



AI Can Find Revenue. But Can It Defend It?

Tech-enabled revenue integrity requires more than AI:
Why CFOs should prioritize clinical expertise



671% ROI beyond AI-only approaches

Hospital CFOs are being asked to do something increasingly difficult: improve financial performance without increasing operational burden, compliance exposure, or denial risk. In that environment, it is no surprise that AI has captured so much attention in revenue cycle and revenue integrity strategy. The promise is appealing—use technology to surface missed documentation and coding opportunities, recover reimbursement that would otherwise be lost, and do it all at scale.

But finance leaders should ask a more important question than whether AI can identify opportunities: **Which opportunities will actually translate into accurate, defensible reimbursement?**

That distinction matters. In today's audit-heavy, denial-prone reimbursement environment, revenue lift is only valuable if it is clinically supported, coding-accurate, and able to withstand payer scrutiny. Otherwise, what appears to be financial improvement on the front end can create downstream erosion through denials, rework, compliance exposure, and weakened clinician trust. As this Enjoin case study makes clear, the organizations seeing the strongest return are not those relying on AI alone, **but those using technology within a physician-led model** grounded in clinical and coding expertise.

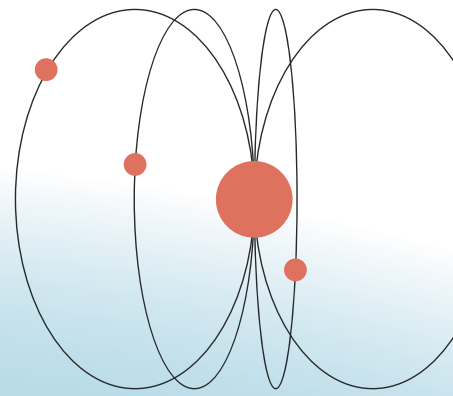
For many health systems, AI performs well at what it was designed to do: identify signals, detect patterns, and surface potential opportunities. That is useful. But potential opportunity and defensible reimbursement are not the same thing. AI can suggest where a diagnosis, severity indicator, or documentation gap may exist. It cannot independently determine whether the clinical story truly supports that conclusion, whether the documentation aligns with coding requirements, or whether the resulting claim will hold up under payer review. Those are governance decisions, not just technical ones.

That is where many CFOs should rethink the operating model. A pure AI-first approach often depends on secondary review by teams that may not have deep physician-level clinical judgment or advanced coding interpretation experience. AI can create a large funnel of alerts but a smaller funnel of validated outcomes. It also introduces a hidden cost: every questionable alert consumes time, draws attention away from high-value cases, and risks elevating recommendations that may not be sufficiently supported. When reimbursement strategy is built on volume of opportunity rather than quality of validation, ROI becomes harder to sustain.

The better model is not anti-AI. It is technology-enabled and clinically-led, meaning advanced analytics and workflow technology help identify patterns, prioritize high-value opportunities, and accelerate reviews, while physicians validate clinical accuracy, coding defensibility, and payer sustainability before recommendations impact the claim. In one Enjoin client example, an academic health system initially implemented an AI-driven prioritization platform to improve documentation and coding performance. The technology surfaced many possible opportunities, but physicians were still required to validate those opportunities and identify additional ones. The organization ultimately restructured its strategy by making Enjoin's technology-enabled physician-led review the primary method, while using AI alerts as a secondary, complementary layer. In other words, technology remained part of the workflow—but it no longer served as the principal arbiter of value. Clinical expertise did.

Right Payment. First Time. Every Time.





AI Can Find Revenue. But Can It Defend It? Continued

That strategic shift produced results that should matter to every CFO. In a review of 51 encounters, the financial impact originally attributed to Enjoin's precision technology-enabled physician reviews was **\$553,000**, compared with **\$78,000** originally attributed to AI. In addition, **more than 50% of AI alerts** fell within the same DRG family that Enjoin physicians had already identified. The health system reported a **671% return on investment** under EnFORM+ and Enjoin's physician-directed, governance-driven review approach.



Those findings carry three important implications for finance executives.

→ First, **higher ROI comes from validated yield, not gross alert volume.** CFOs do not benefit from a system that produces a large number of theoretical opportunities if only a small percentage can be converted into compliant, supportable reimbursement. Financial performance improves when recommendations are accurate the first time, when they require less downstream correction, and when they reflect the patient's actual clinical complexity.

→ Second, **defensible revenue lift is inseparable from denial prevention.** This is one of the most important and least appreciated points in the current AI conversation. Unsupported recommendations do not simply "fail to convert." They can become catalysts for future denials, appeals, and audit vulnerability. If an AI-only workflow encourages pursuit of opportunities that lack sufficient clinical grounding, the organization may exchange short-term optimism for long-term friction. A technology-enabled physician-led review model helps prevent that by distinguishing truly supportable opportunities from noise before the claim is exposed to payer review.

→ Third, **clinical governance is now a financial strategy.**

For CFOs, clinical validation should no longer be viewed as a purely compliance-oriented checkpoint or a post hoc quality step. It is a core lever in sustainable margin performance. When expert physicians and coding specialists interpret documentation through the lens of clinical truth, coding precision, institutional policy, and payer expectations, the resulting recommendations are more likely to generate reimbursement that sticks. That is a materially different outcome from a workflow that depends on less clinically experienced secondary reviewers to sort through AI-generated possibilities.

This matters even more in today's environment of tighter margins and heightened scrutiny. Most finance leaders are no longer looking for isolated revenue wins. They are looking for repeatable models that improve cash performance while protecting the organization from preventable leakage and avoidable denials. A physician-led, tech-enabled approach is compelling precisely because it aligns those objectives instead of forcing a tradeoff between speed and defensibility.

The lesson for CFOs is straightforward. AI has value in revenue integrity—but mostly as an accelerator, not a substitute for clinical expertise. It can help organizations focus effort, recognize patterns, and uncover incremental signals. But the revenue that matters most is not the revenue a platform suggests. It is the revenue the organization can defend.

That is why the most effective strategy is not to ask whether AI should replace clinical review. It is to ask how technology can be deployed under the leadership of clinicians who know how to validate the full patient story, ensure coding accuracy, and protect the organization from downstream denial risk. The answer, increasingly, is a model in which physicians drive the decision-making and technology enhances their reach.

For hospital leaders, that is the real path to performance: **higher incremental revenue lift, stronger denial prevention, better coding integrity, and ROI built on reimbursement that endures—not just reimbursement that appears possible.**

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