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Kovo RCM Introduces Proactive Model to Help Providers Prevent Claim Denials

New approach signals industry shift away from reactive revenue cycle management as financial pressures mount

RIVERTON, Utah — May 20, 2026 — As healthcare providers face rising denial rates, tightening reimbursement timelines, and increasing administrative strain, Kovo RCM today announced a new proactive approach designed to stop revenue loss before it occurs—marking a shift away from traditional, reactive medical billing models.

Across the industry, providers are losing significant revenue to preventable claim errors, often identified only after submission—when recovery is more costly, time-consuming, and uncertain. The average medical practice now sees 10–15% of claims denied, and notably, as many as 86% of those denials are potentially avoidable, according to industry data.

Kovo RCM's latest innovation addresses this challenge head-on by identifying and resolving potential issues earlier in the revenue cycle management process, before claims are ever sent to payers.

Unlike conventional RCM processes that focus on fixing denials after they happen, Kovo's approach leverages a sophisticated rules-based system to surface risks in real time—from eligibility discrepancies and coding inaccuracies to documentation gaps—allowing providers to take corrective action upfront.

“Healthcare organizations can't afford to chase revenue after it's already been lost,” said Jessica Metevier, Southeast Regional VP of Operations at Kovo RCM. “The future of revenue cycle management is proactive. By identifying and resolving issues before a claim is submitted, providers can dramatically reduce denials, stabilize cash flow, and shift their focus back to patient care.”

This proactive approach comes at a critical moment for the healthcare industry. As staffing shortages persist and reimbursement models grow more complex, providers are under increasing pressure to do more with fewer resources, making efficiency and accuracy at the front end of the revenue cycle management process more important than ever.

Kovo RCM's model enables organizations to:

- Detect and resolve claim risks prior to submission
- Reduce reliance on manual rework and appeals
- Accelerate reimbursement timelines
- Improve financial visibility and performance

By moving intervention earlier in the process, Kovo is helping providers transition revenue cycle management from a reactive, back-end function into a forward-looking financial strategy.

“At its core, this is about control,” Metevier added. “When providers can anticipate what’s coming, rather than respond to what’s already gone wrong, they’re in a much stronger position to protect revenue and plan for growth.”

Kovo RCM continues to expand its capabilities as healthcare organizations seek more strategic partners to navigate an increasingly complex reimbursement landscape.

For more information about how Kovo RCM can help you, visit <https://kovorcm.com/>.

About Kovo RCM

Kovo RCM provides revenue cycle management services designed to help healthcare providers streamline operations, improve collections and gain actionable financial insights. Serving physician practices across multiple specialties nationwide, the company combines experienced billing professionals with advanced analytics to help healthcare organizations reduce administrative burden and focus on patient care. For more information, visit <https://kovorcm.com/>.