

ROUNDTABLE RECAP

Operationalizing Tech + AI Series

Part 1 | Revenue Cycle Performance Optimization | March 2026

In the first session of a four-part Roundtable series on operationalizing technology and AI, Andrew (AJ) Jung and Steve Bernard of Impact Advisors led a discussion on revenue cycle performance optimization with leaders from Scottsdale Institute Member organizations. Participants shared candid perspectives on where their organizations stand on the technology maturity curve, challenges governing multiple AI vendors, the evolving role of the EHR, and where AI is generating — or has yet to generate — measurable value.

The session was anchored in a three-stage model for tech-enabled revenue cycle management (RCM):

Stage	Description	Maturity Status
1 Rules & Interfaces	EHR-embedded rules, eligibility checks, clearinghouses, prior auth interfaces	High-adoption; well established
2 Consumer Self-Service	Patient portals, digital FAQs, self-scheduling, digital front-door tools	Strong maturity; clear ROI
3 AI-Enabled Automation	AI-augmented operations (predictions, co-assist) & autonomous optimization (detect, prescribe, execute)	Early stage; high potential

Key Strategic Themes

1. EHR-First, With Targeted Additions

All organizations expressed a preference for the EHR as the foundation, adding specialized third-party tools selectively where the EHR's capabilities are perceived as falling short — particularly in coding, CDI, prior authorization, call centers, and denials management. EHRs will likely deliver "light versions" of many AI tools, but specialized vendors may outperform for years in core areas.

2. AI Governance is an Emerging Challenge

As organizations layer in multiple point solutions, workflow collisions, data integrity issues, and operational fragmentation are growing concerns. Leaders stressed the importance of orchestrating vendors carefully, maintaining clean data flows, and avoiding overlapping holds that stall billing.

3. Disciplined Value Measurement

AJ emphasized "minimum necessary technology" — adopt only what you can govern and measure. Participants were advised to track AI impact across four dimensions: Patient experience, workforce experience, clinical crossover outcomes where relevant and hard ROI.

4. Pricing Must Scale

Volume-based AI pricing (e.g., \$100/appeal letter) can quickly exceed the cost of offshore labor. Leaders are pushing vendors for orders-of-magnitude pricing reductions to achieve sustainable, large-scale deployment.

Priority Use Cases & Realities

Coding Automation

The strongest near-term opportunity, especially in ambulatory and professional fee settings. In a handful of cases, third-party vendors are achieving 80–90%+ accuracy in ambulatory coding. EHR autonomous coding capability is likely several years away from competitive parity.

Level-of-Care Optimization

Identified as the highest-revenue-impact use case — more impactful than denial reduction overall. However, mature tools remain scarce. A key urgency driver: payer policies are aggressively changing, with at least one now ‘allowing’ automatic downgrades from inpatient to observation status, accelerating closures and forcing post-hoc appeals. Organizations are seeking payer-aware AI that learns payer-specific language and documentation tactics, with EHR prompts to flag likely observation cases upstream.

Prior Authorization

Still far too manual. Integrating clinical triggers into the authorization workflow shows early promise but remains underdeveloped at most organizations.

Denials Management

AI for triage and analytics is gaining traction. Several leaders indicated they might consolidate back to the EHR if parity improves, but are investing in point solutions in the interim.

Call Centers

AI agents for scheduling and patient service are a high priority across organizations, though proof at scale remains limited. High-volume tasks remain a strong use case for RPA in the near term.

Clinical Documentation (CDI & Ambient)

High revenue upside but still early. Notably, one established vendor was cited as solid but slower to develop than competitors. In the case of a dual path — the EHR partnering with a vendor while building its own ambient capability — may compress the market and push ambient vendors into coding workflows. Nursing documentation remains difficult to monetize at hospital scale.

Key Takeaways

The field is **early but promising**. Most organizations are at the beginning of their AI journey in RCM despite mature RPA and rules-based automation.

There’s a shared desire to drive automation within the EHR. The best near-term strategy: use available, proven EHR AI capabilities; **add outside AI solutions where it clearly outperforms** and where EHR is years away.

Look to level-of-care decisions for the single highest-revenue-impact opportunity — and the most urgent given new payer auto-downgrade policies effective 2026.

Ambulatory coding and CDI are strong near-term bets with available vendor solutions and measurable ROI. **Vendor governance is critical**. The concern over managing fragmented point solution vendors is valid, as it can create workflow collisions; orchestration and clean data flows must be designed from the start.

Insist on sustainable pricing. Per-unit AI costs at current rates can exceed offshore alternatives and undermine the business case.

Measure everything. Disciplined value tracking across patient experience, workforce experience, clinical outcomes, and hard ROI is essential to sustaining AI investment.