Director, Aspirion

CM
Chase McGrath
VP of Product, Aspirion

Meet the Presenters

Two vantage points on the same denials problem—operations and technology, in conversation.

Rikki Ashkin, JD

Senior Client Success Director, Aspirion

THE FRONTLINE VIEW
Operations

Sees what revenue cycle teams face day-to-day—the denials piling up, the appeals deadlines, and what it takes to fight and win a case.

Chase McGrath

Vice President of Product, Aspirion

THE BUILDER'S VIEW
Technology

Builds the AI that's meant to get ahead of denials—and separates what's genuinely working in the workflow from what is just hype without impact.

Payers Are Winning the AI Race

Automation and AI are enabling payers deny claims faster—and it's working.

41%

of providers now face denial rates of 10% or higher

Experian Health, 2025

12%+

rise in average dollar amount of denied inpatient claims

Fierce Healthcare, 2025

14%+

rise in average dollar amount of denied outpatient claims

Fierce Healthcare, 2025

The playing field has shifted. Reactive strategies simply aren't enough.

Two Lenses, One Conversation

This isn't a lecture — it's an honest, fireside chat that bridges operations and technology.

OPERATIONS

Rikki's day-to-day: the appeals, the deadlines, the cases that reveal what's really happening on the front line.

- What denial prevention programs really work
- Where clinical teams still carry the load
- How to make the case for budget and staffing

TECHNOLOGY

Chase's day-to-day: how AI is actually built and applied to get ahead of denials — not just the pitch.

- Where AI genuinely moves denial outcomes
- What separates real results from hype
- How pattern intelligence changes the playbook

What We'll Explore

Three questions driving the conversation.

01 What actually moves the needle

How peer health systems are structuring denial prevention programs that produce real, measurable results.

02 Cutting through the AI hype

Where real teams are seeing real results in the denial workflow—and where AI still falls short.

03 Turning data into a decision

How to translate denials data into a story that drives decision-making and organizational accountability.

CONVERSATION 1

What Actually Moves the Needle

> “How are peer health systems structuring denial prevention programs that actually move the needle?”

RIKKI'S LENS

- Denial prevention starts upstream—documentation, authorization, and coding, not just appeals
- Successful programs assign clear ownership for root-cause fixes, not just case-by-case wins
- Clinical-legal cases maximize recovery when payers have the full picture—not just when filing deadlines are met

CHASE'S LENS

- Prevention programs need pattern intelligence—segmented by payer, denial type, and DRG
- Payer-specific behavior signals, tracked over time, feed a post-resolution feedback loop that drives prevention
- The best programs connect intelligence directly to upstream action, not just a dashboard

CONVERSATION 2

Cutting Through the AI Hype

“Where are real teams seeing real results in the denial workflow—and where is it still just noise?”

	THE HYPE	THE REALITY
Predictive Analytics	AI can predict denials before they happen	Insights from denials are inherently ad hoc, but AI can shorten the CDI/UM feedback loop and help close process gaps faster
Automation Scope	AI only helps with appeals	AI runs throughout the end-to-end process, reading payer correspondence, checking claim and appeal statuses, and more
Judgment	Replaces clinical and legal expertise	Assists on simpler cases, doesn't replace the human call on more ambiguous cases
Impact Creation	Significant value right out of the box	Real lift shows up after a learning curve by the technology and by your team; impact in RCM also takes time to demonstrate

CASE STUDY

Speed to Resolution After a Denials Backlog

"Clinical denials were piling up across every payer—faster than the team could work them."

$5.6M+
Recovered in 2 months

86%
Of collections from first-level appeals

100%
AI-generated, human-verified

THE CHALLENGE

- Complex clinical denials surged across every payer, creating a fast-growing backlog
- Internal teams didn't have the bandwidth to keep pace with appeal volume and complexity
- Rising AR and delayed reimbursement were creating real financial pressure

THE SOLUTION

- AI generation of payer-specific appeals at scale based on clinical documentation
- Every appeal AI-drafted, then human-verified before submission
- Human follow-up carried each case through resolution—no additional internal staff necessary

CASE STUDY

Stopping Write-Offs Before They Start

"What if appealing every eligible case became the norm, not the exception?

75%
Overturn rate on inpatient-level-of-care denials

100%
Of eligible cases appealed—no cherry picking

$1.3M
In quantified recoveries

THE CHALLENGE

- Auto-denials are increasingly used to test whether a provider has the resources and will to appeal
- Rural and resource-constrained hospitals are common targets—many default to write-offs instead
- Cases clearly meeting inpatient level of care were still being denied outright

THE SOLUTION

- Every case routed for AI-generated appeals specific to the denial
- Pursued 100% of cases meeting inpatient level of care criteria
- Consistent appeal behavior signals that write-offs won't go unchallenged

CONVERSATION 3

From Denials Data to a Success Story

> “How do you translate denials data into a story that drives decision-making and accountability?”

1

Capture the Pattern

Denials segmented by payer, type, and root cause—not just a total rate

2

Quantify the Dollars

Every pattern priced out—what it's costing, not just how often it happens

3

Build the Narrative

Data becomes a plain story leadership can act on, not a spreadsheet

4

Drive the Decision

Strategy, staffing, or contract renegotiation—backed by documented evidence

Denials data isn't just an operations metric—it's a strategic conversation if you tell it right.

Questions Worth Digging Into

Bring your own—this session is built for a live back-and-forth.

1. **Why does your denial prevention program stop at “tracking” and never get to “preventing”?**
2. **What's one AI claim you've heard that you're genuinely skeptical of—and why?**
3. **What's your strategy to address the increasing burden of denials?**
4. **What would it take for your team to move from reactive appeals to proactive prevention?**

1

Why does your denial prevention program stop at "tracking" and never get to "preventing"?

DISCUSSION QUESTIONS 1 OF 4

Why does your denial prevention program stop at "tracking" and never get to "preventing"?

EXAMPLE

A payer's chemotherapy authorization policy change caused immediate denials, but the new requirement was not communicated to front-end staff until financial reporting revealed the impact.

Why does your denial prevention program stop at "tracking" and never get to "preventing"?

The Historical Loop

~180 days to fix

- Payer updates policy; front-end staff unaware
- Claims denied, appealed 60–90 days later
- Feedback never reaches the front end
- Leadership spots the trend after financial impact mounts
- Root cause found, staff educated—day 180

AI-Enabled Prevention

Fixed before services are rendered

- AI monitors payer policy changes and alerts teams with recommended actions
- Front-end workflows update before services are rendered
- Cleaner claims; preventable denials drop
- Denials that slip through get root-caused, appeals prepped for rapid review
- Every outcome refines the guidance

2

What's one AI claim you've heard that you're genuinely skeptical of, and why?

DISCUSSION QUESTIONS 2 OF 4

What's one AI claim you've heard that you're genuinely skeptical of and why?

EXAMPLE

“We’ve automated appeals with just generative AI embedded in our EHR.”

3

What's your strategy to address the increasing burden of denials?

What's your strategy to address the increasing burden of denials?

EXAMPLE

Holistic approach that combines AI with staff expertise, leverages payer relationships, and utilizes vendor partners to fill operational gaps—accelerating appeals while reducing the overall burden of denials.

4

What would it take to move from reactive appeals to tech-driven proactive prevention?

DISCUSSION QUESTIONS 4 OF 4

What would it take to move from reactive appeals to tech-driven proactive prevention?

EXAMPLE

A proactive approach that integrates AI-driven payer intelligence, real-time feedback mechanisms, and continuous CDI/UM process refinement to enhance and optimize denials management outcomes.

Key Takeaways

1. **Artificial Intelligence** already speeds appeals and surfaces payer patterns, but it has potential throughout the back-end revenue cycle
2. **The teams** pulling ahead and creating impact treat denials data as inputs to a budget story, not just operational metrics
3. **Pattern intelligence** breaks the reactive trap—it's what turns “chasing” denials into “preventing” them
4. **AI strategy** for denials represents an operational, not just technological, shift

THANK YOU

Let's Keep the Conversation Going

Questions & Answers

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