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From Paper to Intelligence

Modernizing Healthcare Correspondence Management



Presenter

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PNC BANK

Meet Your Presenter

Healthcare product strategy, revenue cycle expertise, and workflow transformation.



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Healthcare product and business development leader with experience across revenue cycle, financial services, and technology. Advises healthcare organizations on product strategy, workflow optimization, and solutions that improve operational performance and measurable outcomes.

Session perspective

Connecting provider challenges, workflow design, and automation opportunities.

What the Data Is Telling Us

Deidentified findings from a recent health-system operational review

129,250

Correspondence transactions

31,709

EOB transactions

8 months

Operational review period

Why the volume matters

- Substantial operational workload
- Different handling by document type
- Need for consistent routing and ownership
- Greater value from scalable automation



Correspondence is a high-volume workflow that requires governance, standardization, and automation.

The Correspondence Automation Journey

Organizations often operate at different maturity levels by document type.



1 Paper-based
Physical intake and routing

2 Digital storage
Scanning and manual indexing

3 Workflow automation
Automated ingestion and routing

4 AI-assisted
Classification and extraction

5 Intelligence-driven
Visibility, exceptions, decisions

A health system may be automated for EOBs but still manual for medical letters, records requests, or non-patient documents.

The Barrier Is Often Data, Not Technology

51.17%

of correspondence lacked a patient account number

in one deidentified 8-month health-system review

Patient matching

Documents cannot attach reliably without sufficient identifiers.

Repair work

Incomplete indexing increases manual research and exception handling.

Automation rate

Missing data reduces straight-through processing.

Workflow design

Alternate identifiers, mappings, and ownership paths must be defined.

Potential response: capture alternate identifiers, refine category mapping, and establish clear exception ownership.

What Good Looks Like When the Data Is Available

95–99%

Accurate correspondence category

97–99%

Automatic EOB attachment

55–65%

Automatic correspondence attachment

99%

Work-queue creation when account number is present

High-volume intake → Complete identifiers → Defined rules → Straight-through workflow

The performance gap is the story: categorization can be highly accurate while attachment remains constrained by missing identifiers.

Lessons from Recent Provider Assessments

Data quality sets the automation ceiling

Missing patient account identifiers and inconsistent indexing data can prevent automatic attachment and increase repair-queue work.

Workflow design drives outcomes

Clear routing logic, ownership, document types, and exception handling matter as much as the underlying platform.

Governance must be ongoing

Category definitions and mappings require review, examples, and refinement as payer communications and workflows evolve.

Standardize before scaling

High-volume, repeatable use cases provide a practical starting point before expanding automation across more correspondence types.

Which lesson resonates most with your organization, and what would you add?

Healthcare Correspondence Knowledge Share

Share what is working, where challenges remain, and what peers should consider next.

01 Scale and prioritization

Which correspondence workflows create the greatest operational burden?

02 Missing identifiers

How do you manage documents that cannot be matched automatically?

03 Automation results

Where has automation worked well, and where is manual intervention still required?

04 Workflow variation

Do different document sources or business units require different processes?

05 Epic and DMS strategy

How are repair queues and non-patient correspondence influencing future-state plans?

06 Implementation lessons

What would you do differently if starting the modernization journey again?

Key Takeaways

1	**Volume makes correspondence an operating priority**	High transaction volumes require repeatable workflows and measurement.
2	**Missing identifiers constrain automation**	Patient matching and attachment depend on sufficient indexing data.
3	**Categorization does not guarantee attachment**	Strong classification can coexist with low attachment.
4	**Workflow and governance determine scale**	Rules, ownership, and exceptions must be designed.
5	**The future state manages exceptions**	The goal is intelligent routing and measurable resolution.

The opportunity is not simply to digitize correspondence. It is to create an intelligent, measurable workflow.