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Executive War College

TRANSFORMING REVENUE CYCLE MANAGEMENT WITH AGENTIC AI

A NEW MODEL FOR LABORATORY REIMBURSEMENT THAT OPTIMIZES DECISION-MAKING AND DRIVES HIGHER FINANCIAL PERFORMANCE

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LIGHTHOUSE
Lab Services

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Speakers

Ellen Beausang
President, Chief Revenue Officer
Lighthouse Lab Services

Ellen Beausang is a laboratory and healthcare executive known for building high-performing teams that drive commercial strategic growth, innovation, and operational excellence. Recently, Ellen joined Lighthouse Lab Services as their President and Chief Revenue Officer. Prior to that, she served as Chief Commercial Officer and Sr. Vice President at BioReference Health (OPK: NASDAQ), where she led a broad portfolio focused on Women's Health, Oncology, and reference clinical testing. Recently named to the Board of Aspira Women's Health, Ellen is passionate about developing customer-centric portfolios that fuel industry growth.

Heather Agostinelli
Vice President, Head of Specialty RCM
XiFin, Inc

Heather Agostinelli is Vice President of Strategic Revenue Operations at XiFin, leading pathology and laboratory revenue cycle operations. She brings 22+ years of specialized pathology and laboratory RCM experience and 25+ years in healthcare. Heather has partnered with executive leaders at leading clinical, outreach, and independent laboratories nationwide to implement best practices, optimize processes, and drive operational excellence.

Jeff Carmichael
Senior Vice President of Engineering and Analytics
XiFin, Inc

Jeff's engineering leadership spans more than 20 years and encompasses networking, security, and healthcare software and systems. He brings a career-long focus on data-driven insights and prediction through advanced data modeling across several industries. Prior to joining XiFin, Jeff led worldwide software development for the network and security division of LSI Corp. He has held senior-level leadership positions at several successful startups, and divisional leadership positions at Intel.

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PAYOR ALGORITHMIC TARGETING

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Addressing the Operational Imbalance in Reimbursement

Understanding the gap between payor automation and laboratory capacity

Automated Payor Ecosystems

Scaled & Automated
Algorithms denying 300,000+ claims in seconds

Algorithmic Targeting
No longer random; AI identifies high-margin panels for automated review

The "Automated No"
Decisions made at digital speed without clinical file review

The Operational Reality

Disproportionate Clinical Burden
High-level expertise required to resolve automated denials generated in seconds

Inelastic Resolution Capacity
Throughput is inherently capped by administrative bandwidth

Administrative Friction
Increasingly complex data requests lead to "Appeal Fatigue" and operational strain

Traditional operational models cannot scale to meet AI-driven payor requirements

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The “Black Box” of Automated Denials

How payors use algorithmic review to prioritize speed over clinical accuracy

The "Speed" Metric

1.2s

Per Review

- Medical directors denied **300k+ claims in 2 months** using Cigna's PxDx system
- Claims were processed in massive batches without doctors ever opening the patient’s clinical file
- Mass denials based on rigid, pre-programmed logic rather than individualized medical necessity

The "Prediction" Metric

90%

Error Rate On Appeal

- UHC’s **nH Predict tools** "predict" recovery; if costs exceed the AI forecast, coverage is flagged for termination
- Federal lawsuits allege these models override physician judgment with near-total disregard for clinical facts
- **The Gamble**: Payors rely on the fact that only **0.2% of patients** ever formally appeal a denial

Sources: ProPublica, "How Cigna Used Algorithms to Deny Relevant Care" (300k claims/PxDx); Federal Lawsuit, Estate of Lokken v. UnitedHealth Group (nH Predict); KFF Analysis of ACA Marketplace Claims Data; AMA 2024 AI Policy Brief.

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Why Payors Are Strengthening Upfront Medical Review for High-Cost Testing

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Future Predictions

Greater scrutiny, tighter controls, increased accountability

CRUSH RFI — Proposed Federal Rule

A federal push toward fraud prevention infrastructure

Crackdown on Unlisted & Unbundled Panel Codes

A move toward **one test = one code**

Increased Payor Scrutiny

Prepayment & Special Investigations

Labs should proactively audit their billing practices, Z-code compliance, and documentation standards now. The cost of preparation is significantly lower than the cost of recoupment or exclusion.

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XiFin Real-World Insights: The "Administrative Flood"

Navigating the shift from traditional audits to high-volume, AI-driven friction

The Pattern

Baseline Requests
~200 / Month

AI-Triggered Spike
15,000+
Monthly CO-252 Requests

"Shadow Audits" designed to pause reimbursement through volume

The Impact

8 – 18 Months
Duration of targeted friction and severe reimbursement delays

Resource Exhaustion
Manual processing costs exceeded claim value; unsustainable staffing requirements

The Resolution

XiFin Data Advantage: Identified network-wide patterns to prove panel legitimacy

223-Page Defense: Exhaustive clinical documentation presented to UHC CFO

Audit Cessation: Forced resumption of standard payment cycles

Strategic Takeaway: Labs cannot scale against this volume. To protect the bottom line, labs must leverage AI to stay ahead and increase reimbursement.

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THE STRATEGIC RESPONSE: USING AGENTIC AI TO NAVIGATE PAYOR COMPLEXITY

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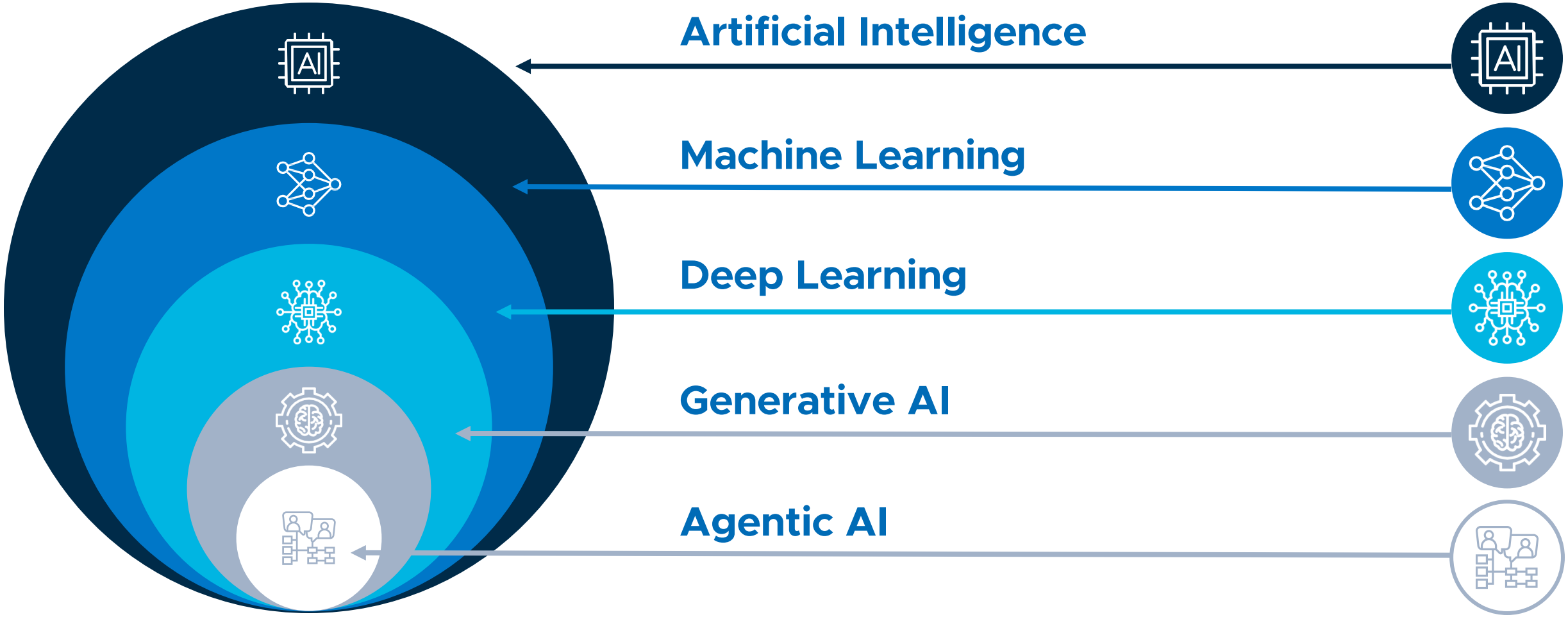
The Spectrum of Intelligence: From Automation to Autonomy



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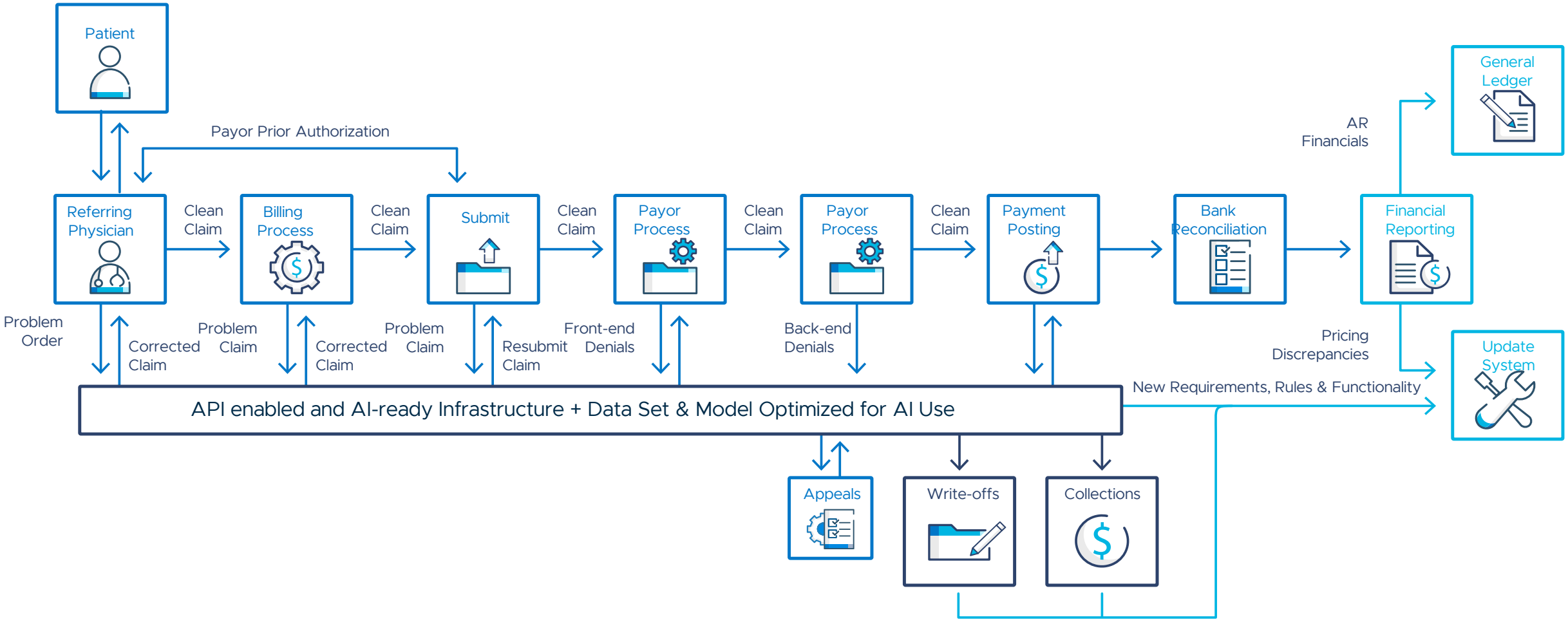
AI-ready Automation and Data Foundation

Lifecycle of a Claim is Ripe for Applied AI to Drive Revenue Recovery, Operational Efficiency and Patient Engagement and Access



Transforming Revenue Cycle with AI

Revenue Recovery, Operational Speed and Effectiveness, Patient Access and Payor Relations

Insurance Capture and Payor Plan Mapping

Payor Policy and Expect Pricing Management

Exception Processing and and Denial Prioritization & Routing

Documentation & Correspondence Handling (at intake, during submission, or for back-end RCM needs)

Patient Responsibility Estimation Accuracy and Timeliness

Unstructured Payor Response Interpretation via Claim Status

Accelerated Appeals Creation and Submission Custom to Payor Policy and Patient History

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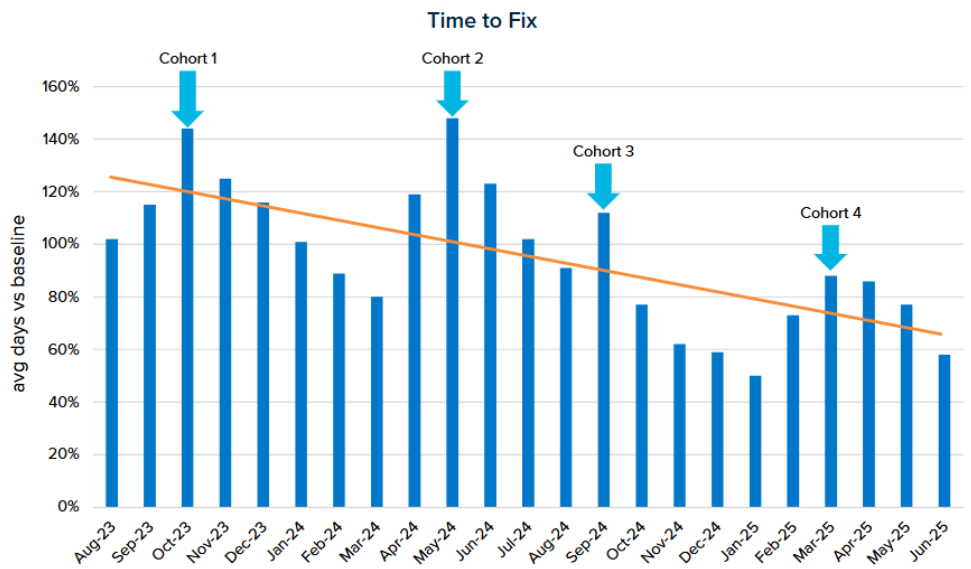
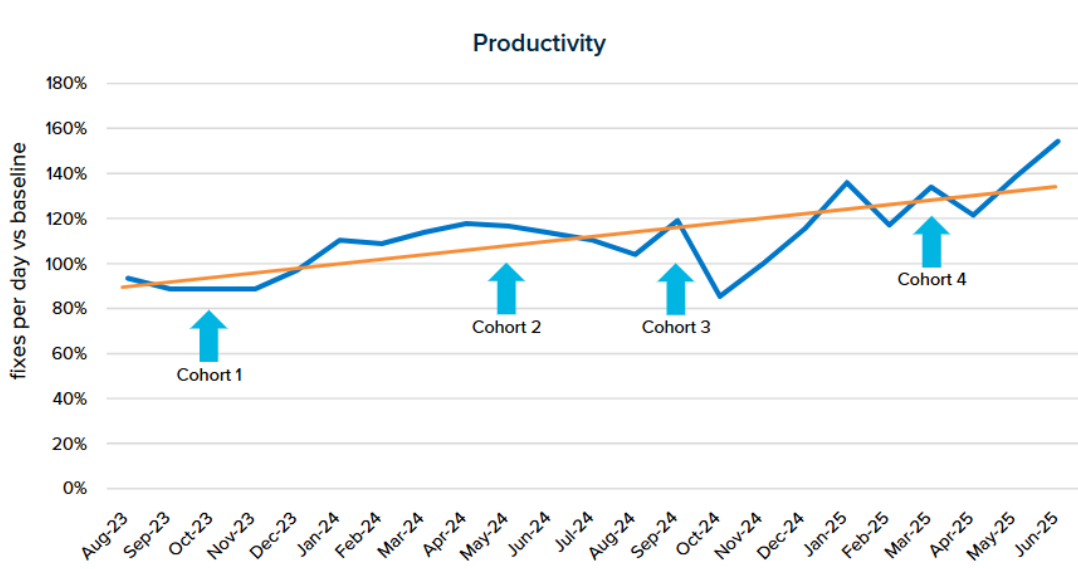
Benefit of Applying AI to Exception Processing

Increasing team capacity through productivity and effectiveness





Exception Processing: **40%** Reduction in Time to Fix & **46%** Productivity Improvement

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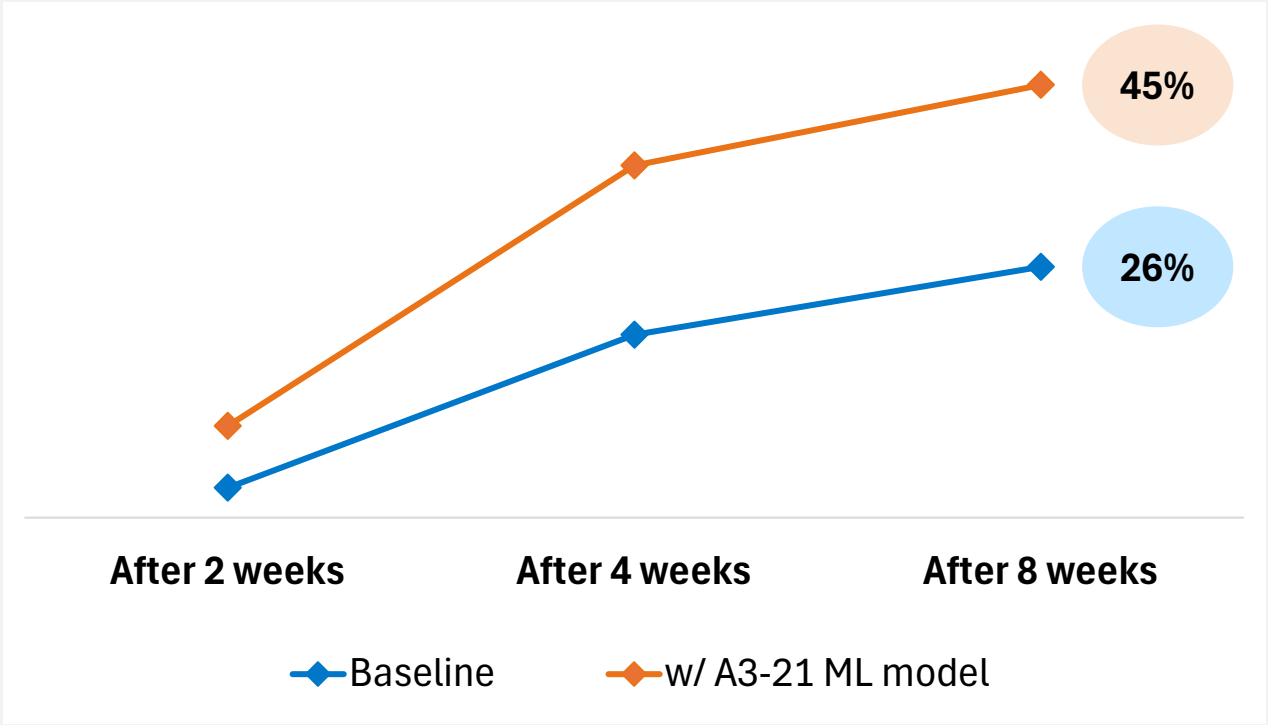
AI No Longer Theoretical; Measurable Results in Faster Payments

Example of Machine Learning Applied to Proprietary Acknowledgement

Machine Learning Improves Percentage of Claims Paid after Claim Acknowledgement - Early Results



AI-driven claims achieved **45% paid within 8 weeks** vs. 26% under traditional manual processes — a **73% improvement**

Thousands of claims re-coded automatically from generic to specific reason codes

Dramatic reduction in manual claim reviews and faster payment cycles

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Documentation and Correspondence Handling

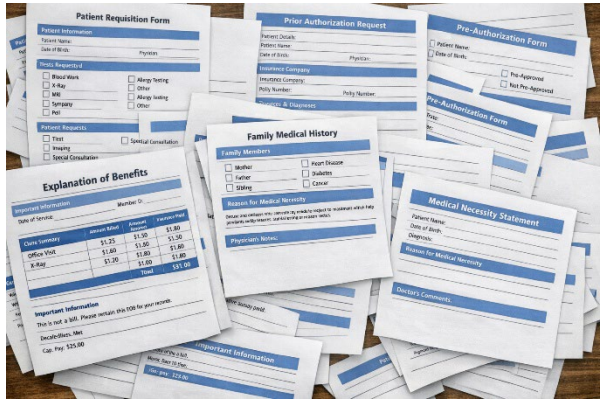
Applying AI to Mountains of Documents Needed for RCM

Document Source Examples

- Lockbox
- Fax
- CRM

→ De-skew & Orient → OCR data extraction → Separated Documents → Categorize/ Classify Document Type → Describe Field Extraction

- Documents that are categorized with:
  - No patient
  - No encounter
  - Invalid encounter → Exception Handling in Document Management System
- Documents with patient and valid encounter → Append File Name → Send separated categorized document → Files sent to Document Management System for use in RCM
- Documents with multiple patients with or without valid encounters → Exception Handling in Document Management System
- Documents with sequences of pages that we are unable to split with satisfactory confidence → Exception Handling into Document Management System



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Agentic AI Driven Appeals Capability

Coordinating Multiple Agents to Create Custom Appeals

Agentic AI dramatically reduces the time and effort required to create and submit high-quality appeal packages. Allowing for appeals where they were previously not cost effective.

Key Capabilities

- Ingests appeal cases, normalizes patient, encounter, payor, and plan data
- Evaluates payor, plan, and policy intent to determine optimal appeal strategy and required documentation
- Navigates payor portals, validates coverage rules, and extracts policies and LCDs to derive medical necessity criteria and relevant clinical facts
- Drafts letters with appropriate citations
- Flags appeals needing human review

Value Delivered

- Creates payor-formatted appeals using policy data and patient records
- Automates the assembling of appeal supporting evidence
- Appeal creation in **under 180 seconds** versus **20 to 40 minutes on average.**
- Reduces manual appeals workload by **up to 90%**

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Catalogues of Agents Enable RCM Innovation

Examples of Individual Agents and Their Goals or Actions

Intake Agent
- Ingests appeal cases
- Normalizes patient, test, payor, and plan data

Extraction Agent
- Extract payor policies and LCDs
- Derives medical necessity criteria and relevant clinical facts

Strategy & Planning Agent
- Evaluates payor, plan, and policy intent
- Determines optimal appeal strategies and required documentation

Memory Agent (Brain Agent)
- Stores historical appeal outcomes and policies
- Remembers payor behavior patterns and policy interpretations

Browser-Based Live Agent
- Navigates live payor portals and policies
- Validates real-time coverage rules and policy updates

Form-Filling Agent
- Automatically populate payor-specific appeal forms
- Ensures all required fields are completed accurately

Each agent operates over a shared Memory (Brain Agent), enabling continuous learning, cross-appeal insight, and optimized strategy formulation.

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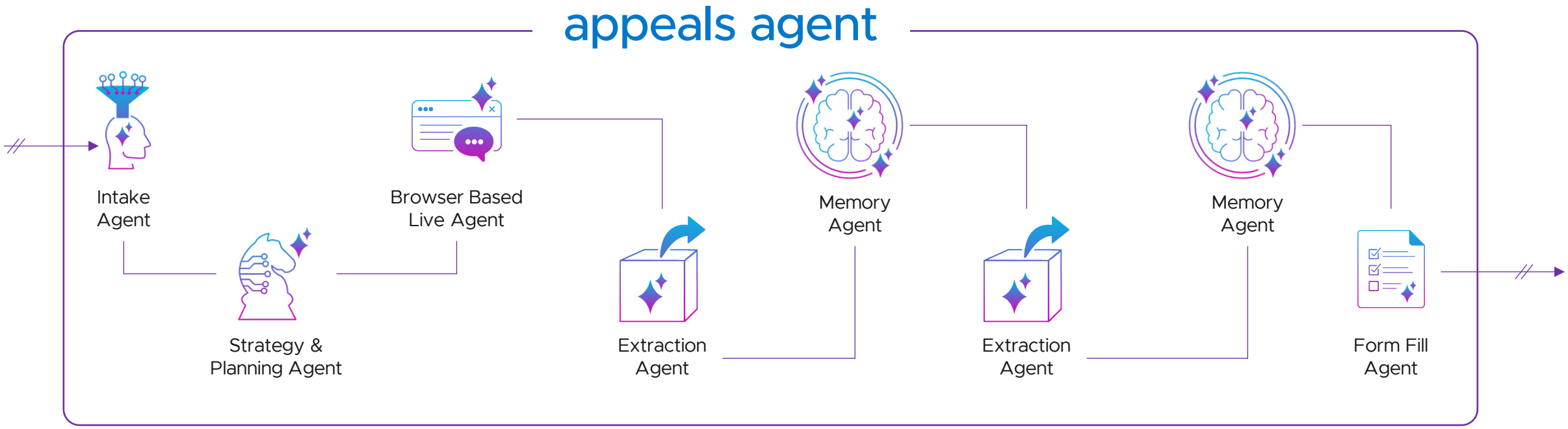
Orchestrating Multiple Agents to Create Custom Appeals

AI Appeals Agent Allows Creation of Custom Appeals in Seconds



RCM experts are critical to agent development

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Additional RCM Areas Ripe for Applied AI

LCD

Bank Reconciliation & Payment Posting

Global Payor "Next Action"

Prior Authorization (PA)

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The Leadership Imperative: Succeed and Scale with AI

1. Get the Data Structure Right

- Data that is clean, complete, and referentially intact
- A unified data model across encounters, payors, financials, and outcomes
- Confidence that data can support decisions, not just reporting

2. AI-Ready Architecture and Governance

- AI integrated with systems of record, not stand-alone
- Governed workflows with auditability, security, and role clarity
- Architecture designed for learning and feedback, not one-off execution

3. Design the Operating Model for Intelligence

- Shift from task routing to value-based prioritization
- Push interpretation and triage into systems
- Reserve human effort for judgment, exceptions, and decisions

Growth is absorbed by the platform—not carried entirely by people

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QUESTIONS?

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THANK YOU

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