

FIVE PRACTICAL WAYS EMBEDDED AI IS RESHAPING REVENUE CYCLE MANAGEMENT

From Reducing Friction to
Accelerating Reimbursement



Speakers



Jeff Carmichael
Senior Vice President,
Engineering
XiFin, Inc.

Jeff's engineering leadership spans more than 20 years and encompasses networking, security, and Healthcare software and systems. He brings a career-long focus on data-driven insights and prediction through advanced data modeling across several industries.

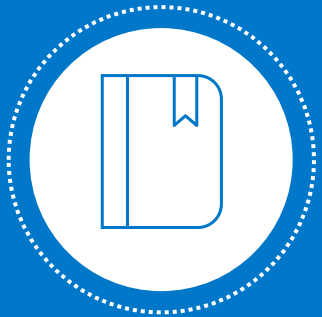
Before joining XiFin, Jeff led worldwide software development for the network and security division of LSI Corp. He has held senior-level leadership positions at several successful startups and divisional leadership positions at Intel.



Sandra Greefkes
Vice President of
Product & Partner
Marketing, XiFin

Sandra Greefkes leads the product and partner marketing team at XiFin, Inc. and has more than 20 years of experience helping business, public sector and healthcare leaders learn how they can leverage digital transformation strategies for competitive differentiation and to increase profitability.

Overview



The Foundation of Analytics, Automation, and AI

Confidence and Contemplation: Where are your peers?

What is the Path to Getting the Most Value from AI Initiatives?

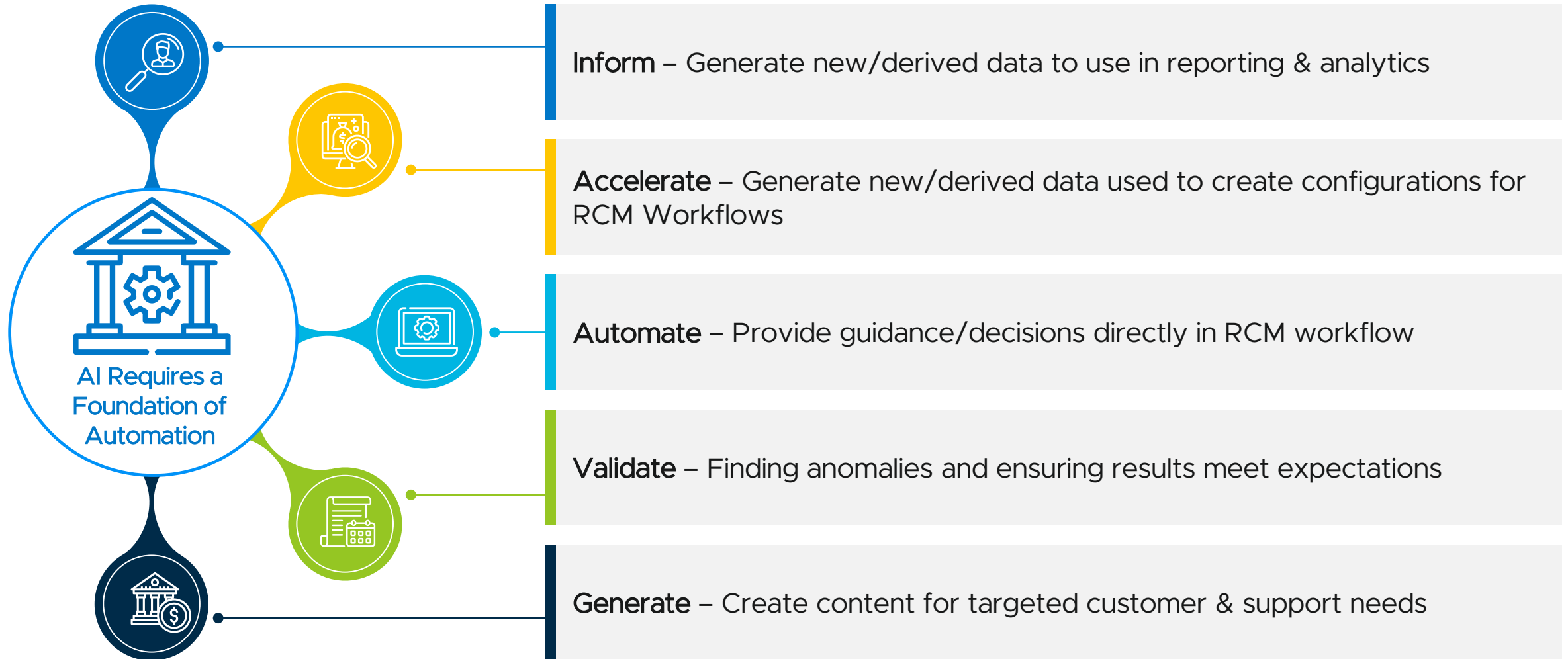
Five Ways AI is Reshaping RCM

Future-Ready Infrastructure and the Importance of AI Transparency

Assessing Organizational Skills Sets, Expertise, and Technology

What You Can Do With AI

AI alone doesn't solve problems. AI may not be the solution.

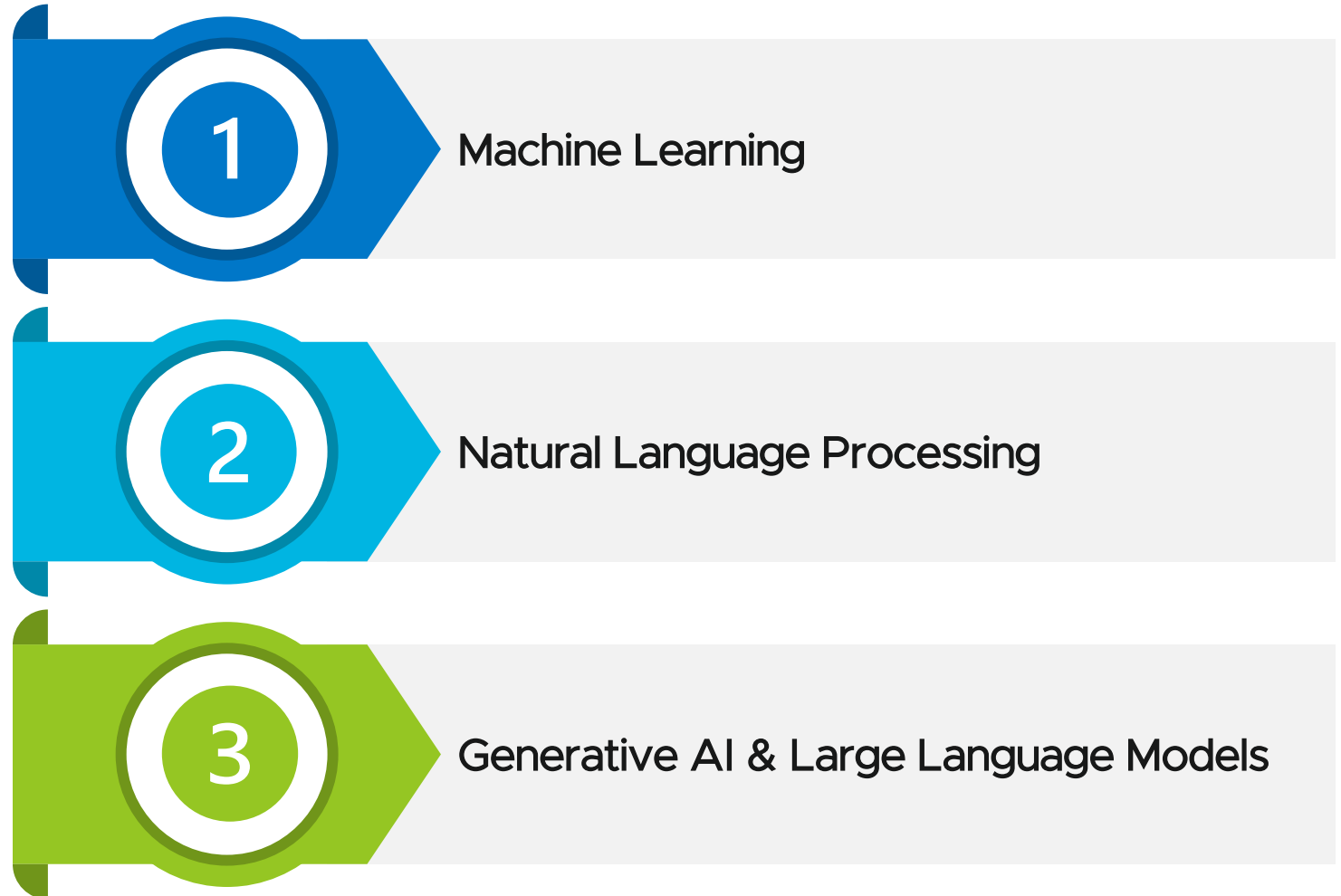


Robotic Process Automation vs. AI

RPA (Process Driven)

- RPA is a rule-based software engine that has no intelligence and automates repetitive tasks.
- RPA has a software robot that mimics human actions, whereas AI is concerned with the simulation of human intelligence by machines.

Three Kinds of Relevant AI (Data-Driven)



LLM

LARGE
LANGUAGE
MODEL

BALANCING RISK & REWARD OF GENERATIVE AI

What is your confidence in AI for RCM? Do you trust it?

- A. No, AI is too risky
- B. No, RCM is too complicated
- C. Mixed, I need to be convinced
- D. Yes, we are testing AI
- E. Yes, we are all in on AI

Answer Options	143 Responses via HFMA Webinar	75 Responses via Dark Webinar
No, AI is too risky	1.4%	N/A
No, RCM is too complicated	2.8%	1%
Mixed, I need to be convinced	75.5%	69%
Yes, we are testing AI	16.8%	19%
Yes, we are all in on AI	3.5%	11%

Are You Contemplating or Using RPA / AI for RCM?

- a) We are not contemplating using AI for RCM
- b) We are planning to use AI for RCM
- c) We use Robotic Process Automation
- d) We use Machine Learning or Natural Language Processing
- e) We use Generative AI – Large Language Models

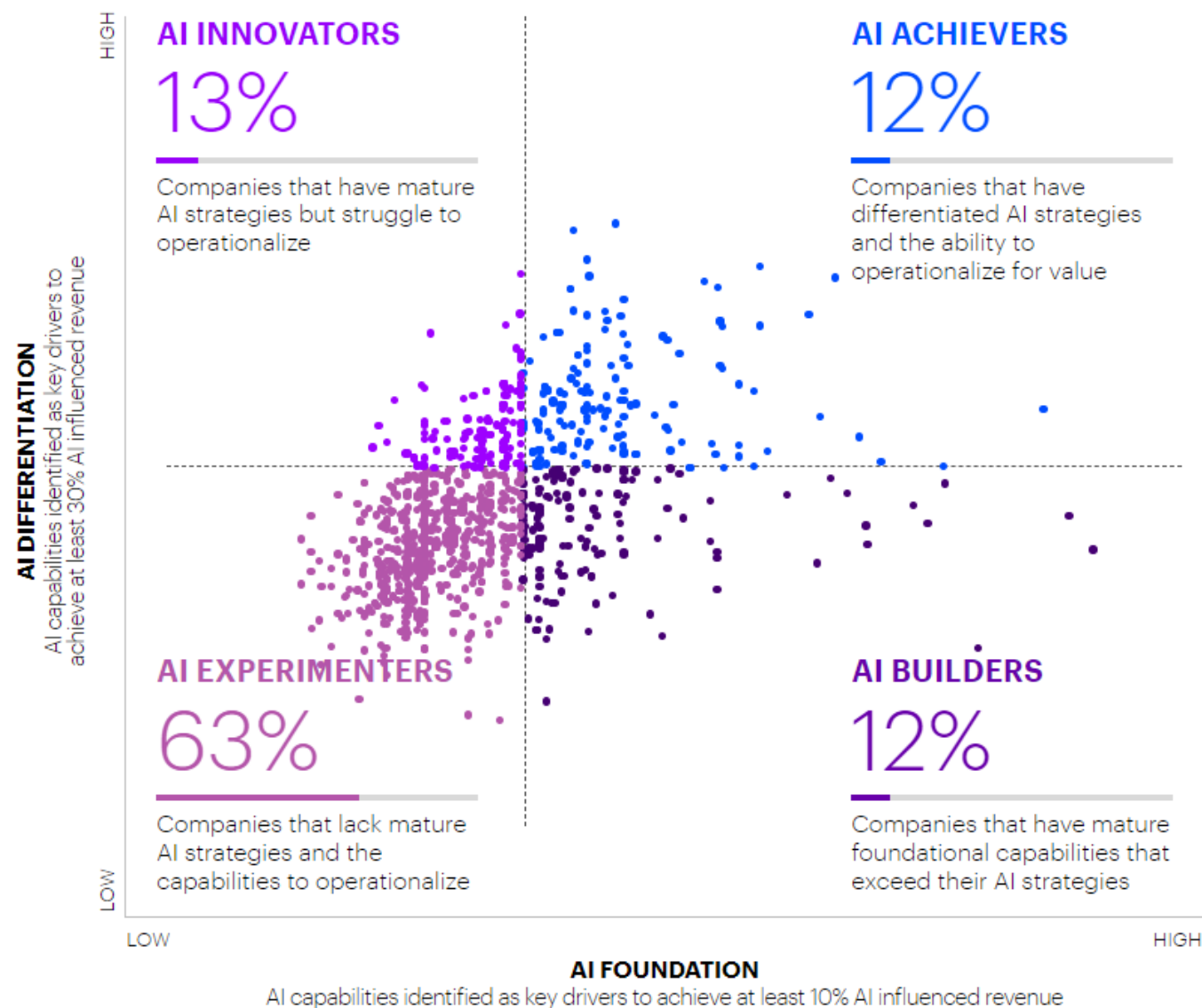
Answer Options	75 Responses via Dark Webinar
We are not contemplating using AI for RCM	15.1%
We are planning to use AI for RCM	17.7%
We use Robotic Process Automation	10.7%
We use Machine Learning or Natural Language Processing	3.7%
We use Generative AI – Large Language Models	1.8%

Data-to-AI Continuum

All Industries, Company Sizes, Region

An organization's journey can be charted against a maturity model that encompasses these dimensions:

- Strategy and governance
- Architecture
- Development
- Regulation and ethics
- User support

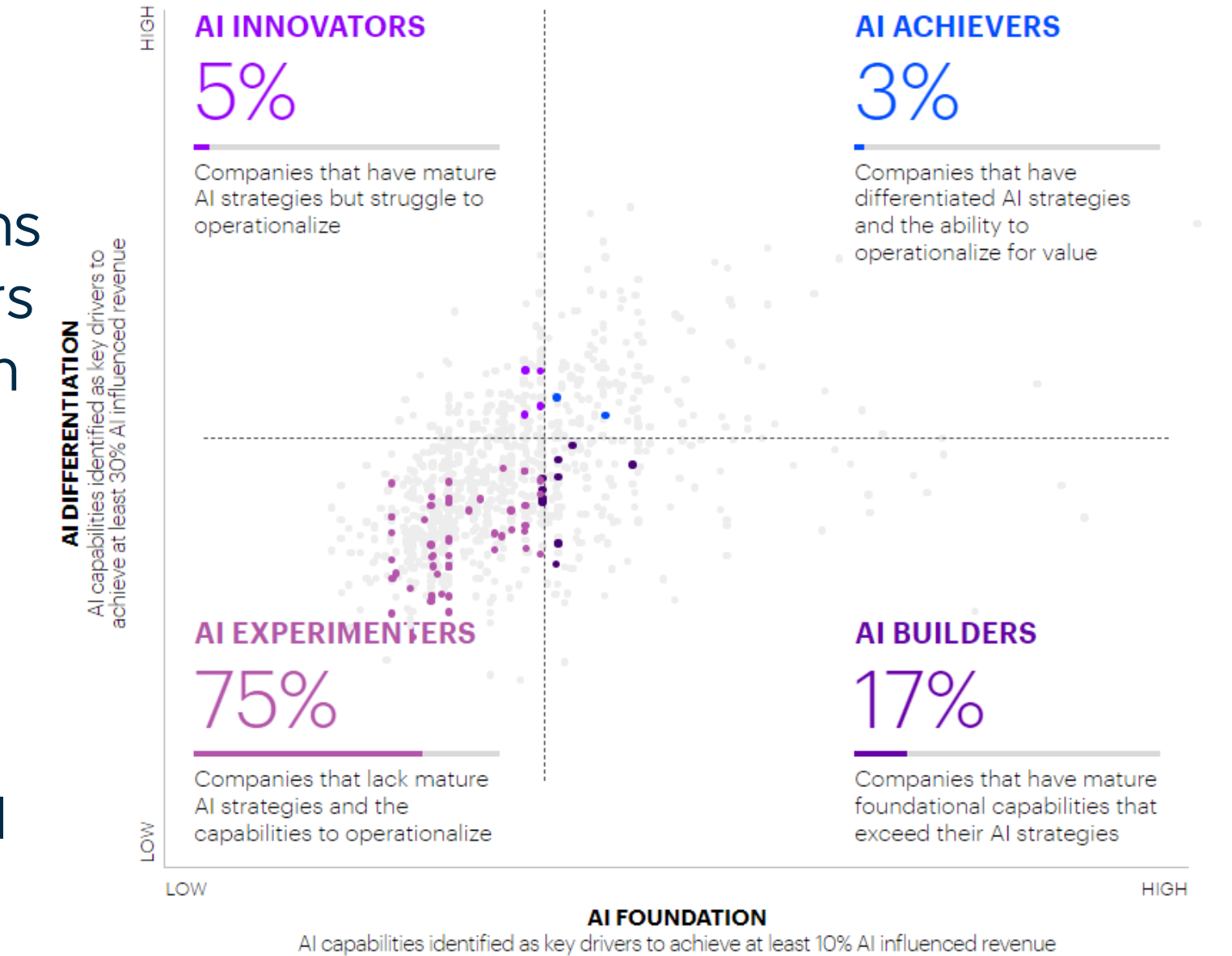


Source: https://www.accenture.com/_acnmedia/pdf-83/accenture-becoming-data-driven-enterprise-data-industrialization.pdf

Data-to-AI Continuum

Healthcare

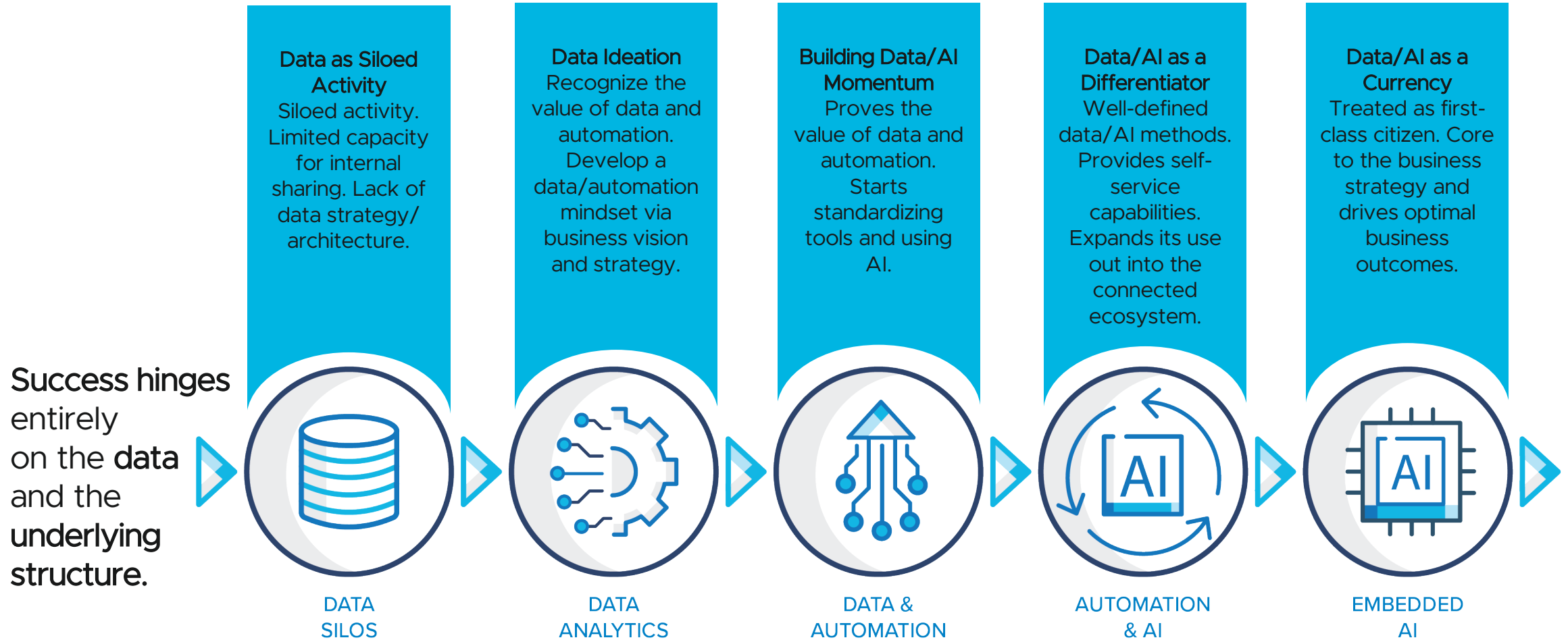
- Healthcare organizations tend to be late adopters of digital transformation tech for administrative purposes
- Healthcare SaaS vendors who are AI mature can offer their customers access to AI at scale



Source: https://www.accenture.com/_acnmedia/pdf-83/accenture-becoming-data-driven-enterprise-data-industrialization.pdf


The Journey Toward Data, Automation, and AI Supremacy

Where is your laboratory? What is the plan to accelerate your AI maturity?



A Simple Example of Payor's Marketing Teams Impacting Your RCM...

Those little icons on your insurance card

**South Carolina**

Member Name
SUBSCRIBER NAME

Member ID
ZCT012345678901

RxBIN
004336

RxGRP
RX4236


RxPCN
MEDDADV


Issuer
80340

Part D/Plan Benefit
CMS-H4209-XXX

PLAN

PPO



**BlueCross BlueShield**

Member Name
Member Name

Member ID
XYZ123456789

Group No.
023457

BIN
987654

Benefit Plan
HIOPT

Effective Date
00/00/00

Dependents
Dependent One

Dependent Two

Dependent Three


Plan
PPO


Office Visit
\$15


Specialist Copay
\$15

Emergency
\$75

Deductible
\$50



**blue california**

**trio HMO**

A Subscriber
FIRST M LAST

B Member
FIRST M LAST

E Group #
W0000000


F Effective
04/01/2021

D Copayment
Primary Care \$xx
Urgent Care Center \$xx
Emergency Room \$xx

C ID# **XEA000000000**

G Coverage
K Language
H Plan
I RxBIN
J RxPCN

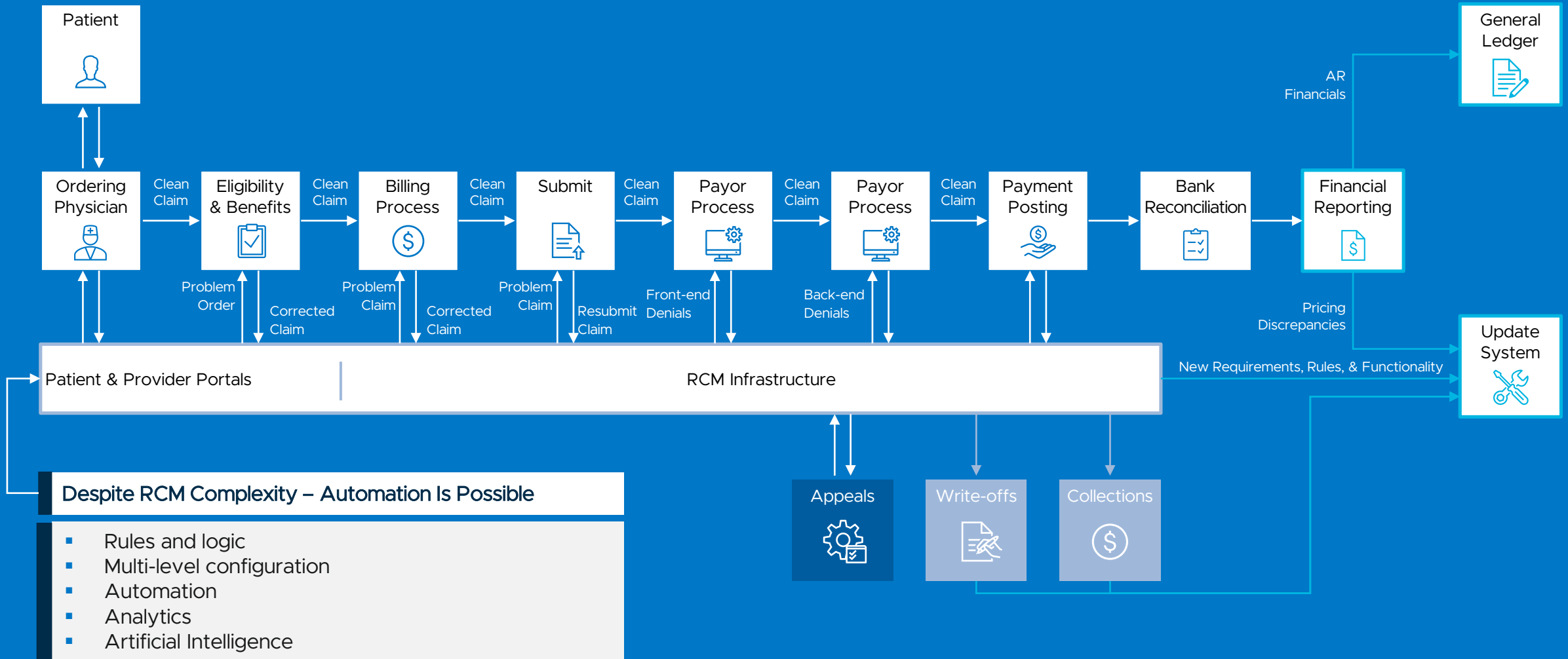
MEDICAL GROUP NAME, INC
PHYSICIAN NAME
(XXX) XXX-XXXX
07/01/21
FAMILY
Tagalog
HMO
000000
00000000

L 

- ❖ RCM Data is complicated.
- ❖ Dirty or unstructured data leads to unintelligent AI.
- ❖ Applying analytics to RCM derives actional and understanding insights.
- ❖ It identifies problematic data models and forces optimal data structures.
- ❖ AI success depends on data quality and training models and approaches.

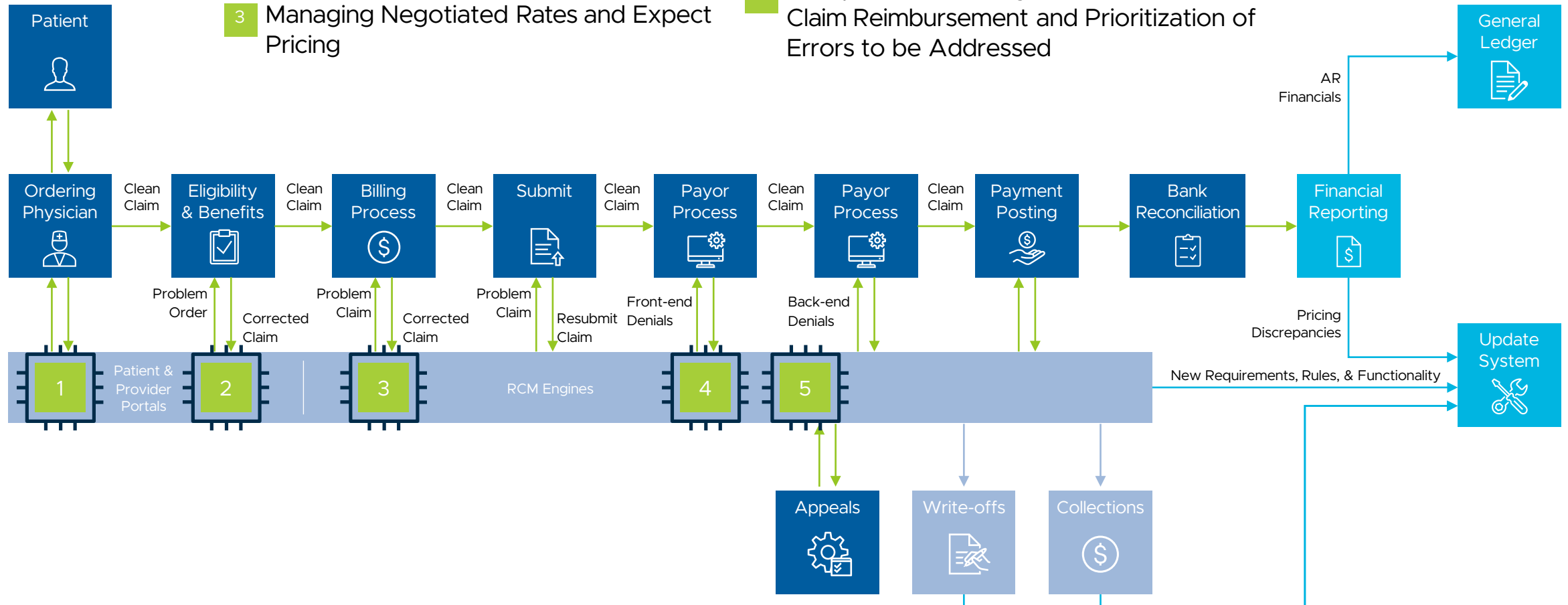
Step-by-Step View of the Lifecycle of a Claim

Automation Demands Purpose-built Data Modeling, Logic, and Interoperability



Embedded AI: Applications Throughout the Billing Process

- 1 Capturing Third-Party Insurance
- 2 Accurately Calculating Patient Responsibility Estimates
- 3 Managing Negotiated Rates and Expect Pricing
- 4 Simplifying Interactions with Payors and Translating Payor Responses into Actionable Next Steps
- 5 Exception Processing – Likelihood of Claim Reimbursement and Prioritization of Errors to be Addressed



1

Patient



Insurance Information Required from Patients is Extensive

Reading the insurance card and hunting for the information being requested



Insurance Information

1.BCBSNJ

Payor Information

Payor Priority*	1	Effective Date	08/01/2019
Insurance Name*	BCBS NJ	Subscriber ID*	XZ258369951
Group ID	NYANKS	Group Name	
Plan ID		Case ID	

Insured Information

Relationship*	self	Last Name*	COSTANZA
First Name*	GEORGE	Gender*	Male
Date Of Birth*	01/09/1969	City	FLUSHING
Address 1*	1344 QUEENS BLVD	State	New York
Postal Code	11351		
Country	USA		


Employer Information

Employer Name		Employment Status	
Address 1		Address 2	
City		Postal Code	e.g. 92130
State		Country	USA
Work Phone	() -	Fax	() -

Back Submit

This site uses SSL for a secure transaction

But It Doesn't End With Getting The Right Payor Name



South Carolina

Member Name
SUBSCRIBER NAME

Member ID
ZCT012345678901

RxBIN
004336

RxGRP
RX4236


RxPCN
MEDDADV


Issuer
80340

Part D/Plan Benefit
CMS-H4209-XXX

PLAN

PPO





BlueCross
BlueShield

Member Name
Member Name

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Specialist Copay
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Emergency
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Deductible
\$50

TDI



A Subscriber
FIRST M LAST

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E Group #
W0000000

F Effective
04/01/2021

D Copayment
Primary Care \$xx
Urgent Care Center \$xx
Emergency Room \$xx

C ID# **XEA000000000**

G Coverage
(XXX) XXX-XXXX

K Language
Tagalog

H Plan
HMO

I RxBIN
000000

J RxPCN
00000000

MEDICAL GROUP NAME, INC

PHYSICIAN NAME

07/01/21

FAMILY

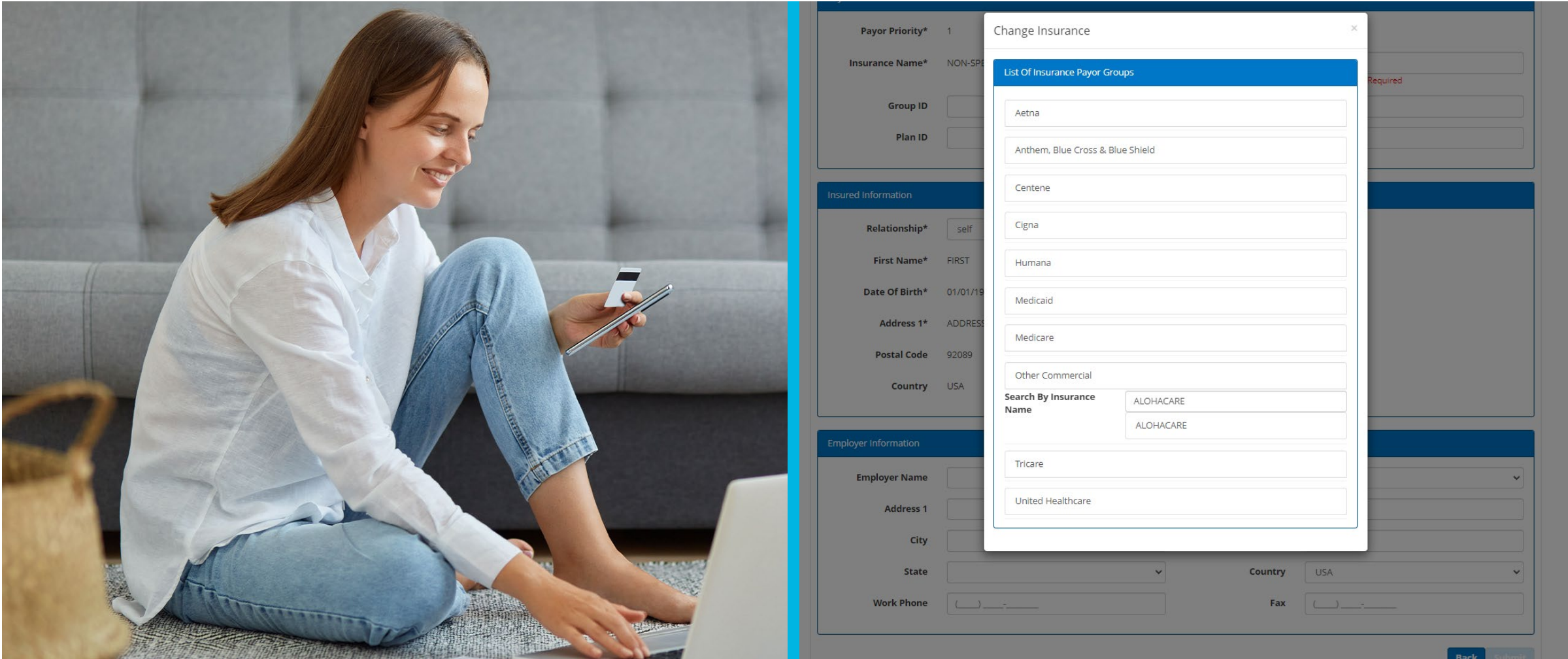
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Payor Discovery AI and Automation

- Subscriber ID not sufficient for eligibility, benefits coverage determination or patient estimation
- AI removes the onus on the patient and the physician by uncovering the underlying payor details.
- OCR can interpret the insurance card
- AI can discover the RCM payor plan details for that claim so that it can be processed without manual intervention.

Removing Friction From the Patient Experience

Simplifying Patient Input and Eligibility Verification Using AI



AI Uncovers the Insurance Information

Minimal Information Capture or Card Image Upload Completes the Process



✓ Insurance Information Verified

We received the following information from your insurance company:

Payor Information

Insurance Name:

TRICARE EAST

Effective Date:

03/12/2020

Subscriber ID:

ZLF150095158

Plan Name:

TRICARE SELECT ACTIVE DUTY FAMILY MEMBER

Patient Name:

ARANKA RADOSAVCEV

Date of Birth:

11/06/1956

Gender:

FEMALE

Insured Information

Relationship:

SELF

Name:

ARANKA RADOSAVCEV

Date of Birth:

11/06/1956

Gender:

FEMALE

Cancel

Confirm

Need Help?

If the insured information is incorrect, please contact your insurance company to update in their system.

Once your insurance company has your updated information, please return to this screen to update the insurance we have on file for you.



AI maps the payor eligibility response data to the appropriate RCM payor plan/fee schedule

2

Patient



Patient Responsibility Estimation

Predicated on receiving complete and accurate information back from the payor and having the appropriate expect amount on record



Must consider relevant provider-specific pricing information, test or procedure information, and real-time eligibility to determine patient responsibility amount.



Provides an estimate of what should be collected from the patient at the time of service or at the time of order.

Patient Responsibility

Payor Updated Demographic Data

Subscriber ID A10001

Estimation Status

Pending Review

Estimated Patient Responsibility

45.95

[View Eligibility Response](#)

[Make Payment](#)



Patient Responsibility Accepted



Estimation Note

Details (1)

	Procedure Code	Units	Bill Price (\$)	Expect Price (\$)	Mod1	Copay (\$)	Coinsurance (%)	Coinsurance (\$)	Deductible (\$)	Remaining Deductible (\$)	Annual Deductible (\$)
1	81235	1	750.00	324.58		0.00	10	30.95	15.00	15.00	5,000.00
			750.00	324.58		0.00		30.95	15.00		

[Edit](#)

Estimated Responsibility

Estimation Information

Patient Name	Date of Birth	Total Due
WINNIE POOH	01/01/1990	\$449.00

[Hide Detail](#)

Accession Information

Accession ID: 1323724

Insurance Information

Name: WINNIE POOH

Date Of Birth: 01/01/1990

Gender: MALE

Relationship: SPOUSE

Payor ID: CASH

Subscriber ID: 987809499

Order Information

Date of Service: 05/16/2021

Client ID: 06074

Ordered Test

4722 - CDH1 specific site analysis

5555 - Specific site analysis

Estimated Patient Responsibility: \$449.00

Amount paid: \$0.00

Total Due: \$449.00

Procedure Code	Bill Price (\$)	Expect Price (\$)	Annual Deductible (\$)	Remaining Deductible (\$)
99999	249.00	249.00	0.00	0.00
81403	200.00	200.00	0.00	0.00
Total	449.00	449.00	-	-

Procedure Code	Deductible (\$)	Copay (\$)	Coinsurance (%)	Coinsurance (\$)
99999	0.00	0.00	0.00	0.00
81403	0.00	0.00	0.00	0.00
Total	0.00	0.00	-	0.00

Disclaimer: The above pricing is an estimate for today's date, it is subject to change in future.

Please contact ACME at 858-777-5555 if you would like to discuss the estimate or cancel testing.

[Pay Now](#)

[PRINT](#)

Patient Estimation: Why Eligibility Info Isn't Enough

Provider network status is not determined

Generalized to Service Type:

- Very few procedure-/service-level responders
- Coverage limitations not considered

Multiple and conflicting/overlapping service-type benefit descriptions.

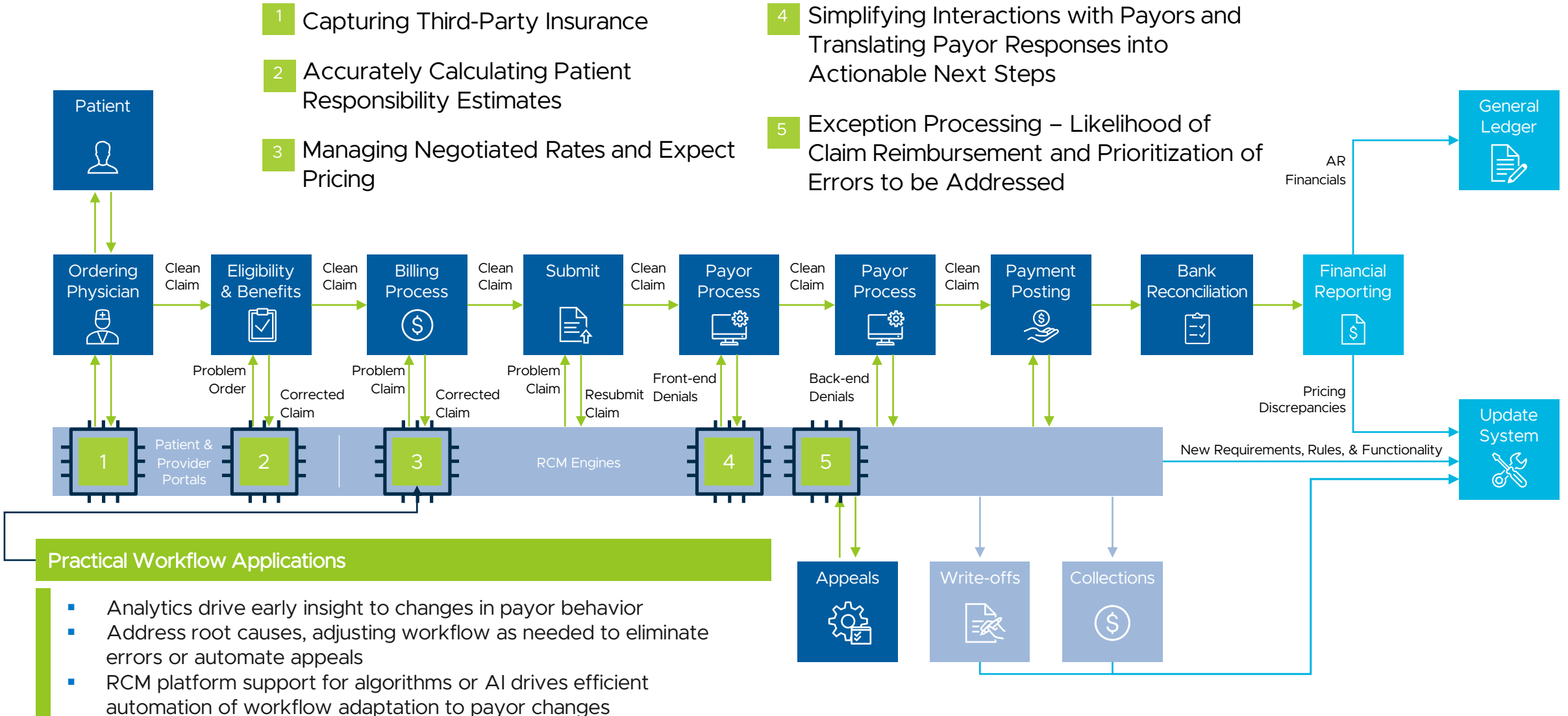
- 43 different potentially applicable coinsurance benefit loops
- 3 different potentially applicable values
- None matched what was actually adjudicated

Rules are complex, differ from payor to payor, and don't always get to a unique result that will match adjudication.

Machine Learning Models trained on recently adjudicated claims can overcome these challenges and provide accurate:

1. Expected Allowed Amount
2. Estimated Copay
3. Estimated Coinsurance
4. Risk of Coverage Limitations

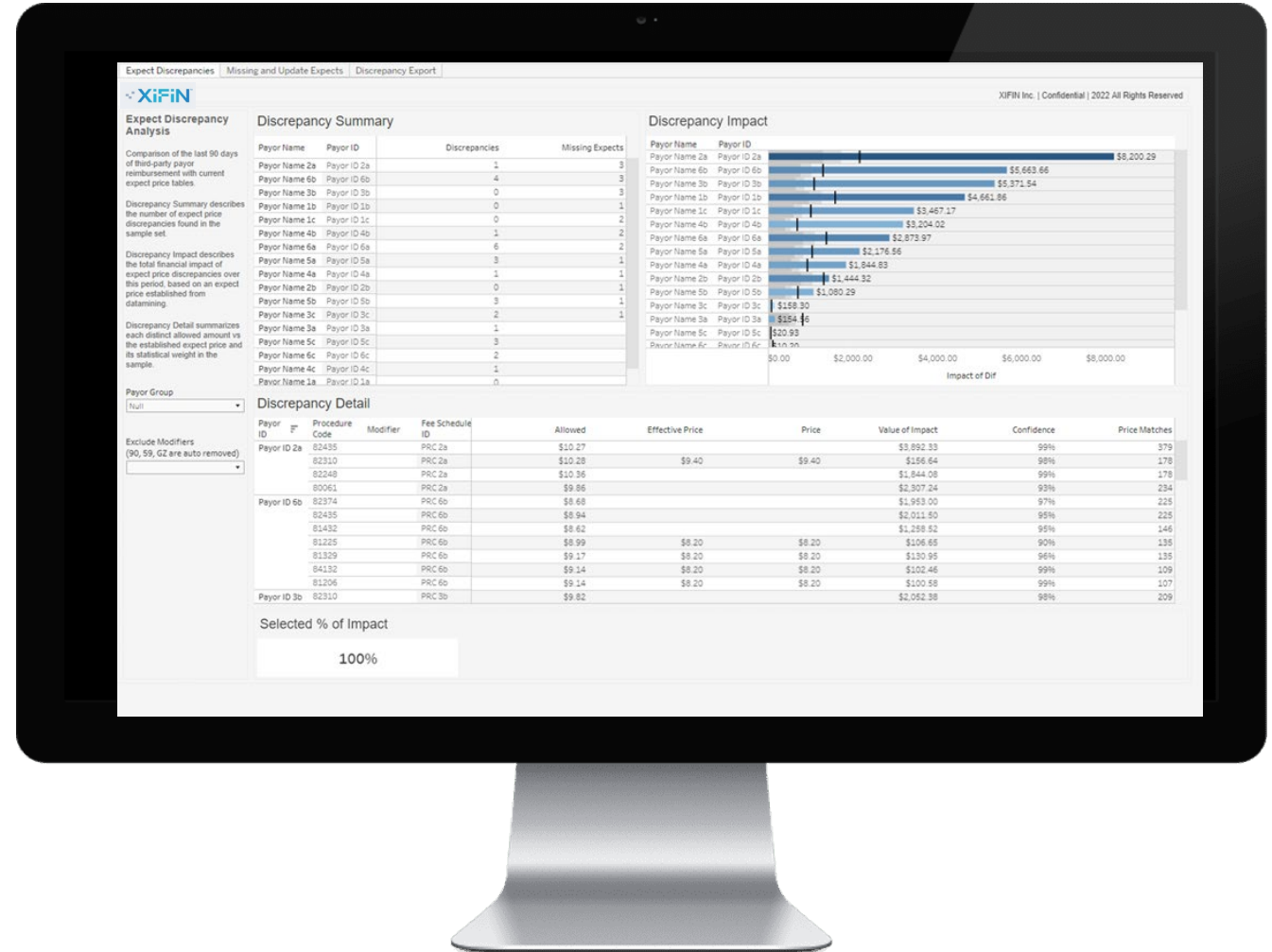
Embedded AI: Applications Throughout the Billing Process



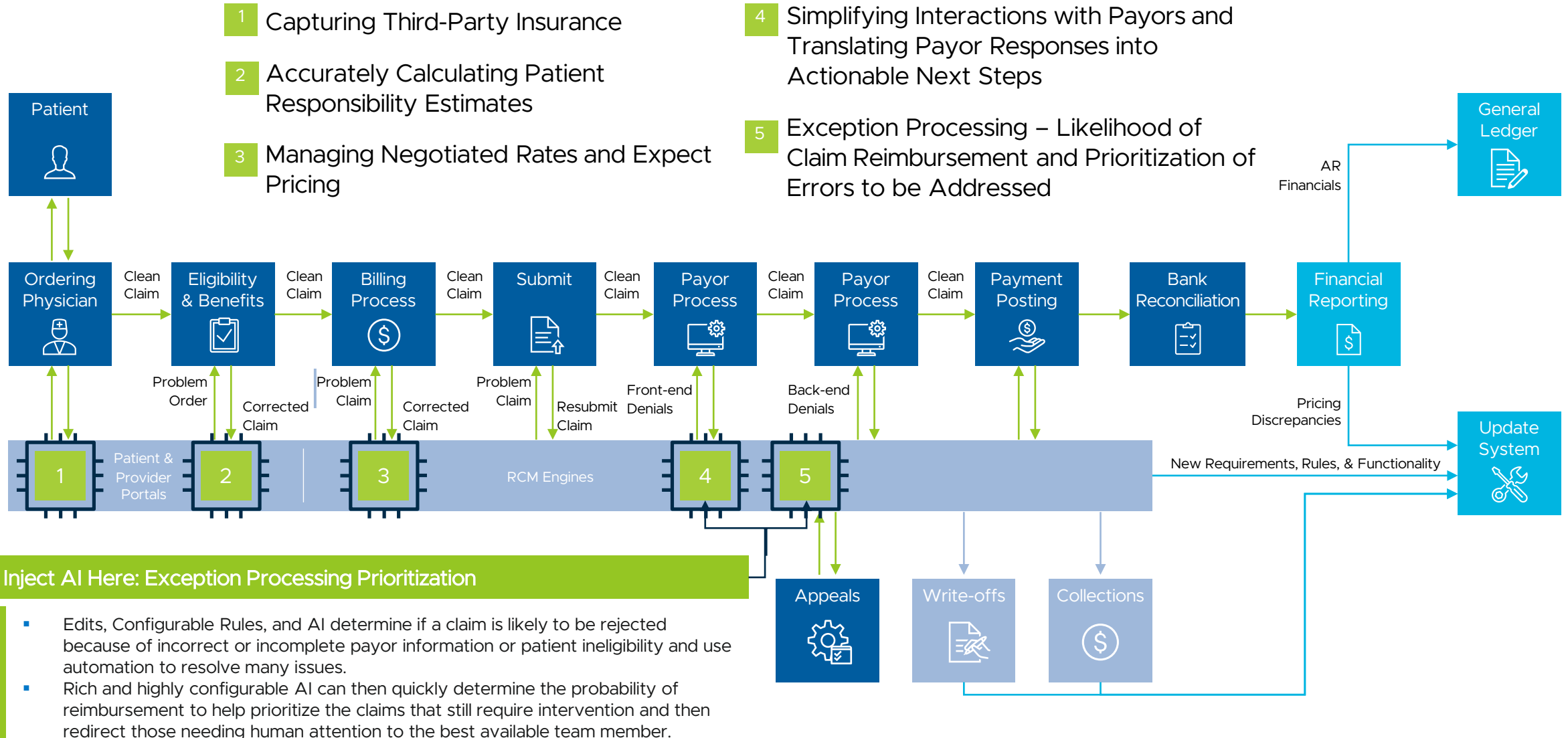


Negotiated Rates and Expect Pricing

- An accurate picture of expected payor reimbursement is critical to many RCM and financial functions.
- Contracted and non-contracted health plans.
- Are you receiving the appropriate reimbursement?
- ML-based historic data modeling can assist with determining expected reimbursement.
- Results may be driven into RCM configuration or determined in-line within the workflow.



Embedded AI: Applications Throughout the Billing Process





Simplifying Interactions with Payors and Translating Responses into Actionable Next Steps

Unstructured payor responses are RIFE for AI-driven automation

- Front-end payor acknowledgments are often returned with a generic status code (**A3:21**) and details are added in the **STC-12** field (or elsewhere) with unstructured text.
- Depending on the size and volume of healthcare providers, these number in the tens of thousands of varied text responses.
- Complicating the matter further are the multiple text explanations for one status code.
- Many RCM teams have these set to “**manual hold**” in their process and require human intervention, translation, and action.

Payor ID	Claim ID	ICN	Received Date	Status Codes	Status Messages	Effective Date	Billed Amt (\$)	Payment Amt (\$)	Payment Date	Check #
ACME	ACME1234567890-987543	FLN 123467890ACME ICN XXXXXXXXXX	03/08/2024	A3:21 A3:21 A3:21	A3 - Acknowledgment/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system. 21 - Missing or invalid information. Note: At least one other status code is required to identify the missing or invalid information. Message - P4999ICD SmartEdit (ICD) [Pattern 7535] Informational - Per the ICD-10-CM Excludes1 note guideline, diagnosis codes D519 with E538, D529 with E538, E538 with D519 and E538 with D529 identify two conditions that cannot be reported together except when the Message - P4999ICD SmartEdit (ICD) [Pattern 7537] INFORMATIONAL - Per the ICD-10-CM Excludes1 note guideline, diagnosis codes D519 with E538, D529 with E538, E538 with D519 and E538 with D529 identify two conditions that cannot be reported together except when the Message - P4999INFO SmartEdit (INFO) [Pattern 28487] For additional information regarding this edit, refer to our Smart Edits Guide at UHCprovider.com/SmartEdits. Message - P4999NCCCD SmartEdit (NCCCD) [Pattern 36415] is not a covered service. Update code(s) as applicable.	03/08/2024	367.30	0.00		

In this example, the multiple unstructured notes indicate that there are diagnosis codes that shouldn't be reported together, among other issues.



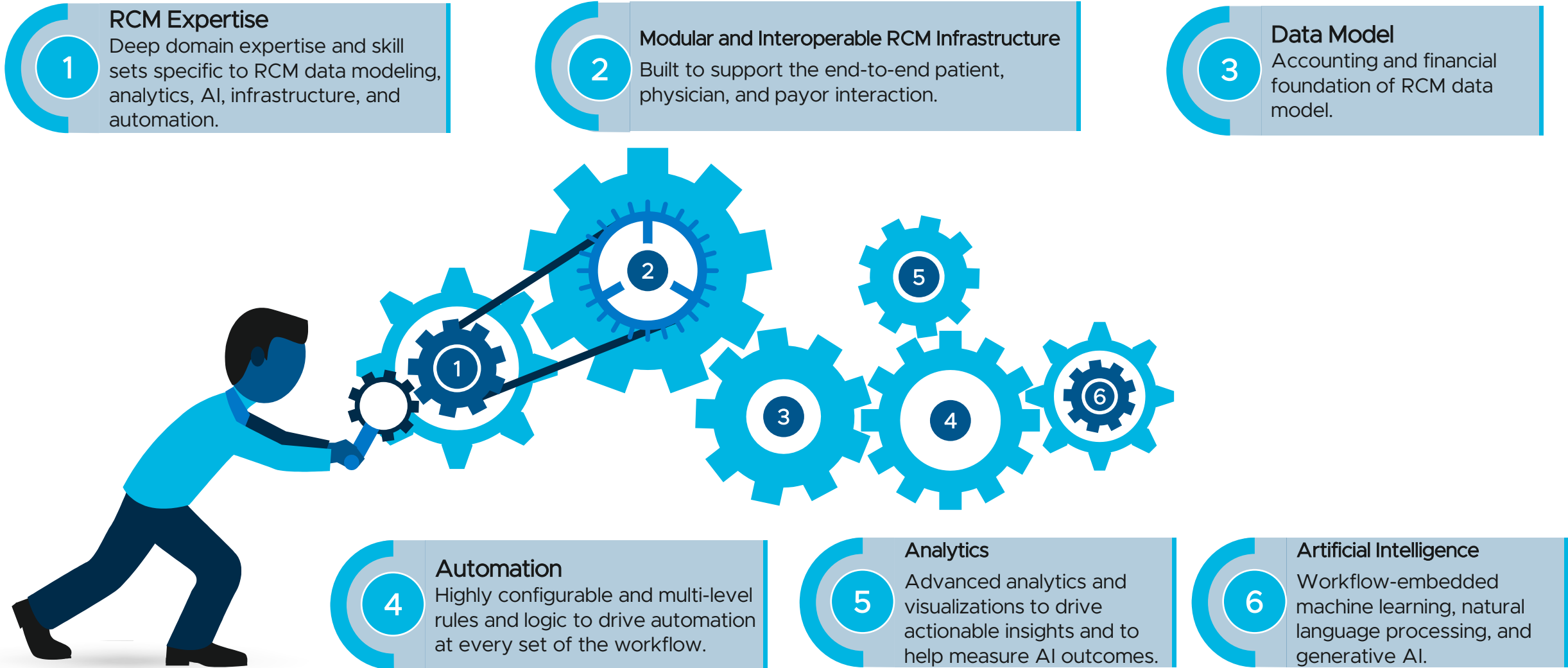
consumes unstructured text to drive next actions within RCM workflow

AI-Driven Workflow: Assigning Exceptions to be Worked by Billing Team members

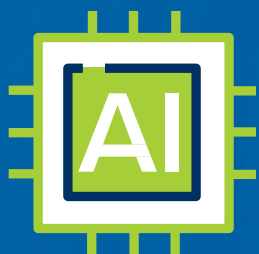
- Exceptions Prioritized by Payment Risk
- Exceptions Routed to the Best Billing Team Member to Correct
- Exception-Processing Assignment
- Prioritized Exception-Processing List for each Billing Team Member



Future-Ready Infrastructure and Expertise



AI Program Transparency



	Data Privacy and Security		Regulatory and Payor Compliance
	Algorithm Transparency		Interoperability and Integration
	Bias Mitigation		Patient-Centric Approach
	Accuracy and Reliability		Ethical Considerations
	Human Oversight and Intervention		Continuous Learning and Improvement

RCM-Focused AI Skills Set or Partnership Considerations

Validate Internal Skills Sets or Seek Out Expertise Via Partners Who:



Understand healthcare data models and metrics specific to financials and operational workflow.



Can advise about which AI approaches (Statistical, Machine Learning and/or Natural Language Processing, Generative AI) are best by purpose.



Can scope and deliver business-critical metrics and indicators.



Able to identify the most appropriate/useful analytics to achieve a particular goal or address a particular challenge.



Develop customized and reusable data/AI models and can integrate additional data from multiple sources and across the RCM process.



Flexible model related to the roster of expertise and skill set (in-house, outsourced, ongoing RCM partner, point-solution partnership).



Have track record of working with combined clinical/financial analytics.



RCM partner supplementation of existing analytics/AI resources on a short-term basis or longer-term engagement.



QUESTIONS?

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