# Revenue Recovery

## At a glance



#### What It Is:

Revenue Recovery is an Alpowered, on-premises solution that helps healthcare providers reclaim revenue lost to claim denials—quickly, securely, and without disrupting existing workflows.

It automatically identifies and corrects denied claims, reducing the burden on your staff.



### Why It Matters:

- 15–20% of claims are denied on first submission\*
- 65% of denied claims go unworked due to time and resource constraints\*\*
- U.S. hospitals lose ~\$262B annually due to denied claims\*

Traditional denial management is slow, manual, and costly. Alievate's Revenue Recovery changes the game with quiet Al and loud results—fixing denials, recovering revenue, and eliminating manual lift.

## **Key Benefits:**

- Up to 95% recovery rate on coding-related denials
- Up to 50% of denied claims<sup>†</sup> recovered
- Minimal disruption to current workflows—no training needed
- Works 24/7 without falling behind
- No added headcount or expensive RCM tools required
- On-premises
  deployment ensures full
  control over PHI
- Clear ROI visibility via a powerful web dashboard

<sup>\*</sup>Source: American Hospital Association. "Payer Denial Tactics — How to Confront a \$20 Billion Problem." AHA Center for Health Innovation Market Scan, April 2, 2024.

<sup>\*\*</sup>Source: HFMA. "Success in Proactive Denials Management and Prevention." Healthcare Financial Management Association, accessed June 18, 2025.

l Based on Ailevate's early testing and projected performance penchmarks





Identifies if a denial is due to coding errors and determines if it can be fixed.

Claim Triage

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Uses AI to analyze codes, patient data, and denial reasons to craft a resolution.

**Solution Analysis** 



Generates a corrected claim (837) and logs an audit trail

Claim Recreation & Resubmission

### Integration without Disruption

- Integrates with your EHR and existing systems
- Pulls all relevant data needed to resolve denied claim (837, 835, payer guidelines and coding standards)
- Adapts to payer rule changes
- Transparent automation—
  minimal manual lift after setup

### Onboarding & ROI

- 30-day onboarding from discovery to go-live
- Tangible ROI typically begins within 30–90 days
- Custom ROI estimates available with a few key reports (e.g., AR Aging, Denial Analysis)

### **Learn more**

Tired of denied claims draining your revenue?

Get to know Ailevate. See how our AI solution works behind the scenes to fix coding errors in denied claims—no extra staff, no workflow headaches. Explore the possibilities at <a href="www.ailevate.com">www.ailevate.com</a>.