

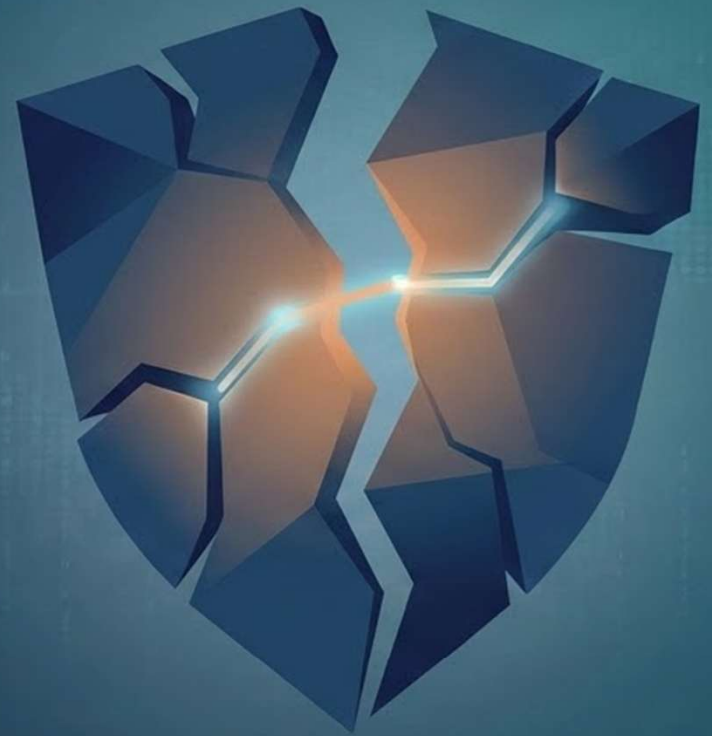
The Breakdown Before the Denial:

Fixing the Front-End
Failures Driving
Payer-Provider Friction



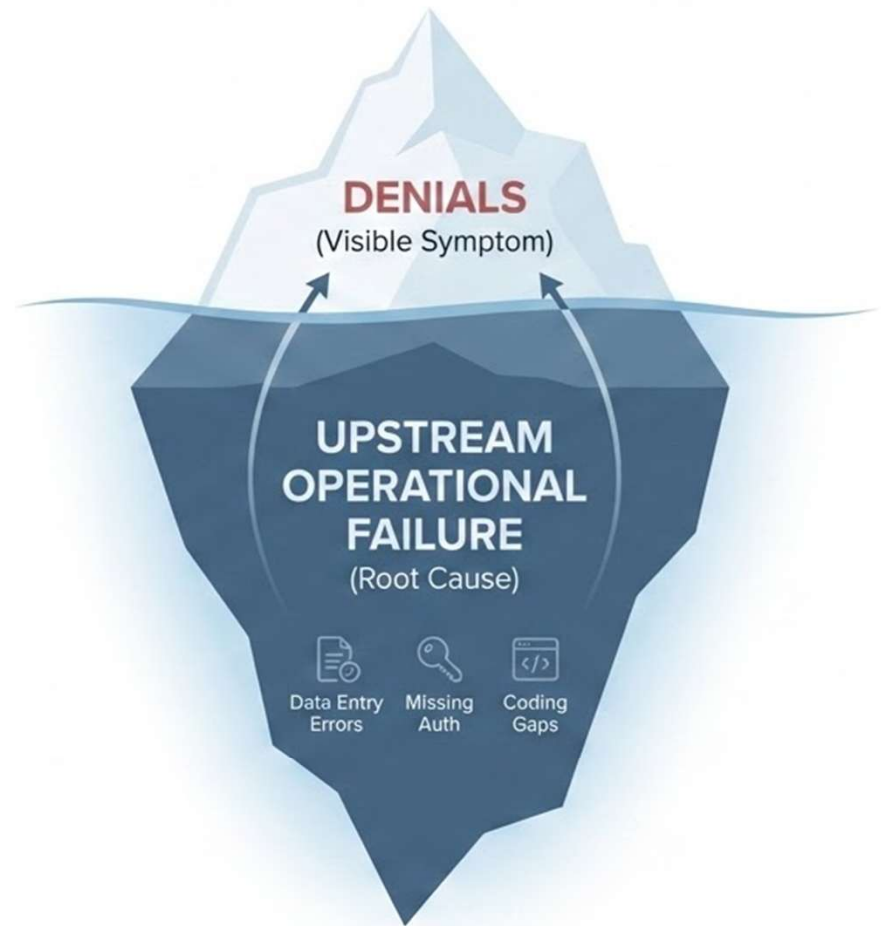
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DENIALS AREN'T JUST A REVENUE PROBLEM.

They're a symptom of
upstream operational
failure.





“Healthcare isn’t getting simpler—and neither are payer requirements. But our front-end processes haven’t kept up.”

3 pillars:



1. Front-End Breakdown

- Workflows not built for volume
- Intake inconsistency
- Incomplete submissions



2. Communication Gap

- Unclear requirements
- No feedback loop
- Inconsistent submissions



3. Back-End Pressure

- Delays
- Denials
- Slower access for patients

“How many of you have seen this exact thing happen?”

The Breakdown and The Breakthrough

The Friction: Operations Not Ready

-  Teams not scaled
-  Training gaps
-  Pressure → errors

“A policy designed to improve access created friction—because operations weren’t ready to support it.”

What Changed: Stabilizing the Process

-  30 prior auth specialists deployed in 25 days
-  Standardized workflows
-  Improved submission quality

“This wasn’t just about adding people—it was about **stabilizing the process** to restore alignment with payers.”

Top 3 Front-End Failure Points

WHERE IT BREAKS: FRONT-END FAILURES



1. Eligibility & Benefits

Errors → immediate downstream issues

Staffing: often junior roles, minimal training

1. Eligibility & Benefits Verification

- Errors → immediate downstream issues
Staffing: often junior roles, minimal training

2. Prior Authorizations

- Volume + complexity + payer variation
Staffing: overwhelmed teams, rushed work



3. Data Capture at Intake

- Missing or incorrect info
Staffing: speed prioritized over accuracy



3. Data Capture at Intake

Missing or incorrect info
Staffing: speed prioritized over accuracy



Anchor line:

"The front-end is treated like an entry point—but it's actually the foundation of the entire revenue cycle."



THE COMMUNICATION GAP

What's happening:

- ! Payers send vague denial reasons
- ! Providers send inconsistent data
- ! No shared understanding



Tim a like:

- ! Missing → instead over coercive alignment



Where staffing shows up:

- ! No time for root cause analysis
- ! Reactive follow-up instead of proactive alignment



What better looks like:

- ! Feedback loops using denial trends
- ! Defined escalation paths
- ! Internal alignment first



“

“Both sides are communicating constantly—but not understanding each other.”

”

THE RIPPLE EFFECT

Cause



Slower cash flow



Staff burnout



Patient frustration

Effect



High performers
carrying teams



Constant rework
cycles



Turnover increases

“

“The divide isn’t just costing money—it’s costing people.”

”

WHAT CAN BE DONE BETTER

1. Fix the Front-End First



Standardize intake + auth workflows
Train for accuracy

2. Align the Revenue Cycle

- Break silos
- Shared KPIs



3. Build Payer Relationships

- Regular touchpoints
- Transparency



4. Rethink Staffing Strategy

- Proactive workforce planning
- Blend internal + external support
- Invest in training + retention

2. Align the Revenue Cycle



Break silos



Shared KPIs

4. Rethink Staffing Strategy



Team



Puzzle

“

“Technology can scale your operations—but only people and process can fix them.”

”

“

**Because when you shift
your focus upstream...
Everything downstream
gets better.**

”

Thank you