State of AI in Healthcare RCM

Transforming Revenue Cycle Management with AI

Auxee
BY PRESCOUTER

AI is transforming healthcare

DIAGNOSTICS

Early disease detection

SURGERY

Increased precision and prompt time recovery

REVENUE CYCLE MANAGEMENT

AI prevents denials, accelerates cash flow, and lowers cost to collect

DRUG DISCOVERY

Accelerates R&D, reduces discovery time and costs

AI makes revenue cycle management **proactive**, preventing **denials** and accelerating **cash flow** while lowering cost to collect.

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Why RCM needs AI now

Administrative burden drives delays and rework.

50%
Of administrative spending is waste.

15-30%
Of healthcare spending is administrative.

14%
Longer to complete RCM transactions.

$16.4B
Saved annually by automating manual tasks.

08

AI building blocks every practice needs to future-proof revenue

Front-end automation

Eligibility, benefits, prior auth, and intake validation.

Automated coding & billing

Draft codes from documentation & pre-submission scrubs.

Predictive denial management

Denial forecasting and root-cause prevention.

Accounts receivable follow-up

Next-best-action by payer behavior, claim age, and risk.

Patient payment optimization

Personalized plans, reminders, and self-service support.

Revenue planning

Accurate projections and scenario modeling.

Operational efficiency

RPA for repetitive tasks and smarter scheduling.

Data security & compliance

Fraud detection and up-to-date coding and policy rules.

AI gives finance and operations real-time visibility and forecasting

Higher first-pass yield

- Fewer rejections and denials
- Cleaner claims

Faster cash

- Shorter days in A/R
- Prioritized follow-up

Lower cost to collect

Fewer manual touches per claim

Better patient financial experience

- Accurate estimates
- Higher collection rates

Stronger decisions

Real-time dashboards for operations and finance

Operational throughput

- Fewer bottlenecks
- Fewer rework loops

Clinical documentation relief

Ambient capture reduces provider workload

Risk & compliance

Fraud anomaly detection & audit-ready rules

Think of AI as a silent partner, doing the boring checks staff do not have time for

AI in RCM helps to:

- Scan for high-risk issues across multiple payers

- Flag claims in seconds, with clear explanations

- Require zero integration or system change

16% ⬇ **7%**
Claims rate drop

51% ⬇ **11%**
Chart corrections rate drop

45% ⬆
Faster claims approval

$668K
Annual estimated revenue recovery

What changes with AI checks?

Montage Health
California

13% ⬇
in days in A/R

>5K
claims worked
per month

>300 hours
of staff time
saved/month

North Kansas City Hospital
Missouri

90% ⬇
in patient check
time

80%
of patients
pre-registered
with insurance
verifications

Ambulatory Surgery Centers
Kansas

540
staff hours saved
per week

est. $382K
annual labor
savings

80% ⬇
manual work

Mount Sinai Hospital Health System
New York

300% ⬆
in back-office
automation

3 FTE
reallocated to
high-value tasks

39% ⬇
in adjudication
time

Ref 1; Ref 2; Ref 3; Ref 4

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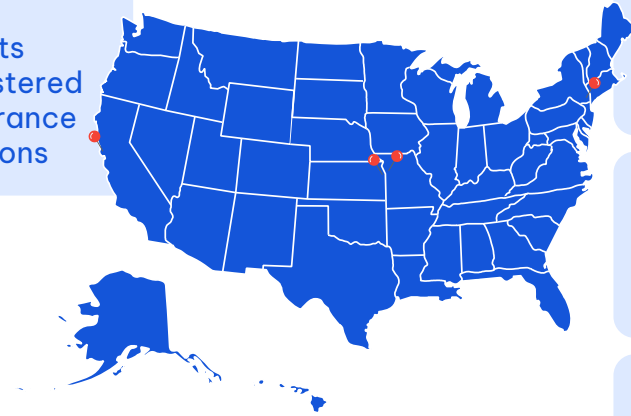
Before you adopt AI in RCM, ask this:

▸ Has it proven results in real practices?

▸ Can our team control and adapt in real time?

▸ Will it retain knowledge when staff turnover happens?

▸ Does it fit into our current workflow, or try to replace it?

In annual revenue, recovery is possible when the right system is in place.

Not all automation solves the same problems.

Here's how the models compare:

CONS		PROS
Manual scrubbing (Solo/small practices)	Labor-intensive, slow, error prone	Context-aware humans
In-house automation (Mid-large networks)	Expensive, developer dependent, partial	Tailored, integrated
AI-driven scrubbing (Large organizations)	Needs strong model training, proper integration	Fast, scalable, adaptive

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AI is a practical tool in RCM with challenges and defined mitigation

Data privacy and security
- Role-based access and encryption
- Business Association Agreements still needed
- Audit logs for access and changes

Clinical context
- Subject Matter Expert review of rules and content
- Payer-policy citations on each flag.

Human–AI collaboration
- Human review for coding and clinical validation
- Cleaner lanes for write-offs and overrides

Algorithmic bias
- Pre-deployment of bias tests
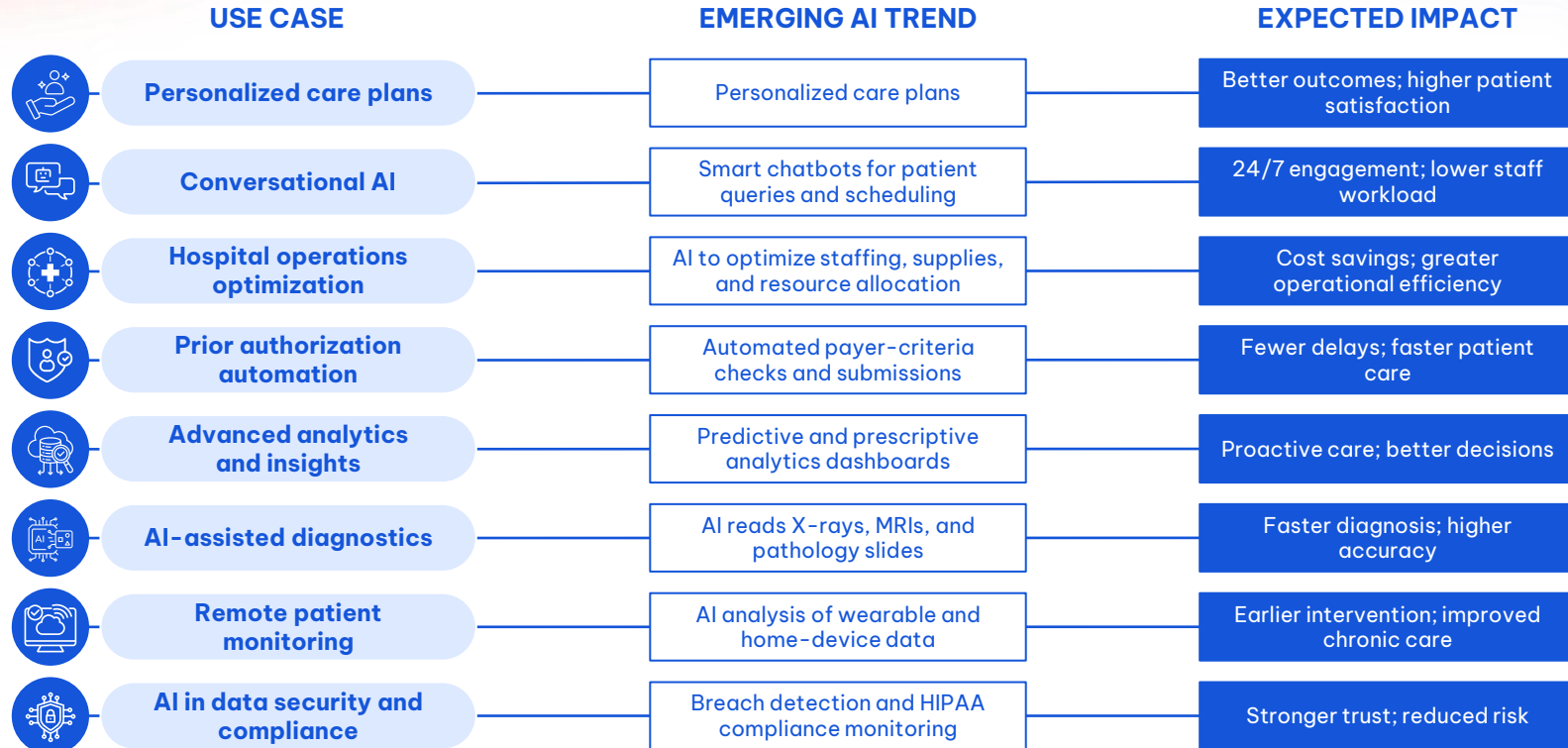- Outcome monitoring by payer and location.

Integration complexity
- Application Programming Interface and clearinghouse integration
- Phased pilot with fallback path.

Trust in insights
- Explainable flags with root cause
- Documented steps to fix issue

What's coming next: The future of AI in healthcare

USE CASE	EMERGING AI TREND	EXPECTED IMPACT
Personalized care plans	Personalized care plans	Better outcomes; higher patient satisfaction
Conversational AI	Smart chatbots for patient queries and scheduling	24/7 engagement; lower staff workload
Hospital operations optimization	AI to optimize staffing, supplies, and resource allocation	Cost savings; greater operational efficiency
Prior authorization automation	Automated payer-criteria checks and submissions	Fewer delays; faster patient care
Advanced analytics and insights	Predictive and prescriptive analytics dashboards	Proactive care; better decisions
AI-assisted diagnostics	AI reads X-rays, MRIs, and pathology slides	Faster diagnosis; higher accuracy
Remote patient monitoring	AI analysis of wearable and home-device data	Earlier intervention; improved chronic care
AI in data security and compliance	Breach detection and HIPAA compliance monitoring	Stronger trust; reduced risk

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About Auxee

Auxee automates claim scrubbing with AI trained on real clinical and billing rules, helping practices lower denials, shorten revenue cycles, and improve cash flow.

No workflow disruption, no coding required. Just cleaner claims and faster payment.

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