



From Reactive to Predictive: The Future of Urgent Care RCM

■ Jennifer Guido

For years, revenue cycle management (RCM) has measured success largely by how efficiently we respond when something goes wrong. A claim rejects, someone fixes it. A claim denies, someone appeals it. A balance ages, someone follows up. Technology has made that work faster, but a revenue cycle that becomes exceptionally good at fixing preventable problems is still spending too much time fixing preventable problems.

The next evolution of RCM requires us to challenge that operating model. Reactive RCM asks, “What happened, and how do we fix it?” Proactive RCM asks, “What is happening, and where should we intervene?” Predictive RCM asks the more powerful question: “What is likely to happen next, and can we change the outcome?” For urgent care, where high transaction volumes can turn small issues into significant financial problems quickly, that shift is especially important. Volume also creates repetition, and repetition creates patterns. Technology can increasingly help us recognize those patterns sooner, prevent avoidable work, identify financial opportunities earlier, and focus human expertise where it can have the greatest impact. It is time to build the revenue cycle for where healthcare is going, not where it has been.

From Reporting to Intelligence

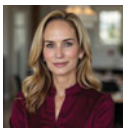
Urgent care organizations are not short on data. Every claim, rejection, denial, payer response, payment, and adjustment tells us something. The challenge is turning all of that activity into intelligence we can act on. Traditional key performance indicators (KPIs) remain essential, but most tell us what has already happened, and enterprise averages can hide meaningful changes. An overall denial rate may look stable while denials from one payer are quietly climbing. Days in

accounts receivable may remain within target while a major payer is taking progressively longer to pay. By the time those changes materially affect a monthly KPI, the underlying problem may have been developing for weeks.

Advanced analytics give revenue cycle teams the ability to ask better questions. Instead of asking only, “What is our denial rate?” we can begin asking, “Where is denial behavior changing?” Rather than relying solely on accounts receivable (AR) deterioration to signal a problem, emerging capabilities can help teams look for changes in payment velocity, reimbursement patterns, or payer behavior that deserve attention earlier. Reporting tells us what happened. Intelligence gives us a chance to influence what happens next.

Consider a multisite urgent care organization that begins seeing a modest increase in denials for a frequently performed service. The increase is not yet large enough to move the enterprise denial rate, so in a traditional model those claims enter a work queue and are addressed one at a time. But the pattern itself may be far more important than any individual denial. Is the increase concentrated with one payer, market, or claim characteristic? Are similar claims beginning to show the same risk? As analytic capabilities become more sophisticated, comparing current activity with historical outcomes and payer behavior can help identify developing problems before they become widespread.

Predictive analytics is not about knowing with certainty that a particular claim will deny. It is about using patterns and probabilities to identify risk early enough to create an opportunity for intervention. Every preventable denial carries two costs: delayed revenue and the administrative expense of recovering it. Resolving one denied claim may recover one payment. Finding the root cause and preventing hundreds of similar claims from denying changes the economics entirely. We should not measure the sophistication of a revenue cycle only by how efficiently it works denials. Increasingly, we should measure it by how often it prevents them.



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Turn Payer Activity Into Action

Payer changes rarely arrive with a flashing warning sign. Often, the first indication is buried in day-to-day revenue cycle activity. Requests for medical records increase. Claims that historically paid within a predictable timeframe start taking longer. A common urgent care service is suddenly adjudicated differently. A denial reason that rarely appeared begins showing up more often. One occurrence may mean very little. Repetition can reveal a signal.

At scale, analytics create the potential to distinguish normal variation from a meaningful shift in payer behavior. Strong enterprise performance can easily mask a developing issue within a single payer, market, location, or group of claims. As these capabilities mature, recognizing those shifts earlier can give an organization something incredibly valuable: time to investigate, adjust workflows, engage the payer, or correct an issue before it becomes a larger AR or cash problem.

The same intelligence can also point us toward opportunity. RCM has traditionally focused heavily on what went wrong: denials, aging AR, rejections, and underpayments. But the same data can help reveal unexpected reimbursement patterns, differences between expected and actual payment, accounts with greater recovery potential, and positive trends worth replicating. Not every outstanding dollar has the same likelihood of collection, and not every account deserves the same amount of human attention. The objective should not be to touch the most accounts or complete the most tasks. It should be to direct effort where it has the greatest potential to prevent revenue loss, accelerate reimbursement, or uncover financial opportunity.

Beyond the Work Queue

For years, work queues have been the backbone of revenue cycle operations. Technology has made those queues easier to organize and faster to process. But making an old process faster is not the same as redesigning it.

The better question is not, “How do we work the queue faster?” It is, “How much of this work should have reached the queue at all?”

Technology is increasingly capable of evaluating large populations of claims and accounts, automating predictable activity, identifying risk, and surfacing exceptions that warrant attention. As those capabilities expand, the opportunity is to move away from asking people to search through thousands of accounts to find the problem and toward bringing the right problems to them. That changes the role of the RCM professional. The value is no longer simply in finding and completing work. It is in solving complex reimbursement issues, identifying root causes, challenging payer behavior, uncovering revenue opportunities, and translating financial information into action.

This is also where the conversation about automation needs to evolve. Its value is not limited to reducing manual tasks or administrative cost. Done well, automation creates capacity and allows human expertise to be deployed more intentionally. The economic opportunity is not simply doing the same work with fewer resources. It is using technology to make every human touch more purposeful and, increasingly, more valuable.

The question is not whether technology or people should manage the revenue cycle. It is which work requires human judgment, and which work increasingly can be automated. Technology can identify, prioritize, and automate where appropriate. People interpret, solve, strategize, and build the relationships necessary to drive change. The future of RCM is not more people working more accounts. It is technology narrowing the field so skilled people can focus on the issues and opportunities where their expertise makes the greatest difference.

Build For Where We Are Going

Urgent care has always been built around speed, access, and efficiency, and its revenue cycle should reflect those same principles. But speed alone is no longer enough. Historical reporting tells us what happened. Real-time analytics can help us understand what is happening now. Predictive capabilities create the opportunity to understand what may happen next. The goal is not perfect prediction. It is earlier, smarter action.

Building the revenue cycle for where we are going, rather than where we have been, means expecting more from both technology and people. Technology should evolve beyond producing reports or helping teams process existing work faster. The opportunity is to identify risk before it becomes a denial, recognize shifts in payer behavior sooner, uncover financial opportunities, prioritize where intervention matters most, and automate routine activity whenever possible. As technology takes on more predictable work, human expertise becomes more valuable, not less.

We should not measure revenue cycle performance only by how quickly we respond once revenue is already at risk. We should also measure how early we recognize that risk, how often we prevent avoidable problems, and how effectively we identify opportunities hidden in the same data.

The organizations that lead the next era of RCM will not be the ones with the largest work queues, the most reports, or even the fastest follow-up. They will be the ones that recognize where revenue is at risk before it is lost, where opportunity exists before it is obvious, and where human expertise can make the greatest difference. That is what it means to build the revenue cycle for where we are going, not where we have been. ■