



RCM Automation

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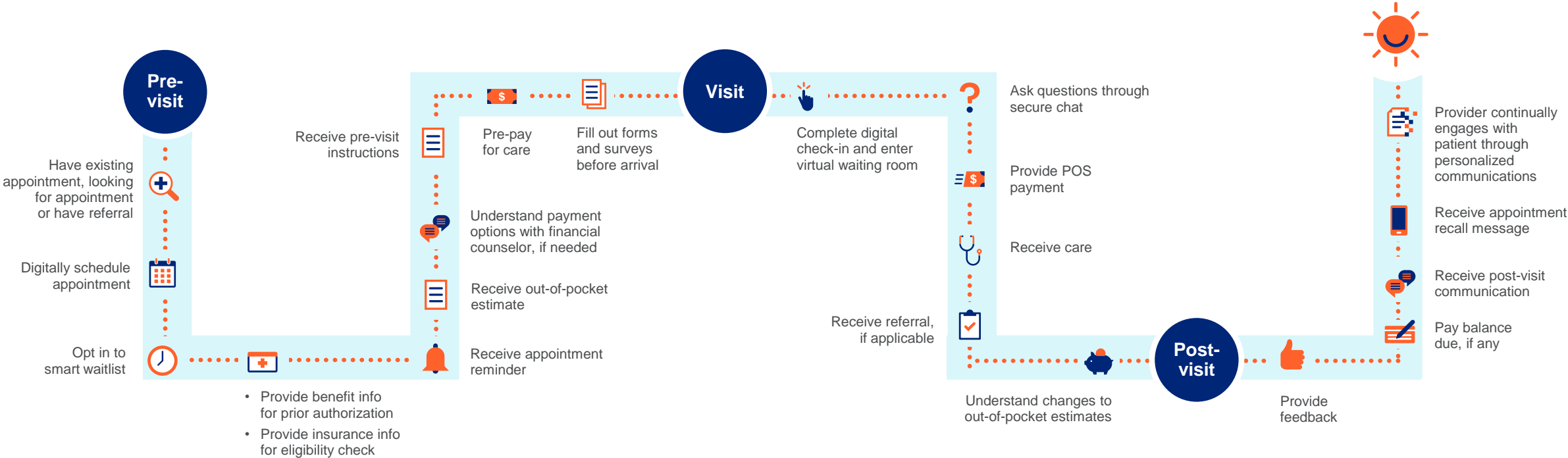
Disclaimer

Any descriptions of future functionality reflect current product direction, are for informational purposes only and do not constitute a commitment to provide specific functionality. Timing and availability remain at the discretion of Optum and are subject to change and applicable regulatory approvals.

Providing comprehensive solutions across the care continuum



- Voicebots
- Chatbots
- Conversational AI
- Predictive intelligence
- Claim automation
- Automated coding
- Natural language processing



RCM-related market drivers



Over 50% of hospitals will have negative margins this year.¹



The average denial rate was up to almost 12% in the first half of 2022, but around 82% of those were potentially avoidable.⁴



Hospital CEOs rank personnel shortages No. 1 on the list of immediate concerns.²



There are increasing inefficiencies, such as 10–30 minutes per manual medical-necessity review.⁵



Up to 14.2 million Americans could lose coverage due to the end of the COVID-19 Public Health Emergency.³



61% of health care consumers say that today's health care experience is so bad that they know people who avoid seeking care.⁶

1. American Hospital Association. [The current state of hospital finances: Fall 2022 update.](#)

2. University of St. Augustine for Health Sciences. [The 2021 American nursing shortage: A data study.](#)

3. [10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision | KFF.](#)

4. 2022 Change Healthcare Revenue Cycle Denials Index.

5. 10–30 mins/review: Change Healthcare survey of InterQual customers between April–May 2018.

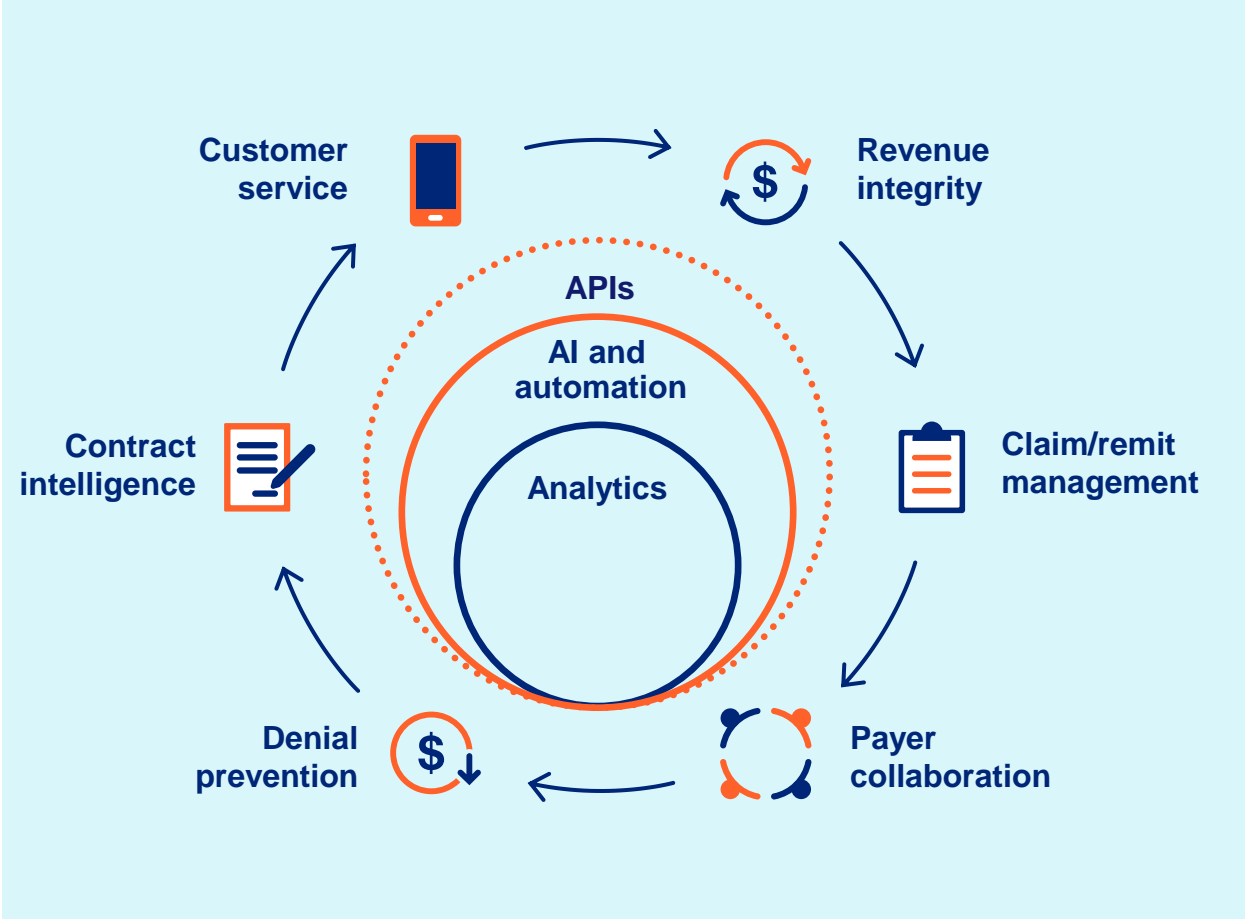
6. 2022 Change Healthcare Harris Poll Research.

RCM back-office vision: Automated | Intelligent | Interoperable


Workflows driven by robust analytics


Powered by AI and automation


Microservice-based architecture



Innovative and differentiated

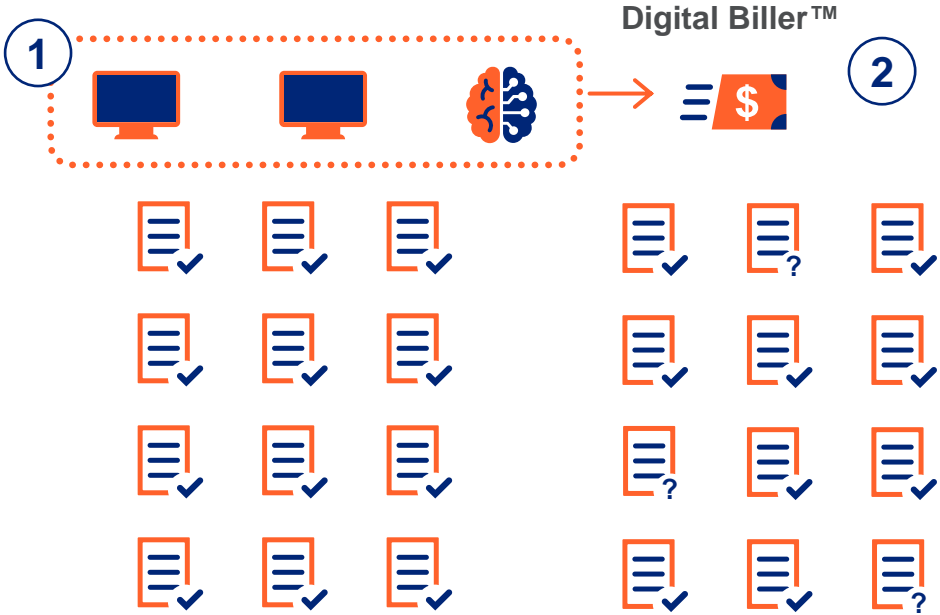
- Use robust data set to inform analytics and AI
- Improve clean claim rate with industry-leading edits
- Increase automation and reduce errors with Digital Biller
- Leverage ubiquitous presence to drive collaboration
- Maintain patient focus through the entire patient journey
- Revenue optimization enabled through services offerings

Digital Biller: Automating the path to reimbursement



1 Analyze manual biller actions on claims to identify repetitive patterns and inform Digital Biller™ to increase automation use cases.

Manual billers also work specialized claims Digital Biller routes to them.



2 Digital Biller automates claim management post-editing to increase velocity of team and reduce days from service to payment.

Digital Biller provides true opportunity for labor optimization and margin expansion through automation.

Digital Biller: Opportunities for automation



1

1. Update CPIDs based on date of service.
2. Set “Patient Relation to Insured” field to 18 (self) for UB Medicare claims.
3. Exclude state Medicaid claims from bill production.
4. Set provider signature to Y for Medicare claims.
5. Split claim into 2 or more claims.

2

1. Look up and insert my missing document control number.
2. Remove the service line payer adjudication dates when the “Other Payer Adjudication Date” is present.
3. Always override this edit when these conditions are met.
4. Update the release indicator when the claim must be printed on paper.
5. Plug in this place of service code on my professional claims.
6. Our claims are aging and close to the timely filing deadline. Send and get a denial we can later appeal.

3

1. Once a claim has any remit posted, we no longer need the assignment. It becomes work for a different department that doesn’t use assurance.
2. Once a claim has a payment that is not \$0.00 or a take-back, we no longer need the assignment.
3. If a claim is rebilled, then we don’t need the assignment on the original claim.
4. We don’t need assignments that are xx days old or older.

Digital Biller automation example: Missing DCN

Target claims



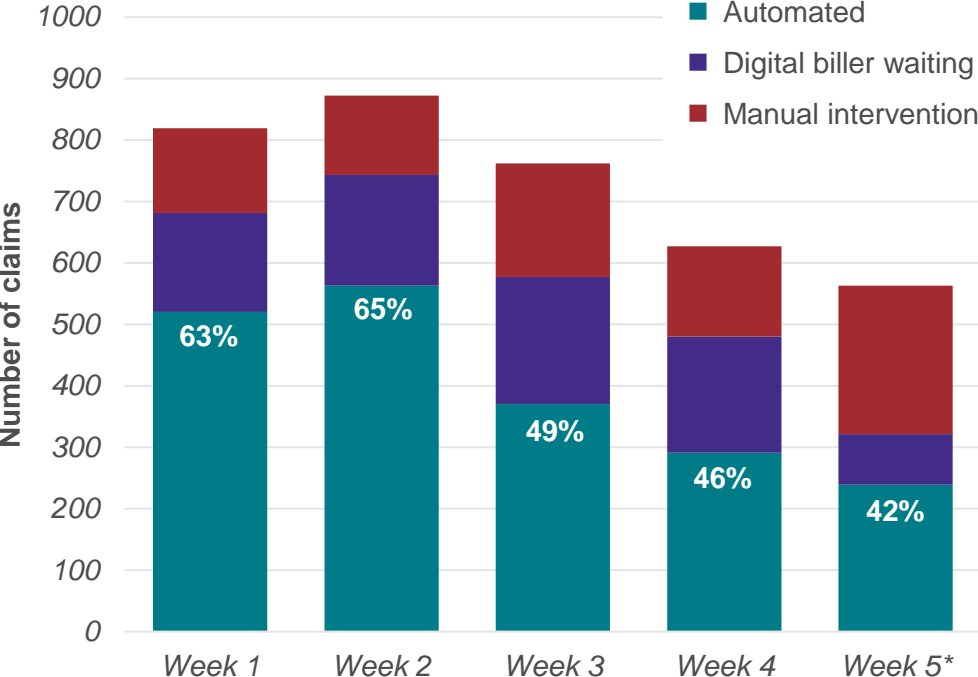
1. Target all claims with a Type of Bill of xx7 or xx8 with the IREF0206FH error, regardless of hold code presence.
2. Check for an eligible source claim:
 - a. Same patient name and control number (related claim criteria)
 - b. Same payer (active payer name in TP Payer or FL 50)
 - c. Most recent previous released claim with TOB: xx1, xx2, xx3, xx4, or xx7 where “xx” matches the target claim TOB (Most recent = Release date)
 - d. If the most previous released claim has this type of payer activity, then it is not an eligible source claim:
 - i. Reversal/takeback (CLP 22) (outlier situation)
 - ii. Denial (CLP 4)

Source claims

4. Check eligible source claim for the DCN value in the most recent remit payment information. (Most recent = Effective date)
Special situations:
 - a. \$0 remit: A 0\$ remit can have a valid DCN, so this payment data is an eligible source.
 - b. Remit was processed and forwarded to another payer ([Crossover, (CLP 19-21)]): This payment data is an eligible source.
5. Add missing DCN to the target claim. Save changes and validate claim.

Digital Biller: Missing DCN results

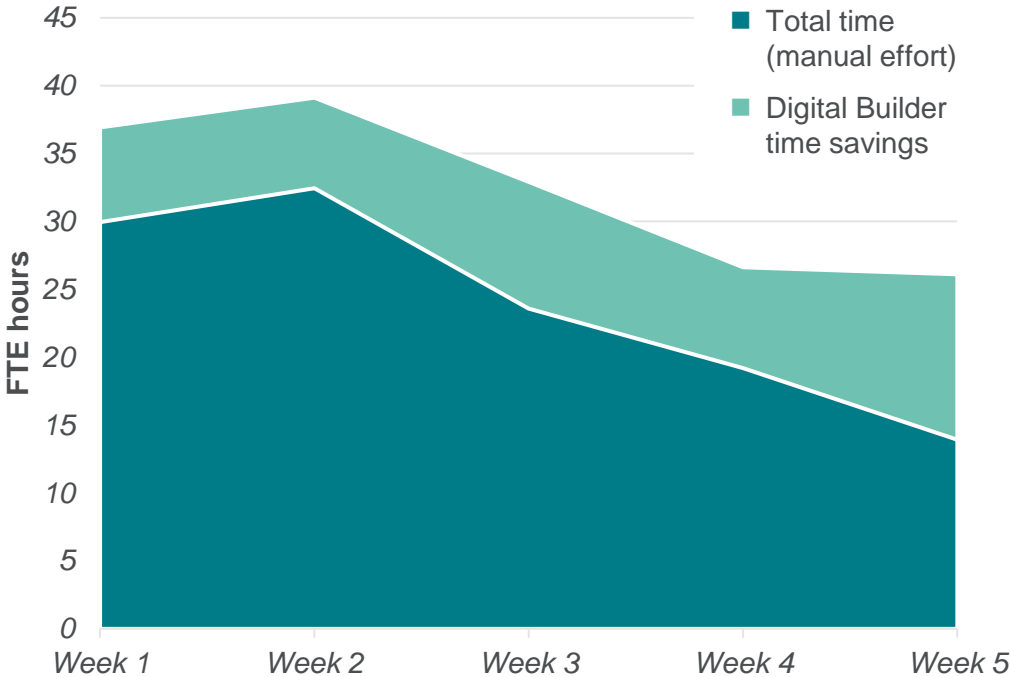
Digital Biller POC results



54.4% automation enablement over 5 weeks

*Week 5: Payer name change in host system resulted in lower match rate that reduced automation enablement.

Labor efficiency



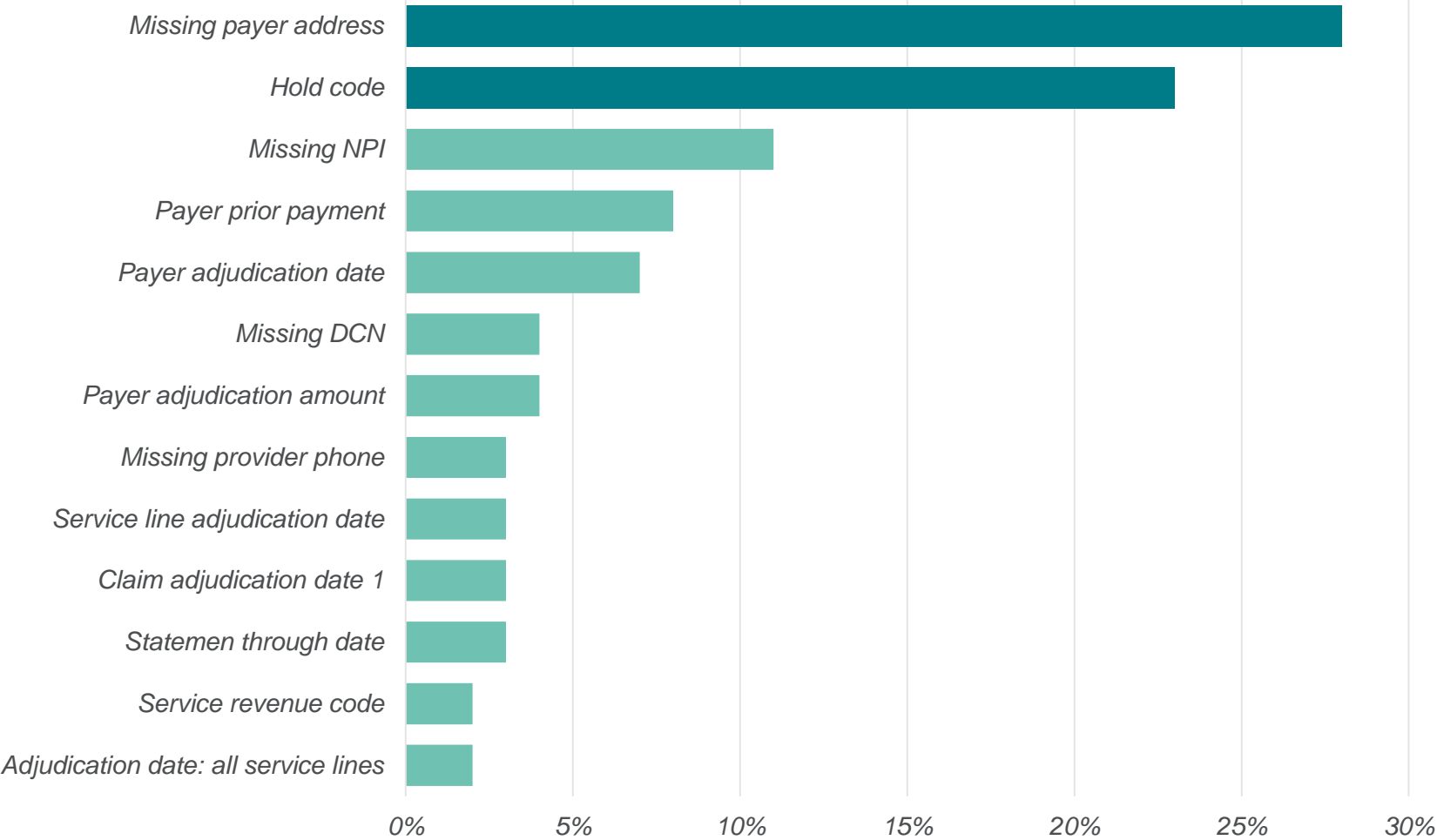
119 FTE hour savings over 5 weeks

Total processing time of Digital Biller over 5 weeks was only 32 minutes.

Digital Biller automation opportunity: Claim error correction

Errors with more than 1 million occurrences over 12 months

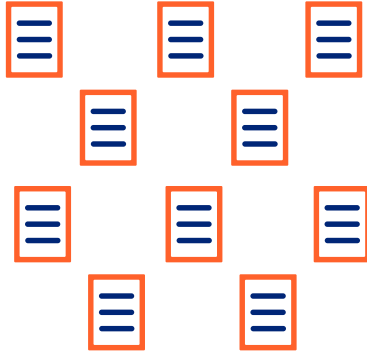
N = 55.4 million



Back-office automation opportunities: Claim status automation

Request status

- Automate request process based on standard payer behavior
- On-demand claim status request initiated by biller



Intelligent routing

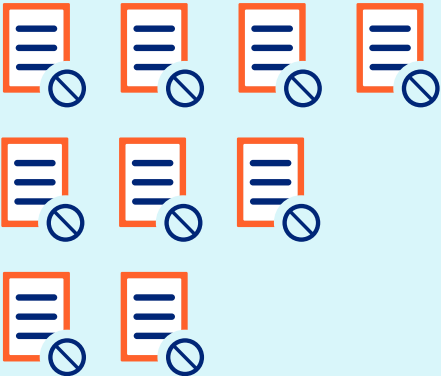
- 276/277
 - EDI
- Payer portal
 - Robotic process automation
- Proprietary API
 - Micro-services
- IVR (interactive voice response)
 - Conversational AI



Response prioritization

- Intelligently identify which claims are ready to be worked
- Route to appropriate biller
- Initiate next step actions (request for additional documentation, for example)
- Integrate statuses back into EHR

Back-office automation opportunities: Claim appeal automation



1 Appealability ranking
Automate prioritization of denied claims worth appealing based on configurable criteria (for example, dollar amount, payer success rate, etc.)



2 Create appeal letters
Automate the creation of appeal letters including form selection, population of information, etc.



3 Drive results

- Review, sign and submit appeals
- Correct billed status to allow for rebill or downgrade

Back-office automation opportunities: Continuous insurance discovery

Post-service



Insurance discovery

- Scan self-pay, Medicaid and other accounts as soon as 1-day post discharge and before claims are released to the payer.
- Coverage results can be provided back in a report, automated back into customers' systems or claim update and release automated in claim management system.

Final review



Insurance discovery

- Scan insurance related denials (COB and eligibility) before sending to bad debt.
- Coverage results can be provided back in a report, automated back into customers' systems or claim update, and rebill automated in claim management system.

Digi-Bill: Gamification of the back office



Gamer mode:

- Attract
- Incentivize
- Retain

Peloton phenom

- Leader board
- Competition
- Excitement

VR fascination

- Memes
- Unlock characters
- Access new levels

\$60.4B

2020 U.S. video game industry market size

\$1.8B

fiscal year 2020 Peloton revenue

72.1M

millennials make up 1/3 of the U.S. labor force

Engage back-office staff in new and innovative ways

- Enhance productivity
- Increase expertise
- Improve capability utilization

Errors resolved

Claims released

Attachments sent

Statuses checked

Appeals filed

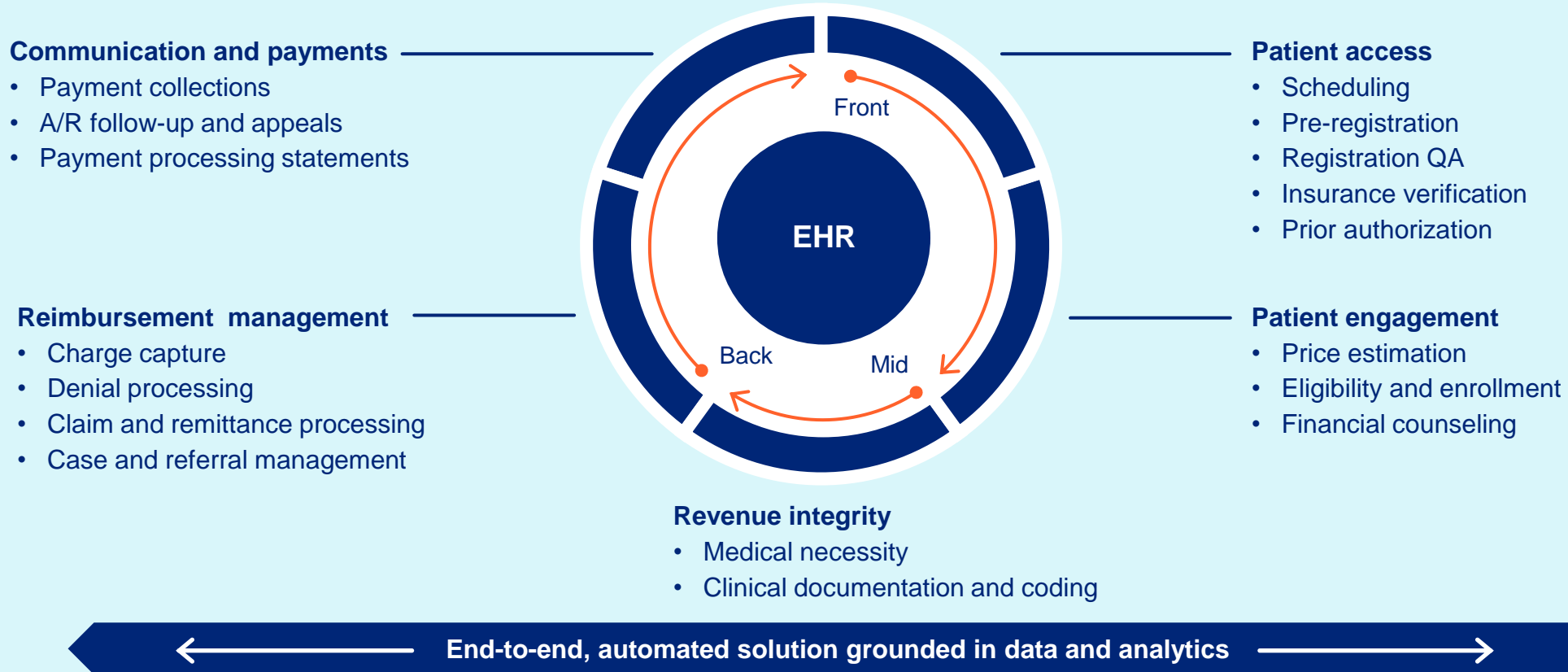
Capitalize on the competitive nature of individuals to drive excitement and provide a framework for incentivizing staff

Attract and retain millennials

- Support learning and individual development
- Emphasize teamwork
- New way to interact with colleagues

RCM automation opportunities: Summary

Automate through the revenue cycle



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