

PLEXIS Highlights Financial Leakage Risks in Payer Operations and Introduces System-level Approach to Address Them

Payers are investing in automation, but many are still losing revenue after claims are processed

MEDFORD, OR, UNITED STATES, April 8, 2026 /EINPresswire.com/ -- [PLEXIS Healthcare Systems](#), a

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Our approach is to eliminate those gaps at the system level so organizations can process accurately the first time and avoid downstream correction.”

Sean Garrett, COO of PLEXIS

provider of core administrative processing solutions for almost 30 years, today announced a focused initiative to help healthcare payers identify and reduce financial leakage across claims processing, billing, and downstream reporting workflows.

Across the industry, payer organizations are investing heavily in front-end claims automation. However, many continue to experience financial loss due to breakdowns that occur after claims are processed. These issues often

manifest as rework, delayed outputs, reconciliation discrepancies, and audit exposure.

PLEXIS is addressing this challenge by aligning core administrative processes within its Quantum Choice® platform to reduce fragmentation and ensure consistency across the full claims lifecycle.

“Financial leakage rarely originates from a single failure point. It is typically the result of small misalignments across systems, configurations, and workflows,” said Sean Garrett, COO. “Our approach is to eliminate those gaps at the system level so organizations can process accurately the first time and avoid downstream correction.”

Common sources of financial leakage include:

- Inconsistent application of benefit and pricing rules across claims
- Retroactive updates that trigger rework and reconciliation challenges
- Manual intervention required to validate outputs before delivery
- Misalignment between claims processing, billing, and reporting systems

Quantum Choice addresses these challenges through a unified, rules based architecture that connects premium billing and revenue reconciliation to and through benefit and reimbursement configuration, EDI claims intake, claims adjudication and payment, and corresponding structured outputs (reports, encounter exports, etc.), into an automated process flow.

By increasing auto-adjudication accuracy and reducing the need for downstream correction, payer organizations can improve SLA performance, lower administrative costs, and reduce audit risk.

PLEXIS engages a system-level approach enabling organizations to move beyond incremental fixes and instead establish a more controlled, transparent, and scalable operational model.

For more information about Quantum Choice and PLEXIS Healthcare Systems, visit www.plexishealth.com.

About PLEXIS Healthcare Systems

PLEXIS Healthcare Systems delivers enterprise-grade core administration and claims processing solutions that power modern healthcare payers and delivery organizations. Recognized as a representative vendor in Gartner's 2026 "Market Guide for U.S. Healthcare Payer Core Administration", PLEXIS enables organizations to navigate evolving market demands around automation, integration, and benefit complexity. Through its flagship platform, Quantum Choice®, PLEXIS supports the full spectrum of core administrative functions including claims adjudication, enrollment, premium billing, provider data management, and benefit configuration. Built on a scalable, API-enabled architecture, the platform allows payers to streamline workflows, reduce manual intervention, and adapt to shifting regulatory and product requirements.

PLEXIS solutions are designed to align with the market's shift toward composable, API-driven ecosystems and real-time data integration, empowering health plans to modernize at their own pace while maintaining operational continuity. With advanced automation, configurable rules-based processing, and seamless interoperability, PLEXIS helps organizations improve efficiency,



PLEXIS™
HEALTHCARE SYSTEMS

PLEXIS Healthcare Systems positioned as a major contender in the Everest PEAK Matrix

reduce administrative friction, and deliver accurate outcomes across the claims lifecycle.

More than 100 organizations trust PLEXIS to manage complex benefit structures and process millions of covered lives across all lines of business. By combining deep domain expertise with flexible technology, PLEXIS enables payers to meet today's operational challenges while building a foundation for future innovation.

For more information, visit www.plexishealth.com

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