BUYER MAP

Who ARKA is for

The one-screen answer to who buys it, who pays, who champions it, who uses it, why now, and what happens if they don't act.

ONE SENTENCE

ARKA helps hospital systems turn avoidable advanced-imaging denials into clean, paid claims — cutting denial write-offs on the highest-margin service line by up to **30–40%** by documenting medical necessity at the point of order and mirroring the check on the payer side — recovering **~$3.5M/yr** for a mid-sized system, without adding headcount.

THE CATEGORY Evidence-based imaging clinical decision support (CDS) that doubles as a CMS-0057-F prior-authorization readiness layer. **Non-Device CDS — no FDA 510(k).**

THE BUYER MAP

ROLE	WHO	WHAT THEY CARE ABOUT
Primary buyer (provider side)	Radiology CMIO / Chief of Radiology, partnered with VP Revenue Cycle	Order appropriateness, imaging denial rate, clean-claim rate, clinician friction
Primary buyer (payer / risk side)	VP of Utilization Management / Payer Medical Director	Auto-approval rate, review cost, turnaround-time compliance, gold-carding
Economic buyer	CFO / VP of Finance — owns net patient revenue and the denial write-off line	Recovered revenue, cost-to-collect, payback period, OpEx vs. CapEx
Champion (daily pain)	Denials / Revenue-Cycle Director; the Radiology CMIO whose orders bounce; the UM nurse lead	"Make the rework stop"; "stop making me click"
User	Ordering clinician (in-flow CDS card), UM reviewer (reviewer dashboard), rev-cycle analyst	Zero added clicks; silent unless a guideline fires

WHY NOW

- **CMS-0057-F:** faster decisions + a required specific denial reason enforced through 2026, and four FHIR APIs (incl. Da Vinci PAS) by Jan 1, 2027.
- **Denials are rising** — 11.8% initial (2024) and climbing; advanced imaging 25–40%.
- The **AUC/PAMA** imaging-appropriateness mandate was rescinded in 2024 — leaving a governance vacuum that prior-auth denials now fill. ARKA is the voluntary layer that fills it.

IF THEY DON'T ACT

Keep writing off **~$3.5M+/yr** in avoidable imaging denials (~65% never reworked; rework costs $25–$118/claim); arrive at the 2027 API deadline unprepared; and let Optum/Carelon-style payer UM keep tightening imaging prior auth against them. **The status quo is a standing, compounding write-off.**

Book a walkthrough — per-role briefings available

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