

BizAI Use Case: Health Provider Invoice Processing & Compliance Automation

INDUSTRY	ORGANIZATION	PROCESS AREA
Healthcare / Home Health & Long-Term Care	Regional Managed Care Provider and Care Coordination Network supporting 100K+ patient visits monthly	Invoice Review, Reimbursement Validation, and Compliance Monitoring

01 Business Challenge

Caregiver invoices submitted for reimbursement include a wide range of services, care codes, and supporting documentation. These invoices are often **unstructured** — arriving via email, portals, or fax — and contain complex details that must be verified against **contract terms, approved care plans, and payer policies**.

Operations and compliance teams faced several persistent challenges:

- Manual validation of billed charges against **care authorizations**, rate schedules, and **reimbursable service codes**.
- Difficulty identifying **non-compliant or duplicate charges**, resulting in delayed payments and increased audit risk.
- High labor costs and slow turnaround times for invoice adjudication.
- Inconsistent documentation from caregivers, increasing the risk of **fraudulent or erroneous claims**.

The result: longer reimbursement cycles, increased operational risk, and inconsistent service provider experience.

02 Solution: BizAI for Invoice Processing & Compliance

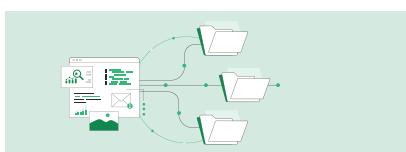
Fisent BizAI automates the ingestion, review, and processing of all caregiver invoices.

Using its Applied GenAI Process Automation framework, BizAI is able to apply the client's reimbursement policies to all forms of billing templates to match and process the invoices while validating compliance standards — ensuring fast, accurate, and fully governed processing with zero data retention.

Representative BizAI Actions



Classify — Identify and categorize inbound submissions (e.g., service invoices, supporting care documentation, timesheets, caregiver notes, receipts).



Split — Separate invoice bundles into individual chargeable line items, attachments, and supporting forms.



Extract — Identify, capture, and structure data from each invoice including:

- Provider ID, NPI, Tax ID, and service location.
- Patient/member identifiers and care authorization numbers.
- Dates of service, CPT/HCPCS codes, units, billed amounts, and reimbursement rates.
- Payment terms, recoupment periods, and supporting evidence (e.g., visit logs).
- Caregiver notes that validate the services or charges



Verify — Cross-check extracted data against rate schedules, authorization guidelines, and contractual fee schedules.



Analyze — Apply policy and compliance rules to determine reimbursable vs. non-reimbursable charges, flagging exceptions for audit review and potential fraud detection.

03 Integration & Workflow



System Integration

Structured outputs flow to AP, claims management, and compliance systems for payment decisioning.



Exception Routing

Non-compliant, duplicate, or unsupported invoices are routed directly to the compliance team with highlighted discrepancies.



Governance

BizAI is able to apply internal audit standards and payer compliance rules, ensuring policy and program adherence.



Auditability

Every extracted field and compliance decision is fully traceable back to the source invoice and governing policy clause.

04 Standardization Benefit

By digitizing and automating invoice intake and validation, BizAI replaces manual reviews with a **standardized, rule-driven adjudication process**. This ensures consistent application of reimbursement policies across all caregiver types and service categories — reducing variation, rework, and fraud exposure.

05 Business Impact

1

80-90% reduction in manual invoice review time.

2

Consistent enforcement of reimbursement policies across all care programs.

3

Improved compliance visibility through audit-ready documentation.

4

Faster reimbursement cycles, enhancing caregiver satisfaction.

5

Reduced fraud and payment leakage through automated detection of invalid or duplicate claims.

06

Key Takeaway

Fisent BizAI transforms healthcare invoice processing from a manual, error-prone workflow into an **automated, transparent and compliant process**, ensuring that every charge is validated, reimbursed, and recorded accurately — protecting both the payer and the patient.