



# Automating Success: The Keys to Revenue Cycle Transformation



## Setting the foundation for synchronized and connected revenue cycle management

When it comes to health care, the revenue cycle is ready for reinvention. But many providers struggle to balance the need for change while navigating challenges. With cash flow sinking and costs on the rise, providers could reap benefits from fundamentally reassessing their approach to revenue cycle management. New methods that apply automation, incorporate technology-enabled solutions and better leverage business expertise and talent, can help ensure providers collect every dollar they are entitled to.

Using a combination of highly trained personnel and advanced technology, today's most effective revenue cycle solutions realize high cash revenue at a competitive cost. By combining specialty-specific billing and coding expertise with AI-driven tools, these solutions help health care organizations thrive in today's unforgiving economic environment.

## Today's challenges require a modern revenue cycle

The most progressive health systems distinguish their revenue cycle as a core asset. These organizations consistently set

industry standards for the patient financial experience, clinician engagement and expense management. Yet achieving top-tier performance is challenging due to:

- Intricacies of payer contracts and reimbursement methods
- Increased complexities in staffing and resource allocation

"The impact automation can have throughout the revenue cycle is undeniable," says Ralph Wankier, VP of product management at Optum. Automation can help ease workforce challenges and reduce escalating costs with improved efficiency and accuracy. Despite this potential, health care leaders have been skeptical that automation can truly achieve the desired results. "The past few years of financial chaos have interrupted providers' ability to make the most of it," Ralph adds.

Despite some doubt, recent technology advances make automation more accessible. And with the right partner, automation is more likely to bring about the needed change to make the health care experience more refined, transparent and connected.



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## End-to-end revenue cycle expertise through partnership

Providers face numerous barriers when it comes to sustaining strong, predictable cash flow. Reimbursement rates are flat or falling, and payment models are becoming more complex, with frequent changes in payer rules. Organizations that code and bill internally often struggle to comply with the latest payer guidance. The result is payment disruptions, delays and denials – all while dealing with escalating expenses linked to modernizing outdated platforms. Due to escalating and overlapping priorities, many providers lack the resources, focus or capacity needed, to pinpoint and resolve overarching issues affecting revenue cycle performance.

Financially strong health care systems understand how strategic revenue cycle partnerships can solve critical business challenges and enhance financial performance. Consultative design and tailored operating arrangements can help organizations substantially enhance performance while maintaining the integrity of their well-functioning operations.

Optum is focused on transformation that can elevate provider impact by delivering a frictionless end-to-end revenue cycle with purpose-built automation. As a leader in this area, Optum is uniquely suited to leverage the potential within RCM, harnessing technology to drive better performance across administrative and clinical service lines.

### We bring our scale, breadth and depth of expertise to:

-  Decrease operational and administrative costs
-  Unlock new sources of growth
-  Enhance the patient experience

We target the core functions of the revenue cycle with unmatched, technology-enabled services designed to drive performance improvements across clinical, operational and financial domains.

See our strategies for incorporating AI-driven technology and automation throughout your revenue cycle.



# Front-end revenue cycle management



Front-end RCM expert

## Ralph Wankier

Vice President, Product Management for Providers  
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The cornerstone of financial stability in any health care facility or medical practice lies in the effectiveness of its front-end RCM department. Efficient and effective front-end RCM allows health care providers to channel their efforts toward delivering high-quality patient care. It also underscores the fundamental truth that an organization's strength is measured by its revenue management capabilities and cost-containment strategies. Without the ability to generate positive financial margins to continue to drive growth and innovation, health care providers cannot adequately serve their patient population.

Hospitals and health systems across the country are facing new challenges in achieving critical front-end revenue cycle performance outcomes. In the first half of 2022 alone, **front-end denials accounted for over 41% of all denials**,<sup>1</sup> and continue to trend upward. These performance challenges are driven by 3 underlying trends:

- Front-end operational strains
- Inadequate follow-up with patients
- Limited adoption of technology

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In health care administration, precision and efficiency are paramount. Automation offers a compelling solution to drive operational excellence.

– Ralph Wankier

1. Hook J. [Denial management in health care – Be proactive](#). The Fox Group, LLC. June 9, 2023.

## Challenges hindering front-end revenue cycle outcomes

Front-end operational strains	Inadequate follow-up with patients	Limited adoption of technology
<ul style="list-style-type: none"> <li>Lack of standardized workflows and decision trees</li> <li>Demand to accommodate disparate needs of local population</li> <li>Ever-increasing operating costs</li> </ul>	<ul style="list-style-type: none"> <li>Disparate and decentralized staff are overburdened with administrative tasks</li> <li>Limited outbound messaging to engage patients</li> <li>Patients don't understand their health plan benefits</li> </ul>	<ul style="list-style-type: none"> <li>Slow adoption of digital self-scheduling</li> <li>Minimal automation limiting productivity gains</li> <li>Manual, labor-intensive processes throughout</li> </ul>

Front-end RCM processes are highly fragmented, creating a frustrating experience for patients. Different staff follow up with patients to obtain information and require completion of multiple forms relating to insurance, payment, medical history, consent, release and acknowledgment.

In fact, research shows that during a single patient health care interaction, the patient is asked the same questions 7 times by different individuals.<sup>2</sup> Patients may also have a negative experience if they struggle to book an appointment or if they cannot find the right doctor.

These frustrating moments can set the tone, potentially leading to an overall negative experience. Therefore, health systems must focus

on improving patients' initial experiences to set a positive stage for the rest of their journey.

### Front-end strategies to improve the patient experience

Automation has emerged as a transformative force within the realm of front-end RCM processes.



**\$150 billion**  
annual cost of missed appointments in the U.S.<sup>3</sup>

2. Optum internal data.

3. Gier J. [Missed appointments cost the U.S. healthcare system \\$150B each year](#). Healthcare Innovation. April 26, 2017.



There are clear performance indicators and service-level agreements that we've put around key areas, and Optum continues to deliver on the initial goals and outcomes that we targeted. There was also a significant ROI benefit going into the partnership and we're now starting to see those benefits come online.



— Dr. Tommy Ibrahim

Former Network President and CEO  
Bassett Healthcare Network

For staff who are deeply involved in administrative and operational processes in hospitals, the significance of automation in the front-end of RCM cannot be overstated. It streamlines crucial tasks and enables health care providers to allocate their resources more strategically. Ultimately, this leads to improved patient care and financial sustainability.

## Strategies to consider

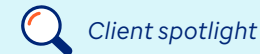
**Adopt an omnichannel approach:** The concept of an omnichannel approach to support patient engagement continues to expand. And there are some tools that are common across health systems, including more traditional patient engagement tools like the patient portal or open clinical note. Although those are still important, tools that give patients multiple modalities for connecting, whether for accessing care or supporting patient communication and education, should be a top priority for health systems.

**Unifying front-end services:** Health systems should consider using a single suite of tools and services with an integrated team to manage all capabilities, rather than having different teams support different services. A single handshake with one partner can help to connect silos and eliminate patient friction points at the front end, providing a more efficient and seamless care journey for patients to navigate.

**Putting patients at the center:** Integrating automation, AI and technology-enabled solutions into revenue cycle management can help put patients at the center. The goal is a more efficient and effective end-to-end patient experience. That experience should include the ability to shop for care and understand costs up front, combined with simple self-service digital tools that allow for:

- Scheduling, appointment and payment reminders
- Easy-to-understand statements
- Convenient payment options

Automation can improve the efficiency and self-service functionality of these digital tools. AI can collect and analyze large amounts of data, and use that analysis to support decision-making based on patterns and past outcomes, such as identifying cases requiring prior authorization.



### Embedded patient eligibility automation for a \$12B health care system

**Result:**



**How:**

- Transitioned health system from underperforming automation technology to a more robust and sustainable solution
- Identified and applied automation to an additional 11 sub-processes and tasks, across end-to-end patient access processes
- Provided ongoing consultation to perform break-fix exercises and execute enhancements while the client ramped up internal capabilities

\*Please note that any results mentioned related to past performance are not indicative of future results.

## Automation in the front-end revenue cycle

Automation and AI can potentially revolutionize how the front end of your revenue cycle operates. Research indicates that implementation of automation could reduce spending in the U.S. health care system by up to \$360 billion.<sup>4</sup> “Given this magnitude,” says Wankier, “as health care leaders, it’s essential to thoroughly assess the potential impact of AI and automation and take swift action to gain experience and expertise in this field.”

### Areas prime for automation

Automation finds prime application in front-end RCM functions such as:

**Patient chatbots.** Patient chatbots are increasingly being used to automate services such as visit scheduling, payment plans and payment submission. They make these processes easier and more convenient for both patients and health care providers. By leveraging the power of AI, chatbots can provide patients with a personalized and intuitive experience while reducing the administrative burden on health care providers.

**Patient registration robots.** These robots are typically programmed to use optical character recognition (OCR) technology to read and store patient information, such as name, address, date of birth and insurance information. Patient registration robots can also be used to check patients in and out of medical facilities quickly and accurately. This helps reduce wait times and improves patient satisfaction.

**Appointment scheduling.** Appointment scheduling is a critical part of the front-end revenue cycle in hospitals, ensuring patients get the care they need in a timely manner. Automating this process can help streamline the scheduling process, reduce errors and improve patient satisfaction. Automation can include the use of software solutions that can help automate appointment scheduling, patient information tracking and availability management. In fact, appointment scheduling with automation now includes a smart waitlist that automatically fills canceled appointments as quickly as possible.



4. American Hospital Association. [3 factors driving AI surge in health care.](#)

**OR scheduling.** In the past, OR scheduling was done manually, with staff having to review each patient's case. This process was labor-intensive and time-consuming. Automated OR scheduling systems help hospitals optimize their OR utilization, improve OR workflow and reduce time spent on scheduling.

**Prior authorization identification and submission.** Automation can greatly improve the prior authorization (PA) process by identifying accounts that require a PA, completing the PA submission, monitoring the status and facilitating follow-up. By utilizing automation tools, health care providers can streamline the PA process, resulting in faster turnaround times and improved efficiency. Automation reduces the paperwork and administrative burden associated with PA, leading to increased accuracy and a decreased risk of errors.

**Eligibility and enrollment tools.** These services are designed to help patients obtain financial assistance by using innovative technology, expert staff and comprehensive strategies.

They can also:

- Assist with the enrollment process
- Help determine eligibility and enrollment status
- Provide insights into how to best help patients navigate the enrollment process

**Price transparency and estimation.** Price transparency and estimation tools are becoming increasingly important components of the front-end revenue cycle in health care. These tools enable patients to easily know the cost of services before they come into contact with providers. This allows them to make informed decisions about their health care by having a better understanding of what they can expect to pay.

**Proactive patient outreach.** Automation has enhanced the ability to proactively reach out to patients by streamlining the process of reviewing and analyzing clinical notes from out-of-network visits. Automated systems can quickly identify key words and phrases in the notes that pertain to patient health and can use this information to generate customized outreach plans for each patient.

**Contact center.** Automation can help contact centers streamline processes, reduce costs and improve customer service. It can provide contact centers with automated call routing, customer self-service and automated payment processing, helping to reduce costs and improve customer experiences.



### Optum enables health systems to deliver outcomes and optimize performance.

Across our partnerships, we have helped our clients realize:

- **\$3B** value of prevented denials annually
- **300%** average increase in pre-service cash collections
- Attract and retain **1 to 3** new patients per provider per month via online scheduling
- **\$175M** labor expenses eliminated each year
- **\$20M** denial reduction through improved registration accuracy capabilities



# Middle revenue cycle management



Middle RCM expert

## Abella Pagador

Senior Product Manager

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According to a recent article on the [importance of reducing denials](#), the top 3 reasons for an increase in claims denials were:

- Insufficient data analytics (62%)
- Lack of automation in claims and denials process (61%)
- Lack of thorough training (46%)

“While improvements in mid-cycle RCM have been slow-going, automation is poised to unleash the next wave of improvements,” says Abella Pagador, senior product manager at Optum whose focus is on mid-cycle RCM. “Cutting-edge automation with AI-driven capabilities, along with expert guidance and clinical content, has the potential to create immense value.”

Despite the progress made in automation, some health system leaders remain skeptical about investing in technology, as previous projects have not always yielded the expected value. Contributing to the skepticism are challenges such as:

- Labor shortages
- High denial rates
- Complex claims
- Unstructured data
- Vendor management fatigue

These challenges have distracted leaders from further exploration of automation.

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Today, it’s become even more important to embrace AI and automation to enable success and maintain a distinct advantage. Automation in middle revenue cycle helps identify gaps in documentation and coding, ensuring appropriate reimbursement for all encounters.

— Abella Pagador

## Challenges hindering middle revenue cycle outcomes

Coder shortage and labor shortage	Denial management challenges	Unstructured data and lack of analytics	Financial management
<ul style="list-style-type: none"> <li>Limited access to the right talent</li> <li>Expensive contract coders</li> <li>Providers coding their own cases</li> </ul>	<ul style="list-style-type: none"> <li>Poor documentation and inaccurate coding</li> <li>Lack of standardization and inefficient processes regarding appeals</li> <li>Poor communication between providers and payers</li> </ul>	<ul style="list-style-type: none"> <li>Makes traditional coding process labor-intensive</li> <li>Prone to errors, causing delayed payments</li> <li>Data security issues</li> </ul>	<ul style="list-style-type: none"> <li>Manual processes</li> <li>Revenue leakage due to errors in coding, billing and claims processing</li> <li>Complex payer guidelines and regulations</li> </ul>

### Middle RCM strategies to improve the patient experience

To lay the groundwork for successful middle-cycle revenue operations, it's important to take a multi-pronged approach to:

- Enable staff efficiency
- Minimize errors
- Supports revenue integrity

Deploying automation can streamline billing and coding processes, reduce claim denials and bring downstream processes closer to the patient encounter. All of this helps alleviate staff fatigue and improve patient and provider satisfaction.

### Strategies to consider

#### Leverage value from AI and automation:

Health systems and hospitals face various challenges related to administrative costs, and clinical and non-clinical operations. Automation can help overcome these challenges, leading to the protection of core revenues and operating margin growth. For instance, health care payment models require case management teams to track and confirm quality measures accuracy, accounting for 40.9% of value-based reimbursement.<sup>6</sup> However, case managers often struggle to focus on these priorities due to heavy workloads and staffing shortages. Case managers can save time by using AI and reallocating resources to improve the quality metrics that impact value-based contract performance and reimbursement.



The cost to rework denials averages \$25 per claim for practices and a staggering \$181 per claim for hospitals.<sup>5</sup>

5. Gooch K. [Denial rework costs providers roughly \\$118 per claim: 4 takeaways](#). Becker's Hospital CFO Report. June 26, 2017.

6. Health Care Payment Learning & Action Network (HCPLAN). [2021 & 2022 measurement efforts](#).

**Communication:** One of the strategies to enhance the patient experience is to improve administrative and clinical policy transparency, coordination and communication. By addressing these common issues, providers will be better equipped to identify the root cause of denials and prevent error reoccurrence. Timely feedback and clear communication will also facilitate the appeals process, leading to a smoother and more efficient experience for patients.

**Analytics:** Predictive analytics can help ensure staff are more efficient across areas of clinical care and related administrative tasks and operational management. Specifically, for length of stay (LOS) analysis, organizations use predictive analytics to identify hospital inpatient cases likely to exceed the average LOS for their conditions by analyzing patient, clinical and departmental data. This insight allows clinicians to adjust care protocols to keep patients' treatments and recoveries on track.

#### **Having the right strategic partner:**

Strategic partnerships with managed services and the use of sophisticated technology can help overcome various challenges. These partnerships can provide a predictable cost structure and use advanced technology to address labor shortages. It's important for organizations to carefully select a partner that can offer an array of managed services, technology and consulting, to scale as needed.

## Automation in the middle of the revenue cycle

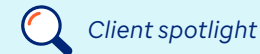
In an environment increasingly focused on delivering financial performance, addressing costs without compromising care is key for health systems looking to capture enhanced margins. "Today, it's become even more important to embrace AI and automation to enable success and maintain a distinct advantage," says Pagador. "Automation in middle revenue cycle helps identify gaps in documentation and coding, and that allows hospitals to proactively manage their revenue cycle outcomes."

### Areas prime for automation

Automation finds prime application in middle-cycle RCM functions such as:

#### **Autonomous coding and direct-to-bill.**

Implementing automated coding and direct-to-bill procedures can bolster productivity. Case selection and identifiers can help identify missing documentation. Automation can also assist in moving downstream operations toward the patient interaction, averting denials and optimizing efficiency. These automated capabilities provide coders and CDI teams with the tools needed to maximize success. Code recommendations and case identification markers help ensure that all necessary documentation is present. Case prioritization features in the work list allows coders and CDI teams to focus on the most important cases.



### A large Midwestern academic health system replaced legacy CAC and CDI technologies at 5 facilities.

#### **Results:**

- **\$8.3M** of CMI improvement impact
- **67%** increase in clarification validation inquiries
- **42%** decrease in financial impact inquiries

#### **How:**

- Automation of 100% record review throughout the patient stay, focusing CDI teams on the cases with documentation gaps
- Single platform for streamlined interaction between coding and CDI teams, reducing manual reconciliation and improving turnaround times
- Optum Natural Language Processing (NLP) capabilities for assuring documentation reflective of patient severity, supporting medical necessity for the care provided and driving accurate financial and quality outcomes

**Accelerate operations with claims status checks.**

For years, staff would have to spend time and energy to organize, determine and classify documents and look for missing or incomplete details. This manual work could be time-consuming and expensive. AI and machine learning (ML) make it possible to do these tasks automatically and rapidly. This technology can even notify those who submitted the information if something isn't right. It provides a solution to help with activities like Medicaid claims processing and provider management.

**Automated case finding.** NLP with coding capability can recognize what has been expressed directly by the doctor in the medical record. NLP also digs deeper to unearth supporting evidence such as laboratory results, vital signs and key observations to detect what the physician did not explicitly express. This type of artificial intelligence, which Optum defines as "automated case finding," precisely identifies records with documentation weakness, helping CDI specialists zero in on the most important opportunities, including the identification of:

- Gaps in documentation or missing diagnoses
- Potential quality events, including conditions that drive exclusions
- Cases at risk for clinical validation denials

Case finding is fully transparent, enabling more meaningful queries by connecting CDI opportunities to the supporting evidence in the medical record.

**Denials reduction.** The use of NLP technology to automate the labor-intensive task of reviewing patient records, assigning codes and managing workflows can greatly increase coding efficiency and accuracy. This can lead to a decrease in the number of days in A/R, Discharged Not Finally Coded (DNFC) and Discharged Not Final Billed (DNFB), and provide a traceable system for coder review to reduce audit risks. NLP can also provide more complete and accurate coding, resulting in fewer denials and an increase in revenue. It also supports the appropriate Case Mix Index (CMI).

**Enhancing coding needs.** As telehealth and remote patient monitoring gain popularity, there are new coding requirements for medical providers. Enhanced coding and coding systems are needed in order to support related provider documentation. This is where conversational AI can help by enhancing documentation and improving processes.

**Coding services.** Coding services backed by AI technology, as well as charging algorithms, support quick turnaround times and coding accuracy. These services help promote coding compliance while improving appropriate revenue realization that accurately reflects the clinical services provided and diagnoses rendered.



**Optum middle revenue cycle solutions enable health systems to deliver outcomes and optimize performance:**

- On average, **\$3 million** in monthly cash flow managed through eCAC and CDI applications significantly impacts DNFB
- **95%** coding accuracy
- CDI 3D clients complete **62%** more initial reviews and **49%** more subsequent reviews
- Enterprise CAC clients increase productivity by **20%** in inpatient cases and **35%** in outpatient cases on average

# Back-end revenue cycle management



*Back-end RCM expert*

## **Sunay Shah**

Executive Director of Product and Strategy

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In today's dynamic health care ecosystem, back-end RCM challenges are compounded by ineffective front-end and middle RCM processes. Manual data entry and information exchange, fragmented processes and disparate systems strain resources and hinder the delivery of quality patient care. Back-end RCM is of paramount importance in its direct impact on the financial health and operational efficiency of provider organizations.

As a trusted partner, Optum understands the critical role that back-end RCM plays in ensuring smooth hospital operations. Yet it can be difficult to determine how – and where – automation and technology can revolutionize this landscape.

Preventing and minimizing errors in front-end and middle RCM is key for successful end-to-end RCM, since it's most optimal to implement best practices at the earliest stages of the revenue cycle. "But back-end revenue cycle automation plays a vital role in identifying overlooked opportunities," says Sunay Shah, executive director of product and strategy at Optum. "This is where intelligent automation can help."

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Back-end revenue cycle automation plays a vital role in identifying overlooked opportunities. Among the numerous tasks in the revenue cycle of health care systems, verifying insurance eligibility, accurate documentation and appropriate reimbursement on the back end stand out as some of the most crucial yet time-consuming elements.

– Sunay Shah

## Challenges hindering back-end revenue cycle outcomes

Operational constraints	Financial management	Provider and patient relationships
<ul style="list-style-type: none"> <li>Lack of integration across systems, including patient accounting, collections, billing and claims processing</li> <li>Limited automation, resulting in slow and inefficient processes</li> <li>Staffing challenges and limited access to the right talent</li> </ul>	<ul style="list-style-type: none"> <li>Managing and reducing claims denials to increase revenue</li> <li>Accurately matching payments with claims for reconciliation</li> <li>Utilizing data for insights into RCM performance</li> </ul>	<ul style="list-style-type: none"> <li>Identifying and preventing leakage of potential revenue</li> <li>Handling patient billing and addressing payment questions</li> <li>Minimizing errors in billing codes and documentation</li> </ul>

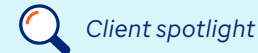
Operational constraints, financial management and provider-payer relationships are key challenges that greatly influence the revenue cycle. Addressing them is essential for financial sustainability and operational efficiency.

### Automation in back-end revenue cycle

A transformative revenue cycle requires careful attention to improving claims integrity and simplifying claims processing. Leveraging payer-specific rules, necessary attachments and prior patient claims data can ensure revenue integrity by identifying certain-to-deny claims prior to submission. Removing unnecessary costs – like

claim processing resources preserved by avoiding preventable denials – allows you to reallocate and focus on high-value activities and other areas prime for improvement within the revenue cycle.

Optum offers physician advisor expertise, evidence-based medical research and sophisticated AI technology to support accurate documentation and appropriate reimbursement. Our AI-driven solutions seamlessly integrate with existing systems, optimizing operations without disrupting workflow. Modern solutions targeting appeals and addressing underpayments can help address shortcomings that impede timely payments.



### A nonprofit health system in Boulder, CO, sought ways to reduce expenses, improve revenue cycle performance and achieve sustainable operating margins.

In their partnership with Optum, the health system was able to break down the silos between revenue leaders.

#### Results:

In the first year of partnership, the client had:

- More than **\$6M** in revenue improvement
- A **55%** improvement in point-of-service cash collections
- **5%** reduction in acute AR dollars aged older than 90 days
- **48%** reduction in ambulatory AR dollars aged older than 90 days
- **10%** improvement in commercial capture rate
- **15%** improvement in Medicare capture rate

\*Data from 2022 compared to H1 2023 measurement period

## Areas prime for automation

Automation finds prime application in back-end RCM functions such as:

**Personalized outreach.** Engage patients more directly to improve financial literacy and support decision-making across the patient journey.

**Utilization review.** UR solutions focus clinician attention on cases that need it most, freeing time to focus on other patient-focused responsibilities.

**Automated appeals.** By automating appeals processes, providers can identify and rectify simple errors like missing patient names, incorrect birth dates and standard rejection codes.

**Contract management tools.** Contract management tools excel in analyzing anticipated payments and comparing them to contracted rates to identify and address any potential underpayments.

**“Ultimately, creating flexibility in service models is crucial for effectively tackling back-end RCM challenges. This allows providers to adapt and optimize their approaches to address various scenarios. It ensures that services are properly billed, claims are accurately processed, and reimbursements are received in a timely manner. This financial stability, operational efficiency and patient-focused approach contribute to the overall success and sustainability of health care organizations.”**

– Sunay Shah



*Client spotlight*

### **A California-based health system implemented technology and automation to increase secured rates, automate authorization and drive POS collections**

#### **Results:**

Since the transition, the health system continues to see significant advancements in clinical intelligence and workflow automation, with:

- **80%** decrease in call abandonment rates with implementation of a Consumer Contact Center for urgent care scheduling
- **11%** increase in net revenue yield through improved patient collections
- **163%** increase in POS collections since pre-COVID-19 baseline

# Unmatched revenue cycle capabilities

As new and old challenges undermine operations and threaten financial sustainability, it is critical for health care leaders to re-evaluate organizational processes and technology to better address these barriers. Providers must adopt a comprehensive approach that can address a range of issues across the clinical, operational and financial spectrum.

Deploying automation and AI across the revenue cycle requires cross-functional partnership to identify opportunities to create value. The right partner can enhance interconnectivity and supply extensive expertise and innovative technology. And in an industry constantly evolving, Optum revenue cycle solutions are uniquely positioned to deliver the capabilities needed with a flexible engagement model to meet you where you are.

Optum has established formal partnerships with various vendors and partners that allow our clients to access multiple technologies and products. This enables us to provide clients with the most cost-efficient and effective solutions for their specific use case.

The future of RCM is here, and it's powered by automation. With the right tools, you can redefine health care operations and create a stronger foundation from which to move forward.





## Meet our experts



*Front-end RCM expert*

### **Ralph Wankier**

Vice President, Product Management for Providers

Ralph has worked at Optum for more than 20 years, having various general management and product responsibilities, primarily associated with the provider market. Recently, Ralph has had responsibilities for front-end revenue cycle products and services as well as patient-provider experience initiatives, including patient self-service and contact center efforts.

Prior to working at Optum, Ralph worked for independent health care consulting organizations. He also has experience with business development and new market development.

Ralph holds a Bachelor of Science and Master of Business Administration from the University of Utah.



*Middle RCM expert*

### **Abella Pagador**

Senior Product Manager

Abella is a seasoned health care IT professional with extensive hands-on involvement in system management, project management and product management. She has experience and knowledge in end-to-end revenue cycle management, EMR build, cardiology and medical imaging systems, and clinical data coordination spanning both the hospital and ambulatory health care environments.

Prior to joining Optum, Abella assisted in successfully transitioning 2 health care systems from paper-based records and disparate systems to an EMR, streamlining processes and improving patient care.

Abella is committed to continuous learning and is passionate about making health care accessible and affordable for all. She holds a Bachelor of Science in Information and Computer Science from University of California, Irvine.



*Back-end RCM expert*

### **Sunay Shah**

Executive Director of Product and Strategy

Sunay is passionate about improving health care by building scalable product solutions leveraging software, data and AI to deliver world-class patient experiences that improve wellness. He is currently focused on building omnichannel, frictionless patient experiences for health care organizations across the front end of the revenue cycle.

Prior to joining Optum, Sunay spent over 15 years in the life-sciences industry working for a variety of firms where he built profitable, multimillion-dollar contract management software, patient portal software, and patient-level data aggregation platform.

Sunay holds a Master of Business Administration from Rutgers University, bachelor's in chemistry from New York University, and a Bachelor of Science in chemical engineering from Stevens Institute of Technology.

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