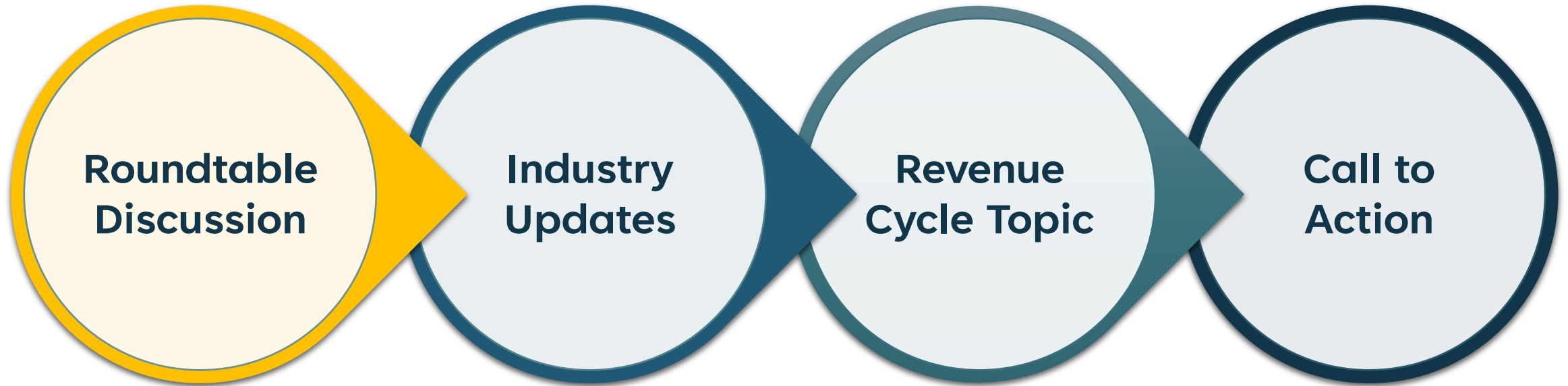




# WEST VIRGINIA REVENUE CYCLE NETWORK MEETING

March 19, 2026

# Agenda





# ROUNDTABLE DISCUSSION

# Round Table Discussion



- What is going well within your organization regarding RCM?
- What are some wins we can celebrate?
- What challenges are you seeing?
- What is keeping you up at night?





# INDUSTRY UPDATES

## QUESTION FROM THE FIELD:

In the past Medicare has paid drugs regardless of if they were reported with UN or something else, but in the past several months they have started denying with M123. ***ME** is a recognized billing qualifier that may be used to identify milligrams as the NDC unit of measure; however, drug costs are generally created at the **UN** or **ML** level. If a drug product is billed using milligrams, it is recommended that the milligrams be billed in an equivalent decimal format of grams (**GR**).* So, what should I set as the NDC unit of measure?

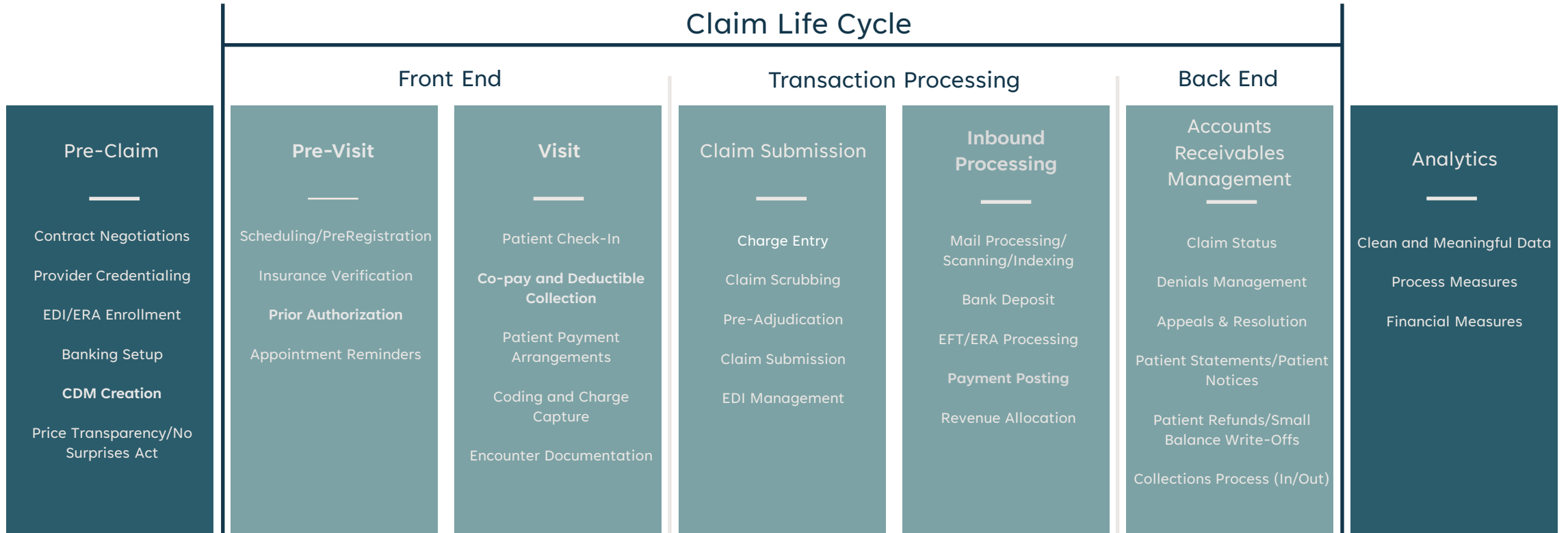




# REVENUE CYCLE TOPIC

AI Strategies in Rural RCM

# REVENUE CYCLE MANAGEMENT



**Claim Life Cycle**

Month-End Closing

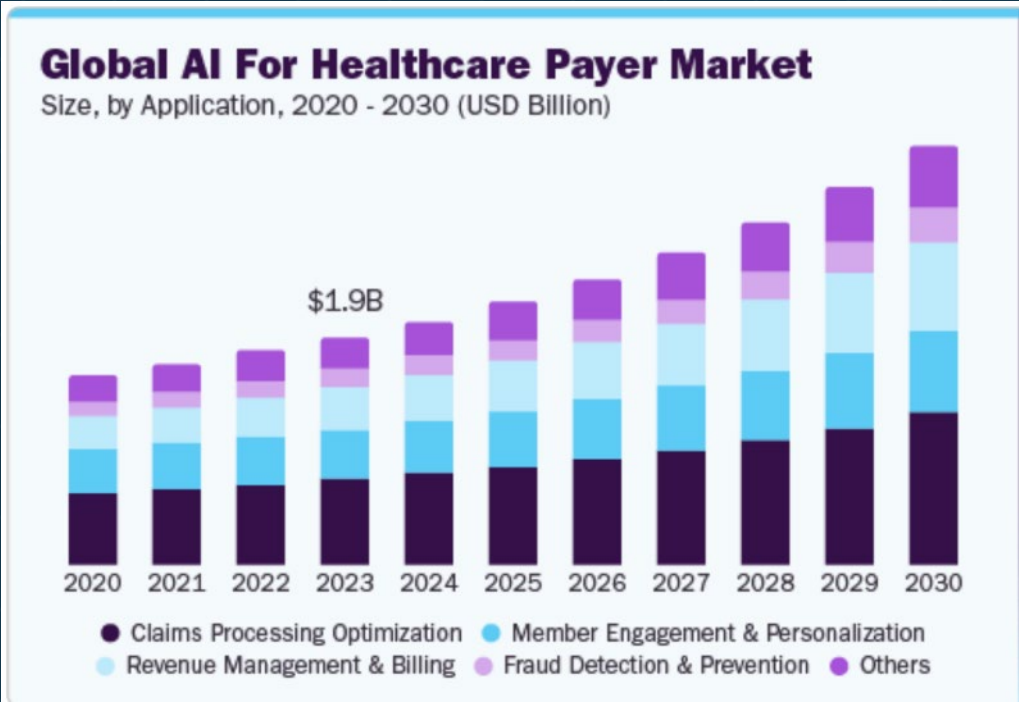
Cost Reporting

Compliance

Performance Management

IT & Quality

# GROWING MARKET FOR AI IN HEALTHCARE



- 1.95 billion in 2023
- 3.5 billion forecasted 2030
- Claims Processing Optimization and Member Engagement largest areas

# AI Across RCM



## Eligibility

Eligibility Verification and Coverage Discovery. Confirming patient coverage is still active.

Front End



## Prior Auth

Automation of PA request submission, posting of update back into EMR system.

Prior Auth



## Pay Estimator

Payment amount, timing estimations. Cash flow projections,

Analysis



## Denial Management

Auto claim status, predictive denial analytics, automated appeals. Medical records/packet creation.

Denials

# WHY AI MATTERS FOR RURAL HOSPITALS IN 2026



75%+ of U.S. health systems expanding AI-driven RCM automation



Focus: Autonomous workflows in coding, billing, denials



Rural entry point: Revenue cycle automation (claims review, denial management, coding)



Benefits: Reduce rework, speed up reimbursements, preserve staff capacity



AI can help recover lost revenue, cut denials, and boost productivity



# COMMON EXAMPLES OF AI IN RCM

- Rules-Based Learning
  - If no policy number in system, place claim in work exemption list
  - If patient balance is less than \$5.00, do not send a statement
- Machine Learning – learn from patterns in data
  - AI assisted coding based on rules and historical practice coding data
  - Scrubbing of clinical documentation to evaluate missing data elements
- Deep Learning – multilayered data that extracts patterns
  - Likelihood of denial prediction
  - Cash projections based on historical data, patterns, and new charges



# Payer Usage of AI in RCM

## Generative AI for Customer Service

- Chatbots for answering questions
- Both for patients and providers

## Prior Authorization

- Approval/Denial of PA initially reviewed by AI tool/bot
- Theoretically, first line of action prior to human intervention

## Fraud Detection

- Provider scoring based on history, similar physicians, hospitals
- Recognize billing anomalies and changes in behavior

## Risk Assessment

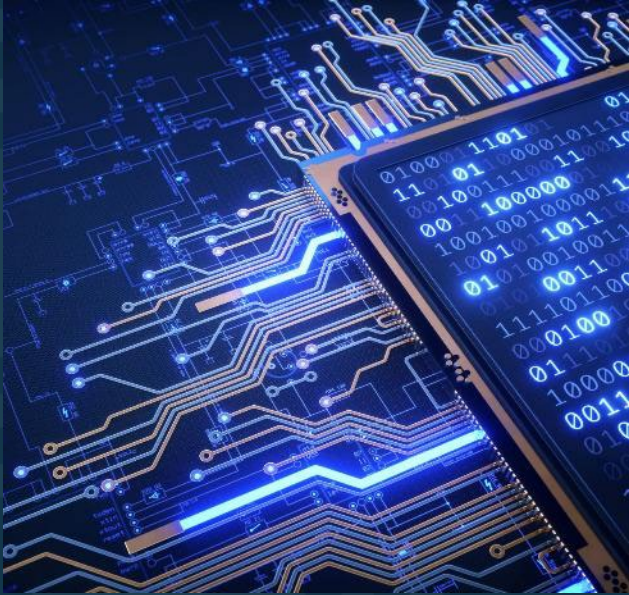
- Evaluation of overall membership and population
- Forecasting trends within at-risk populations

## Medical Necessity

- Clinical documentation evaluation, key-word and summarization
- Theoretically, first line of action prior to human intervention

# HOSPITAL USAGE OF AI

- Look for efficiencies
- Augmented Intelligence – Supporting decision-making vs. replacing human
- Automation of repetitive tasks



# PAYER USAGE OF AI

- Identify outliers
- Expedite appeals and prior auth decisions
- Reduce payment on “unnecessary” services



# CHALLENGES FOR RURAL HOSPITALS IN IMPLEMENTING AI

“AI is great, but...”

## Challenge

- Cost
- Familiarity with tools and options
- Alignment of strategy across executive leadership, IT, and RCM
- Many AI offerings are partial solutions
- Competing forces and initiatives outweigh AI usage

## Best Practice

- Work with AI, EMR, and clearinghouse vendors for cost-effective solutions based on ROI with realistic anticipated results
- Search for education on AI usage in comparable rural hospitals
- Evaluate FTE costs vs. AI solutions
- Prioritize efficiencies with RCM with low overhead or upfront costs



# Way to Engage Your Vendors Regarding AI



How are you integrating AI into your platform?  
What specific features and functions are available and planned?

How do you ensure security and privacy of data processed by AI?  
What measures are in place to comply with HIPAA and other regulations?

How does your system integrate with other AI driven tools and platforms?  
Can your AI solutions integrate with third party applications?

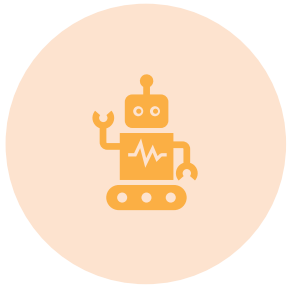
How do your AI solutions adapt to growth or to the size/scope of our organization?  
What are the requirements for scaling AI functionalities?

What efficiencies are gained through your AI tools?  
Can you provide examples of efficiency gains by other organizations similar to ours?

What is the timeline for implementation for your AI solutions?  
What resources and support will be provided throughout implementation?

What metrics are used to evaluate the performance of your AI solutions?  
How will the ROI of AI implementation be measured?

## AUGMENT STAFF & PARTNER STRATEGICALLY



AI handles routine/high-volume; humans focus on complex appeals & patient interactions



Supplement Staff with tools and processes that work



Focus on your pain points  
– Coding? Documentation?



Use AI Data to Benchmark





# Q&A AND CALL TO ACTION

# QUESTIONS & CALL TO ACTION:

- Call to Action:

Consider AI integration within your EMR platform as well as stand-alone options that may assist your RCM's processes

- Next Meeting

May 21, 2026

Swing Bed Billing





**THANK YOU**

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