Rev Cycle Leaders Tackle AI Governance, Vendor Sprawl, and the Mandate to Scale

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REVTECH EXCHANGE

Revenue cycle leaders gathered at the 2025 HealthLeaders RevTech Exchange to discuss how best to navigate operational, financial, and cultural crosswinds with an unfamiliar landscape before them.

Health systems are no longer asking whether they should use AI. Instead, they are focused on how to procure it, govern it, and align it with organizational strategies that sometimes seem disconnected from the realities of revenue cycle operations. Meanwhile, the need for greater collaboration with clinical teams is becoming more apparent.

Key themes that emerged during candid roundtable discussions included new approaches to vendor partnerships, collaboration between clinical and revenue cycle teams, and the challenges associated with integrating new technology into existing systems.

Patrick Wall, VP of Patient Financial Services at MedStar Health

The Rev Cycle-Clinical Collaboration Challenge

Health systems continue to leave revenue on the table due to disconnects between clinical and revenue cycle. At some organizations, this is due in part to the lack of centralized clinical leadership.

This can make it difficult and inefficient to reach a consensus on important decisions, according to one executive.

To help solve the divide, one health system established a new steering committee that creates a formal partnership between clinical operations and revenue cycle to tackle shared problems, such as surgery denials caused by add-on procedures not being communicated to the case management team.

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KEY TAKEAWAYS

- To make the most of AI investments, revenue cycle leaders are tinkering with governance structures to effectively vet vendors, ensure data security, and mitigate risk in the adoption of new technology.
- Leaders are frustrated with vague organizational goals, but are also struggling to create long-term strategic roadmaps amid significant regulatory and technological change.
- Relationships with vendors are shifting as revenue cycle leaders shy away from long-term contracts and turn to contractual mechanisms that allow health systems to exit unfruitful partnerships without breaking the bank.

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Bank of America

Revenue cycle management leaders are confronting a continually increasing workload for their teams. They are evaluating how new technologies can mitigate that problem, and help their healthcare systems in broader ways—and how to incorporate AI for the greatest impact.

Revenue cycle leaders discussed the practical implications, risks and opportunities of new technologies at the recent HealthLeaders RevTech Exchange in Savannah, Georgia.

As they continue evaluating and integrating tech solutions, these revenue cycle executives face challenges that our Bank of America team has heard from organizations across the country: balancing security with opportunity, and measuring how intelligent automation is changing the workplace.

In an era of system consolidation, the acquisition of private practices and an aging U.S. population, healthcare revenue cycle managers are dealing with an increased workload for their teams—that is not likely to change anytime soon. At the same time, most managers are not in a position to add FTE. That makes the potential role of technology even more important; these managers are looking for tech platforms and vendors to help with the increased volume of work in any way they can.

Add to that the ongoing battle with payers, which are deploying AI to speed up their denials. Revenue cycle management feels the need to counter that by using their own AI tools.

AI, for better or worse

We know that the healthcare industry has a longer experience with AI technology than many other business sectors. Some of the earliest excitement in using AI was on the clinical side of healthcare: machine learning to help spot patterns in research, and as a diagnostic tool in radiology, for instance.

But in those early exposures, healthcare organizations also learned to temper their expectations, which our Bank of America team believes may position them to have more success with the current generation of AI. They have a realistic view on the role and implementation of AI.

There are tasks that the current generation of large language model AI systems can handle well: writing appeal letters to payers is a great example. In addition, AI technologies are replacing scribes on the floor, capturing notes and then adding diagnostic or billing codes on the spot.

Revenue teams are feeling the stress, and AI platforms also are seen as a possible way to reduce their workload. AI tools are being implemented more widely, automating easy processes and often handling routine paperwork. But on the flip side, staff is left with a greater percentage of higher value cases or exceptions—and as an unintended consequence, a more stressful overall workday. As one attendee said, technology in some ways makes the job harder, because we're automating the easy stuff.

Like their peers in other sectors of the economy, healthcare workers and managers also remain wary of AI, concerned that implementing AI systems ultimately means layoffs. From the Bank of America perspective, however, while certain jobs will change based on the available technologies, healthcare systems will still need its experienced staff to handle other, more complicated or sensitive tasks.

Emerging technologies have already begun to play a significant role in helping healthcare systems manage personnel issues, recover revenue, and provide the best patient care. We believe today's investments and learning opportunities will help sustain these organizations and help them deal with whatever challenges lie ahead.

Abeni Lee, MHA, CPC, Director of Physician Revenue Cycle, Grady Health Systems

Other health systems are appointing employees to roles where they are specifically tasked with bridging the gap between revenue cycle and clinical teams. These employees work directly with clinicians and report issues that arise back to revenue cycle leadership.

These employees serve as liaisons between the provider practices, facilities, and revenue cycle teams, according to one executive. Under this service model, clinicians have a single, knowledgeable point of contact for financial matters.

Making Sense of a Saturated AI Market

The potential for AI to transform healthcare has been hyped for years, but real-world applications for the transformative technology are just beginning to come into view. Now, the question is: How do health systems separate hype from reality when it comes to AI?

While there are clear benefits to the thoughtful deployment of AI, there is also a lot of risk.

There are a lot of infosec concerns, according to Exchange participants. These concerns have led many health systems to implement blanket policies that bar the entry of any PHI inti an AI system.

There is no clear right way – at least not yet – to deploy AI platforms. In some instances, revenue cycle leaders believe senior leadership is too eager to chase shiny new AI toys without considering the downsides. In other instances, too much risk aversion prevents health systems from maximizing the potential for AI.

The health systems that are having the most success with AI have established clear governance structures that include input from IT, clinical, and revenue cycle teams to manage its deployment. This means a revenue cycle executive might need to jump through hoops to achieve buy-in for a product they want. However, this process ensures that deployments are carefully considered and aligned with organizational goals.

Choosing the Right Tech Partners

As a flood of new AI products come onto the market, there is more technology available to revenue cycle teams than ever before. This has created a sort of paradox of choice for many revenue cycle leaders. With so many products available and with the technology advancing so quickly, how does a revenue cycle leader choose which solution is right for their system?

One revenue cycle leader, who received instructions to just "be innovative," expressed frustration with vague directives from the C-suite. Goals such as these are subjective and don't provide a specific target to work toward.

Uncertainty in this environment means revenue cycle leaders can't create set-it-and-forget-it five-year plans. Instead, they are establishing data-driven, flexible roadmaps to guide future decision-making.

Lynn Ansley, VP of Revenue Cycle Management at Moffitt Cancer Center, shares insights at the Exchange.

Sarah Hartwig , System VP of Revenue Cycle at Avera Health

Amy Simpson, MSA, Director at Wellstar Health

They are also adopting new strategies when it comes to partnering with vendors.

- **Head-to-Head Pilots.** Rather than committing to a single vendor from the start, several revenue cycle leaders shared that they will pilot multiple platforms simultaneously to determine which one is right for their health system.
- **Contingency-Based Contracts.** Many health systems are beginning to structure contracts to ensure vendors don't get paid unless their products deliver hard-dollar ROI.
- **Shorter Contract Terms.** The days of five-year contracts appear to be coming to an end. The fast pace of change occurring in the technology space has deterred revenue cycle leaders from long-term commitment.

One executive shared that they won't consider contracts exceeding two years because they expect a new, more effective solution may become available in the near term. They are also looking for multiple exit ramps, with many revenue cycle leaders insisting on 60-day, no-cost exit clauses.

The Rev Cycle Leader as a Proactive, Strategic Partner

The discussions at the RevTech Exchange suggest that revenue cycle strategies are largely shifting from reactive, department-level focal points to proactive, systemwide schemes. As health systems grapple with flat margins and mandates to scale, the consensus is taking shape: a proactive, strategically embedded, and collaborative revenue cycle is the best path forward for financial sustainability.

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