Transform Healthcare Revenue Cycle Management with AI Agents

For many healthcare organizations, revenue cycle management (RCM) still runs on outdated, manual effort—despite investments in EHRs and billing platforms. Teams chase denials, download from many payer portals, resubmit claims by hand, and struggle to keep up with shifting requirements. The impact? Slower reimbursements, rising AR days, and millions lost to preventable write-offs.

The AI Agent Solution for RCM automates the most time-consuming steps, starting with eligibility and denials management. AI agents navigate payer and clearinghouse portals, track claim statuses, draft appeals, and trigger next steps automatically, working 24/7 across EMRs, billing, and payer systems.

Up to
76%
reduction in days claims outstanding (DCO)

30-50%
increase in clean claim rate, improving revenue predictability

9x
more claims processed without adding staff, enabling scalable growth

Up to
45%
improvement in first-pass denial rate, reducing costly rework

AUTOMATION ANYWHERE

The RCM AI agent tackles revenue cycle delays head-on, accelerating reimbursements, reducing denials, and scaling operations with precision.

	How it works	Key benefits
1.	Automates claim status inquiries, follow-ups, and next-step routing between systems	Reduces DCO by up to 40%, accelerating reimbursement timelines
2.	Flags denials, drafts appeal summaries, and routes claims to appropriate work queues	Reduces write-offs by up to 35% via faster, more accurate resolution
3.	Operates 24/7 across billing, EMR, and payer environments	Scales throughput up to 3x without burdening your staff

AI agents offer major advantages over traditional RCM tools.

Seamlessly integrates between EMRs, billing platforms, and payer portals, including legacy environments.

Applies real-world healthcare logic to make high-accuracy decisions for routing, appeals, and claim progression.

Engages naturally with staff—AI agents can interpret requests, document results, and escalate issues using conversational interfaces.