mediStreams

The Healthcare Reconciliation Automation Playbook

How Leading Health Systems Reduce Unapplied Cash, Accelerate Posting, and Improve Financial Visibility

Why Reconciliation Remains a Revenue Cycle Bottleneck

Healthcare organizations have invested heavily in digitizing claims, payments, and patient financial workflows, yet reconciliation remains one of the most operationally complex and labor-intensive areas of the revenue cycle.

Payments and remittance data continue to arrive from multiple sources and in multiple formats, including:

- EFTs
- ERAs
- Paper EOBs
- Lockbox files
- PDFs
- Patient payments
- Credit card transactions
- Payer correspondence
- Bank reporting files

Revenue cycle and accounting teams are often left manually determining where money belongs before it can be accurately posted, reconciled, and assigned to the correct patient account or GL code.

The challenge becomes even more difficult in large health systems with multiple hospitals, physician groups, departments, and legal entities.

Without structured, standardized remittance data, organizations frequently struggle with:

- Unapplied cash
- Delayed month-end closings
- Manual posting backlogs
- Delayed reconciliation
- Incorrect GL assignments
- Limited visibility into payment status

Compounding the challenge is the fact that remittance data and information are rarely standardized across payers, banks, and payment channels. Even organizations that receive electronic remittances often rely on teams to manually review files, interpret payment information, route documents, and resolve exceptions before payments can be fully reconciled.

The Operational Drag Nobody Talks About

Most healthcare organizations underestimate the operational burden associated with fragmented payment and remittance workflows.

Manual reconciliation is not simply a posting problem. It creates downstream inefficiencies that impact revenue cycle operations, accounting teams, treasury management, and overall financial visibility.

A single reconciliation issue can force teams to navigate payer portals, PDFs, bank files, spreadsheets, scanned images, and multiple internal systems just to determine where the money belongs.

Over time, that operational friction creates larger downstream challenges across both revenue cycle and finance. Organizations commonly experience:

Growing unapplied cash balances and delayed cash visibility

Manual matching and routing between departments and systems

Month-end reconciliation bottlenecks and posting delays

Limited visibility into missing remits, exceptions, and reconciliation status

Excessive staff time spent researching payment activity instead of resolving it

Increased overtime and staffing pressure to keep up with payment volumes

6 Warning Signs Your Reconciliation Workflows Need Modernization

Many healthcare organizations have normalized manual reconciliation processes without realizing how much operational inefficiency exists inside their workflows. Common warning signs include:

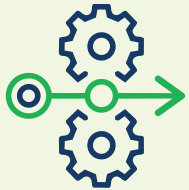
1. **Staff manually matching payments, remits, and deposits every day**
2. **Paper EOBs and PDFs still driving posting workflows**
3. **Shared spreadsheets or inboxes being used to track reconciliation activity**
4. **Growing unapplied cash or delayed month-end close processes**
5. **Multiple teams touching the same payment information before posting**
6. **Limited visibility into payment status, missing remits, or reconciliation exceptions**

If reconciliation depends heavily on manual interpretation, disconnected systems, and staff workarounds, there is likely a significant opportunity to improve automation, visibility, and operational scalability.

What End-to-End Reconciliation Automation Looks Like

The most effective healthcare organizations no longer view reconciliation as a downstream accounting exercise. They treat it as a connected operational workflow that begins the moment a payment or remittance enters the organization.

In many health systems, the real operational burden is not just posting payments. It is identifying where money belongs across hospitals, physician groups, specialty entities, departments, and multiple GL structures while managing fragmented remittance information from hundreds of payers.



Best-in-class organizations are reducing that complexity by creating centralized payment ecosystems that standardize remittance data before it reaches downstream posting and reconciliation workflows.

Rather than relying on teams to manually interpret PDFs, paper EOBs, lockbox images, payer files, and spreadsheets, leading organizations are automating the conversion of fragmented payment data into structured, posting-ready outputs that can move directly into their electronic health record and enterprise financial systems.

The operational difference is significant.

Instead of staff spending hours matching deposits to remits, searching for missing documentation, or manually routing payments between departments, automation handles the bulk of routine reconciliation activity before human intervention is required.

This allows team members to focus on more value-added functions, such as:

- Managing true exceptions rather than routine posting
- Monitoring reconciliation status in real time
- Resolving payer discrepancies proactively
- Improving denial turnaround times
- Reducing unapplied cash exposure
- Accelerating month-end close
- Maintaining visibility across entities and payment sources

Leading organizations also recognize that payer variability creates one of the largest barriers to scalable reconciliation.

Different payer formats, inconsistent remittance structures, paper correspondence, and non-standard workflows often force organizations to rely on manual workarounds.

High-performing revenue cycle operations address this challenge through configurable, payer-specific business rules available in modern systems like MediStreams, which standardize incoming remittance data and automate routing logic before payments reach posting queues.

This is where organizations begin seeing the most meaningful operational improvements.

"Now, we're only dealing with the exceptions… and because the reconciliation happens before the money goes into Epic, we know we're balanced."

"The biggest thing we no longer have to do is match the money to the files. In fact, we don't even have to touch it."

Paper EOBs are converted into structured 835s.

Deposits are automatically matched to remittance files.

Clean transactions post directly into Epic without staff intervention.

Exceptions are surfaced immediately with visibility into missing files, reconciliation gaps, or unmatched deposits.

Accounting teams gain greater confidence that payments are being routed to the correct entities and GL structures.

Revenue cycle leaders gain visibility into processing volumes, payment status, and operational bottlenecks before they impact month-end performance.

Building a Best-in-Class Reconciliation Strategy

Organizations pursuing reconciliation modernization should approach automation as an enterprise financial operations initiative rather than simply a posting efficiency project.

The strongest reconciliation strategies typically include five core principles.

1. Centralize Payment and Remittance Intake

Organizations should create a unified intake process capable of ingesting:

- Paper EOBs
- ERAs
- EFT files
- Lockbox outputs
- PDFs
- Patient payment files
- Bank reporting data
- Payer correspondence

Centralization improves consistency while creating a stronger operational foundation for downstream reconciliation workflows.

2. Convert Unstructured Data into Standardized Outputs

One of the largest barriers to reconciliation automation is unstructured remittance data. Leading organizations use automation to extract, normalize, and convert fragmented remittance information into standardized 835 outputs capable of supporting electronic posting and automated reconciliation.

3. Automate Routing and Reconciliation Workflows

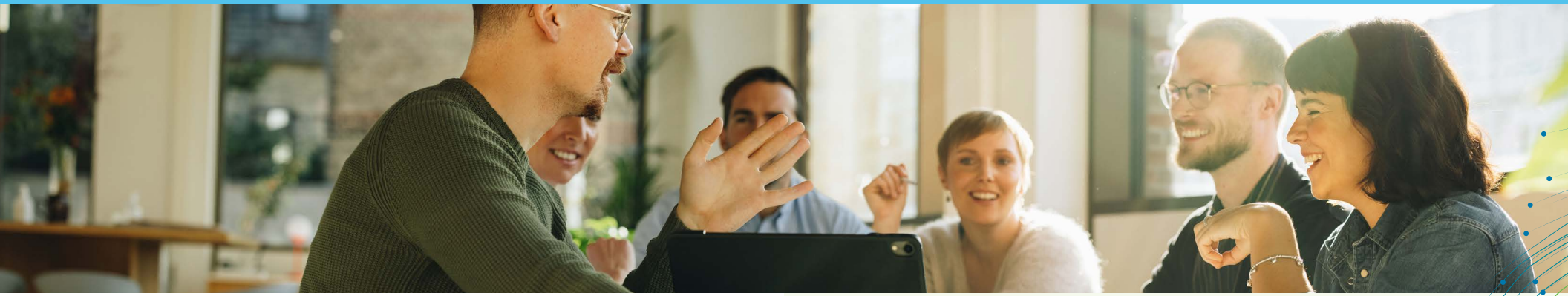
Payments should move directly to the correct patient account, work queue, entity, or GL code without requiring multiple manual handoffs. Automation improves both speed and accuracy while reducing operational burden.

4. Focus Staff on Exceptions, Not Routine Transaction

Best-in-class organizations minimize manual work by allowing routine payment posting and reconciliation activity to occur automatically. Staff attention should focus on true exceptions requiring investigation or intervention.

5. Improve Visibility Across Revenue Cycle and Finance

Organizations should maintain centralized visibility into key metrics like payment status, posting activity, exceptions, unapplied cash balances, and month-end reconciliation delays. Visibility supports stronger operational control and more informed financial decision-making.



The MediStreams Approach to Reconciliation Automation

MediStreams was purpose-built specifically for the complexity of healthcare remittance and payment workflows.

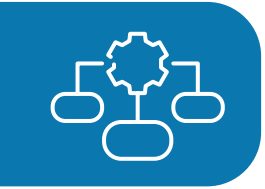
- Paper EOBs arriving alongside ERAs
- Payer-specific remittance formats
- Fragmented lockbox workflows
- Unstructured PDFs
- Multiple entities and GL structures
- Disconnected reconciliation processes
- High-volume posting environments
- Exception-heavy payment operations

How MediStreams Works

MediStreams ingests payment and remittance data from virtually any source, including lockbox files, paper remittances, PDFs, ERAs, EFTs, patient payments, payer correspondence, and bank reporting files.

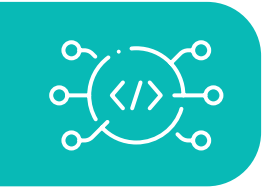
From there, the platform applies healthcare-specific OCR, payer logic, configurable workflow rules, and intelligent data extraction to normalize fragmented remittance information into standardized, posting-ready outputs.

6 Unique Capabilities of MediStreams



1. One of the most distinctive capabilities MediStreams offers is the ability to convert paper remittances and fragmented payment documentation into structured 835 files that support automated reconciliation and electronic posting workflows.

"The ability to consume our paper payments, our paper files and turn those into 835s… has expedited our cash posting and reduced our unapplied cash tenfold."
–Patrick Cox, VP of Revenue Cycle, Aspen Dental



2. MediStreams applies configurable payer-specific business rules that allow organizations to automate routing, matching, reconciliation, and posting logic without requiring custom development work for every workflow variation, which enables extremely high auto-reconciliation rates.

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"The money comes in… the system automatically creates a file output, and it comes over to Epic and posts. There is no human intervention in any of that process."
–Patty Johnson, OHSU

"MediStreams can take a paper remittance, a paper EOB, convert that into an electronic 835, and that electronic 835 can be ingested into my practice management system."
–Michael LeBlanc, VP of RCM, RadNet

4. Through its modern user interface and online web-based portal, MediStreams users can access real-time operational insights into:

- Payment status
- Reconciliation progress
- Exceptions
- Missing remits
- Deposit activity
- Unapplied cash
- Posting delays
- Workflow bottlenecks

This visibility allows revenue cycle and finance leaders to identify operational issues before they impact month-end close or downstream reporting.

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–Patrick Cox, VP of Revenue Cycle, Aspen Dental

5. Operational scalability is another major advantage. Healthcare organizations using MediStreams are often able to absorb significant growth in payment volume without proportionally increasing staffing levels. In some cases, organizations have dramatically reduced the number of manual posting team resources while simultaneously improving posting speed and reconciliation accuracy

"We used to have 40 to 50 people who used to have to do that. I think our latest count is we're under 10 people to do that."
–Michael LeBlanc, VP of RCM, RadNet

6. Equally important is the customer experience behind the platform. MediStreams combines automation technology with healthcare-specific operational expertise, responsive support, and collaborative workflow optimization. Customers consistently describe the partnership as an extension of their own teams.

The result is an end-to-end reconciliation environment that helps healthcare organizations reduce unapplied cash, accelerate posting, improve operational visibility, and help payments reach the right destination — automatically.

Helping Money Find the Right Place — Automatically

Healthcare organizations should not have to rely on fragmented workflows, spreadsheets, paper documents, and manual interpretation to determine where money belongs.

MediStreams helps healthcare organizations transform fragmented remittance data into structured payment intelligence that can be automatically reconciled, routed, and assigned to the correct accounts and GL codes, reducing unapplied cash while eliminating unnecessary manual intervention.

The result is stronger financial visibility, improved operational efficiency, and a more scalable healthcare payment ecosystem.

Are you ready to eliminate manual reconciliation? Discover how MediStreams can help your organization automate posting, improve visibility, and reconcile with confidence.

Visit **www.MediStreams.com** to schedule a call with one of our reconciliation experts.

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www.MediStreams.com

About MediStreams

MediStreams is a premier provider of automated healthcare payment and reconciliation solutions. Purpose-built for the complexity of healthcare remittance data, MediStreams ingests payments and remits from virtually any source, converts fragmented information into standardized posting-ready outputs, and delivers automation, reconciliation visibility, and operational efficiency across healthcare revenue cycle operations.

Healthcare providers, banks, clearinghouses, and RCM organizations rely on MediStreams to automate manual tasks, accelerate reconciliation, reduce unapplied cash, improve posting accuracy, and calm the chaos of healthcare payments. Follow us on **LinkedIn** and learn more at **www.MediStreams.com**