CLOSING THE LOOP:

How AI-powered documentation integrity reduces denials + accelerates reimbursement

Strategies to transform fragmented workflows into intelligent, closed loops systems that drive meaningful results

WAYSTAR

THE CASE FOR CHANGE

Why mid-revenue cycle transformation can't wait

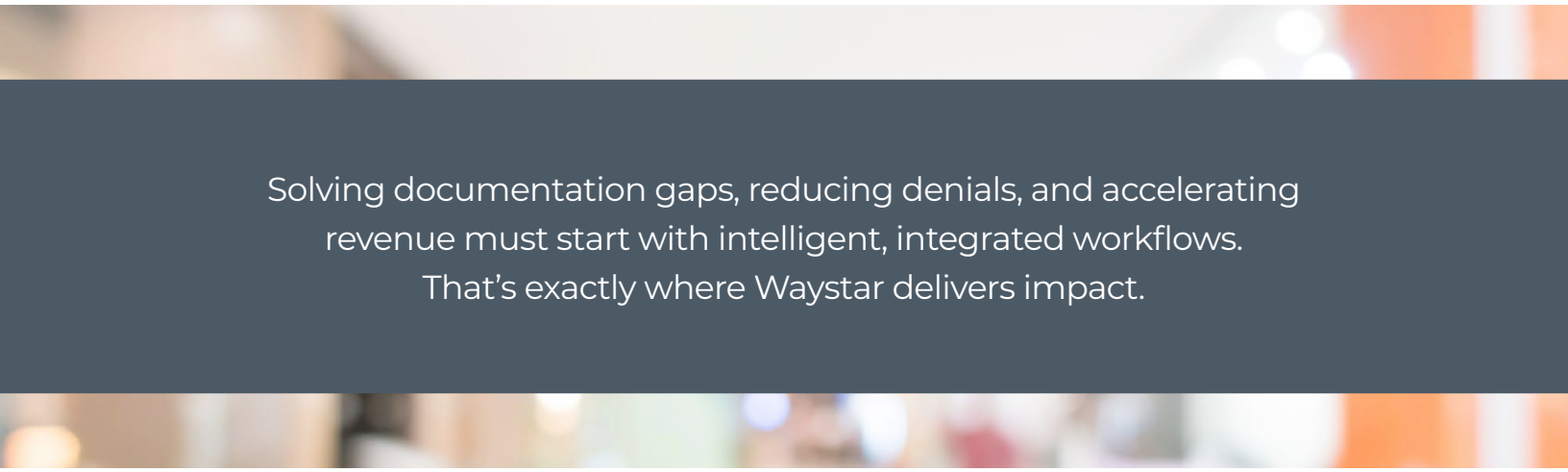
Healthcare organizations are under growing pressure to deliver high-quality care while navigating mounting financial, operational, and regulatory challenges. Traditional mid-revenue cycle approaches — fragmented, manual, and reactive — are no longer sustainable.

As these challenges intensify, intelligent automation and AI act as a powerful lever for relief. A major portion of this opportunity lies in administrative simplification: reducing the complexity and inefficiency in documentation, authorization, and billing processes.

Despite growing adoption of generative AI and digital solutions, most healthcare organizations have yet to fully integrate these tools across the mid-revenue cycle — leaving critical savings untapped.

$20B

savings opportunity to simplify healthcare by shifting from manual to automated processes[1]



Solving documentation gaps, reducing denials, and accelerating revenue must start with intelligent, integrated workflows. That's exactly where Waystar delivers impact.

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1. CAQH Index, 2024

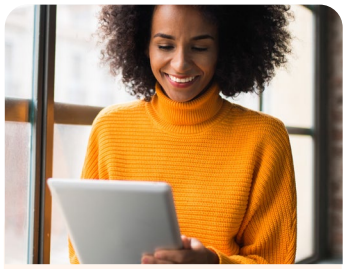
From fragmentation to intelligent integration

Even in organizations with best-in-class CDI programs, systemic challenges remain. Historically, CDI and UM teams have worked in parallel with limited visibility into each other's workflows. A CDI specialist may query for documentation supporting sepsis, while a UM nurse manages authorization for the same patient — often unaware of overlapping efforts.

Clinical documentation frequently evolves after discharge, with studies showing that roughly 20% of documentation opportunities are identified only post-discharge[2]. Traditional tools rarely capture these late-stage gaps, leaving organizations exposed to suboptimal medical necessity defenses and potential claim denials.

Prebill Anomaly Detection addresses this critical gap by surfacing unresolved documentation and coding issues at the final checkpoint before billing. By extending intelligence to this stage, it ensures that opportunities missed earlier are identified and addressed.

Embedded within a unified platform, Prebill Anomaly Detection allows CDI, UM, and coding teams to operate from a shared source of clinical truth. This coordinated approach supports comprehensive, proactive action across the entire patient journey, including cases where new clinical information emerges post-discharge, safeguarding revenue while maintaining compliance and clinical integrity.



20%
of documentation opportunities arise post-discharge[2]

Closing the loop with Prebill Anomaly Detection

Post-discharge leakage is real — and costly. Yet most CDI and coding programs stop too soon, leaving critical documentation opportunities unresolved.

An analysis of millions of patient visits shows that 1 in 4 encounters still need documentation review post-discharge[2].

Without a purpose-built pre-bill solution, these clinical inconsistencies lead to missed revenue, increased denials, and time-consuming rework.

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2. Waystar, Documentation & Coding Leakage Analysis, 2025, n=101

SUCCESS STORY

AdventHealth

Despite a mature CDI program, AdventHealth faced ongoing pre-bill leakage.

After implementing technology for post-discharge CDI reviews in addition to concurrent CDI, they:

- Increased high-impact queries
- Prioritized the right cases — those most likely to influence financial and quality outcomes
- Improved reimbursement accuracy and strengthened compliance

"Prebill Anomaly Detection has delivered measurable ROI. The ability to prioritize the right cases — not just more — has transformed our teams' productivity and financial performance."

Dr. Christopher Riccard
VP of Hospital Medicine & CDI

AdventHealth

$3-4M

Revenue opportunity with Prebill Anomaly Detection

Healthcare providers that harness Prebill Anomaly Detection yield up to $3-4M each month in previously missed revenue, simply by acting earlier in the billing process.

Prebill Anomaly Detection closes the loop by:

- Flagging unresolved documentation issues or DRG mismatches pre-claim
- Surfacing missed high-impact conditions with financial impact
- Reducing downstream denials and compliance risk

ROBUST CLINICAL INTELLIGENCE

Unlock the power of smarter documentation + decision-making

Waystar's Clinical Integrity solutions harness powerful AI and advanced automation that mimics how clinicians think, document, and make decisions.

CLINICAL INTELLIGENCE POWERING ACTIONABLE INSIGHTS

1.5B+
medical concepts

93M+
diagnoses

18M+
procedures

160M+
patient encounters

Real-time integration
of vital signs + lab data

Waystar data, 2025

This intelligence drives every stage of the mid-revenue cycle — including Prebill Anomaly Detection — enabling teams to identify high-value interventions without replacing clinical judgment. It's AI built to augment care, not automate it.

Built for clinicians, designed for collaboration

Waystar's Clinical Integrity solutions are built for simplicity and immediate impact. The software integrates seamlessly into existing workflows, surfacing clinical alerts at the right moment without adding extra complexity. Plus, our robust training program helps drive adoption quickly without long, complicated onboarding, making it easy for your team to hit the ground running.

With Prebill Anomaly Detection, your team can catch critical documentation opportunities through final claim review:

- CDI can see where unresolved gaps may impact coding
- Prebill Anomaly Detection flags high-risk financial implications, allowing preemptive action
- Coding teams gain confidence in documentation, reducing rework

This real-time coordination enables faster, cleaner billing — and fewer surprises.

AI-POWERED INNOVATION

Clinical intelligence evolved

Together, Waystar's Clinical Documentation Integrity, Utilization Management, and Prebill Anomaly Detection solutions provide a unified clinical view, allowing teams to act on shared data, not assumptions.

Key capabilities include:

- Alignment across CDI and UM based on predicted conditions and documentation completeness
- Smart workflows incorporating PSI, HCC, and Elixhauser indicators
- Prioritized case routing based on gaps in documentation vs. clinical evidence
- Clinician-informed, EHR-agnostic models developed with a responsible AI approach

"We're seeing more complete records, faster query responses, and more charts reviewed — all of which directly impact reimbursement."

RN, Director of Quality Initiatives, WMHS

MEASURABLE IMPACT

Real results from real hospitals

Waystar delivers more than innovation — **we deliver outcomes:**

Financial impact:

$2M
in additional reimbursement per 10,000 admissions with CDI[3]

$11.4M
average annual revenue from Obs-to-IP conversions[3]

Operational efficiency:

90%
of facilities report increased CDIS productivity[3]

136%
median lift in query efficiency[3]

Quality + risk improvement:

23%
increase in risk adjustment condition capture[3]

8.4+
average improvement in PSI-90 percentile score[3]

In addition, customers with both CDI + UM experience:

40%
average reduction in unnecessary CDI reviews, or cases that were reviewed by CDIS but downgraded to Obs[3]

5.8hrs
average reduction in the time it takes to upgrade a patient from Obs to IP[3]

These meaningful outcomes empower health systems to reinvest in patient care and long-term sustainability.

3. Waystar, Client Cohort and Model Performance Analysis.

THE WAYSTAR SOFTWARE PLATFORM

Innovation that drives powerful outcomes

Healthcare is changing fast — and Waystar's end-to-end software platform evolves with it.

Our AI-powered solutions scale with your organization, continuously getting smarter, faster, and more efficient at solving the most complex challenges in healthcare revenue cycle.

BLOG

Discover the 5 key areas to improve your healthcare RCM process

The future of healthcare depends on a smarter, more unified approach to revenue integrity — spanning the complete revenue cycle, from patient access to mid-cycle processes like clinical documentation and coding, all the way through claim management and denial prevention.

By uniting robust financial and clinical intelligence on one platform, health systems can eliminate documentation gaps, accelerate revenue, and reduce burden on staff — all while improving care delivery.

Request demo

EXPLORE THE WAYSTAR SOFTWARE PLATFORM

- **Financial Clearance** — Learn more
- **Patient Financial Care** — Learn more
- **Clinical Integrity + Revenue Capture** — Learn more
- **Claim + Payer Payment Management** — Learn more
- **Denial Prevention + Recovery** — Learn more
- **Analytics + Reporting** — Learn more

Discover the way forward

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ABOUT WAYSTAR

Waystar's mission-critical software is purpose-built to simplify healthcare payments so providers can prioritize patient care and optimize their financial performance.