



WHITE PAPER

# FUTURE-PROOFING YOUR REVENUE CYCLE:

What to expect and prepare for on the way to 2030.

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**In 2020, ChatGPT didn't exist. Almost nobody had ever heard of COVID-19, and Joe Biden was newly elected to succeed Donald Trump as president of the United States.**

**A lot can happen in five years.**

The same holds true in healthcare revenue cycle management (RCM). Over the first half of the 2020s, our industry has undergone seismic changes. The emergence of AI and robotic process automation (RPA), shifting patient expectations, persistent staffing shortages, and evolving compliance challenges have reshaped how hospitals and health systems operate.

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## An AI Revolution

AI and RPA have completely altered the healthcare RCM landscape, for better and worse. Today, bots and automated tools are helping make up for the lack of experienced RCM employees in the industry by completing low-level tasks with unprecedented speed. This allows seasoned RCM employees to focus on more complex, high-value challenges.

The downside is that payers are using AI to aggressively scrutinize every insurance claim, rooting out even the smallest discrepancies to justify denials. For providers without AI-powered solutions, this creates a perfect storm: a repetitive cycle of denials, unworked accounts, and aging accounts receivable (AR) that suffocate cash flow and revenue.

**Just five years ago**, an insurance claim success rate in the mid-90% range was considered strong. Today, with payers using AI, the standards have changed, and most providers would celebrate a success rate of 85%.

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85%

## Meeting Patients Where They Are

The integration of AI into healthcare and the broader consumer experience has altered patient expectations. Patients now want more control over their payment process and have specific preferences—often influenced by age—about interacting with an automated bot versus a live representative.

For healthcare providers, delivering a variety of communication options to patients isn't just about enhancing their experience; it's also about improving financial outcomes. Satisfied patients who feel heard and believe that their needs are being met are more likely to pay their bills in a timely fashion.

### Gaining an Inside Track

Data is becoming a critical asset for improving patient engagement and RCM performance. Predictive analytics help organizations understand patient payment behaviors and help identify which accounts are most likely to pay. Analytics can also predict the likelihood of an insurance claim being approved or denied. By using AI to mine large amounts of data and leveraging the insights, healthcare organizations can prioritize workflows and accelerate cash.

### Preparing for What's Ahead

With so much change packed into the first half of the 2020s, it almost feels like our entire industry needs to take a collective breath. But there's no slowing down in healthcare RCM. The second half of the decade is already here, with a new slew of opportunities and challenges. While it's impossible to predict every twist and turn, it makes sense to take what we know to prepare for what might lie ahead.

## Here Are 8 Key Areas To Watch As We Move Forward

# 1

### AI and RPA Steamroll Ahead

The emergence of AI and RPA has dwarfed everything else that's occurred in healthcare RCM in the first half of this decade. In only a few years, these new technologies have created an entirely new paradigm by automating an array of tasks typically handled by human employees. From basic billing and coding to processing claims, AI has provided a lifeline to hospitals and health systems struggling to find a full complement of experienced RCM professionals.

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## WHAT'S NEXT?

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**The evolution from task-oriented automation to an Agentic AI model is on the horizon.** Agentic AI is a more autonomous, self-directed system that can accomplish more with minimal human intervention.

Agentic AI functions as a centralized "agent" that delegates tasks to bots with specific areas of expertise. For instance, if a patient needs to update their address, the automated "agent" assigns the task to a specialized bot in that area.

Similarly, if there's no response to an insurance claim, Agentic AI might deploy an entire team of specialized bots to investigate the possible causes and resolve the issue.

With its own ecosystem of specialty bots, Agentic AI reduces human touches (and errors), puts more within the realm of possibility for AI, and frees RCM employees to handle more complex engagements where critical thinking and interaction are required.

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### Putting More Into Context

In the coming years, AI will get better at processing unstructured data such as patient emails and turning it into actionable insights. Using the example from above, when a patient emails a request to update their address, AI will read the email, summarize its content, and route the request to the appropriate bot or RCM employee. Before long, AI will be able to compose a professionally written return email alerting the submitting patient that their request has been satisfied.

As large-language AI models become more sophisticated and can digest a wider variety of requests, vernaculars, and writing competencies, AI will take on the lower-level correspondence that human employees currently handle.

### The Human-AI Dynamic: Making Each Other Better

Even as AI assumes a larger RCM workload, it will remain a supplement and not a replacement for experienced RCM staff. Both components—AI and human expertise—are required to formulate the balanced, multi-tiered RCM solution needed for optimal RCM performance.

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## More Meaningful Conversations: The Future Of Conversational AI

In terms of practical, everyday use, conversational AI is still in its infancy in healthcare RCM. However, there's more than enough evidence to recognize its potentially massive impact on revenue cycle results.

Conversational AI creates a 24/7 payment window that allows patients to make payments and access information on their own schedule—without speaking to an actual person if they so choose. Providers can take in revenue at any time of day, including after business hours, without adding any additional staff or costs.

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### WHAT'S NEXT?

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**Over the next five years, conversational AI will grow to offer even more personalized and inclusive services.** Multilingual support will be a standard feature and will include more languages, enabling providers to serve a more diverse patient population. Additionally, multi-modal capabilities, which combine voice, text, and visual cues on one platform (such as a smartphone), will improve and provide patients with more complete information and answers, enhancing conversational AI's functionality as a one-stop resource.

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### SARA: A Conversational AI Pioneer

Meduit's SARA (Supervised Autonomous Revenue Associate) has already demonstrated the potential of conversational AI. After only a few months of a small-scale deployment, SARA was fielding 75% of incoming calls and resolving 45% of them without any human intervention. This engagement illustrates two important points: a significant population of patients are perfectly happy not to interact with a person, making it even more important for healthcare organizations to provide their patients with automated options. Second, it's essential to explore why the other 55% of patients did want to speak to a human representative: was it simply personal preference—a lot of people still aren't ready to talk to a robot—or was it because conversational AI is still evolving to handle increasingly complex requests?

As conversational AI progresses, ongoing patient interactions and machine learning will make the technology smarter and more capable in a wider variety of payment scenarios. Healthcare providers can look forward to delivering a more seamless and comprehensive experience to their patients while achieving more powerful financial results.

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# 3

## A Better Patient Experience For Better Patient Outcomes

Over the next part of the decade, the proliferation of conversational AI and other AI tools, combined with the expertise of seasoned RPA employees, will greatly improve the patient payment experience.

The ineffectiveness of older tools like pushbutton IVR systems is already apparent, with many patients bypassing them as quickly as possible to reach a live representative. In contrast, engagement with conversational AI is significantly higher, with patients often preferring the immediacy and efficiency it provides. As conversational AI and bots take on more tasks, the payment process will become even more streamlined and consistent, which should lead to higher levels of engagement with these automated solutions.

## WHAT'S NEXT?

**Adapting to patient communication preferences will remain both a critical challenge and an opportunity for healthcare organizations.**

Generational differences often dictate these preferences, with older patients gravitating toward traditional phone calls and younger generations favoring digital communications, including text and conversational AI.

As baby boomers, the youngest of whom will reach their mid-60s by 2030, increase their demand for healthcare services, hospitals and practices will

need to find effective ways to connect with them. At the same time, they must prepare to meet the expectations of succeeding generations who prefer digital engagement.

Patients who can communicate with their providers on their own terms—whether via phone, text, or bot—are more likely to settle their bills quickly. This not only leads to improved patient satisfaction but also accelerates cash flow and limits aging accounts receivable, creating greater financial stability for hospitals and practices.

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## Data-Fueled Insights: The Future of Predicting The Future

AI's ability to analyze massive amounts of data will continue to be game-changing in healthcare RCM. Using predictive analytics to glean actionable insights, providers can identify patient paying patterns, prioritize the accounts most likely to pay, and flag insurance claims that are likely to be denied.

Over the next several years, the manipulation of data will become an even larger strategic advantage as organizations rely on past precedents to safeguard future revenue cycle results.

### WHAT'S NEXT?

#### Stopping Denials Before They Occur

With payers using AI to scrutinize and deny claims at historic rates, denials have increased by more than 20% over the past five years, with average denial rates hitting 10% or more, according to the Journal of AHIMA.<sup>1</sup>

And for the first time, surging denials are impacting Medicare. Since private insurance companies now offer Medicare Advantage plans, they are using AI to spike denials in much the same way as they do with non-Medicare claims. The drastic increase in denials is forcing some providers to drop Medicare Advantage plans altogether, costing themselves an invaluable stream of revenue.

Predictive analytics offers providers a proactive solution to combat payers using AI. By analyzing a payer's historical denial patterns, providers can identify claims that are likely to be rejected. This allows organizations to flag flawed claims, fix them before they get out the door (when it's least expensive to do so), and reduce the financial and administrative burdens associated with trying to overturn a claim denial.

Moving forward, leveraging data and analytics to stay a step ahead of payers is going to be critical for a healthcare organization's financial viability.

#### Precision Patient Targeting

Predictive analytics can help healthcare organizations identify patients with the highest probability of paying their bills in a timely manner. This invaluable insight enables providers to prioritize their engagement efforts and focus on patients most likely to pay. By improving payment probabilities, providers can optimize their resources, maximize cash flow, and work smarter, not harder.

Predictive analytics also allows providers to identify patients who are candidates for charity care to ensure they receive the support they need without being subjected to a potentially embarrassing collections process.

#### More Data Aggregation

Moving forward, there will be an ongoing emphasis on not only using data but using it efficiently. For example, instead of using five different bots to replicate tasks across five different platforms, data will likely be extracted and consolidated into one main interface. When that happens, advanced AI solutions like Meduit's SARA can process a higher volume of accounts more effectively.

# 5

## Speaking the Same Compliance Language

AI is everywhere you look in healthcare RCM. However, if you ask three healthcare professionals to define AI, you will likely get three different responses. That's because universal definitions and guidelines for terms like "AI," "bot," and "automation" don't currently exist. Instead, these terms mean different things to different people and organizations. The ambiguity poses a significant RCM challenge for healthcare organizations, as it creates room for interpretation as to how these technologies should be applied and how their use should be disclosed to patients. Without established guardrails in place, healthcare organizations are more susceptible to legal action based on how they utilize AI, define it, and explain it in their documentation.

### WHAT'S NEXT?

**The federal government is expected to establish clearer definitions and guidelines for AI across multiple industries,** which will likely impact healthcare as well. This clarity should put everyone in the same operating space, with a universal understanding of best AI practices and language moving forward.

# 6

## Earning Patient Consent & Cooperation

Today's consumers are in a constant state of alert regarding the use of their personal data, and rightfully so. Every other week, there are new headlines about orchestrated data breaches, tens of thousands of accounts accessed, and personal information compromised. Unfortunately, it's part of the digitized world we live in. For that reason, and as AI becomes more integrated into RCM processes, transparency about how patient data is used will be critical.

### WHAT'S NEXT?

**A concerted effort must be made to make patients aware of how AI and "behind-the-scenes" bots are using their information.** Are these tools merely processing the data provided or using it as a springboard to uncover more? This is an instance where clear, universally understood definitions for AI and bots would help patients better understand how their data is being used so they can feel more secure about giving their consent for services.

At Meduit, in the absence of any formal federal or state guidelines, we are helping our healthcare clients revise their consent form language to make sure it clearly reflects the role of AI in their operations. Until a universal framework becomes available, taking these proactive steps helps limit legal exposure while building patient trust.



## AI Redefining QA

In the past, compliance and quality assurance (QA) teams had to manually listen to incoming phone calls to agents and record notes and compliance scores by hand. It was an inefficient system and only allowed a small percentage of calls to be reviewed and scored. Not surprisingly, the introduction of AI is changing this dynamic, giving compliance and QA teams access to a much larger library of insights and actionable information.

For example, Meduit's AI-powered solution can record and analyze 100% of all incoming calls, so no call goes unchecked. The system can be programmed to identify specific words, phrases, and checkpoints that indicate whether a call is going well. Knowing every call is being analyzed inspires a consistently high performance from agents, which results in a better patient experience and maintains the integrity of the patient-provider relationship.

## WHAT'S NEXT?

**With a much larger data set to work with, healthcare organizations can take a 30,000-foot view of their call-center process, determining what's working and what needs improving.** They can also filter down to glean specific details. For example, calls resulting in payments over \$500 can be flagged and analyzed to uncover best practices. These findings can then be integrated into the training of future RCM agents.

Integrating AI-driven tools into compliance and QA processes will not only make it easier for healthcare organizations to work to a set standard but will also uncover opportunities to enhance efficiency, improve customer experiences, and drive better outcomes.

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## The Rise of Outsourcing

With the meteoric rise of AI and automation during the first half of the decade, it was a time for hospitals and health systems to get their bearings in a startlingly new, AI-powered landscape. AI didn't even need the full first half of the 2020s to make its presence felt; it went from an emerging technology to an omnipresent force multiplier in only a few years.

Healthcare organizations that adopted AI early were able to compensate for a lack of experienced RCM employees, keep up with payers using AI, and more effectively rebound from the adverse effects of COVID-19. More hesitant organizations found themselves on the wrong side of spiking claim denials, aging AR, and an overwhelming backlog of RCM work. It was a negative cycle that many are still struggling to get out of.

### Table Stakes

With a few years of AI and RPA under our collective belts, it's safe to say that they are no longer optional in healthcare RCM—they're foundational components for long-term financial success. However, building an in-house AI system requires significant upfront investment and a dedicated team to manage ongoing maintenance and updates. For most hospitals, especially smaller or rural providers, this do-it-yourself approach is neither affordable nor practical. Outsourcing offers a solution. By partnering with an RCM provider that already has AI capabilities and a skilled team, hospitals can leverage advanced technology without the cost and complexity of developing it themselves.

### More Data Aggregation

Partnering with an outsourcing provider that has a dedicated compliance team ensures your organization stays current with the latest regulatory changes occurring in the healthcare RCM industry. With so much to still be defined and determined in terms of the role of AI in healthcare RCM, having a partner who regularly engages with federal and state policymakers and consistently monitors industry changes as they occur will prove to be invaluable, particularly for smaller hospitals that don't have the same resources or relationships.

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## WHAT'S NEXT?

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**AI is here to stay, and its influence is only going to grow. Over the next several years, the disparity between organizations that integrate an AI-powered RCM solution and those that hesitate will become increasingly apparent.** Self-reflection will play an important role. Healthcare organizations that acknowledge their RCM weaknesses and proactively seek out an RCM partner will likely enjoy a smoother, more successful second half of the decade than those that wait until their financial situation becomes untenable. Delaying the adoption of AI is not a viable strategy for the next five years. Based on what we've learned in the early 2020s, it's a risk no healthcare organization can afford to take.

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# Conclusion

If the next five years of this decade in healthcare RCM are anything like the first, healthcare organizations and their employees had better buckle up. It's astonishing to consider how much the industry has changed in such a short period.

The remainder of this decade will be shaped by the continuing evolution of AI and automation, particularly tools like conversational AI. The expanded application of these technologies will work to offset staffing shortfalls, improve the patient payment experience, streamline RCM processes, and accelerate cash by reducing accounts receivable and outmaneuvering payers using AI.

A key focus for healthcare organizations will be meeting patients where they are, with the communication methods they prefer. Whether it's a phone call, text message, or 2 a.m. interaction with conversational AI, giving patients choices and showing them they're being heard and respected will lead to better financial outcomes.

Agentic AI represents an exciting new frontier—an autonomous system that responds to tasks in real time. Not only does this technology streamline and error-proof the payment process, but it also allows existing RCM staff to focus on more complex, and likely, more fulfilling work.

## The Road to 2030

**The next five years will undoubtedly bring its share of challenges—after all, who could have predicted the seismic impact of COVID-19 back in 2020? Yet, few forces are as powerful as resilience. Healthcare organizations that embrace change and adopt a forward-thinking, balanced approach to revenue cycle management—one that seamlessly blends technology with human expertise—will be prepared for whatever lies ahead.**

The key is to act now: invest in AI and automation, enhance patient engagement, and partner with an experienced RCM provider with a proven solution to future-proof your business. With the right strategies and processes in place, the one prediction you can feel good about making for the next five years is that the best is yet to come for your revenue cycle.

Meduit is one of the leading revenue cycle management companies in the U.S. MedComplete is our end-to-end RCM solution that combines cutting-edge AI solutions with decades of healthcare-specific RCM expertise. Serving over 1,100 hospitals and large practices nationwide, we are uniquely qualified to help you improve your revenue cycle performance through 2030 and beyond.

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Medit is one of the nation's leading revenue cycle management companies with decades of experience in the RCM solutions arena, serving more than 1,100 hospital and physician practices in 48 states. Meduit combines a state-of-the-art accounts receivable management model with advanced technologies and an experienced people-focused team that takes a compassionate and supportive approach to working with patients. Meduit significantly improves financial, operational, and clinical performance, ensuring that healthcare organizations can dedicate their resources to providing more quality healthcare services to more patients. For more information, email us at [contactus@meduitrcm.com](mailto:contactus@meduitrcm.com).

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## **Be Ready for What's Next**

Get in touch with a Meduit representative to learn how you can future-proof your revenue cycle: [contactus@meduitrcm.com](mailto:contactus@meduitrcm.com).