

ConnectAI

AI-RCM

by ConnectAI™

Documentation to Dollars

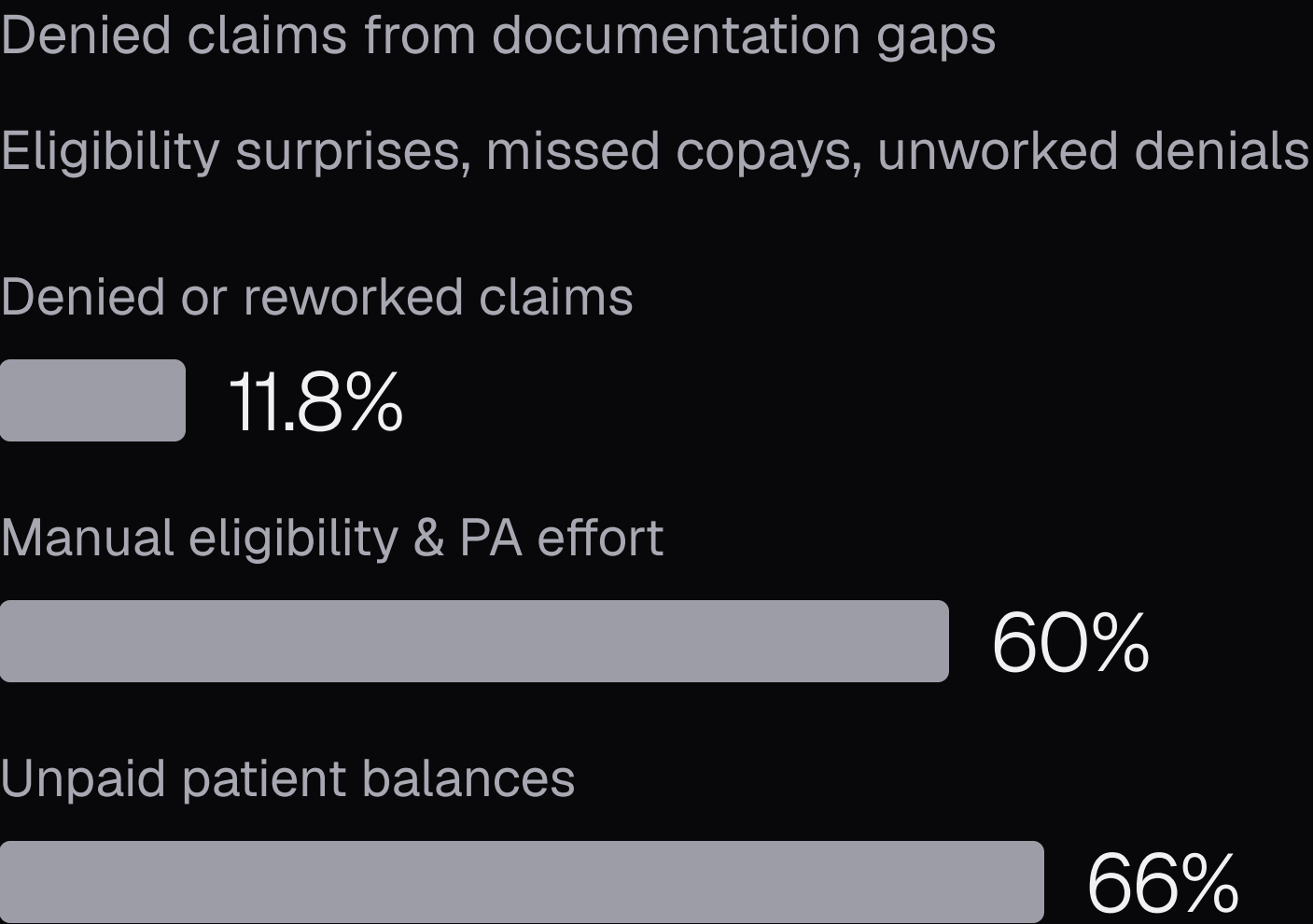
One connected revenue cycle, built
where the documentation is written.

AI-Powered Intelligent Care, Saving Lives!

“If anyone saved a life, it would be as if they saved the life of all mankind”

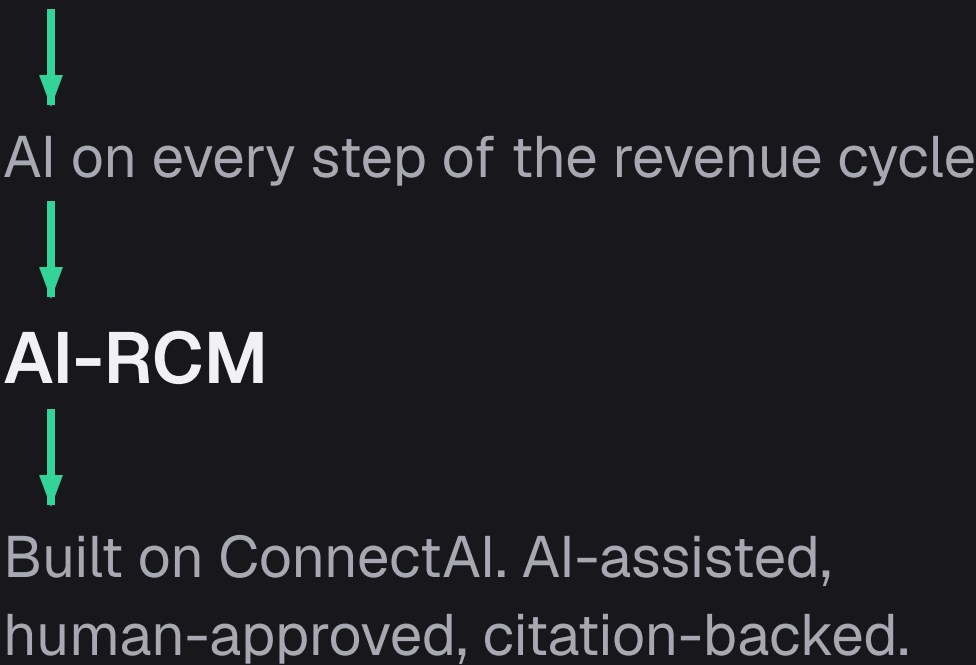
Problem

Revenue leaks one gap at a time



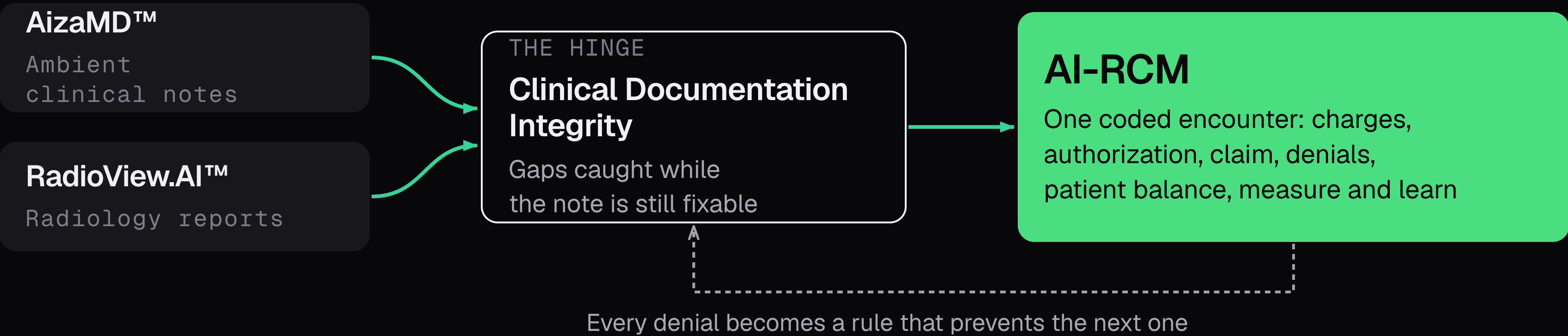
Industry data: Kodiak Solutions 2024 (11.8% initial denial rate; 34.4% patient collection rate). CAQH Index 2024 (60% of medical prior auths not fully electronic).

Solution



Documentation × Dollars

AI-RCM works from the documentation AizaMD™ and RadioView.AI™ already write.



Shorter time to billing

Fewer denials to work

Faster appeals, evidence already attached

Better documentation. Better dollars. Less time.

Payers are automating their side of the claim too.

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Core Modules

AI-RCM: One Connected Revenue Cycle

Nine modules. One connected flow from note to payment.

NINE MODULES

Front Desk

Voice Agents

SuperBill & Coding

Prior Auth

Charge Audit

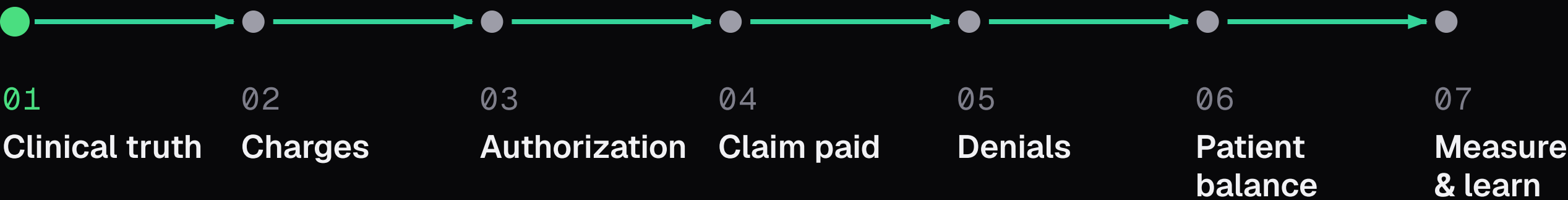
Claims

Denials & Appeals

Patient Billing

Intelligence

ONE ENCOUNTER, NOTE TO PAYMENT



The documentation half is already ours. AI-RCM builds the claim from the note AizaMD™ wrote.

AI-RCM: Front Desk

Check-in to check-out, in one workflow

Guided check-in: identity, eligibility, copay

Real-time eligibility checks (X12 270/271)

Payer rejections translated into plain language

Copay identified, walk-ins, same-day scheduling

Live flow board with stuck-patient alerts

AI-RCM: Voice Agents

**AI answers the phone so
your staff doesn't have to**

Routine calls handled

Hard identity gate on patient-specific requests

Live console: listen in, take over in one click

Instant escalation, never clinical triage

Containment analytics and budget guards

AI-RCM: SuperBill & Coding

**From the clinical note to a
coded, claim-ready encounter**

Superbill assembled straight from the note

ICD-10, CPT/HCPCS, E/M, modifiers, HCC

Issues flagged before finalize, with citations

Copay and deductible pulled onto the encounter

One click from superbill to 837 claim

AI-RCM: Prior Auth

Clear the payer before the claim ever ships

PA requirements detected from the order

Citation-backed medical-necessity bundles

Da Vinci pipeline from Required to Approved

Evidence attached and sent as X12 275

Claims hold until auth status is known

AI-RCM: Charge Audit

**Find the money the
documentation already earned**

Six finding types, from charges to HCC

Citations and dollar impact on every finding

Worklist sorted by dollar impact

Documented vs billed, side by side

Accept or dismiss, with a full audit trail

AI-RCM: Claims & Denials

**Build, scrub, submit.
Fight back with evidence.**

Claims Engine

Assembles and scrubs the 837, then submits in batch.
Blocking edits hold the claim for human review.

Denial Intelligence

ML tags every denial with a root cause,
a confidence score, and a next action.

AI-Drafted Appeals

Appeal packets cite the documentation and file via EDI.
Outcomes and recovered dollars tracked per appeal.

AI-RCM: Intelligence

**Measure and learn. The
cycle improves itself.**

Live KPI strips on every worklist

Overtured denials become new scrubber rules

Staff approve every rule before it runs

wRVU tracking with MGMA benchmarks

MIPS measures and compensation modeling

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Value

Engineered to Targets, Not Promises

Every worklist ships with its target on screen

≥95%

First-Pass Acceptance (target)

Claims Engine
Scrub and hold before the payer ever sees it

≤72h

Prior-Auth Cycle (target)

Prior Auth
Citation-backed bundles, submitted and chased

≥70%

Call Containment (target)

Voice Agents
Routine calls handled without staff

≥50%

Denial Overturn (target)

Appeals
Evidence-anchored appeals that recover dollars

≥85%

SuperBill First-Pass (target)

Coding
Verified before finalize, every time

Product design targets.

“If anyone saved a life, it would be as if they saved the life of all mankind”

Book an AI-RCM walkthrough

Explore AI-RCM →

savelife.ai/products/ai-rcm

AI-assisted, human-approved. Your clinical data is not training data.

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Available
Everywhere