

AI-POWERED RCM INNOVATION

**Smarter Workflows, Faster Cash,
Better Patient Experience**

May 2026



The New Revenue Cycle Playbook

Blending Proven Practices with AI-Powered Innovation

MAY 2026



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Ryan Christine has more than 18 years' experience advising healthcare organizations across the full revenue cycle. His career spans every major revenue cycle function, providing him with a comprehensive, end to end understanding of provider operations, financial performance, and compliance risk.

- Revenue cycle leadership spanning acute care hospitals, large and independent physician practices, behavioral health, urgent care, ambulatory surgery centers, and revenue cycle vendors.
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Sarah Hull has more than 30 years' experience in hospital, integrated delivery system, and medical group settings. Her experience covers all areas of finance and operations, with a focus on revenue cycle management, strategy development, financial and operations improvement, and health system integration.

Sarah has advised healthcare clients on business, financial, and operational concerns. She has over 20 years of experience as a healthcare executive, holding clinic administrator and CFO/vice president of finance positions with multispecialty group practices.

Agenda

From why RCM is breaking → to how to decide what to automate safely

- I. Why the Revenue Cycle Is Breaking** *Payor volatility, not staffing, is the root constraint on cash*
- II. From Digitization to AI-Enabled Revenue Operations** *Why traditional automation hit a ceiling*
- III. Where Time, Cost, and Risk Accumulate in RCM** *Why rework—not throughput—is killing performance*
- IV. How AI Actually Creates Value in RCM** *Prediction, prioritization, and prevention—not replacement*
- V. Deciding What to Automate, Augment, or Keep Manual** *A practical risk-based decision framework*
- VI. Applying AI Across the Revenue Cycle** *Front-end prevention, back-end efficiency, and payment integrity*
- VII. Governance, Controls, and Scaling Safely** *How organizations avoid “pilot hell”*
- VIII. Key Takeaways & Leadership Implications** *What changes—and what doesn’t—when AI enters RCM*



ROLE CALL & PARTICIPATION

Quick Role Call (Hands Up)

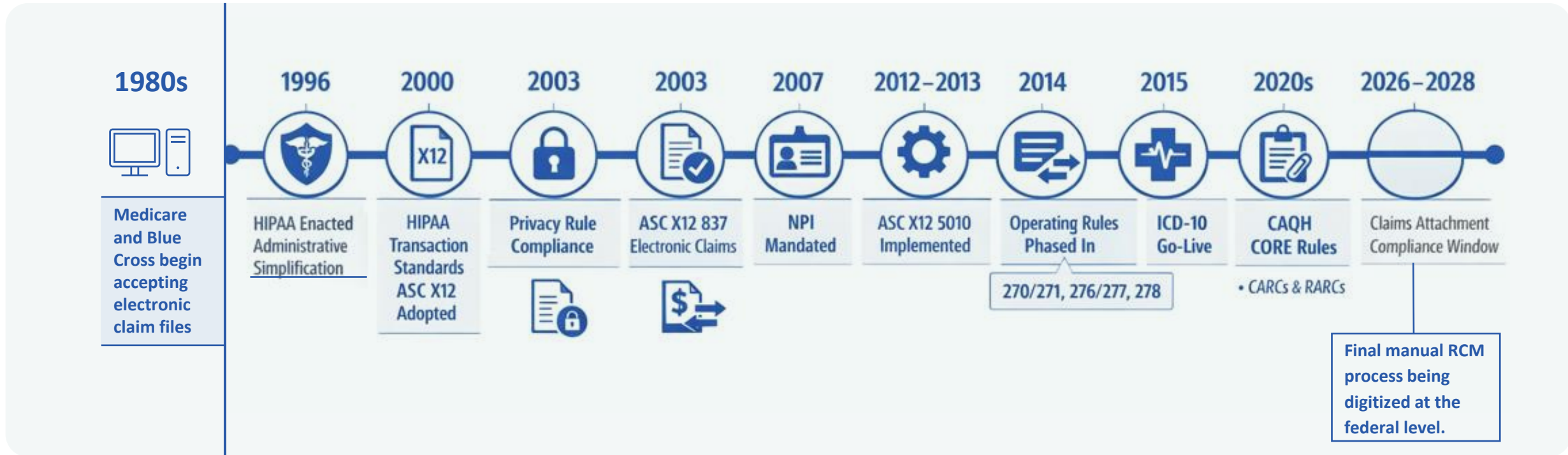
- Revenue Cycle Team
 - Front-end (scheduling/registration)
 - Coding/Charge Capture
 - Claims/Edits
 - Denials
 - Patient Billing
- Finance/Leadership
- IT/automation
- Other

All participants today will be eligible to win \$100K



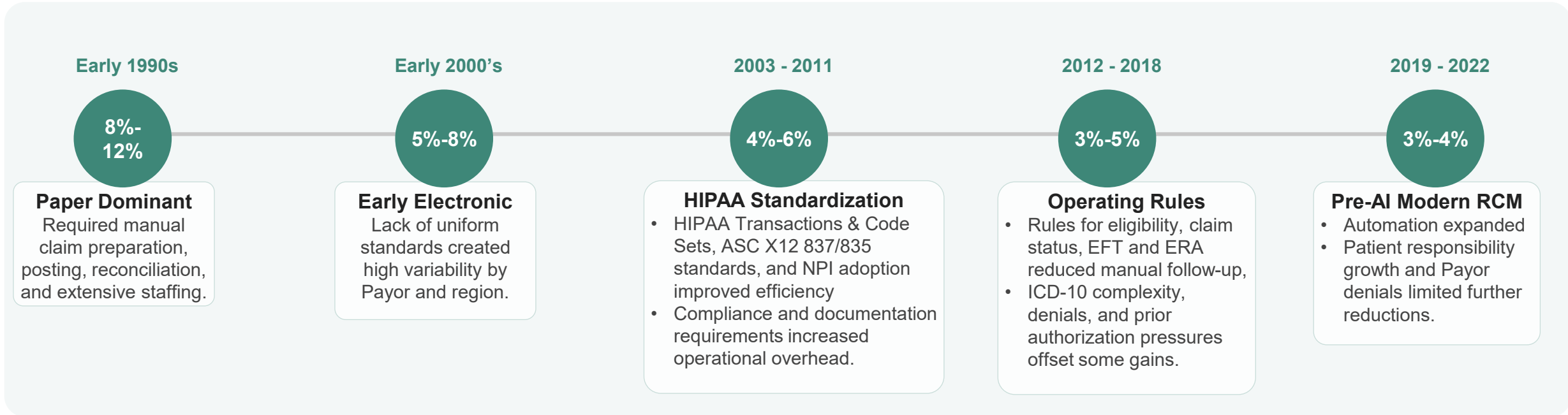
FROM PAPER TO CONTINUOUS REVENUE OPERATIONS

RCM Digital Evolution



FROM PAPER TO CONTINUOUS REVENUE OPERATIONS

RCM Digital Evolution: Digitization Reduced Cost — Until Complexity Caught Up



Where are we now, where are we going?

AI-Enabled Revenue Cycle (2023–2026)

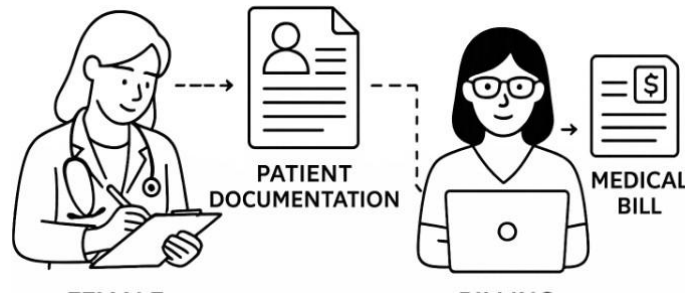
- HFMA best-practice benchmarks now target cost to collect at or below 2%. Automation of remittance posting, denial prevention, and worklist prioritization has lowered percentages, though adoption remains uneven across providers.

RCM FAILURES ARE PREDICTABLE, REPETABLE, AND EXPENSIVE

Many things can go wrong throughout a complex process.

Doctors spend hours each day doing documentation

Coders make errors and are expensive



Collecting the patient balance can be difficult and time consuming

Clearinghouse often rejects the initial submission



Payors regularly deny claims

Payors tend to underpay or push obligations to patients

Healthcare Providers don't know how much they should collect

WHERE IS TIME COSTING YOU MONEY?

Poll Question

Where do you lose the most time in RCM?

In-person vote

Raise your hand to cast your vote, keep it raised!

Options

- Scheduling/Pre-authorization
- Registration/Insurance & Eligibility
- Charge Capture/Coding
- Claim Edits
- Appeals & Denials Management
- Payor Follow-up
- Patient Billing/Collections



EVOLUTION OF RCM PRACTICES

*From Manual Recovery to Predictive
Control*



TRADITIONAL VS AI ENABLED RCM

AI Changes Prioritization — Not Accountability

Traditional RCM Approach

Manual handoffs across scheduling, prior-auth, claims, denials, payment posting, and billing can slow cash and introduce errors.

Tech-Enabled Best Practices

Robotic Process Automation (RPA) standardizes repetitive steps, improves accuracy and compliance, and strengthens operational control end-to-end.

Where AI Hits Hardest

Predicts denial risk, prioritizes work queues, and flags missing/incorrect claim details—reducing rework and avoidable delays

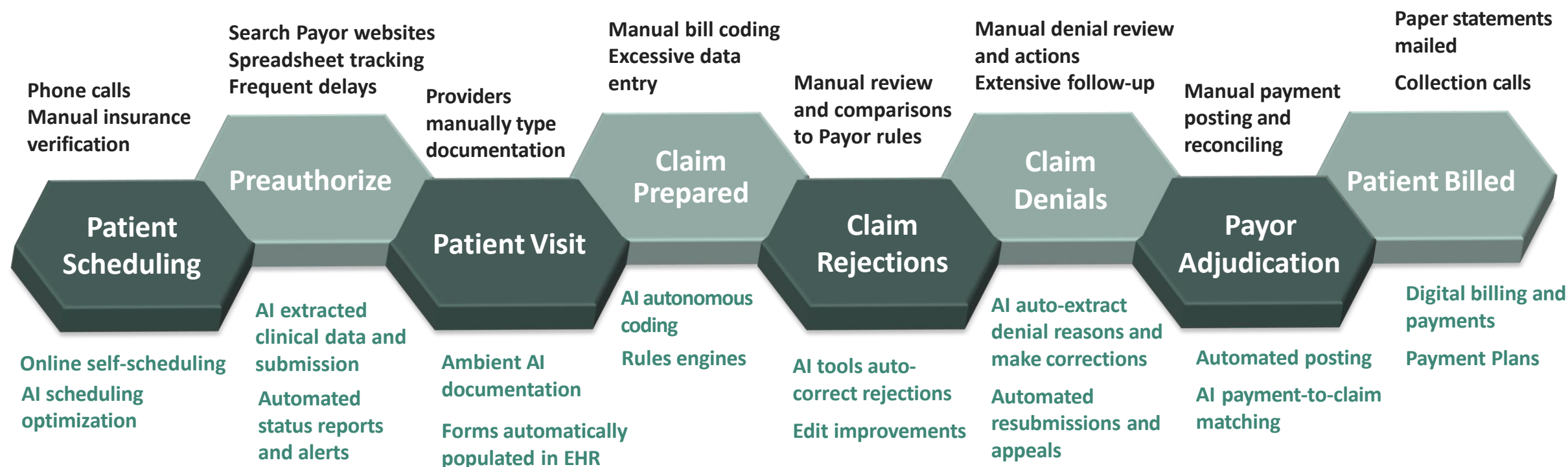




OLD VS. NEW WORKFLOW

What Changes?

Manual, paper-heavy steps shift to digital, automated workflows with faster collaboration.



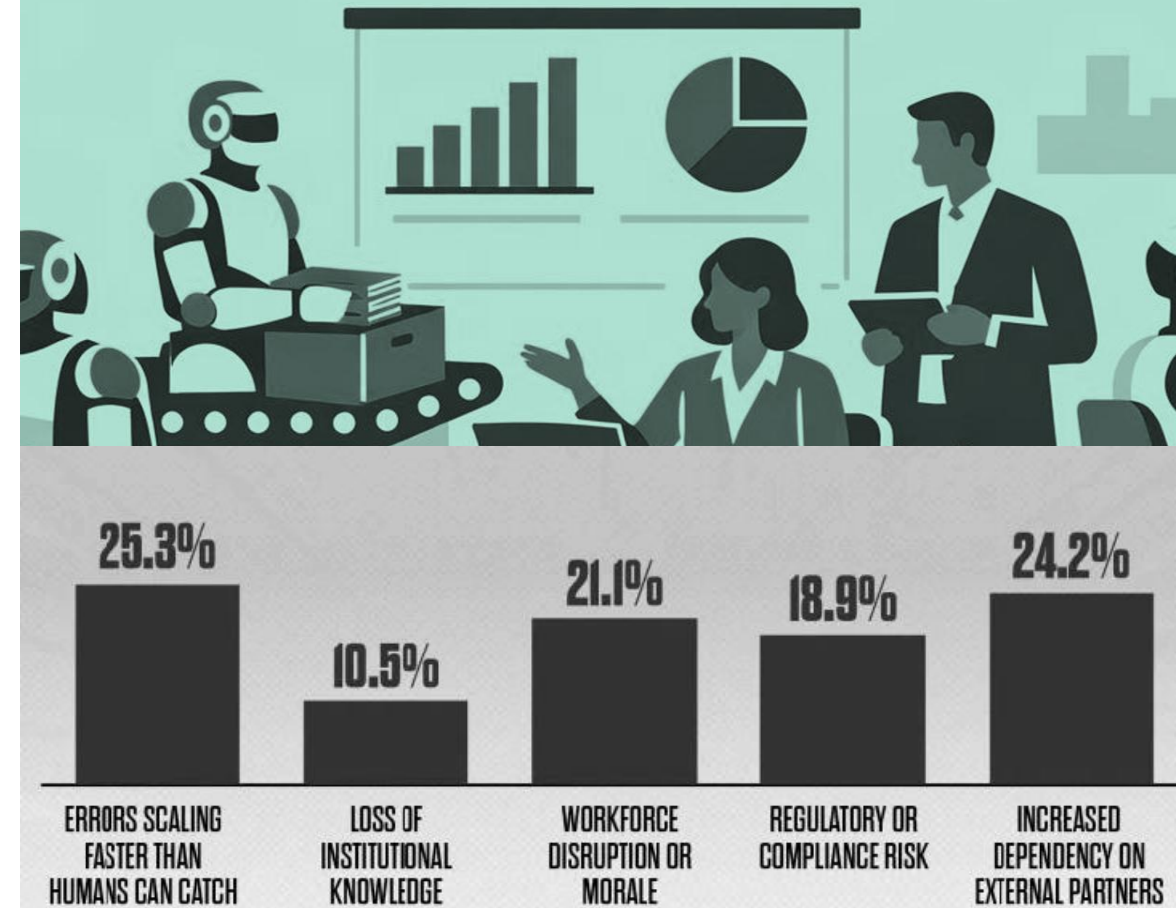
ARE WE READY TO AUTOMATE

Why Readiness – Not Technology – Determines Automation Success

- Only 51.6% of respondents believe their teams are somewhat prepared or very prepared*
- 4.2% believe their teams are very unprepared*

What concern gives you the most pause about increased automation in the revenue cycle?

- Errors Scaling Faster Than Humans Can Catch
- Loss of Institutional Knowledge
- Workforce Disruption or Morale
- Regulatory or Compliance Risk
- Increased Dependency on External Partners



AUTOMATION & AI IMPACT

Automate The Predictable – Augment The Variable – Protect The Risky

Practical Map of Current Processes

Develop a clear revenue-cycle roadmap, where delays form, and which steps are still safest with proven manual checks.

Where AI/RPA Help Most

High-volume, rules-based work (data entry, status checks, routing, follow-ups) to reduce rework and queue time.

Decide What to Automate

Automate when inputs are consistent and exceptions are rare; keep manual controls where judgment, compliance, or auditability are needed.



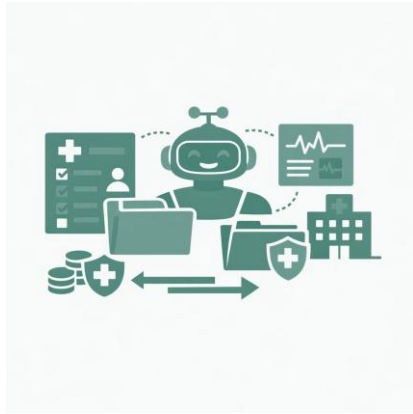
AUTOMATING RCM FUNCTIONS

*Where automation creates value—and
where it doesn't*



AI IN RCM WORKFLOWS

Boring Work First – That's Where ROI Lives



Billing Claims

Automate validation and edits to reduce rework and improve first-pass accuracy.



Eligibility Verification

Auto-check coverage and flags to prevent downstream denials.



Payment Posting

Match remits to accounts to speed posting and reduce posting errors.

AUTOMATION DECISION FRAMEWORK

Every Automation Decision is a Risk Decision



Volume & Standardization

Is the work frequent and rules-based enough to automate reliably?



Variability & Judgment

Does it require nuanced clinical/financial judgment (augment with AI + human) or can rules handle most cases?



Risk & Compliance

What's the impact of a wrong action, and what controls/monitoring are required?

WHEN TECHNOLOGY WINS—AND WHEN IT SHOULDN'T

Key Decision Points For Moving To Tech Enabled Processes



Cost-Benefit Analysis

Adopt tech when ROI is clear (labor savings, fewer denials, faster cash). Keep manual when gains are marginal or costs outweigh benefits.



Process Complexity

Automate high-volume, rules-based work with many handoffs. Keep manual for low-volume, nuanced exceptions needing judgment.



Data Accuracy & Compliance

Use tech when errors drive rework or audit risk and controls are needed. Keep manual when risk is low and checks are reliable.



Staff Expertise & Training

Implement tech if it reduces reliance on scarce expertise or standardizes onboarding. Keep manual if teams are strong and change burden is high.

RCM PROCESS COMPARISON

If You Can't Prove It With 1–2 Metrics, It's Not Ready

Tools to Evaluate “Old” vs “New”

Process map + time study to compare touchpoints, handoffs, and cycle time drivers.

Quantify Improvement (pick 1–2)

Denial rate reduction and faster turnaround time, measured pre/post with a simple KPI baseline.

Prepare Evidence Package

Before/after dashboard snapshot + variance notes to explain what changed and why.



CONTROLS & KPI MONITORING

Automation Scales Outcomes — Good or Bad

Monitoring KPIs

Throughput, accuracy, exception rates, time-to-resolve, and rework rate are all examples of new forms of KPI's in addition to industry standard performance measurements.

Controls

Sampling, dual review for high-risk actions, access management, and change control will all need to be established. Operational meetings to review top exceptions should be incorporated into monthly denial prevention reviews.

AI-Specific Checks

Model drift checks, feedback loops, explainability notes for decisions, and bias/quality reviews should occur where applicable.

RCM AUTOMATION ROLLOUT STEPS

Six Simple Steps — How Organizations Avoid “*Pilot Hell*”

01

Pick a Metric & Workflow

Choose one metric (e.g., auth denials) and one focused workflow.

02

Baseline 'Before' State

Capture touches, turnaround, denial rate, and cost-to-collect.

03

Automate Repeatable Tasks

Automate routine steps; route edge cases into a clear exception queue.

04

Add AI for Judgment

Apply AI for triage and decisions; keep humans in the loop.

05

Monitor & Refine

Track outcomes and optimize continuously.

06

Scale Success

Expand to adjacent processes once stable.

COMMON AUTOMATION PITFALLS

How Organizations Accidentally Automate Chaos

Unstable Processes

Automating a workflow that isn't standardized amplifies exceptions, rework, and failure points.

Unclear Ownership and Change

Without a named owner and change management, automation breaks quietly and users work around it.

Bad Data and Missing Auditability

Automating poor inputs and skipping logs/controls creates faster errors, compliance gaps, and weak traceability.



END-TO-END AUTOMATION

*What end-to-end actually means (and
what it doesn't)*



WHY FRONT-END WORK DETERMINES BACK-END COST

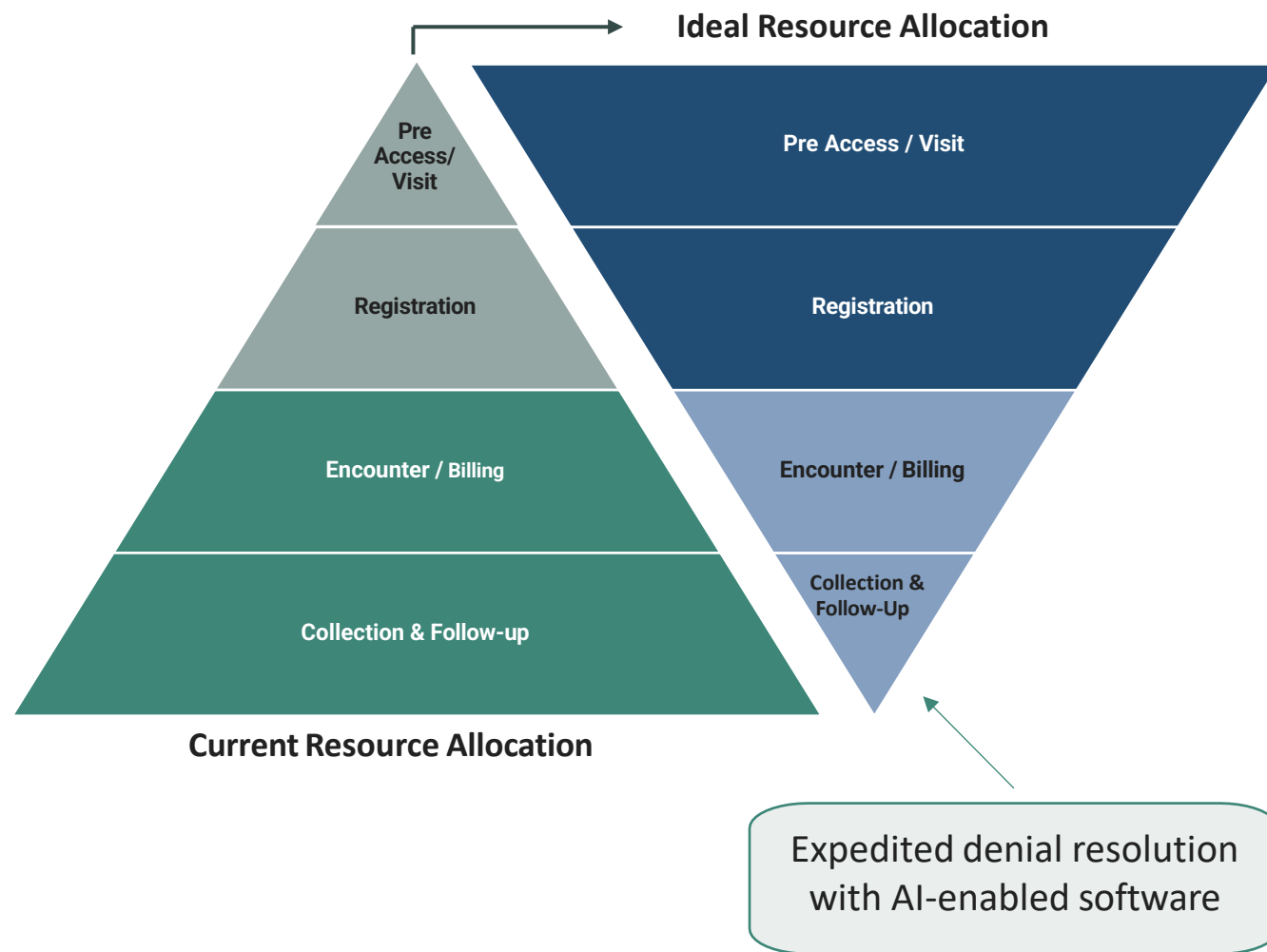
Digital First, Human Backed

Digital-first, human-backed means using AI and automation to simplify front-end processes while preserving human support where trust, reassurance, and judgment matter most.

The front-end effort is resource-intensive, but it is also where clean claims begin - better registration, eligibility, and authorization processes lead to fewer denials and less manual back-end rework.

On the back end, where patient interaction is limited, AI and automation can then be used more aggressively to improve efficiency, reduce touches, and strengthen overall revenue cycle performance.

- Has a direct impact on improving collections and reducing AR
- Reduces the overall cost to collect





FRONT-END AUTOMATION

Denial Prevention Is Cheapest Before The Visit

Goal

Reduce Payor uncertainty at the point of scheduling and authorization — where denials are cheapest to prevent and most expensive to ignore.

Automation Targets

- Insurance discovery → Reduces retro-eligibility denials and post-visit write-offs
- Eligibility verification → Improves financial clearance confidence before care
- Auth lookup & follow-up → Shifts staff time from chasing statuses to fixing root causes
- Scheduling rules enforcement → Aligns visits to Payor requirements, not just provider availability

REGISTRATION & ELIGIBILITY

Accuracy Beats Speed

Old Pain

Manual re-keying and IVR calls don't just slow registration — they directly increase denial probability and patient confusion

New Approach

Automation performs constant validation; humans resolve only what deviates from expected patterns.

Controls to Maintain Quality

Controls preserve trust, auditability, and compliance as volume scales.



BILLING EXPERIENCE UPGRADE

Billing Experience Affects Cash — Not Just Satisfaction



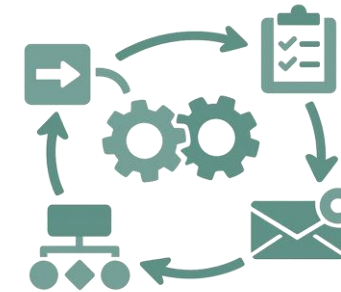
Old Pain

Confusing statements, slow dispute handling, and fragmented support channels.



New Approach

Proactive estimates and plain-language billing reduce disputes, delays, and avoidable outbound calls.



Automation Targets

Statement segmentation → Improves patient response rates

Payment plans → Reduces bad debt and write-offs

Dispute routing → Shortens resolution cycle time

CLAIM EDITS: PROACTIVE SHIFT

From Reactive Edits To Predictive Guidance

Old (Reactive)

Edits act like a speed bump; work piles up in queues.

New (Proactive)

Edits become a guidance system—real-time prompts upstream. AI identifies *likely errors before submission*, not just violations after the fact.

Measures to Monitor

First-pass yield → Predictor of cost to collect

Touches per claim → Direct proxy for labor cost

Clean claim rate → Leading indicator of cash speed

How is the cost associated with resolving a denied claim?



AUTOMATION & AI IN PAYMENTS

The Safest Place To Automate — Because Machines Already Speak The Language

Automation Targets

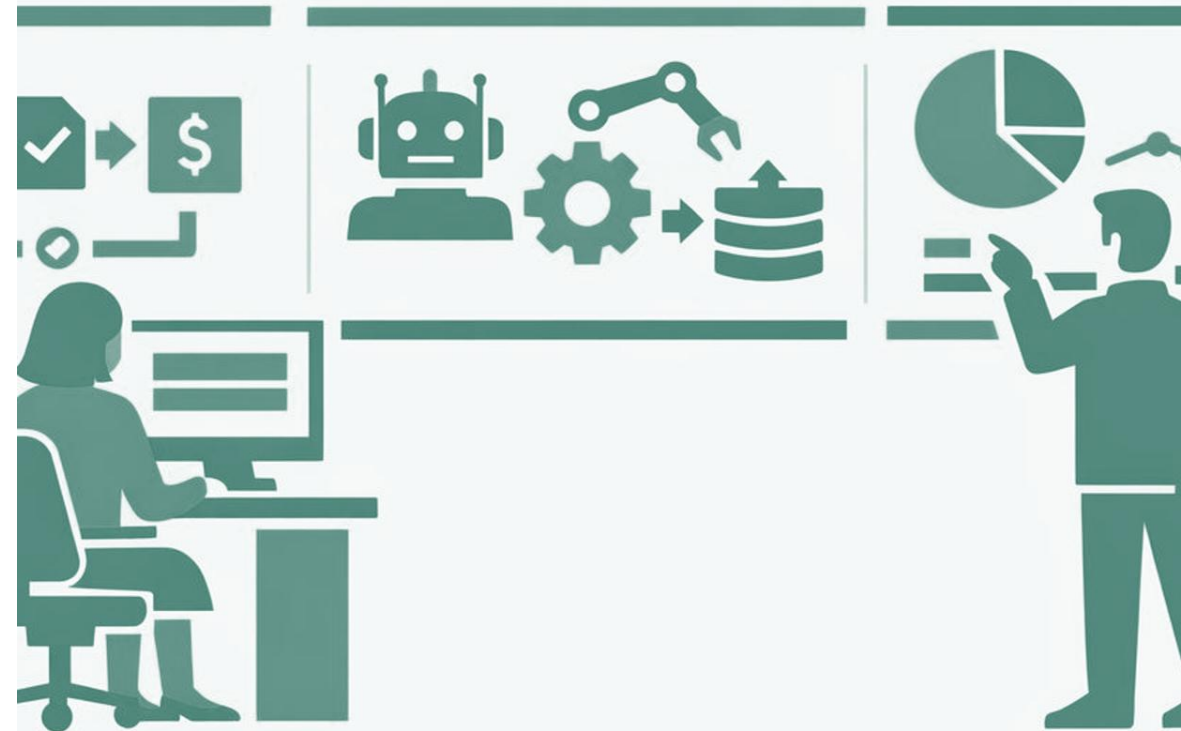
ERA posting, contractual adjustment logic, underpayment worklists, and secondary billing triggers.

AI Assist

Identify anomalous payments, summarize remittance patterns, and flag likely Payor issues early.

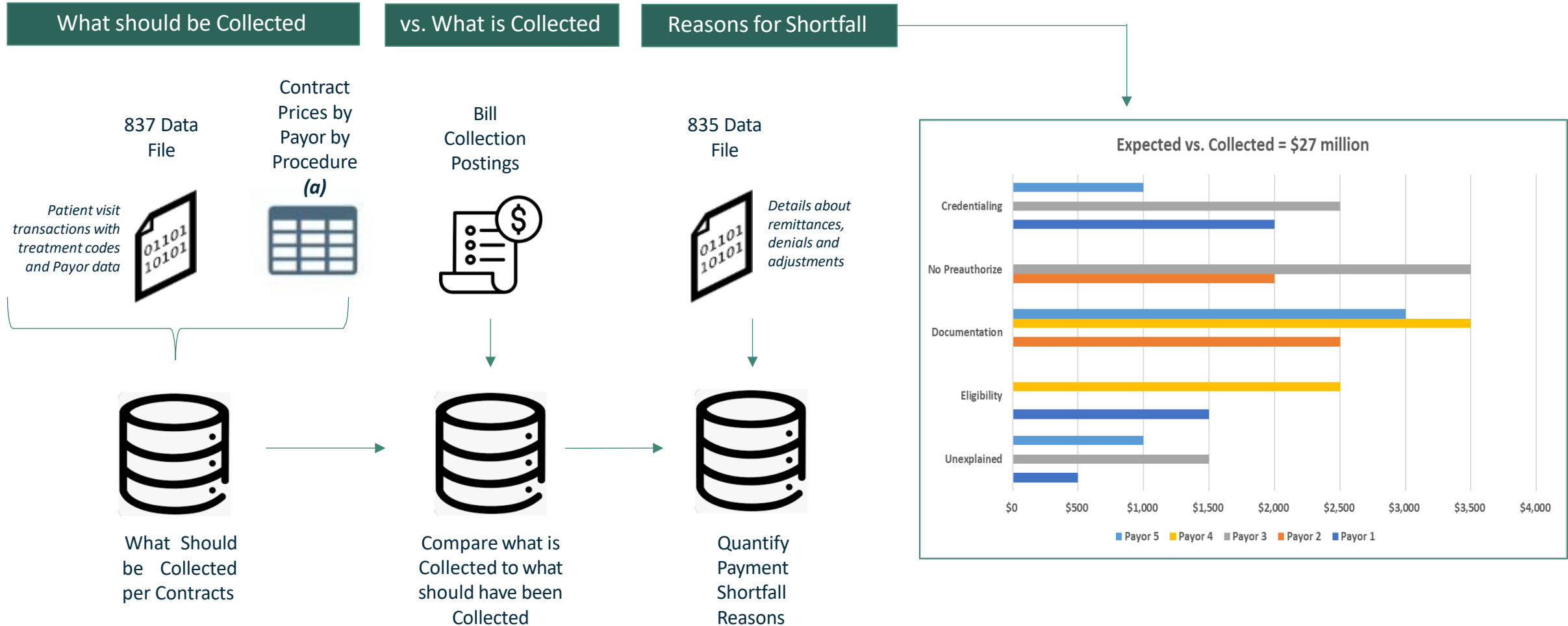
Controls to Emphasize

Reconciliation (charges → claims → payments), audit logs, and threshold approvals for adjustments.



COLLECTIONS CALCULATOR

Payment Accuracy Using AI Is About Pattern Detection — Not Perfect Contracts



(a) Develop Contract Rates Database if data available from Healthcare Provider or otherwise use Price Transparency data confirmed by actual allowed rates

FROM APPEAL FACTORIES TO PREVENTION ENGINES

The Goal Is Denial Prevention Loops — Not Appeal Factories

Automation Targets

Worklist creation, Payor portal status checks, templated appeal packets, and tracking/follow-up.

AI Assist

Normalize Payor-specific denial language

Detect emerging trends faster than humans can

Recommend actions based on recoverability, not guesswork

Prevention Loop

Denials data becomes upstream intelligence — not just back-end workload.



TO AUTOMATE, OR NOT

Voting Options (Stand/Sit)

- Stand and Raise Hand = Automate
- Sit = Keep Manual
- Stand = Augment

Scenarios

- I. Daily eligibility checks for scheduled visits
- II. Writing appeal letters for medical necessity denials
- III. Posting standard ERAs + flagging outliers for review
- IV. Prioritizing denial workqueues by expected recoverability



THREE PRINCIPLES FOR AI-ENABLED RCM

A Leadership Mindset — Not A Technology Roadmap

From Cleanup to Prevention

RCM performance improves fastest when work moves earlier, not faster.

Preventing errors at scheduling, registration, and authorization eliminates the majority of downstream denials, rework, and collections friction.

Automate for Stability, Use AI for Volatility

Automation delivers consistency; AI absorbs Payor volatility.

RPA stabilizes high-volume, rules-based work. AI adds value where Payors behave inconsistently — prioritizing risk, predicting outcomes, and guiding human attention.

Controls Don't Go Away — They Move

AI changes where controls live — from manual review to exception monitoring.

Successful organizations replace after-the-fact review with KPI monitoring, drift detection, and targeted human intervention.

CONCLUSION: WHAT AI CHANGES – AND WHAT IT DOESN'T

Why Discipline — Not Technology — Determines ROI

What AI Actually Changes

AI allows revenue cycle teams to anticipate Payor behavior instead of reacting to it, shifting effort upstream and reducing the need for downstream recovery.

AI does not fix broken workflows, inconsistent data, or unclear ownership. In fact, it exposes those weaknesses faster than traditional RCM ever did.

How to Lead Through It

The organizations seeing ROI are not “more automated” — they are more disciplined.

They start narrow, define success metrics early, keep humans in the loop, and scale only once controls are proven.

Why This Matters Now

As Payor complexity accelerates, doing RCM the same way — just faster — becomes riskier every year.

AI is not optional infrastructure. It is becoming the control layer for modern revenue operations.

AI Doesn't Replace Revenue Cycle Discipline — *It Demands It*



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