

15 SOLUTIONS FOR HEALTHCARE LEADERS

The Revenue Cycle Automation Library

Healthcare revenue cycle operations are under growing pressure. Claim denials continue to rise, and staffing remains stretched thin, eroding margins faster than hospitals can respond. Adding more people is not sustainable, and point solutions only temporarily patch the cracks. To keep pace with payer complexity and bring relief to teams, healthcare leaders are moving into a new era: agentic automation. By orchestrating AI agents, robots, and people, organizations are addressing decision-heavy processes that were once too complex to automate—resulting in more accurate claims, faster reimbursement, and fewer handoffs, while freeing staff for higher-value work.

This library highlights where we are seeing results across the revenue cycle, showcasing 15 automation solutions already delivering measurable outcomes. It is designed to help you understand how agentic automation works in revenue cycle operations and how it can be applied within your organization.

CORE DEFINITIONS

Before we explore the 15 automation solutions, it's helpful to establish some core definitions. These explain the roles of AI agents, robots, and people in agentic automation, and how they work together within the revenue cycle.

AI AGENTS:

Goal-driven digital workers that interpret context, make decisions, and adapt as rules shift.

ROBOTS:

Software robots that handle high-volume, rule-based, repetitive work such as data entry, verification, or file uploads.

PEOPLE:

Humans in the loop for exceptions, judgment calls, or patient engagement.

AGENTIC AUTOMATION:

Agentic automation unifies AI agents, robots, and people into one coordinated workforce. It orchestrates processes across Electronic Health Records, billing platforms, and payer portals—building on, not replacing, existing systems. UiPath is the platform that makes this possible.

HOW IT WORKS:

AI agents interpret context, adapt to changing payer requirements, and make goal-driven decisions in real time.

Robots execute rules-based, repetitive tasks quickly and accurately.

People remain central as the humans in the loop, stepping in for approvals or exceptions with full visibility.

Orchestration is key—UiPath makes it possible for all three to work seamlessly across existing systems, eliminating inefficiencies, waste, and failure points to create the most efficient processes possible and ensure the right outcome every time.





WHY AGENTIC?

Agentic automation is designed for this environment.

The revenue cycle can no longer be fixed by working harder, hiring more staff, or relying on costly vendor resources, as denials rise and demands grow.

Agentic automation:

Stays ahead

Anticipates payer complexity by automatically updating rules and adapting workflows.

Reduces burnout

Lightens the administrative load so staff can focus on higher-value work.

Accelerates cash flow

Cuts days from reimbursement cycles for faster payment.

Provides control

Delivers visibility, auditability, and governance at every step.



BUSINESS VALUE

For revenue cycle leaders, the outcomes are clear:

Fewer denials

Cleaner claims and proactive resolution prevent millions in lost revenue.

Faster reimbursement

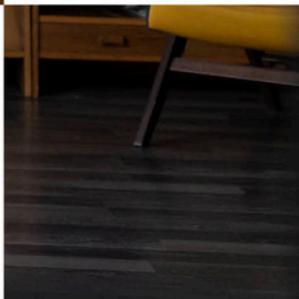
Claims are submitted, tracked, and resolved in hours, not weeks.

Lower cost-to-collect

Staff spend less time on rework, driving efficiency.

Happier patients

Faster scheduling, clearer billing, and fewer delays in care.



The Revenue Cycle Automation Library

The following library features 15 proven automation solutions that transform revenue cycle processes.

Front-End Solutions

- 8 **Patient Scheduling**
- 9 **Appointment Reminders**
- 10 **Eligibility & Verification**
- 11 **Referral Management**
- 12 **Prior Authorization**

Mid-Cycle Solutions

- 13 **Charge Capture**
- 14 **Notice of Admission (NoA)**
- 15 **Utilization Review**

Back-End Solutions

- 16 **Claim Edits**
- 17 **Provider Credentialing**
- 18 **Claim Status**
- 19 **Denials Resolution**
- 20 **Clinical Appeals**
- 21 **Cash Posting**
- 22 **Payment Credits**

PATIENT SCHEDULING

The Challenge

Manual scheduling creates bottlenecks, missed appointments, and lost revenue. Staff spend hours processing cancellations, closing aged orders, and managing reschedules across multiple clinics and specialties.

With Agentic Automation

- 1. Pull scheduling queues from EHR** – Robots automatically retrieve upcoming and overdue appointments across specialties, eliminating manual queue checks.
- 2. Process cancellations and aged orders** – Automation closes aged orders and reschedules patients before provider calendars go underutilized.
- 3. Trigger pharmacy, specialty, and post-partum scheduling** – Robots initiate follow-up scheduling tied to pharmacy fills, chronic care, and OB/GYN protocols.
- 4. Escalate only complex or exception cases** – Staff handle only unique scheduling conflicts or high-priority escalations, saving time for patient engagement.

Results



- **\$900K labor savings** from post-partum scheduling
- **\$270K** from Hospital Account Record (HAR) creation
- **\$131K** from pharmacy scheduling

APPOINTMENT REMINDERS

The Challenge

High no-show rates drain revenue and waste provider capacity. Manual reminder calls are time-consuming and error-prone, while coverage issues like Coordination of Benefits (COB) mismatches disrupt appointments at the point of service.

With Agentic Automation

- 1. Generate reminder lists from EHR** – Robots extract daily appointment schedules, ensuring no patient is overlooked.
- 2. Send reminders via multiple channels** – Automation delivers reminders via SMS, email, or voice calls, integrated with existing systems.
- 3. Flag coverage or Primary Care Provider (PCP) issues** – AI agents review eligibility data, identify COB/PCP mismatches, and notify patients before the visit.
- 4. Escalate unresolved exceptions to staff** – Only complex patient outreach requires staff involvement, reducing manual call volume.

Results

- **\$737K savings** from no-show reminders
- **\$52K** from reschedule outreach
- **\$70K** from COB notifications
- **\$75K** from PCP mismatch reminders

Front-End Solutions

ELIGIBILITY & VERIFICATION

The Challenge

Eligibility errors account for nearly 10% of all initial denials. Manual payer checks are time-consuming and error-prone, creating write-offs and delays in upfront financial conversations.

With Agentic Automation

1. **Eligibility monitoring** – Robots query Medicaid and commercial payer databases to verify insurance coverage for patient care, both pre- and post-service.
2. **Cross-check against EHR records** – Automation validates coverage, identifying mismatches and terminated plans.
3. **Populate missing benefit data** – AI agents retrieve deductible and co-insurance details and write them back to EHR for accurate patient estimates.
4. **Escalate exceptions requiring staff input** – Staff focus only on unusual coverage gaps or non-standard payer responses.

Results

- **\$1M impact**
from Medicaid eligibility checks
- **\$58K** from coverage editing
- **\$63K** from benefit updates
- **\$70K** from site-of-care verification



Front-End Solutions

REFERRAL MANAGEMENT

The Challenge

Fax-based referrals and manual tracking cause revenue leakage and delayed care. Patients often fall out of network, and denials pile up due to missing documentation.

With Agentic Automation

- 1. Digitize and classify referrals** – Robots ingest faxed or emailed referrals, converting them into structured data.
- 2. Verify eligibility and update benefits** – AI agents validate coverage and fill in missing benefit information.
- 3. Route referrals across specialties in real time** – Automation ensures referrals are entered into the right queues immediately.
- 4. Escalate incomplete or exception cases to staff** – Staff focus on clinical judgment instead of manual data entry.

Results

- **\$619K** retained annually from automated referral reporting
- **\$230K** from diabetes scheduling
- **\$129K** from PCP referral requests

Front-End Solutions

PRIOR AUTHORIZATION

The Challenge

Manual submissions, frequent payer rule changes, and portal checks overwhelm staff—leading to care delays and costly denials due to lack of authorization.

With Agentic Automation

1. **Keep EHR tables current** – Robots download payer rule documents, extract Current Procedural Terminology (CPT) code updates, and refresh EHR authorization tables automatically.
2. **Submit requests automatically** – AI agents verify eligibility and complete prior authorization submissions via payer portals.
3. **Monitor status in real time** – Robots query payer systems for status and write updates back into EHR.
4. **Escalate denials or exceptions to staff** – Staff intervene only when payer responses require judgment or appeal.

Results

- **\$200K from auth determination automation**
- **\$101K from submission automation**
- **\$116K from status checks**
- **Approvals reduced** from days to <24 hours

Mid-Cycle Solutions

CHARGE CAPTURE

The Challenge

Missed or delayed charges cost hospitals up to 1% of net patient revenue. Manual reconciliation creates errors and slows cash flow.

With Agentic Automation

- 1. Pull charge data from EHRs and ancillary systems** – Robots gather charge records automatically.
- 2. Reconcile against orders** – AI agents identify missing or mismatched charges before billing.
- 3. Correct and update EHR in real time** – Automation posts corrected charges to prevent lost revenue.
- 4. Escalate only unresolved mismatches** – Staff focus on exceptions requiring human intervention.

Results

- **\$3.1M** from Workers' Compensation adjustments.
- **\$677K** from EKG order release
- **\$250K** from interfaced system checks

Mid-Cycle Solutions

NOTICE OF ADMISSION (NoA)

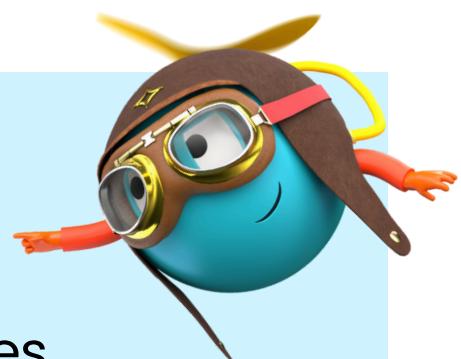
The Challenge

Late or missing NoA submissions lead to denials and delayed payment. Manual workflows across multiple payer portals create compliance risk.

With Agentic Automation

- 1. Identify coverage for new admissions** – Robots detect payer requirements for each admission.
- 2. Auto-generate and submit NoA** – Automation sends notifications through payer portals or electronic fax.
- 3. Write confirmation back to EHR** – Robots update records with payer responses in real time.
- 4. Escalate unresolved or complex cases** – Staff handle only denials or payer exceptions.

Results



- **\$108K** from portal + EHR updates
- **\$100K** from 278N NoA automation
- **\$52K** from emergent admission submissions

Mid-Cycle Solutions

UTILIZATION REVIEW

The Challenge

Case managers are overwhelmed by manual chart reviews and payer documentation requirements. Concurrent reviews stall, delaying payment and diverting clinical staff from patient care.

With Agentic Automation

- 1. Extract census and patient data from EHR** – Robots generate census reports automatically each day, eliminating manual compilation.
- 2. Process and index authorization documents** – AI agents extract, tag, and index payer authorization PDFs for rapid retrieval.
- 3. Update EHR with placement and authorization details** – Robots write status, effective dates, and post-acute placement details back into EHR.
- 4. Escalate exceptions requiring clinical judgment** – Only cases outside payer rules are routed to case managers, focusing their expertise where it matters.



Results

- **\$130K** from placement coordination
- **\$125K** from inpatient authorization indexing
- **\$91K** from census reporting



Back-End Solutions

CLAIM EDITS

The Challenge

Manual edits slow claim submission and create repeat errors, driving denials and cash delays.

With Agentic Automation

- 1. Detect claim errors automatically** – Robots identify variances like missing codes or incorrect coverage.
- 2. Apply payer-specific modifiers** – Automation applies appropriate rules and corrections before submission.
- 3. Correct coverage mismatches** – AI agents update filing order and patient data in EHR.
- 4. Escalate exceptions to staff** – Complex cases are routed for manual review.

Results

- **\$1M recovered** from self-pay coverage corrections
- **\$389K from Medicare** filing order automation
- **\$264K from patient coverage** corrections

Back-End Solutions

PROVIDER CREDENTIALING

The Challenge

Slow credentialing keeps providers from billing, delaying millions in revenue and risking compliance.

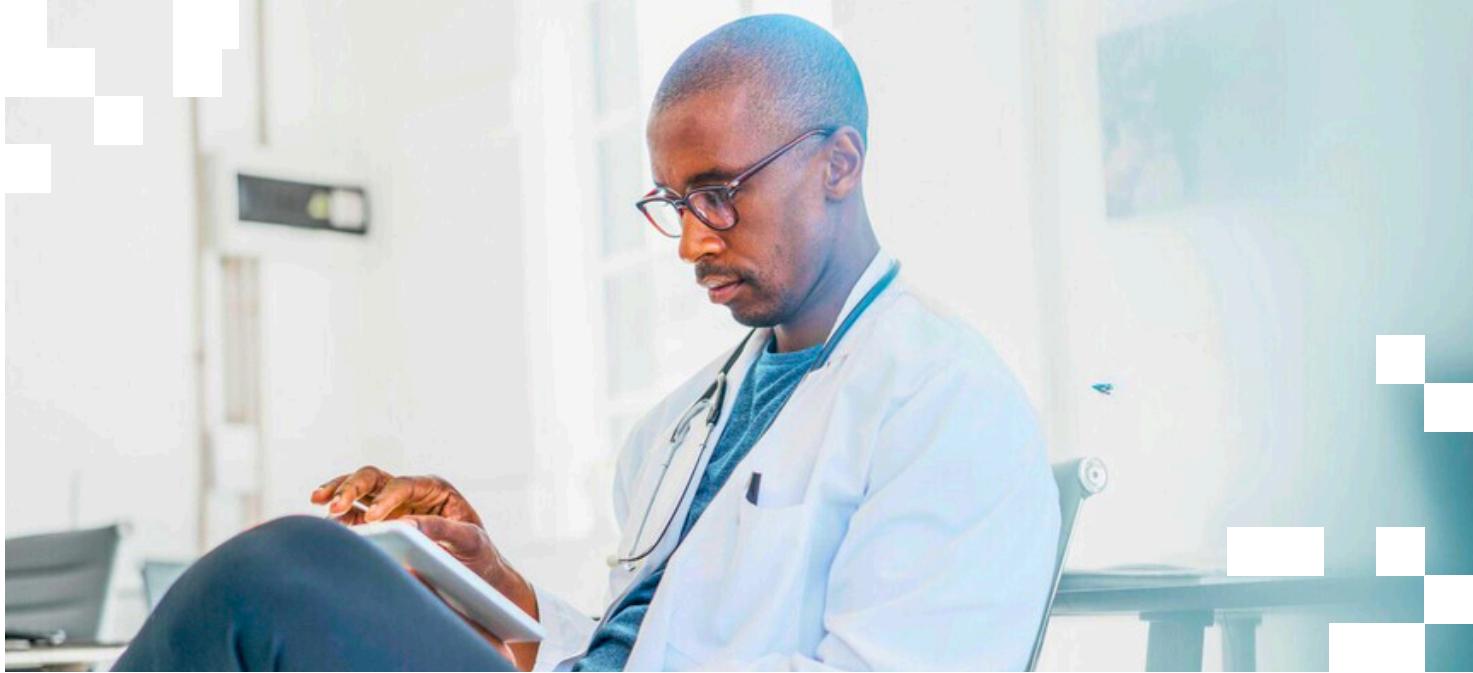
With Agentic Automation

1. **Auto-complete enrollment forms** – Robots process payer applications quickly and consistently.
2. **Extract and reconcile issue lists** – Automation identifies and resolves credentialing discrepancies.
3. **Track renewals and expirations** – AI agents monitor dates and trigger timely renewals.
4. **Escalate only exceptions to staff** – Staff handle only escalated or complex provider cases.

Results

- **\$668K** from Medicaid enrollment automation
- **\$351K** from radiologist applications
- **\$145K** from credentialing issue management





Back-End Solutions

CLAIM STATUS

The Challenge

Manual claim status checks waste staff capacity and leave aged claims unresolved, straining cash flow.

With Agentic Automation

- 1. Query payer portals and APIs** – Robots automatically retrieve statuses from payer portals.
- 2. Standardize results into EHR notes** – Automation records status consistently in EHR.
- 3. Flag aging claims for escalation** – AI agents detect claims approaching payer timely filing limits (e.g., 60–90 days).
- 4. Escalate only unresolved cases to staff** – Staff manage only exceptions or appeals.

Results

- **\$161K** from clearinghouse checks
- **\$138K** from payer portal checks
- **\$105K** from API-based status retrieval
- **\$93K** each from payer status and appeal automation

Back-End Solutions

DENIALS RESOLUTION

The Challenge

Denied claims drain 5% of hospital revenue. Backlogs grow into millions in unrecovered revenue, while staff are bogged down in document retrieval and manual uploads.

With Agentic Automation

1. **Extract denial letters using Optical Character Recognition (OCR)** – AI agents digitize denial content into structured fields.
2. **Retrieve medical records automatically** – Robots pull records from EHR and clinical systems.
3. **Upload to payer portals with attachments** – Automation submits supporting documents with each denial.
4. **Escalate unresolved denials to staff** – Staff manage only complex cases or appeals.

Results

- **\$441K** from OCR denial letter processing
- **\$264K** from record uploads
- **\$199K** through authorization denial management
- **\$190K** from pre-claim attachments

Back-End Solutions

CLINICAL APPEALS

The Challenge

Clinical appeal overturn rates are declining across all payer types, dropping from 56% to 45% for private health plans over two years. These falling rates directly reduce revenue recovery and extend the time claims remain outstanding. Manual appeal creation, inconsistent quality, limited visibility, and time-consuming root cause analysis further strain staff capacity.

With Agentic Automation

- 1. Generate multiple appeals** – Automation writes and submits clinical appeals by reviewing the patient's full medical record and the payer's clinical guidelines, ensuring each appeal is accurate, complete, and consistently formatted.
- 2. Identify emergency department downgrades** – AI agents detect when emergency department visits are downgraded, compile clinical evidence to support higher acuity, and automatically generate appeals with the necessary documentation.
- 3. Process recoupment audits** – Automation extracts relevant data from the electronic health record, compiles the required information, and uploads it directly into audit management software to streamline the audit response process.

Results



- **\$1M** from multiple appeals
- **\$261K** from emergency department downgrade appeals
- **\$25K** from recoupment audit automation

Back-End Solutions

CASH POSTING

The Challenge

Payment posting is a major back-end bottleneck. Staff manually reconcile deposits, remittances, and adjustments across multiple payer files, bank systems, and EHRs. Delays in posting create inaccurate accounts receivable balances, missed secondary claims, and compliance risk.

With Agentic Automation

1. **Ingest payer remittances and deposit files** – Robots pull lockbox, electronic funds transfer, and electronic remittance advice files from banks and clearinghouses.
2. **Match payments to open accounts** – AI agents reconcile by account number, patient ID, and service date, resolving the majority of matches automatically.
3. **Post payments and adjustments into EHR** – Automation applies payments, contractual adjustments, and write-offs directly into billing systems.
4. **Escalate mismatches to staff** – Staff only handle exceptions (e.g., underpayments, unidentified deposits).



Results

- **Faster, more accurate cash posting** with reduced lag time
- **Improved visibility** into true receivables
- Reduction in **manual reconciliation** workload



Back-End Solutions

PAYMENT CREDITS

The Challenge

Overpayments and credits accumulate due to coordination-of-benefits errors, duplicate payments, or refunds owed. Manually managing credits ties up staff and increases compliance exposure if refunds are delayed.

With Agentic Automation

1. **Identify credit balances** – Robots scan EHR for accounts with negative balances or duplicate payments.
2. **Verify payer and patient responsibility** – AI agents validate coverage order, coordination of benefits, and payment records.
3. **Apply corrections or initiate refunds** – Automation reallocates credits to open balances or prepares refund requests for patients/payers.
4. **Escalate exceptions to staff** – Staff focus only on complex overpayments or disputed credits.



Results

- **Faster resolution** of credits & overpayments
- **Reduced compliance risk** from delayed refunds
- **Better patient satisfaction** through timely refunds

CONCLUSION

Every day a claim goes unworked or denied, health systems lose revenue they can't afford to leave on the table. The cost of inaction is too high.

These 15 solutions show that agentic automation isn't a promise for the future —it's driving measurable results today. Leaders who act now are reclaiming millions in revenue, protecting margins, and freeing their teams to focus on patients. The ones who wait will fall further behind.



About UiPath

UiPath (NYSE: PATH) is a global leader in agentic automation, empowering enterprises to harness the full potential of AI agents to autonomously execute and optimize complex business processes. The UiPath Platform™ uniquely combines controlled agency, developer flexibility, and seamless integration to help organizations scale agentic automation safely and confidently. Committed to security, governance, and interoperability, UiPath supports enterprises as they transition into a future where automation delivers on the full potential of AI to transform industries.

Explore your path with UiPath to protect margins and build resilience into your revenue cycle: For more information, visit www.uipath.com.