
THE INNOVATION
GAUNTLET
NJ & METRO PHILADELPHIA • 50TH ANNUAL INSTITUTE
NEW JERSEY AND METROPOLITAN PHILADELPHIA
50TH ANNUAL INSTITUTE • HFMA
2026

WELCOME TO THE GAUNTLET

Three innovators. Real scrutiny. One winner.

1. **Regards**
2. **LunaBill**
3. **Big Data Healthcare**

THE FORMAT

NO FLUFF. JUST IMPACT.

This is not a product demo or sales pitch.

5 MIN

Company pitch

5 MIN

Judges' questions

3

Companies competing

JUDGING PANEL

MEET THE JUDGES: THE PROVIDER PERSPECTIVE

Three voices. No easy questions.

Christina Slemp
UNC Health

Fabian Stone
Children's Hospital of Philadelphia

Billie Jean Mounts
Bon Secours Mercy System

THE PITCHES

Innovation must prove its value.

CONTENDER 01

Regard

Proactive diagnosis and clinical documentation platform redefining how things are done

THE PROBLEM / THE SOLUTION / THE PROOF

[Key facts, evidence, and measurable outcomes]

5:00

PITCH CLOCK

regard

Diagnostic Intelligence platform to improve care and revenue

Ross Moore, Executive Director (not a doctor)

Fred Franken, Chief of Staff (not a CDIS)

The next day...



Claudia J. Lopez

Location: 5E-512A

Advance Directives
- Full Code
- Healthcare Proxy on File

Active Elopement Risk
- Level: Moderate
- Precautions Active

Isolation
- Contact Precautions
- Droplet Precautions

Allergies
- Penicillin - Rash
- Latex - Anaphylaxis
- Shellfish - Hives

New Results
- Lab (7)
- Other (1)

Infection Status
- No Active Infections

Active Meds
- Scheduled (17)
- PRN (5)

regard

Notes | Problem List | Regard

regard

Progress Note

Updated 4 months ago

Here's your Progress Note. I've highlighted some key changes since your last note.

Changes since last note

PROBLEMS ADDED
Severe protein-calorie malnutrition: acute

MEDICATION CHANGES
Furosemide continued IV 80mg BID
Apixaban 5mg PO BID continued
Insulin glargine and lispro continued

NEW RESULTS 4

Ask Max

Copy Note

Assessment and Plan

60F with history of HFrEF, HTN, T2DM with peripheral neuropathy, CKD, and recent ischemic stroke presenting with acute decompensated heart failure, left lower lobe pneumonia, and acute right MCA-territory infarcts.

 # Acute on chronic heart failure with reduced ejection fraction +2

- Improving after diuresis. Pulmonary vascular congestion significantly improved on chest x-ray dated 12/22/2025, with improved dyspnea and volume status. +2
- Continue furosemide 80 mg IV BID, metoprolol succinate 25 mg PO q12h, and lisinopril 20 mg PO daily. +2
- Continue daily weights and symptom monitoring. Weight 45 kg on 12/19/2025. +1
- Prior echocardiogram showed LVEF 20-30%.

 # Pneumonia +3

- Left lower lobe pneumonia is improving. Chest x-ray on 12/22/2025 showed decreasing left lower lobe opacity.
- Fever resolved, with temperature 36.8 °C, RR 18/min, and SpO2 99% on 12/22/2025. +2
- Continue ceftriaxone IV and azithromycin IV/PO to complete the prescribed course. +1

 # Acute ischemic stroke with persistent stable deficits +1

- MRI brain dated 12/20/2025 demonstrated multiple acute right MCA-territory infarcts with an embolic distribution and no hemorrhagic transformation.
- Continue physical and occupational therapy.
- Continue apixaban 5 mg PO BID.
- Arrange outpatient neurology follow-up after discharge.

Adds specificity

Updates evidence lines

IMPACT

Why is a physician-facing tool at a revenue cycle conference?

$18M+ incremental annual revenue from DRG upgrades

SENTARA®

Denial appeal success-rate jumped from 20% to 80%

Penn Highlands Healthcare

22% reduction in queries

Banner Health

Cedars Sinai

AdventHealth

UAMS

FirstHealth OF THE CAROLINAS

WP White Plains Hospital Exceptional. Every day.

Main Line Health®

Montefiore

Ascension

Cooper University Hospital

MONUMENT HEALTH

WMC Health Westchester Medical Center Health Network

MEMORIAL HERMANN

WORKFLOW

How Regard fits into the physician + CDI workflow

Scribe

Regard value-add

Regard supplements voice data with buried chart data to comprehensively capture diagnoses and supporting evidence.

regard

250+ deterministic algorithms surface missed diagnoses, add specificity, and write the complete note.

Concurrent Software

Regard value-add

Regard's richer specific notes give CDI a stronger foundation — reducing queries and improving DRG accuracy.

Pre-Bill Solutions

Regard value-add

More captured upfront = fewer queries, less DRG downgrade denial, and lower fees.

SCALABILITY & SUSTAINABILITY

And we’re just getting started...



Inpatient Note

Diagnosis and automated note drafts for all IP clinicians.



Outpatient Note

Generates complete notes with MEAT criteria and net-new HCCs.



Admin Workflows

Advanced solutions for Denials, CDI, Case Mgmt, and UR

CONTENDER 02

LunaBill

AI Generated Insurance Follow-up, Denial Management and more

THE PROBLEM / THE SOLUTION / THE PROOF

[Key facts, evidence, and measurable outcomes]

5:00

PITCH CLOCK

LunaBill

Every claim that does not pay clean needs a portal check, a payer call and often a fix. People still do it by hand.

TODAY, A REP REPEATS THIS FOR EVERY CLAIM

Check the portal → **Call the payer** → **Wait on hold** → **Fix the claim**

65–75% of an aged book that manual follow-up typically reaches. The rest ages out.

$43B spent by US hospitals in 2025 chasing payment held up by payers.

The EHR does not make the call and the clearinghouse stops at submission. Hiring does not close the gap.

Sources: coverage benchmark as cited in the Nutex Health engagement report; AHA, Costs of Caring, March 2026.

02 · THE INNOVATION AND THE AI

Five AI agents work each unpaid claim, end to end.

01

Portal agent

Checks payer portals first.

● In production

02

Phone agent

Calls the payer and gets the real reason.

● In production

03

Denial agent

Sorts every denial by cause.

● In production

04

Resubmission agent

Fixes the claim and resubmits it.

● In production

05

Appeal agent

Drafts appeals. A manager signs off.

● In production

Before a fix goes out: a QA agent checks it, staff approve complex cases, and clients can approve their own.

Hear 25 seconds of a real payer call

23,324 claims, every one past 180 days, and no one with time to work them.

DAY 0

$161.9M

billed across 23,324 claims, every one past 180 days. Nutex sent one claim file.

DAYS 1 TO 60

64,037

payer calls at 2.7 per claim, plus portal checks and corrected resubmissions. 97% reached a productive contact.

DAY 60

19,989

of 23,324 claims had the payer’s answer.

Nutex’s whole lift was the claim file. No interface build, no new hires.

Agents used at Nutex: portal, phone and resubmission. Source: Nutex Health engagement report.

04 · THE IMPACT, IN 60 DAYS

In 60 days, claims our agents called on or fixed started paying.

$6.75M

paid after our agents called or resubmitted: $4.5M on corrected claims, $2.25M reprocessed on calls.

$18.8M

confirmed paid in total, with $12.02M found paid but never posted.

100%

of claims called, against 65 to 75% manually.

$0.9M

of staff time avoided: 32,000 hours.

Where the $161.9M landed



- Corrected and resubmitted **$62.98M**
- Denied, 98% classified **$58.52M**
- Found paid, never posted **$12.02M**
- Paid after our calls **$2.25M**
- Still open at day 60 **$26.15M**

Source: Nutex Health engagement report and LunaBill records. Staff time at Nutex's 30 minutes a call and $28 an hour.

LunaBill

A/R follow-up can run end to end *without anyone on hold.*

Portal · Phone · Denial · Resubmission · Appeal

WHAT REPEATS

A claim file in, a 277 and a note out. Pilot live in 48 hours. An Epic Showroom app that also runs with Cerner and Meditech, on every payer portal.

QUALITY AT SCALE

150,000+ payer calls a month across clients like College Medical Center in Long Beach. 99% end with a usable answer.

WHAT WE LEARNED

Calls alone did not finish the job: 39% of the Nutex book needed a fix. Most of the new cash came from those fixes.

CONTENDER 03

Big Data + Healthcare

Assists the healthcare industry to design, develop and implement integrated technologies and more

THE PROBLEM / THE SOLUTION / THE PROOF

[Key facts, evidence, and measurable outcomes]

5:00

PITCH CLOCK

01 THE PROBLEM

HEALTHCARE PAYMENT RECONCILIATION

When Revenue Cycle and Accounting reconcile payments differently, discrepancies drive manual investigation, repeated handoffs, and unresolved financial risk that compounds with scale.

WHO IS AFFECTED?

The health system and its workforce.

Skilled teams spend their time tracing and resolving payment discrepancies, while the health system absorbs the cost, delays, and operational risk created by disconnected reconciliation.

WHAT WAS HAPPENING?

Each payment passed through separate workflows and teams before it could be fully posted and financially accounted for.

People became the bridge between those disconnected steps, while discrepancies remained unresolved and the workload continued to grow.

1,100+

INDIVIDUALLY OWNED TAX IDs

Each created another layer of bank-account and sub-ledger activity to reconcile, multiplying the manual effort, complexity, and risk across an already fragmented payment lifecycle.

THE QUESTION TO ANSWER

Why did this problem require a different approach?

Because incremental fixes could not address fragmentation across the payment lifecycle. The solution had to connect data, systems, and workflows from end to end and scale with the organization.

02 THE INNOVATION

END-TO-END RECONCILIATION APPROACH

INPUT

Unify payment and reconciliation data

Import remittance, deposit, bank, patient-payment, EMR-posting, and general-ledger data into one connected platform.

→

FUNCTION

Reconcile payment activity across systems

Match deposits and remittances, identifies exceptions, and reconciles downstream posting activity.

→

HUMAN ROLE

Govern the reconciliation process

Teams establish controls, monitor reconciliation activity, and ensure the process operates as intended.

→

ACTION / OUTPUT

Enterprise-wide reconciliation

Payment activity reflects the same financial reality across teams, giving leaders a reliable view of cash.

WHY Technology HERE?

Manual processes cannot connect and reconcile payment activity consistently across the volume of systems, transactions, and organizational entities involved. Technology makes enterprise-wide reconciliation possible at scale.

TRUST + GOVERNANCE

Teams define reconciliation rules and controls, monitor results, and investigate exceptions, maintaining oversight of how payment activity is matched and reconciled.

03 THE USE CASE

Tell one real story: Before → Intervention → After.

BEFORE

Two teams reconciled the same payment differently:

- Revenue Cycle and Accounting worked through disconnected processes
- Manual research and unresolved variances delayed reconciliation
- Limited visibility made discrepancies and audit explanations difficult

→

INTERVENTION

Reconciliation was redesigned around the full payment lifecycle:

- Established a shared definition of a reconciled payment
- Applied payer-specific rules to complex 835s, PLBs, and takebacks
- Connected payment posting and general-ledger reconciliation with centralized exception visibility

→

AFTER

More payments reconcile without manual intervention:

- Automated reconciliation increased from 70% to 90%
- Approximately $250 million annually now reconciles automatically
- Centralized Analytics to Identify and Resolve RCM and Accounting Exceptions
- Teams focus on true exceptions and other higher-value priorities

THE STORY IN ONE LINE

With reconciliation automated through a centralized platform, healthcare teams can redirect resources to revenue-generating priorities, support growth without adding reconciliation headcount, and gain a more accurate view of cash.

04 THE IMPACT

Use the few metrics that prove the result. Show evidence, not adjectives.

20%

Increase in straight through Reconciled Transactions

$21M

Additional Dollars Reconciled Monthly

3-5 DAYS

Accelerated Month End Close Reconciliation

PLB Transparency

PLB Identification in overall balancing Analytics

EVIDENCE / COMPARISON

Visibility into all unapplied Cash and Non-reconciled items

Analytics for leadership and Auditors available real-time daily

WHAT CHANGED FOR HEALTHCARE?

Reduced month end discrepancies, reduced manual research for daily balancing issues.

Increased auto reconciliation rate from ~70% to ~90%. That translates to ~$250M more insurance payment auto-reconciled per year.

05 WHY IT MATTERS

Close on healthcare significance, scalability, and what the use case proves — not a sales call to action.

Growth should not come at the cost of financial control and increased human capital to manage.

WHAT THIS USE CASE PROVES

Reconciliation can scale with growth when technology and payment expertise work together.

SCALABILITY

Support growth without adding manual work.

Payer-specific rules account for differences in 835s, PLBs, and takebacks, allowing more payment activity to be reconciled without a proportional increase in staff.

SUSTAINABILITY

Keep the model current as complexity evolves.

Ongoing expertise and business-rule maintenance allow the model to evolve without placing the responsibility on the internal IT team.

LESSON LEARNED

Solving reconciliation required more than technology.

It required specialized payment expertise and a partner who could maintain evolving business rules without adding to the IT burden.

MAKE THE CALL JUDGES

Innovation. Evidence. Impact. Scale.

YOUR VOICE MATTERS

Audience Choice voting

https://www.menti.com/al7ajyta5nh5

Scan. Vote. Celebrate.

AND THE WINNER IS...

The Innovation Gauntlet • 2026

CLOSING

THANK YOU

To the innovators, judges, and HFMA community.

BRING THE FACTS. DEFEND THE INNOVATION. MAKE AN IMPACT.