

VETRIQ

The CFO's Guide to Financial Continuity During PMS Conversion

How healthcare finance leaders protect cash
integrity when systems change

PMS conversions don't just disrupt operations. They break financial truth.

A PMS conversion is supposed to modernize your revenue cycle. In practice, it fragments it — old AR balances remain in one system while new charges post in another, and lockbox deposits arrive against both. Finance loses the ability to prove what was actually collected, posted, and reconciled.

This happens at the worst possible time. PE-backed platforms are consolidating physician practices at scale — more than 40% of physicians in major hospital-based specialties are now PE-owned (Physicians Advocacy Institute / Avalere Health). Payer reimbursement rules shift quarterly. RCM staff turnover erodes institutional knowledge faster than it can be documented. And through all of it, you are expected to close the books on time, present clean numbers to the board, and sign your name to cash balances that no single system can verify.

The conversion is a multi-month process requiring parallel systems — legacy data in one, new transactions in another, with bank deposits that don't cleanly map to either. Organizations treat PMS conversions as IT projects. Finance knows they are financial control events.

10.2%

projected annual growth in the PMS market through 2030

Grand View Research, 2025

>40%

of hospital-based physicians are now PE-owned

Physicians Advocacy Institute / Avalere Health

The PMS market is growing at more than 10% annually (Grand View Research, 2025). Conversions are now a permanent feature of healthcare operations — every three to five years, finance will face another system transition threatening cash integrity.

You are being asked to stand behind numbers you cannot prove.

Five ways system transitions fracture financial truth

Each of these failure modes is well understood individually. The compounding effect during a PMS conversion is what makes them dangerous. They don't happen sequentially — they happen simultaneously.

1. PMS Migrations: Historical Cash Diverges from New Postings

When a health system migrates from one PMS to another, the old system retains historical AR, payment records, and aging data. The new system starts fresh. For months — sometimes years — finance operates with two ledgers that don't agree. Old AR and new AR don't line up. Deposits land against claims in both systems. Reconciliation becomes an exercise in manual crosswalking that no one has time to maintain.

2. PE Roll-ups: Multi-Entity Cash Cannot Be Reconciled

Private equity platforms acquire practices that each run different PMS, clearinghouse, and banking configurations. Platform-level EBITDA is an aggregation of numbers produced by systems that were never designed to talk to each other. When the board asks whether the consolidated cash position is accurate, the honest answer is often: it's an estimate (Physicians Advocacy Institute / Avalere Health).

3. Payer Complexity: Remits and Deposits Stop Matching

Payers change reimbursement logic, combine or split remittance advice, and shift between electronic and paper correspondence without warning. During a PMS conversion, the new system may not be configured to interpret legacy payer formats correctly. The result: deposits arrive that the PMS cannot automatically match, and finance has no way to determine what was actually paid versus what was posted. A 2025 FinThrive analysis of 117 providers found that more than 32% of medical claims were underpaid, representing billions in uncollected revenue (FinThrive, HFMA 2025) — and system transitions make detection harder, not easier.

4. Labor Churn: Institutional Knowledge Disappears

Experian Health's 2023 survey of 200 revenue cycle executives found that 80% of RCM departments experience 11% to 40% annual staff turnover — and 92% report that new staff errors negatively impact claims processing. The people who understood how the old system was configured, how exceptions were handled, and how reconciliation workarounds operated leave — and their knowledge leaves with them. New staff inherit processes no one can explain and numbers no one can reconstruct. During a PMS conversion, this knowledge gap widens because the old system's institutional logic was never documented — it existed only in the heads of the people who are no longer there.

5. Vendor Consolidation: Data Formats Change Without Warning

System transitions often coincide with clearinghouse changes, lockbox provider switches, and banking relationship updates. Each vendor change alters the format, frequency, or content of the data finance depends on. What was once an automated reconciliation workflow may suddenly require manual intervention — and no one discovers the gap until month-end.

80%

of RCM departments report double-digit annual staff turnover

Experian Health, 2023

32%

of medical claims found underpaid across 117 providers

FinThrive, HFMA 2025

Every legacy system reports what it processed — but none can prove what was actually paid.

Why your current systems cannot solve this

The instinct during system transitions is to expect the new platform or surrounding vendors to maintain financial truth. The structural problem: every system in your current stack either produces, processes, or visualizes data — none can independently verify it.

SYSTEM CATEGORY	WHAT IT DOES	WHY IT CAN'T VERIFY CASH
PMS / EHR	Processes charges, posts payments, manages AR	Only knows what it processed. Cannot audit itself.
RCM / Outsourcing	Creates and corrects billing data	Cannot verify its own output — it has a financial interest in the result.
BI / Analytics	Visualizes data from source systems	Renders whatever it is given. Bad inputs produce confident-looking bad dashboards.
RPA / Automation	Automates manual workflows	Moves data faster but does not evaluate its accuracy. Automates bad inputs faster.

This is not a vendor failure — it's structural. These systems exist to process and optimize revenue cycle activity. Asking them to verify their own output is asking a system to audit itself. RCM vendors have financial incentives to report high collection rates. PMS platforms display only processed transactions. BI dashboards present input data confidently, regardless of accuracy.

During a PMS conversion, the old system retains open AR while the new system begins processing without historical context. Deposits arrive against claims in both systems, RCM posts in both environments, and BI dashboards show whichever system they're connected to. No system independently verifies that bank receipts match payer remittance and PMS postings. PMS conversions expose this structural gap.

No system that touches the money can also verify the money.

Three pillars of financial continuity during system transitions

The following framework evaluates your organization's readiness to maintain financial truth through PMS conversions, regardless of vendor or platform. Any solution you evaluate should demonstrably address all three pillars.

— PILLAR 1

Financial Truth

Make cash provable, not just reported.

- Reconciled remits and deposits at the check level
- Exception flags for variance and underpayment
- Audit-ready AR balances tied to bank data

"I trust our cash."

— PILLAR 2

Control Through Change

Preserve financial truth while systems, people, and ownership change.

- Normalized data across old and new systems
- Continuous reconciliation during cutovers
- Independence from specific workflows and vendors

"We're safe during change."

— PILLAR 3

Platform-Grade Governance

Deliver PE- and board-ready financial control.

- Enterprise-wide cash views across entities
- Entity-level reconciliation and variance tracking
- Payer and bank roll-ups for boards, lenders, and investors

"I can stand behind these numbers."

Organizations addressing all three pillars maintain financial continuity regardless of PMS, entity count, or system changes. Those addressing one or two remain exposed — typically discovering gaps during month-end close, board reporting, or audit preparation, when discovery costs are highest and remediation time is shortest.

VETRIQ: The financial integrity layer for healthcare operators

VETRIQ is purpose-built to address all three pillars. It operates as an independent financial integrity layer — sitting outside the processing chain, connecting directly to payer remittance data, bank deposit data, and PMS posting data. It reconciles these three sources at the transaction level and surfaces variance, exceptions, and mismatches that no other system in the stack can detect.

VETRIQ does not process claims. It does not post payments. It does not replace your PMS, your clearinghouse, or your banking relationships. That neutrality is the point. A system that touches the money cannot also verify the money. VETRIQ only verifies.

This independence is what makes VETRIQ transition-proof. When the PMS changes, VETRIQ continues to reconcile against bank and payer data — because those sources don't change during a conversion. The bank still receives deposits. Payers still send remittance advice. VETRIQ maintains an unbroken audit trail across both the old and new systems, providing finance with a single provable version of cash while the operational teams manage the migration.

- **Independent verification:** Reconciles what payers sent, what the bank received, and what the PMS posted — three sources, one provable truth.
- **System-agnostic:** Connects to any PMS, any lockbox provider, any bank. No migration required. No vendor lock-in.
- **Transition-proof:** Operates continuously during system transitions, maintaining reconciliation while the PMS changes underneath.
- **Live in 30 days:** Deploys alongside existing systems. No rip-and-replace. 99% accuracy from day one.

88%

reduction in manual overhead

Internal client data (MAWD Pathology, Jan 2026)

4x

faster payment posting

Internal client data (MAWD Pathology, Jan 2026)

What financial continuity looks like operationally

VETRIQ addresses the three pillars through three core operational capabilities. Each targets a specific failure point that PMS conversions expose.

Correspondence Management

The pain: Lockbox correspondence — refund requests, appeals, recoupment notices, payer letters — arrives as unstructured paper and images. Staff spend 10 to 15 minutes per document classifying and routing each item. Dedicated FTEs handle refund processing. Recoupment deadlines (often 30 days) are missed because documents sit in unsearchable archives.

The solution: VETRIQ automatically classifies correspondence into 20+ categories, extracts key data, routes items to prioritized work queues, and maintains a fully searchable repository. Every document is indexed and retrievable.

The impact: Near-instant processing at 98%+ accuracy. Finance reclaims FTE capacity currently consumed by manual classification. Recoupment deadlines are tracked and met. Nothing gets lost.

Deposit-to-Remittance Reconciliation

The pain: Lump-sum bank deposits require manual check-by-check matching against individual remittance advice. Finance teams maintain spreadsheets to track what has and hasn't been matched. Month-end reconciliation is a fire drill. During a PMS conversion, deposits may match against claims in two different systems — and no one can confirm which is correct.

The solution: VETRIQ automatically matches deposits to remittances at the individual check level, surfaces unmatched items, and provides single-platform visibility across all payers and bank accounts. No manual data entry. No spreadsheet reconciliation.

The impact: Daily confidence in cash position replaces monthly fire drills. Shadow spreadsheets are eliminated. Variance is surfaced in real time, not discovered retroactively.

EOB-to-835 Conversion

The pain: Paper EOBs require manual posting — 2 to 10 minutes per remittance, with complex EOBs containing up to 100 patient sessions. Staff hunt across payer portals for stub EOBs and missing remittance detail. ERA enrollment backlogs delay electronic access for months.

The solution: VETRIQ converts paper remittances into standard 835 EDI files ready for automated posting. Portal automation retrieves stub EOBs directly. ERA enrollment is bypassed entirely.

The impact: 95% of paper remittances are automated. Posting that took minutes per remit now happens instantly. Finance no longer waits on ERA enrollment timelines to access electronic remittance data.

Before and After

AREA	BEFORE	AFTER
Correspondence	10-15 min/doc, unsearchable archives, missed deadlines	Instant classification, searchable repository, tracked deadlines
Reconciliation	Manual check matching, spreadsheet tracking, monthly fire drills	Check-level auto-matching, single platform, daily confidence
EOB Conversion	Manual posting (2-10 min/remit), portal hunting, ERA backlogs	Automated 835 conversion, portal automation, instant posting

Is your organization at risk during its next system transition?

The following questions identify the conditions that cause financial truth to break during PMS conversions. They are not hypothetical — they reflect the operational reality at health systems and PE-backed platforms currently navigating transitions. Each question maps to a specific failure mode that compounds during system changes.

- Are you planning or currently executing a PMS/EHR conversion?
- Do AR and cash reporting come from multiple systems that don't agree?
- Is your finance team maintaining spreadsheets to verify system output?
- Has RCM staff turnover disrupted your reconciliation process?
- Are you unable to explain cash variance to PE, the board, or lenders?
- Do month-end reconciliations require fire drills to close on time?
- Does your current system require a perfect 1:1 match to auto-reconcile — failing on lump-sum deposits?

If you answered yes to two or more, your financial truth is at risk during your next system transition.

These conditions compound. A PMS conversion alone is manageable with sufficient planning and manual effort. A PMS conversion during a PE roll-up with RCM turnover and payer reimbursement changes is the scenario that breaks financial truth — and it is the scenario most organizations face. The convergence of these triggers is not rare. It is the default operating environment for PE-backed healthcare platforms and growing health systems. Financial leaders who wait until the conversion is underway to address these gaps discover that the cost of recovery far exceeds the cost of preparation.

Three steps to financial continuity

VETRIQ deploys alongside your existing systems. There is no rip-and-replace. No bank changes. No PMS replacement. No migration risk. The engagement model is designed to demonstrate value before requiring commitment. Most organizations begin with correspondence ingestion and deposit reconciliation — the two areas where manual effort is highest and visibility is lowest during transitions.

1 Proof of Concept

VETRIQ processes a sample of your correspondence and deposit data using your actual payer, bank, and PMS sources. You see classified documents, matched deposits, and converted remittances from your own data. No commitment required.

2 Cash Truth Reconciliation

Run a full reconciliation against your actual bank deposits, payer remittances, and PMS postings. Surface variance, unmatched items, and exceptions that your current systems cannot detect. This is the moment the numbers either tie — or don't.

3 Deploy

Go live with correspondence management, deposit-to-remittance reconciliation, and EOB-to-835 conversion. 99% accuracy. Live in 30 days. HIPAA-compliant, SOC 2 in progress. No disruption to existing operations, banking relationships, or vendor contracts.

No bank changes. No PMS replacement. No migration risk.

[Start a Proof of Concept](#)

vetriq.com

VETRIQ

Financial truth. Even when everything changes.

vetriq.com

VETRIQ is the financial integrity layer for healthcare operators. We independently verify every dollar across payers, banks, and posting systems — so CFOs can stand behind the numbers, even during system transitions.