VMG HEALTH docvocate

AI in ASC Revenue Cycle
Turning Denials and Claims Data into Automation

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Today's **Speaker:**

Hanes Singh

Founder/CEO | DocVocate

Revenue Cycle Management

AI-powered Denial Intelligence

VMG HEALTH docvocate

Core Thesis

Better decisions.

Faster action.

Human control.

Two perspectives on one operational challenge

ASC Operations (Nancy Stephens)

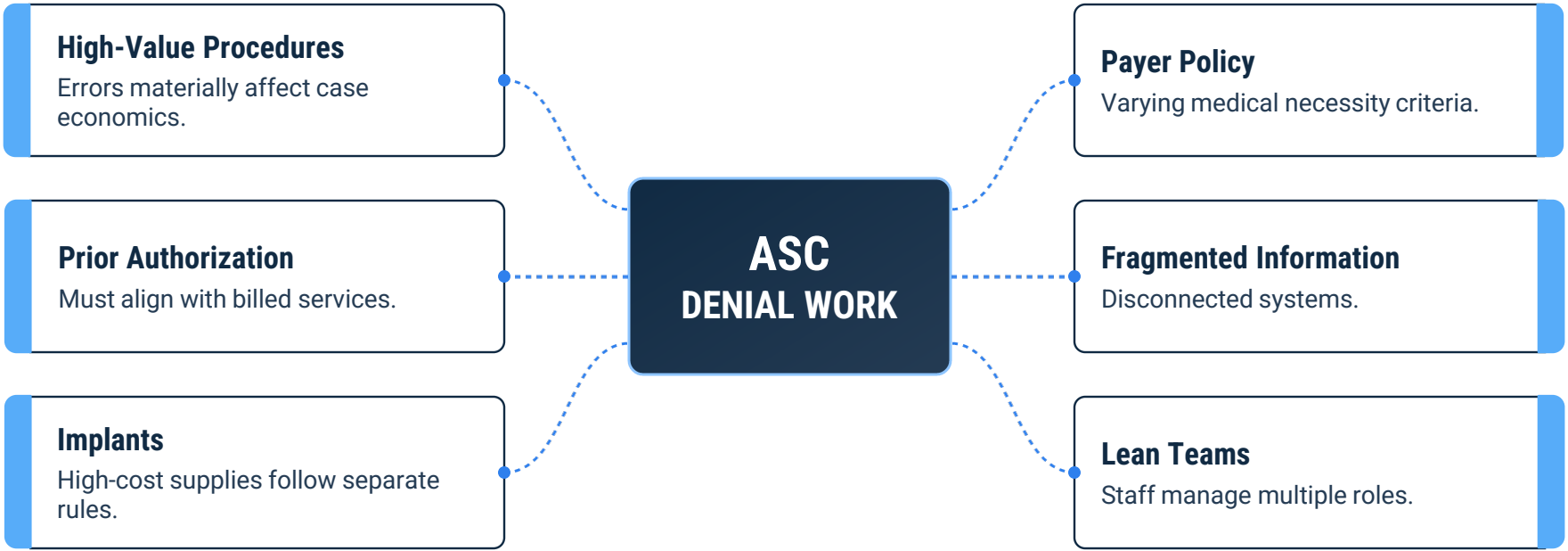
- Revenue and financial realities
- Staffing and workflow constraints
- Technology partner requirements

Denial AI (Hanes Singh)

- Workflow automation
- Responsible AI design
- Operational intelligence

Today’s discussion combines ASC operational realities with practical denial AI capabilities.

ASC denials are not simply hospital denials at a smaller scale



High-value procedures, separate implant rules, and lean teams define the unique challenge of ASC denial work.

The cost is larger than the denied claim

CASH
Delayed reimbursement and lost revenue.

STAFF
Manual rework and payer follow-up.

OPERATIONS
Fragmented ownership and limited visibility.

PATIENTS
Scheduling friction and unexpected balances.

The operational burden continues even when dollars are recovered.

A denial begins before the remit

1. Schedule
2. Authorize
3. Document
4. Submit
5. Respond
6. Resolve
7. **Learn**

> When the **learning step is missing**, the same denial returns through the same process.

Finding AI that belongs in the workflow

The Demo Promise	The ASC Operating Question
Instant appeals	Require accurate claims context.
Integration	Must eliminate manual data movement.
AI learning	Requires strict data security.
Automation	Needs clear boundaries and restrictions.

> **Evaluate the workflow behind the output.**

A practical framework for evaluating denial AI

01

PAIN

Identify time and money drains.

02

CAPABILITY

Can technology reliably review and recommend?

03

FIT + SCALE

Does it improve operations without forcing new models?

Pain before product. | **Workflow before demo.** | **Control before automation.**

Claims data becomes automation in stages

1. ORGANIZE

Assemble claims and documents.

2. UNDERSTAND

Classify denials and criteria.

3. ASSIST

Recommend actions and draft responses.

4. EXECUTE

Route and submit.

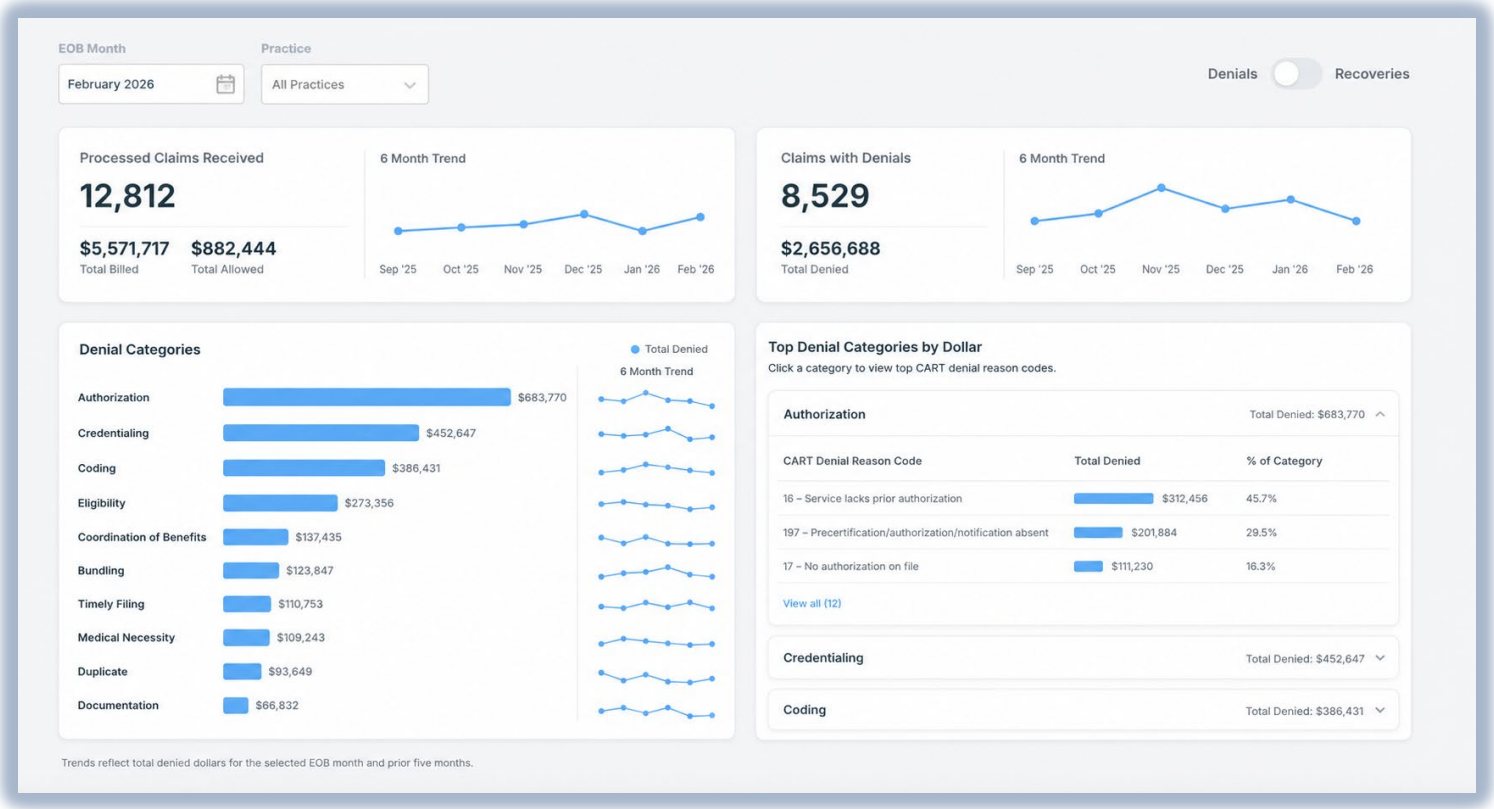
5. LEARN

Detect recurring causes.

Controls must strengthen as capability increases >>

Automation requires stronger controls at each level.

Denial data patterns



Trustworthy automation requires explicit boundaries

AI MAY

- Summarize
- Extract
- Draft
- Recommend

STAFF MUST

- Validate context
- Approve actions
- Escalate exceptions

SYSTEM MUST PRESERVE

- Traceability
- Human overrides
- Audit history

Human control requires visible review, evidence, and overrides.

Three practical ASC denial AI use cases

01 APPEAL PREPARATION

Turns denials and documentation into structured drafts.

INPUT **Denials & Docs**

OUTPUT **Structured Drafts**

02 POLICY INTELLIGENCE

Extracts applicable criteria and missing evidence.

INPUT **Payer Policies**

OUTPUT **Criteria & Evidence**

03 DENIAL PATTERN INTEL

Identifies recurring causes.

INPUT **Denial History Data**

OUTPUT **Recurring Causes**

Value comes from connecting these capabilities.

Case study: Fragmented context to review-ready appeal

Current Manual Appeal Workflow

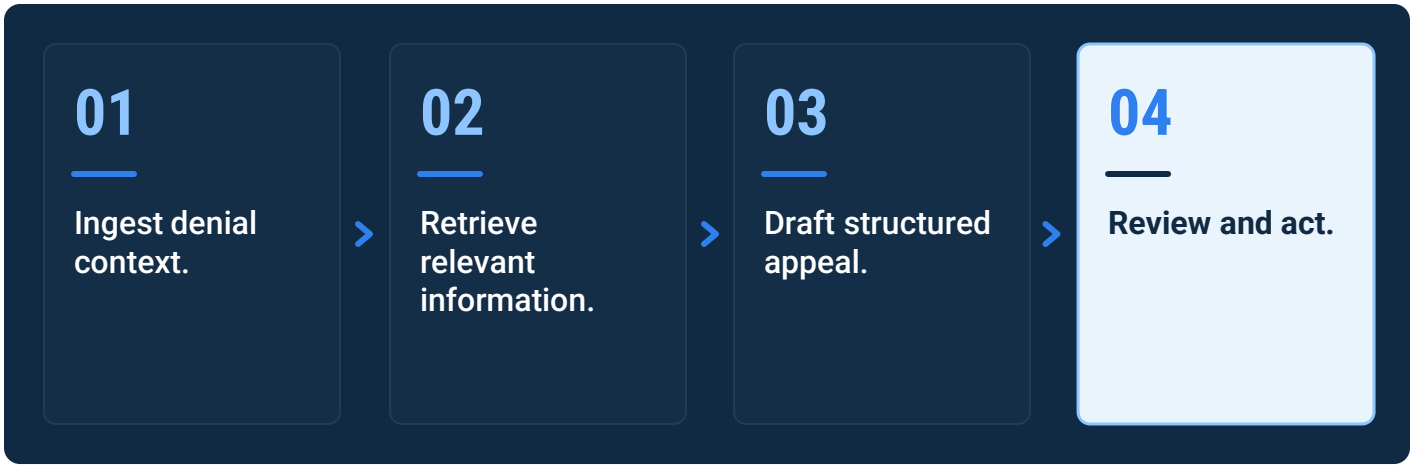
The Result

- **MANUAL RESEARCH**
- **VARIABLE OUTPUT**
- **LOST CONTEXT**

> *"The hardest part is interpreting the denial and supporting material."*

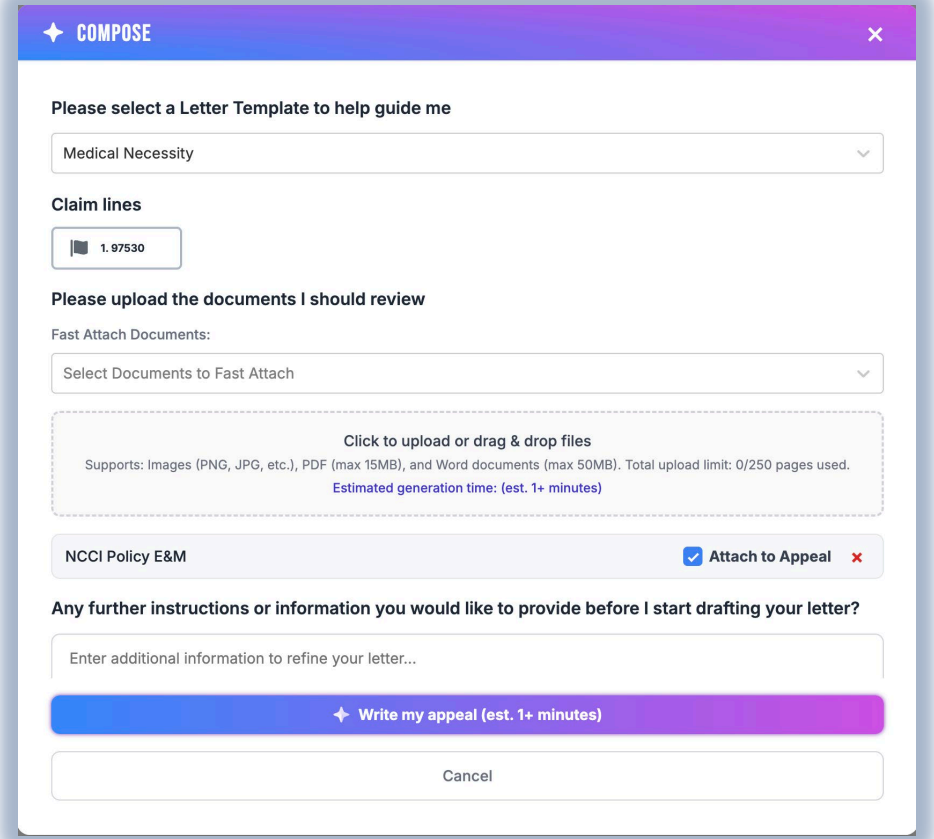
Compose AI organizes and builds the appeal

DocVocate: COMPOSE AI feature automates appeals



The output is a reviewable work product built from assembled context.

Compose AI automates preparation—not judgment



The reviewer should see why the system produced the answer

REVIEWABILITY SYSTEM

- Claim & Denial Summary
- Policy Criteria
- Supporting Documentation
- Missing Information Flags

EDITABLE DRAFT APPEAL

APPEAL DRAFT #1 — CLINICAL OVERRIDE DETECTED

The patient's clinical history satisfies Section 3.2 of the updated policy guidelines. Clear evidence of conservative therapy was documented on 04/12/2026, which was omitted during the initial automated denial screening.

[This draft is fully editable by the administrative reviewer before submission.]

AUDIT HISTORY LOG

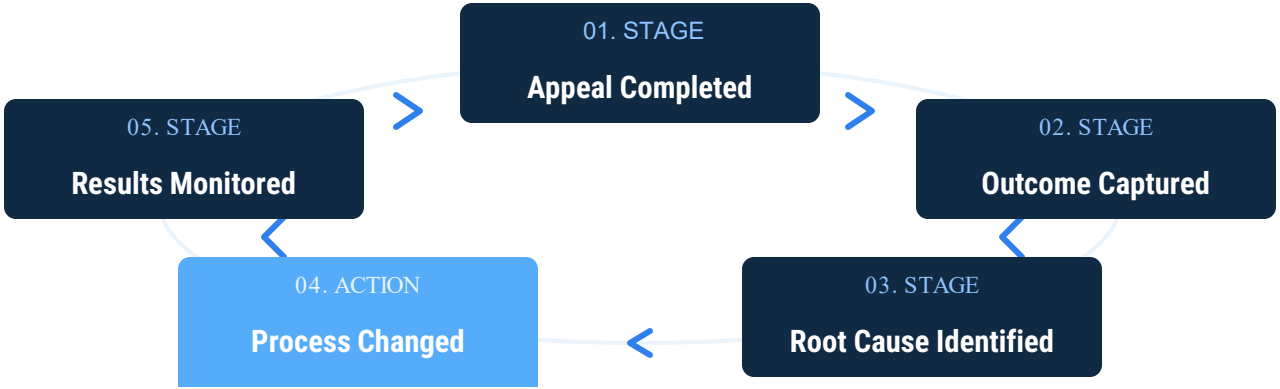
- System generated draft (15:13)
- User H. Singh verified criteria (Active)

WORKFLOW ACTION

APPROVE & SUBMIT APPEAL

Traceability makes human oversight faster and more meaningful.

Every resolved denial should make the next one easier



Claims Data | Resolved Denials | Root Cause | Outcome Data | Upstream Process | Operational Intel

> Claims data becomes **operational intelligence** when outcomes connect back to the upstream process.

Evaluate the AI company and fit—not just the AI feature

Workflow Fit

- Nearly Zero Change Cost

Evidence + Trust

- Shows sources.

Control

- Human overrides.

Security + Data

- PHI protection.

Performance

- Measurable KPIs and ROI.

Scale

- Adds payers, providers, and claims easily.

Can this become a dependable part of your organization?

Start narrow, measure deeply and scale intentionally

01 DEFINE

Select one focus area.

>

02 VALIDATE

Test accuracy and edits.

>

03 OPERATIONALIZE

Integrate and train.

>

04 EXPAND

Add payers and scale.

Evaluation Framework

Do not begin with: Where can we use AI?

Begin with: Where is denial work consuming time and/or costing revenue? What output can be verified and controlled? Can the solution fit today and learn over time?

The best denial AI does not ask the ASC to become an AI company.

It helps the ASC become a better ASC.

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Additional questions?
Would you like to learn more?

Let's dive deeper. Contact us today!

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Thank you

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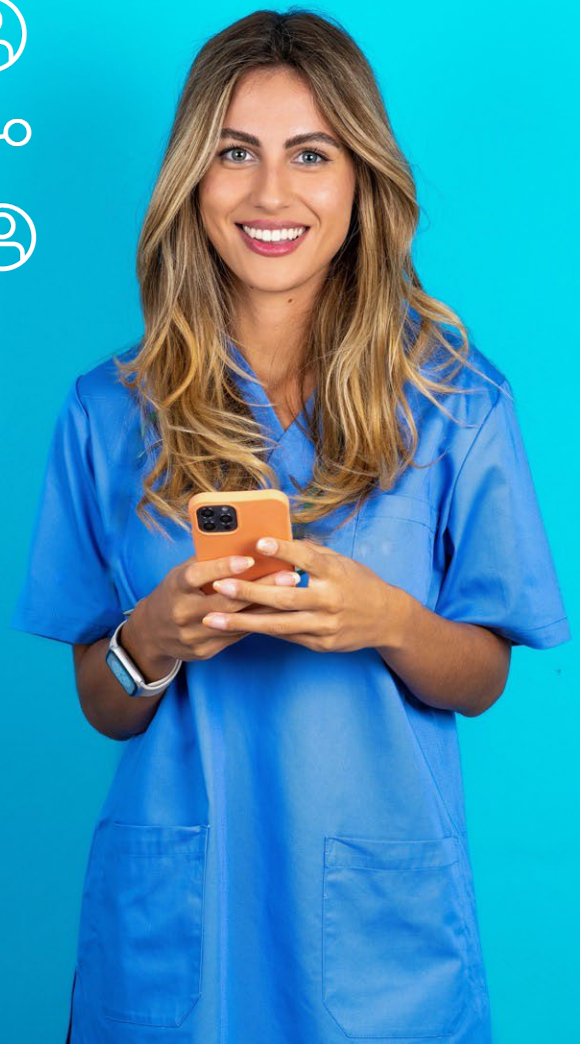
RUNNING AN ASC CAN BE less OVERWHELMING



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Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
AUG 28	60	RN, CASC	**ASC Emergency Preparedness: How to Conduct Meaningful Drills & Exercises**	***Dale Lyman, CFPS*** *Telgian Engineering and Consulting*
SEP 28	20		**Maximizing Performance: Implementing KPI-Based Bonus Programs**	**Nancy Stephens** *VMG Health*
OCT 30	60	RN, CASC	**ASC Coding and Reimbursement Challenges**	**Kirk Mack, COMT, COE, CPC, CPMA** *VMG Health*
NOV 23	20		**Staying Ahead of the Surveyor: Key Findings and Focus Areas for 2026**	**Lisa Nagle, RN** *VMG Health*

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