



Beyond Bots: Agentic AI in Healthcare Revenue Cycle

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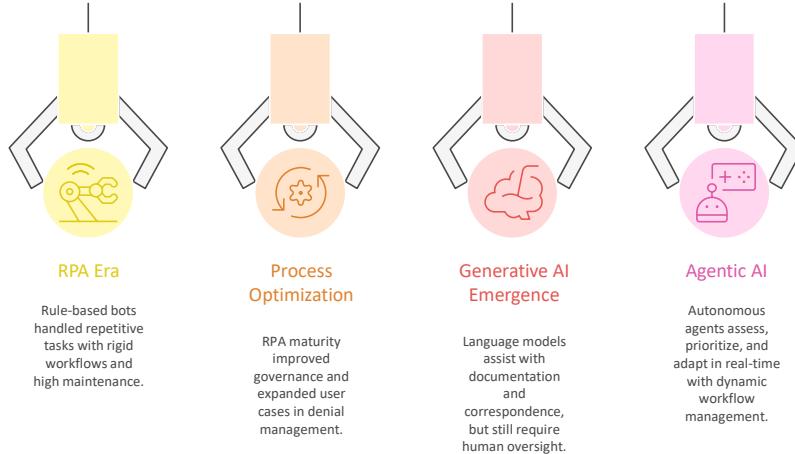
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The Evolution of Automation in Revenue Cycle

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AI Development Timeline



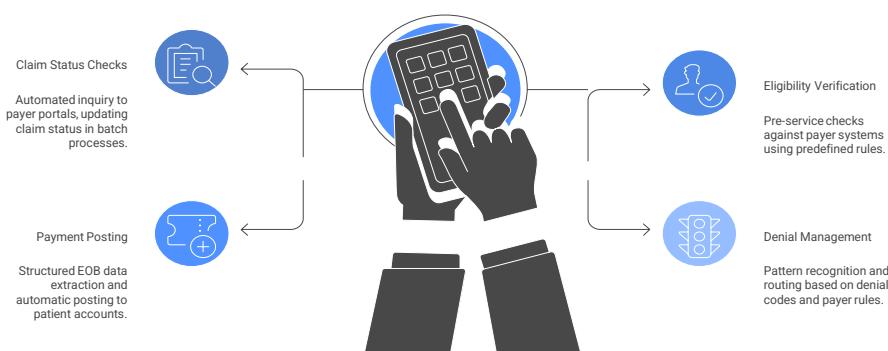
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RPA: Still Delivering Value

Traditional Automation Use Cases



The Limitation

4 RPA excels at “if this, then that” logic, but struggles with exceptions, ambiguity, and dynamic prioritizations

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RPA vs. Generative AI vs. Agentic AI

RPA vs. Generative AI vs. Agentic AI

Characteristic	Capability	Decision-Making	Adaptability	Example
Traditional RPA	↑ ↕	○ ✕ ✖	↔ ↕	Bot Logs into Portal, searches claim, copies status
Generative AI	Follows Explicit Rules	None-Executes Predefined Steps	Breaks on exceptions	Drafts appeal letter based on denial reason
Agentic AI	Generates Content and Insights	Suggests actions, requires approval	Context-aware but not autonomous	Evaluates claims, optimizes follow-up times
	Assess, Decides, and Acts	Autonomous within guardrails	Learns patterns, adjusts priorities	

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What Makes AI “Agentic”?

RPA vs. Generative AI vs. Agentic AI

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What Makes AI “Agentic”?



Goal-Oriented

Focuses on achieving specific outcomes rather than just completing tasks.



Contextual Awareness

Understands the nuances of payer behavior and claim complexity.



Dynamic Prioritization

Adjusts worklists based on likelihood of success and financial impact.



Learning & Adaptation

Refines strategies based on outcomes over time.

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Key Difference

Traditional Automation: “Check all claims over 30 days and send standard follow-up”

Agentic AI: “Prioritize claims with highest recovery probability, customize follow-up based on payer patterns, escalate outliers”

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Agentic AI Use Cases in Healthcare RCM

⌚ Authorization Follow-Up Management

Challenge: Thousands of pending auths with varying urgency and payer response times

Agentic Solution: AI agent monitors auth status, predicts approval likelihood, prioritizes high-dollar cases, sends customized follow-ups at optimal times, escalates denials with appeal-worthy documentation

Impact: Reduction in auth delays, Decrease in manual touchpoints

💰 Denials Triage and Intelligent Appeals

Challenge: High denial volume with limited staff time and inconsistent appeal quality

Agentic Solution: AI agent classifies denials by root cause, predicts overturn likelihood, prioritizes high-value and high-win cases, assembles payer-specific appeal packets with supporting clinical and financial documentation, and submits within payer timeframes

Impact: Increase in appeal win rates, faster turnaround, fewer low-value appeals clogging queues

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Additional High Impact Areas

Denial
Prevention

Patient
Payment
Processing

Payer
Contract
Analysis

Complex
Case Routing

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Implementation Framework

Phase 1: Foundation (Months 1-3)

Assess current automation maturity and data infrastructure. Identify 2-3 pilot use cases with clear success metrics. Establish governance framework and approval workflows.

Phase 2: Pilot (Months 4-6)

Deploy first agent in controlled environment. Monitor performance against baseline metrics. Gather staff feedback and refine workflows.

Phase 3: Scale (Months 7-12)

Expand successful use cases to full production. Implement additional agents for proven workflows. Build center of excellence for AI operations.

Phase 4: Optimize (Ongoing)

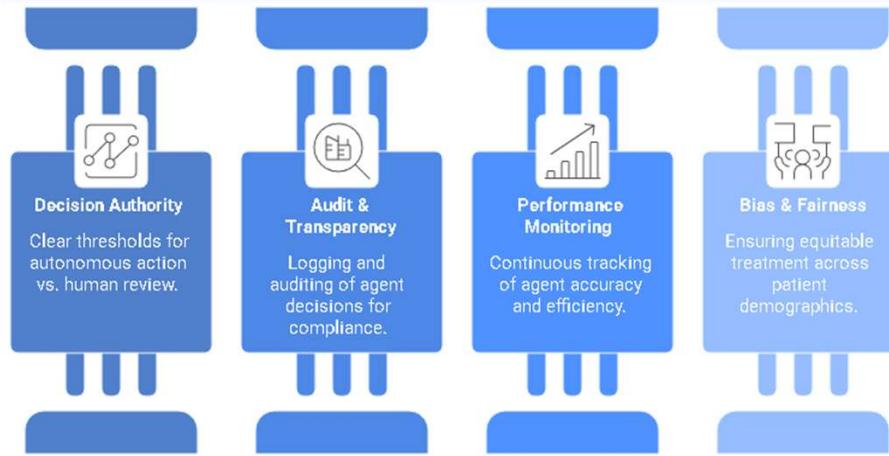
Continuous monitoring and tuning of agent performance. Identify new automation opportunities. Share best practices across organization.

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Governance & Oversight



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Agent Checklist



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Questions/Follow up

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