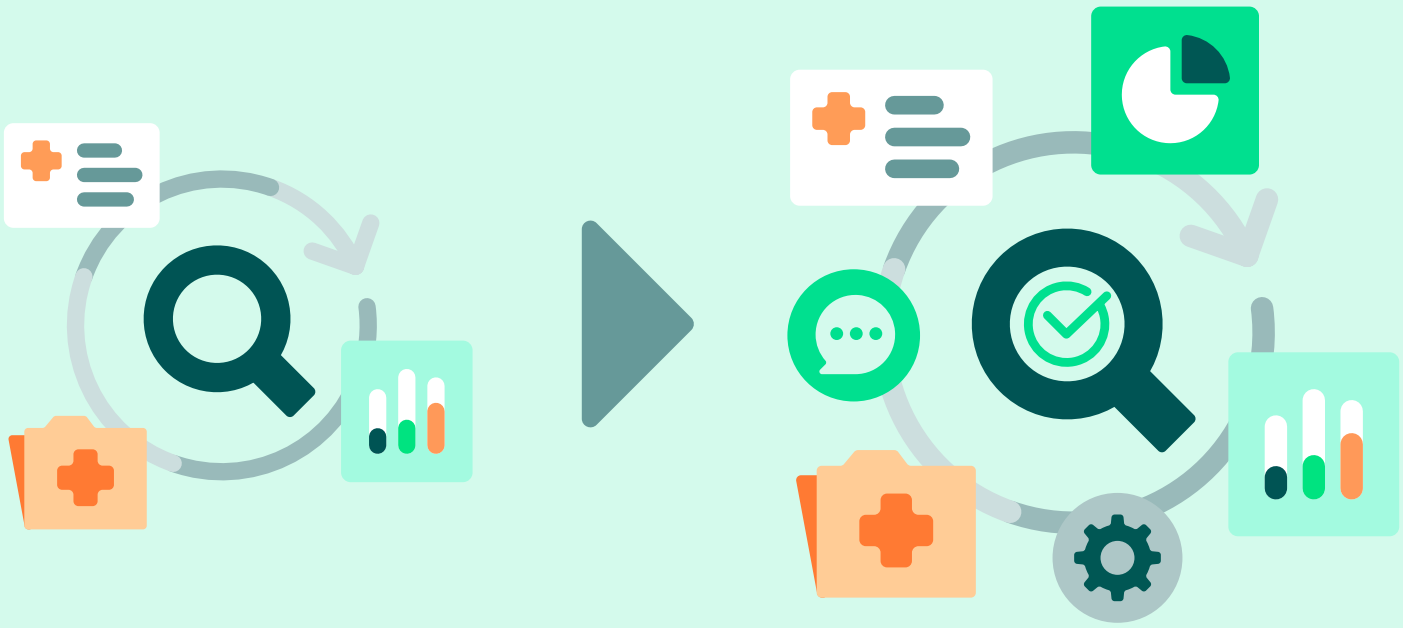
FinThrive

Insurance Discovery Guide

Keep What Works. Add What's Missing.

A practical framework for evaluating stronger insurance discovery with confidence and minimal disruption.



1

Where Your Organization Is Today Matters

Insurance discovery isn't simply about whether coverage is found. It's about how consistently your organization identifies coverage across the account lifecycle, whether the process reaches the right accounts and whether discovered coverage is converted into billable action. Your current capabilities, incumbent relationships and performance gaps should determine the best place to begin.



If you don't have a consistent discovery process

Start by identifying where missed or newly available coverage may be moving toward self-pay without another search.



If you already use an insurance discovery solution

Evaluate whether it searches broadly enough across self-pay, insured and coordination-of-benefits opportunities, and whether it continues searching throughout the available recovery window.



If you're under contract with another vendor

Consider a complementary or secondary approach that can help measure incremental coverage before you decide whether a broader transition is justified.

As a healthcare finance leader, you need confidence that your discovery strategy is finding as much eligible coverage as possible before accounts move further toward self-pay, bad debt or timely filing limits. That starts with understanding where the gaps exist today, then choosing a path that helps close them without forcing unnecessary disruption.

2

You Don’t Have to Replace Everything to Start

FinThrive Insurance Discover can support different starting points. An organization can establish a more consistent discovery process, evaluate FinThrive as a complementary search behind an existing solution, or plan a broader transition when the results and timing support it.

The immediate goal doesn’t have to be replacement. It can be to determine whether additional coverage is available, how consistently it can be validated and whether the incremental recovery opportunity supports a larger change.



Add discovery where none exists

Establish a more consistent way to identify coverage that may be missed by one-time or manual searches.



Evaluate incremental value

Run a defined account population through an additional discovery process to understand what an existing approach may be missing.



Prepare for a future transition

Use demonstrated results, workflow requirements and contract timing to build a fact-based transition plan.

3

Plan Around Existing Contract Commitments

An existing vendor contract doesn't necessarily mean an organization has to postpone evaluating a stronger discovery strategy. Depending on the engagement, FinThrive may be able to structure the evaluation and implementation around the timing of an existing commitment.



Define a proof-of-concept scope that complements, rather than immediately replaces, the current process.



Coordinate implementation timing with existing contractual and operational requirements.



Evaluate available commercial options designed to reduce unnecessary overlap during a transition.

Build the longer-term decision around demonstrated performance, workflow fit and contract timing.

4

What a Typical Evaluation and Implementation Path Can Include

Implementation timing depends on the selected scope, data readiness, integration requirements and resource availability. A typical path may include the following stages, which can overlap or vary by organization:

Stage	What It Can Include
Plan and align	Confirm evaluation goals, proof of concept scope, technical resources, data specifications and workflow requirements alongside the existing process.
Configure and test	Exchange test files, configure the agreed workflow, validate data and complete user acceptance testing.
Train and begin initial runs	Prepare users, begin initial coverage runs and validate the quality and usability of results.
Measure and optimize	Establish reporting, monitor performance and determine whether expansion or a broader transition is supported by the evidence.

The sequence and timing should be established during planning based on the organization's scope, data readiness, integration requirements and available resources.

5

Evaluate With Confidence, Not a Leap of Faith

A defined proof period can help an organization evaluate incremental coverage yield, result quality, workflow fit and potential financial impact before deciding on a broader transition. The scope, evaluation measures, commercial terms and exit provisions should be documented upfront so both parties understand how success will be assessed. The objective isn't to create change for its own sake. It's to give the organization evidence to determine whether its current strategy is finding enough coverage and whether FinThrive can add measurable value.

What Should You Measure During an Evaluation?

A useful evaluation should measure more than the number of coverage records returned. Before beginning, align on the outcomes that will inform the decision.

Incremental coverage found
Coverage identified beyond what the current process returned

Coverage mix
Self-pay, secondary, tertiary, Medicaid and coordination-of-benefits opportunities

Validation quality
Whether returned coverage is active and applicable to the account and date of service

Operational fit
How results enter queues, systems and existing team workflows

Conversion
Whether found coverage is validated, added to the account and moved toward billing

Financial impact
The potential or realized reimbursement associated with converted coverage

FinThrive

© FinThrive, Inc. and its affiliates and subsidiaries (collectively, "FinThrive"). All Rights Reserved. R100926TLM