

Greenberg Advisors

M&A ADVISORY IN HEALTHCARE IT & RCM

Are there certain RCM processes that you believe will never be fully automated?



Jason Adams
President
Ni2 Health

"1. Billing – Billing claims will always require manual intervention to address and reduce claim rejections and denials. Payers change requirements all the time and no two payers accept claims in an identical manner. 2. AR Follow-up – Payers usually request additional information or an alternative claim format that requires human invention. The barrier to full automation is the ability to apply judgement and logic to these payer requests. Many aspects within the AR follow-up process should be automated, however, until payers develop a universal playbook that 100% of them follow, there will be a need for human intervention to get claims paid. 3. Cash Posting – Extensive automation already exists in these processes via OCR technology, electronic posting, and automated processes that upload payment files directly into the core EMR / patient accounting system. Human intervention is needed, however, for the unique payers that still remit payment via manual check. While that applies to only a very small percentage of payers, I don't see it being fully automated in our lifetime."

"I believe that intake functions may never be fully automated due to the lack of transparency of data flow between payers, providers and referral sources. At the payer level especially, antiqued methods persist for verifying insurance, determining and obtaining prior authorizations, determining documentation requirements, 'same or similar' issues, down to the Healthcare Common Procedure Coding System (HCPCS) level for each group plan. As a result, human capital must be deployed. While there is no doubt the advancement of AI will have a major impact on the revenue cycle management industry, my belief is that human involvement in these areas will continue to be necessary unless and until processes that enable greater transparency are implemented."



Jim Knight
Partner & CEO
ACU-Serve



Justin Nicols
Founder & CEO
Sift Healthcare

"While automation and AI are revolutionizing many areas of the revenue cycle, certain processes will always require a distinctly human element. Financial counseling, for example, involves sensitive, personalized discussions about financial aid and charity care options, where empathy and trust are essential to these conversations. Patients are more likely to engage openly and feel supported when interacting with a knowledgeable person who can navigate their specific needs, address concerns and offer reassurance. Similarly, insurance contract negotiations and complex denial appeals demand nuanced, relationship-driven negotiation skills and clinical judgment that technology alone can't replicate. These tasks benefit from AI support, such as insights and data-driven recommendations, but ultimately require the human ability to understand context and make decisions that align with both clinical and financial goals. At Sift, we integrate advanced AI to streamline the more administrative, repetitive and costly aspects of RCM, like worklist prioritization and denials prevention. Our goal is to ensure that automation complements—rather than replaces—the irreplaceable human expertise in RCM."

"I believe the following processes will be the hardest to automate: 1. Clinical Documentation Improvement (CDI): This is tricky primarily due to complex medical language, erratic and inconsistent documentation practices, absence of guiding datasets, and the need for clinical judgement. 2. Patient Financial Plans: For uninsured/underinsured patients, it requires careful financial counselling regarding payment plan options, based on a case-by-case assessment of the patient's ability to pay as well as charity or alternative payment arrangements. 3. Complex Claims Denials: Automated systems often can't resolve denied claims as this requires an understanding of the root causes and potential corrective actions. Many times, appeals must be made, which requires an interaction with the insurer, payer, and/or provider to resolve claims and/or address systemic issues that lead to such denials."



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