

Optum360 CEO Tom Boehning discusses how AI is helping the revenue cycle process: 3 questions

Written by Staff

In this special Speaker Series, Becker's Healthcare caught up with Tom Boehning, CEO of Optum360.

Mr. Boehning will speak during the Becker's Hospital Review 4th Annual Health IT + Revenue Cycle Conference on "The Best Ideas to Improve Revenue Cycle Now," at 9:00 a.m. Thursday, Sept. 20. Learn more about the event and register to attend in Chicago.

Question: What is the biggest barrier to the price transparency in the healthcare industry?

Tom Boehning: The biggest barrier to price transparency in healthcare is the disconnect between payers and providers. Optum360 is working to create a future so seamlessly interconnected that no claim is ever denied. Strategically situated in the center of the cycle, we are uniquely positioned to identify and seize opportunities that drive positive financial performance for all stakeholders.

For example, offering a patient a cost-of-care estimate at the time of service is complex,

and to create such an estimate, there needs to be participation by both parties. It requires payers to be willing to share contract information, the plan design of the patient needs to be considered, and all of this must be presented within the provider's workflow.

The benefit of making these connections for providers can have incredible value. We work with a large diagnostic services provider that had more than \$300M in patient bad debt annually – primarily due to the complexity of providing an accurate estimation of the patient's responsibility at the point of care. By working with payers to solve this problem, Optum has helped them achieve over 10 percent improvement in patient bad debt on an annual basis. That's a significant positive result for that provider.

Q: What is the most exciting thing happening in health IT right now? And what is the most overrated health IT trend?

TB: The use of artificial intelligence is very exciting in my opinion. For many, it's a buzz

word that is overused and really just means analytics. But the combination of multiple data sets – clinical, claims, patient behaviors and more—coupled with machine learning and natural language processing that is powered by clinical intelligence can help take the complexity and administrative cost out of a healthcare system that is tremendously inefficient. We can do more with AI than what we can do with analytics alone.

Specifically within the revenue cycle, application of clinical natural language processing can improve coding, achieve real results in clinical documentation improvement, and allow clinicians to focus on care rather than the administrative burden that pulls on them for billing. Optum has invested in AI and enabled several of our health system clients to take the cost out of revenue cycle so that resources can be invested in care delivery improvements.

One health IT trend to be cautious of is the idea that one large software suite will solve all problems, including billing, for a given payer or provider. Clients need the complementary technology and skilled experts focused on revenue cycle efficiency to get results.

Q: How has your organization improved the revenue cycle process for providers in the past year?

TB: Optum has delivered several innovations that improve the revenue cycle for providers. Powering the revenue cycle with machine learning and artificial intelligence, for one.

Through the use of these technologies, we are making tremendous strides in the accuracy and defensibility of documentation, and in medical necessity review. Our physician advisors have more knowledge, power and tools at their disposal than ever before and are proactively managing the holistic portrait of the patient to ensure the documentation truly reflects the severity of illness and supports inpatient billing status.

Administrative collaboration between payers and providers is another key improvement. We are facilitating clinical information sharing between these two trading partners at much greater levels – in the claim workstream – to reduce friction, while improving denial rates and reimbursement at first pass. Our success in bringing these groups together is a core capability in our comprehensive perspective of how to improve the revenue cycle.

Our clinically-aware natural language processing solution is creating tremendous improvements in coding and documentation, including abstracting key clinical elements in the encounter that are not addressed in the physician’s documentation and ensuring these diagnoses are captured.

And finally, through our advanced technologies, methodologies and proficiency of our employees, we provide end-to-end capabilities to manage the revenue cycle process from pre-registration through the final bill, taking the burden off of providers so they can focus on patient care and clinical improvements.