

Transforming Healthcare RCM: The Role of RPA and Bots

White Paper





In the rapidly evolving healthcare landscape, revenue cycle management (RCM) has emerged as a foundation of operational efficiency and financial sustainability. Traditional methods of RCM are prone to human errors and can need help to keep pace with the demands of modern healthcare records and billing systems. Any error within RCM processes represents potential revenue loss and friction between healthcare providers and their patients.

Enter robotic process automation (RPA) and bots, promising to exceed the limitations of conventional RCM. RPA and bots offer a streamlined, accurate, and timely approach. The transformative power of RPA and bots in healthcare RCM pledges to reshape how hospitals and healthcare providers approach collections and billing processes.

Challenges Within RCM and Their Impact

Manual Processes

In the digital age, many healthcare institutions still cling to outdated, manual procedures for critical RCM functions. These institutions continue to rely on traditional methods lacking accuracy and efficiency. One major issue with these manual processes is that they are prone to generating numerous errors when inputting data.



These errors cause disruptions in financial processes and inefficiencies in healthcare systems, leading to increased operational costs. Inefficient management of RCM can lead to payer delays and increase accounts receivable, ultimately impacting hospital cash flow. Errors in billing can lead to revenue loss and disputes with patients or insurers. Healthcare institutions that fail to modernize risk being left behind as others integrate technology to offer better, more efficient patient care and financial management.

Human Error, Compliance, and Inconsistencies

With manual input and processing comes the undeniable element of human error. Even the most diligent professionals can make mistakes in data entry, incorrect categorization, or oversight of critical billing details. Such errors lead to denied claims, necessitating rework and further delaying revenue realization.

Moreover, the healthcare industry is laden with regulations and compliance requirements, which continually evolve. Keeping up with these changes and ensuring consistent adherence in a manual environment poses challenges. Inconsistencies, whether from misinterpreting guidelines or simple oversight, can lead to heavy penalties, further straining resources.

Cost Implications of Traditional Methods

Beyond the evident costs of hiring and training staff to manage manual and repetitive RCM tasks, there are hidden costs to consider. The expenditure associated with rectifying billing and coding mistakes and the cost of delayed or denied claims can be substantial. Additionally, traditional methods often need more advanced analytics capabilities, making it hard for institutions to identify and rectify systemic inefficiencies.

This lack of insight means institutions may lose money without realizing it. Moreover, an inefficient RCM process can lead to elongated revenue realization cycles, affecting liquidity and necessitating undesirable short-term financing solutions.

Patients' Dissatisfaction due to Billing Errors and Long Waiting Times

The ramifications of RCM challenges aren't limited to financial and operational spheres; they extend to the heart of healthcare — patient care and satisfaction. Errors in billing, whether due to oversight or systemic inefficiencies, can lead to patients being incorrectly billed. Such discrepancies, when not addressed promptly, erode trust.

Furthermore, in scenarios where patients have extended wait time for confirmations, whether for appointment scheduling or billing queries, dissatisfaction is almost a given. A poor billing experience can overshadow even the best medical care, leading patients to explore alternative providers and tarnishing the institution's reputation.

The challenges inherent within traditional RCM methods underscore the need for modernization and automation. Addressing these issues, healthcare institutions can avoid financial and operational constraints and the potential loss of their most vital asset: the trust and loyalty of their patients.

Meeting RCM Issues With RPA and Bots



Robotic process automation can deploy software robots or "bots" to automate highly repetitive and rule-based tasks traditionally performed by humans. At its core, RPA is about

mimicking human actions in various systems and applications without altering the existing IT infrastructure. There are [three primary types of RPA](#) technologies:

Attended RPAs are designed to work alongside humans on shared tasks. They are invoked by users, typically operating on their computers, and are beneficial for tasks like prompting for data input or assisting in real-time decision-making.

Unattended RPAs operate without human intervention, typically on servers, and are best for batch processing tasks, such as extracting data from multiple systems for report generation, bot startup, or specified intervals.

RPA and bots offer flexibility, scalability, and compatibility, a transformative approach to streamlining operations. [Bots are the workhorses behind RPA](#) — incredibly versatile in what they can achieve. Their core functionalities within RCM include:

Data Extraction and Entry bots can swiftly extract information from one system and input it into another, significantly reducing menial task person-hours and data processing time. Bots can automatically pull relevant patient data, treatment details, and insurance information to generate bills instantaneously. This translates to a quicker billing cycle, with invoices reaching patients or insurance companies without delay.

Reduce Compliance Risk bots help providers to stay within compliance and audit-ready by keeping compliance-based records up to date with 100% accuracy. Bots ensure that data entry is consistent and error-free, regardless of how much data is processed. Additionally, bots can remain up to date on compliance requirements, ensuring that all processes, especially billing and coding, remain compliant and minimizing the risk of penalties or claim rejections due to non-compliance.

Improved Throughput and Accuracy bots can quickly and consistently achieve highly accurate records, reducing errors and potential costs those errors may incur while increasing productivity.

Intelligent Decision-Making bots can make rule-based decisions based on objective or conditional rules and situational attributes.

Real-Time Response bots for tasks that require immediate action, such as addressing patient billing queries, can provide near-instant responses, improving patient experience. Quick, transparent billing, fewer errors, and efficient query resolutions enhance the patient's financial interaction with healthcare providers.

Flexibility RPA and bots are designed to work atop existing IT infrastructures, requiring minimal changes, and can be easily reconfigured as processes evolve.

Scalability RPA solutions are easily scalable. If there's an increased workload or a new task to automate, additional bots can be deployed quickly, whereas traditional solutions might require significant staffing, process, or hardware changes.

Reduced Revenue Collection Times Automated follow-ups on pending payments, real-time processing of electronic payments, and timely reminders can accelerate the revenue collection process. This ensures that outstanding amounts are minimized, positively impacting the organization's cash flow.

Adding RPA and bots to healthcare RCM processes is a technological and strategic operational upgrade. It aligns operations with the industry's growing demands for efficiency, accuracy, and interconnectivity between processes and strives for exceptional patient experiences. This course change sets the stage for sustainable revenue growth and operational prowess.

RCM Performance Management With GeBBS' Automate Innovate Transform (AIT) Solutions: A Case Study



In the world of RCM, integrating intelligent automation tools into conventional practices can be a game-changer. This case study explores incorporating GeBBS' advanced Automate Innovate Transform (AIT) solutions into existing RCM processes. Central to these solutions is the partnership called the "Three B's," characterized by the collaboration of the bot, the bodies (human entities), and the business rules.

The process is rooted in a systematic approach where the process begins with data collection, transitions to the application of business rules, and wraps up with a specific transaction that is relayed to the assigned entities.

Previously, AR professionals would have to manually open every account, wasting time on non-value-added tasks before concluding. With bots handling these logistics, there's a reduction in manual labor, effort, cost, and the potential for human errors.

Concluder Bot, an army of bots working tirelessly around the clock, is a core tool of this transformation. These bots are responsible for:

- ▶ **24/7 Monitoring:** The bot consistently checks rejections at the clearing house around the clock. The bot operates continuously, identifying and addressing rejections in real-time, ensuring no delays in processing claims and a higher rate of accepted claims.
- ▶ **Real-time ERA Mining:** By accessing Electronic Remittance Advice (ERA) in real-time, the bot can extract, analyze, and process all pertinent data more efficiently. This eliminates manual intervention, making the process faster and more accurate.
- ▶ **Business Rules Application:** The Concluder Bot applies predefined business rules on the data, ensuring standardization and consistency in decision-making. The bot processes account conclusions in three categories:
 - **Direct to Actions:** Immediate required actions. After analysis, the bot might determine that immediate action is needed on an account.
 - **Near to Final Action:** Accounts that are nearly concluded. For accounts that are close to a conclusion but require minimal additional steps.
 - **Suggestion of Additional Step:** The bot recommends further steps before concluding an account.

These business rules, designed and continually refined by GeBBS' research team, lead to direct actions or suggestions for additional steps for the bots' processes without human intervention. The Concluder Bots operate on an order of operational rules to advance through the RCM process steps:

1. Inventory is downloaded every week, beginning Monday
2. Concluder Bot is activated, then runs the inventory, checking for rejections and ERAs
3. ERA further downloaded and OCR'd
4. ERA data moves to iAR
5. Business Rules are Applied
6. Data is concluded with CARC – RARC Master and Business Rules Application
7. Patterning of Data
8. Data queues up in iAR for Final Execution
9. Direct to action identified by Business Rules
10. Agents work on the concluded queue with a similar set of analyses and actions
11. Improves overall efficiencies and effectiveness of work



Measuring Impact

Has the introduction of these bots genuinely improved efficiency? Yes, and the data speaks volumes. When GeBBS integrated the iAR workflow tool with a major US hospital, the AIT Concluder Bot solution handled patient billing data.

Before AIT Solution Implementation

With a production goal of 40 claims per day:

One batch of associates took approximately 12 weeks of on-the-job training to reach an average of 40 claims per day productivity quota, eventually hitting the 40- claim quota in 15-16 weeks.

Post AIT Solution Implementation

Following the implementation of the Concluder Bots, the next batch of on-the-job training associates met the 40 - claim quota by seven weeks, with projections indicating that the concurrent batch could achieve the target within six to seven weeks.



Improved Productivity: Beginning January 2023 with a goal of 40 accounts per day, agents achieved an average of 36 accounts. Following AIT implementation, servicing an average of 60 accounts daily per agent.

Increased Efficiency: With bots running 24/7, rejections are promptly addressed, reducing the turnaround time and leading to faster

reimbursements, with denial management lowering the No responses. Efficacy in work only sometimes equates to productivity. While productivity measures output, effectiveness ensures output aligns with client expectations and needs. Integrating AI tools like AIT, RFF (request for fax) and Automated System to obtain status from iVR in RCM processes enhances productivity and provides more effective outcomes, benefiting the healthcare provider and the client.

Improved Accuracy: Automated data mining and business rules application minimizes human errors, ensuring accurate and consistent conclusions on accounts.

Cost Savings While Increasing Collections: Automation reduces workforce costs and lowers overheads associated with manual interventions. Additionally, each agent can collect more for the healthcare provider.

Enhanced Decision-making: By segmenting account conclusions into direct actions, near-to-final actions, and suggestions, healthcare providers can prioritize accounts and allocate resources more effectively.

In the evolving landscape of revenue cycle management, AI-powered solutions are proving not only to be valuable but transformative. GeBBS's Concluder Bot has substantially revamped RCM processes, improving efficiency, effectiveness, and financial outcomes. Automation and AI-driven decision-making have redefined RCM, paving the way for a more streamlined, productive future where automation and innovation guide sustainability and success.

GeBBS and iAccounts Receivable (iAR)



GeBBS Healthcare Solutions stands at the forefront of providing cutting-edge technology-driven offshore medical coding solutions to the healthcare industry. In today's rapidly changing healthcare environment, Revenue cycle management optimization cannot be ignored; it is necessary. Healthcare organizations bleed up to 10% of their profits annually due to inaccuracies in billing and inadequate denials management.

GeBBS's cloud-based iAccounts Receivable (iAR) delivers not just automation but a transformation of medical billing operations. Embedded into this scalable toolkit is the ability to seamlessly integrate with your current billing systems, offer optimized workflow management, and produce in-depth reports and metrics.

iAR is not just a tool but a suite of solutions. From capturing claim rejection trends with a robust analytics engine to seamlessly managing denials using automated decision-making algorithms, it covers every aspect of AR management. GeBBS's denial management tool stands out, especially in addressing numerous denials related to coding, payers, providers, and patients. The payment posting dashboard ensures timely and accurate cash applications while suggesting actionable changes. GeBBS' AI and Machine Learning-driven solutions gather data from multiple bots, which is analyzed through a machine learning algorithm to form contract directional masters. These masters not only allow for swift analysis of

underpayments but also harness the data to estimate the current inventory's AR dollar value and predict potential cash collections.

GeBBS' iAR addresses the common challenges faced in accounts receivable and elevates the entire process to a new paradigm. With notable performance metrics like a 90%+ clean claim ratio, a 20%+ increase in collections, and a drastic reduction in AR days, the outcomes speak for themselves. It's more than just a solution; it's a transformative approach to maximizing revenue, ensuring every healthcare organization survives and thrives.

Understanding the challenges and intricacies of healthcare RCM, GeBBS presents game-changing RCM management solutions with iAR. But it's more than just a product; it's a strategic partnership, a path to collections success. By partnering with GeBBS:

Access Cutting-Edge Technology: Dive into a world where billing errors diminish, revenue collection accelerates, and patient satisfaction soars, all driven by the power of iAccounts Receivable.

Benefit from a leading provider of RCM and risk adjustment solutions: GeBBS is not a mere technology provider; they are domain experts who understand the heartbeat of healthcare RCM and ensure you get the best, most tailored solution for your organization's unique, specific needs.

Seamless Transition and Support: Don't be intimidated by implementation challenges. GeBBS provides a seamless transition process backed by unwavering support, ensuring your institution reaps the benefits from day one.

iAccounts Receivable Features and Capabilities

Adaptive Learning: iAccounts Receivable learns from every interaction, refining its processes for better outcomes.

Seamless Integration: Built to easily integrate with existing IT infrastructures, ensuring a smooth transition.

Security First: Prioritizes data security, protecting patient and transactional data against breaches.

End-to-End Solution: With iAccounts Receivable, healthcare providers get a tool and a comprehensive solution that caters to every facet of RCM.

Future Ready: GeBBS ensures its solutions are always a step ahead, future-proofing RCM processes as the healthcare industry evolves.

Expert Support: GeBBS supports our products and services with a team of experts, ensuring that healthcare providers receive constant support, training, and guidance.

RPA and AI-driven tools are revolutionizing how providers handle revenue cycles. From streamlining menial administrative tasks with RPA to leveraging AI's adaptive capabilities, enhanced data interpretation, and insight-driven decision-making, what's possible in healthcare RCM has expanded dramatically in recent years. Healthcare providers can provide faster billing cycles, reduced errors, increased patient satisfaction, and overall operational efficiency and revenue growth.

Integrating RPA and bots into RCM operations helps to future-proof healthcare providers, ensuring financial stability and meeting the demands of modern healthcare. Moreover, as illustrated by solutions like GeBBS's [iAccounts Receivable](#), the path to this transformation is guided by trusted partners, making the transition smoother and more manageable. RPA, AI, and other advanced technologies are not just shaping the future of healthcare RCM but actively constructing it. For healthcare providers, the question is no longer if they should adapt but how quickly they can embark on this transformative journey.

In the ever-evolving realm of healthcare, stagnation is not an option. Each passing moment where healthcare providers rely on outdated, manual RCM processes is where potential revenue leaks, patient dissatisfaction brews, and operational inefficiencies multiply. As the healthcare landscape becomes more competitive and patients become more discerning and demanding, the onus is on providers to ensure their RCM systems are up-to-date and future ready. Every day without a modern, automated, AI-enhanced RCM system is a day of missed opportunities, risks, and challenges. It's a clarion call for providers: The time to upgrade is not in the distant future; it's now.

The journey to RCM transformation is not one to be walked alone. With trusted partners like GeBBS and powerful tools like iAccounts Receivable, that journey becomes a collaborative success story.

Dive into the next phase of healthcare RCM excellence. Visit gebbs.com today, and let's embark on this transformative journey together.