

ClaimsRevenue™ Introduces an AI-Enabled Claims Intelligence Layer for Independent Healthcare Practices

Platform fits between existing practice systems and clearinghouses, combining claim validation with knowledge derived from prior payer results.

ST PETERSBURG, FL, UNITED STATES, August 31, 2026 /EINPresswire.com/ -- ClaimsRevenue™, a healthcare claims technology platform launching September 1, is introducing an [AI-enabled claims intelligence](#) layer designed to fit within the existing revenue cycle workflow of independent medical and allied health practices.

Rather than replacing the systems a healthcare practice already uses, ClaimsRevenue occupies a focused position between the practice's EHR or practice management workflow and the healthcare clearinghouse.

The platform combines pre-submission professional claim validation with analysis of information from previously adjudicated claims. The objective is to help practices improve claim quality while creating a practice-specific knowledge base from prior payer results that can provide additional context for future claims.

“ClaimsRevenue adds an intelligence layer between existing practice systems and the clearinghouse, helping practices improve claims using information they already generate,” said Sami Quazi, Founder of ClaimsRevenue.

A Focused Layer Within the Existing Revenue Cycle

ClaimsRevenue is not an electronic health record, practice management system or full-service revenue cycle management platform.



The graphic is a promotional announcement for ClaimsRevenue. At the top left is the ClaimsRevenue logo, which includes a blue bar chart icon and the text 'ClaimsRevenue™'. Below the logo is a portrait of Sami Quazi, the founder and chairman, a man with a beard and mustache wearing a black turtleneck. To the right of the portrait, the text reads 'I'M PROUD TO ANNOUNCE I FOUNDED CLAIMSREVENUE™'. Below this, a paragraph states: 'After spending three years developing and refining claims accuracy technology and processes at MoodRx—and achieving a denial rate under 0.5%—I founded ClaimsRevenue™ to bring that same expertise to other healthcare practices.' A calendar icon is next to the text 'PUBLIC LAUNCH SEPTEMBER 1, 2026'. Below the portrait, the text identifies 'SAMI QUAZI FOUNDER & CHAIRMAN ClaimsRevenue™'. At the bottom left, a small icon and text say 'THREE YEARS. REAL RESULTS. NOW WE'RE BRINGING WHAT WE LEARNED TO YOU.' At the bottom right, a shield icon is next to the text 'YOUR PRACTICE EARNED THE REVENUE. PROTECT IT.' In the center, there are five icons with corresponding text: a shield for 'CATCH CLAIM ISSUES BEFORE SUBMISSION', a magnifying glass for 'UNCOVER DENIAL TRENDS & PAYER BEHAVIOR', a brain for 'LEARN FROM YOUR OWN DATA TO IMPROVE FUTURE ACCURACY', a clock for 'SPEND LESS TIME ON BILLING & MORE ON PATIENTS', and a group of people for 'BUILT FOR INDEPENDENT HEALTHCARE PRACTICES'.



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*Sami Quazi, Founder,
ClaimsRevenue*

It is designed to complement those systems.

A practice may use its EHR or practice management system to document patient care and prepare billing information. A healthcare clearinghouse can then process and transmit the electronic claim to the payer.

ClaimsRevenue fits into that existing workflow by focusing on the quality and context of the professional claim before it reaches the clearinghouse.

The platform's Claims Validator™ reviews professional claims before submission for potential errors,

inconsistencies and other issues that may warrant attention.

ClaimsRevenue currently supports professional medical claims using the CMS-1500 and 837P claim formats.

Looking at Claims as More Than Individual Fields

Professional medical claims contain numerous variables involving the patient, provider, billing entity, diagnoses, procedures, place of service, payer and other information.

Those variables do not necessarily exist independently of one another.

During the development of ClaimsRevenue, AI was used to help prepare and organize variable data underlying the platform's claims analysis. That work contributed to an analytical framework designed to examine claims across a broader set of relationships than basic field-level validation alone.

The company describes the resulting approach as an AI-enabled claims intelligence layer.

“A medical claim isn't simply a collection of unrelated fields,” Quazi said. “There are relationships among many variables. AI helped us organize those variables into a useful analytical framework, and payer results can add another source of practice-specific knowledge.”

Learning From What Happens After Submission

The second component of the ClaimsRevenue approach occurs after a payer has processed a claim.

ERA Analyzer™ analyzes Electronic Remittance Advice information and helps practices identify patterns in their payer results.

ERA information is typically viewed as a record of what happened to a claim after adjudication.

ClaimsRevenue also uses that historical information to help establish a knowledge base that can provide additional context when future claims are reviewed.

This creates a connection between two points in the revenue cycle that are often treated separately: claim preparation before submission and payer results after adjudication.

As additional claims are processed and additional ERA information becomes available, a practice can accumulate a larger body of its own historical claims experience.

Starting With Existing Claims History

Practices that already have historical claims and remittance information may be able to use that data when they begin using ClaimsRevenue.

For example, practices may have access to previous 835 Electronic Remittance Advice files through their clearinghouse or other existing systems. They may also have corresponding historical professional claims information.

Importing available historical information can give ClaimsRevenue practice-specific data to analyze rather than requiring the practice to establish its claims history entirely from new transactions after implementation.

ClaimsRevenue plans to provide additional guidance following launch on how practices can use available historical claims and ERA information when getting started.

Developed From a Healthcare Practice's Own Claims Experience

The ClaimsRevenue approach originated from work conducted within healthcare provider MoodRx.

MoodRx reports that its medical claim denial rate was more than 10% when it began a systematic effort to examine claim quality and payer results.

Over approximately one year, the practice developed a methodology that considered multiple variables associated with professional claims while also examining information returned by payers after adjudication.

MoodRx reports that its medical claim denial rate subsequently declined to less than 0.5%.

The concepts developed during that work became the foundation for ClaimsRevenue.

ClaimsRevenue does not guarantee that other healthcare practices will achieve MoodRx's denial rate. Claim outcomes can be affected by payer requirements, eligibility, coding, credentialing, provider participation and other circumstances.

Complementing Rather Than Replacing Existing Technology

The focused position of ClaimsRevenue within the revenue cycle is intentional.

The platform does not replace a practice's EHR.

It does not replace a practice management system.

It does not replace the clearinghouse.

And it is not intended to replace the practice's entire revenue cycle management operation.

Instead, ClaimsRevenue adds a claims intelligence layer to the existing workflow, with a specific focus on professional claim quality before submission and knowledge derived from previous payer results.

For independent practices, this approach allows existing clinical, billing and claims-transmission systems to remain in place while adding another level of analysis to the claims process.

Designed for Independent Medical and Allied Health Practices

ClaimsRevenue is designed for U.S. healthcare provider offices submitting professional medical claims.

Potential users include primary care practices, physician specialties, medical and surgical practices, behavioral and mental health practices, physical therapy practices, occupational therapy practices and other medical and allied health providers.

The platform supports individual providers and multi-provider practices, including organizations operating multiple billing entities or tax identification numbers.

ClaimsRevenue becomes commercially available in the United States on September 1, 2026.

Additional information and a product demonstration are available at ClaimsRevenue.com.

About ClaimsRevenue

ClaimsRevenue is an AI-enabled healthcare claims intelligence platform for independent medical and allied health practices. It fits within existing revenue cycle workflows between the systems used to prepare professional claims and healthcare clearinghouses.

Through Claims Validator™ and ERA Analyzer™, ClaimsRevenue provides pre-submission professional claim validation and analysis of historical payer results. The platform supports CMS-1500/837P professional medical claims and enables practices to use information from prior claims and ERAs as additional context for future claim reviews.

ClaimsRevenue is operated by MoodRx LLC, d/b/a ClaimsRevenue, a Florida limited liability company.

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