Knack RCM

Whitepaper

Rebalancing the Revenue Equation

How Providers Can Counter Payer Advantage Through Smart RCM Strategy

EXECUTIVE SUMMARY

Payers use technology that moves faster than provider revenue cycle teams can ever hope to match. Their reviews are quicker, their rules change often, and the result is a rise in denials that outpaces available provider resources to manage them. The imbalance is growing and will continue to grow as payers refine the tools protecting their financial position. Matching payer technology isn't realistic. Disruption will continue as payers become more aggressive with denials, requiring providers to operate smarter revenue operations to continue functioning predictably as requirements change. Strengthening the fundamentals is the only reliable way to gain control. Knack RCM works with practices and multisite groups to build that structure. By improving how information moves through the process and reducing avoidable variation, Knack gives teams a clearer understanding of erratic payer behavior and the tools to strengthen financial performance on an uneven playing field.

The Growing Payer Advantage

Payers work with larger datasets and more automated review systems than providers have access to. They update internal rules frequently, and those changes affect how claims move through the system. Payers use analytics and automated audits to question a claim when something in the documentation doesn't match their expected pattern. These reviews slow payments, and the updates behind them aren't always communicated clearly. Staff go back through documentation and system notes to understand what happened, and that takes time.

These shifts increase the workload for internal teams. Authorizations take time to settle, and coding reviews involve more back-and-forth than they used to. Claim decisions require follow-up when the result doesn't match what teams expected. Contract terms create their own challenges, especially when the payment doesn't reflect the agreement, and staff have to determine what changed. The workload keeps rising even when patient volume stays the same.

Top Payer Tactics Draining Revenue:

1. **Prior authorization overload**
2. **Expanding denial categories**
3. **Contract ambiguity and underpayment**
4. **Slowed adjudication**
5. **Constant policy updates**

These tactics show up differently across payers, but the effect is similar. Providers take on more work to keep claims moving, and stability depends less on payer behavior and more on the strength of the revenue process inside the organization.

Why Providers Can't Outpace the Payers — and Don't Need To

Trying to match payer decisions one claim at a time doesn't change overall performance. Payers process information faster than any individual team, and attempting to compete on speed or volume is not realistic. It diverts attention from the parts of the process that providers do control.

The better path is to change how the work is organized. When revenue processes follow a consistent structure, the early steps produce fewer mistakes, and the issues that remain are easier to sort through. That helps organizations separate internal problems from payer-driven decisions.

Proactive financial management depends on this. A technology or workflow change doesn't define revenue cycle modernization; that is determined by alignment. People, process, and technology must function together. When part of that arrangement isn't aligned, the process becomes more complicated to manage. Keeping everything moving in the same direction gives organizations the room to respond on their own terms.

Strategic Countermeasures

TURNING RCM INTO A REVENUE EQUALIZER

Strengthening internal revenue operations gives providers a way to understand and respond to payer behavior. This work is strategic and depends on a process that moves information cleanly and keeps decisions aligned across the entire workflow.

01 Payer Intelligence

Understanding payer behavior starts with the way information is collected and reviewed. When teams look at the same indicators the same way, the patterns behind claim decisions become clearer. That gives them a realistic sense of what to expect from each payer and where their effort will have the most impact. Instead of reacting to denials as they arrive, they respond with a plan.

02 Automation

Automation reduces preventable errors by moving repetitive administrative steps through the same sequence every time. Eligibility checks, authorizations, and claim reviews follow a predictable path, removing variations that become downstream problems. With fewer errors entering the system, teams spend less time on rework and more time on decisions that genuinely need their attention.

03 Contract Management

Contract management is effective when the information behind each payment is consistent. Comparing negotiated terms to actual reimbursement gives teams a clear view of how the payer applied the agreement and keeps the reconciliation grounded in facts.

04 Denial Prevention

Denial prevention works when teams understand why the denial occurred. The correction may relate to the way documentation is captured or to a payer expectation that needs attention earlier in the workflow. When those issues are consistently recognized, teams identify the pattern behind them and address the root cause, keeping more claims from reaching the point of denial.

05 Performance Transparency

Visibility ties the strategy together by showing how the revenue cycle performs over time. When information is recorded the same way across teams and service lines, leaders see how the work is progressing and where their involvement matters most. Clear reporting also gives managers a dependable basis for accountability and makes performance discussions more straightforward.

Knack RCM integrates each of these components into its work with clients. The goal is not only to resolve immediate issues but also to build resilient practices. The impact of this approach is evident in Premier Vision Group's experience.

See how this approach shaped Premier Vision Group's Experience

Case Study: Premier Vision Group (PVG)

HOW ONE EYE CARE PROVIDER REDUCED A/R BY 50% AND INCREASED REVENUE BY 17%

Premier Vision Group, an Ohio-based eye care network, sought a way to reduce insurance A/R and improve consistency in its billing operations across multiple practices. The group was managing a growing number of payer requirements and needed a structure that could support both accuracy and compliance. Their internal teams were spending significant time on payer follow-up, and the reimbursement they received did not reflect the amount of work required.

Knack RCM partnered with PVG to establish an end-to-end revenue process. Coding, follow-up, and analytics moved through a single connected structure, giving each practice the same foundation for billing and oversight. Automated tracking improved visibility into payer activity, and contract performance could be reviewed with greater clarity. With fewer unresolved claims and more consistent oversight, PVG focused on the decisions that strengthened financial performance.

Within one year, PVG **reduced insurance A/R to 62% of average monthly revenue** and **increased average monthly collections by 17%.** The network also regained time for clinical and operational priorities, supported by reliable billing processes and consistent coding oversight. Ethical and compliant billing remained central to the work, and each practice benefited from a more organized and predictable revenue cycle.

"With Knack as our partner, we not only obtained our goal to significantly lower insurance accounts receivable — we exceeded it."

— Mike Brujic, OD, FAAO, Partner, Premier Vision Group Leadership

The Payoff

RECLAIMING CONTROL AND CONFIDENCE

Providers cannot control payer systems, but they can control how they prepare for and respond to them. With stronger processes, reliable technology, and clear visibility into patterns of denial and payment, practices, and multisite groups regain the ability to operate with confidence.

Knack RCM helps organizations achieve this balance by building revenue systems that are consistent, predictable, and aligned with long-term financial needs.

Discover how Knack can help your organization rebalance the revenue equation.