


# OptraHEALTH Revenue Intelligence: Stopping Revenue Leakage Before It Starts

A case study for large multi-site healthcare provider organizations with high patient volume, complex payer requirements, and growing revenue cycle backlogs.

## The Challenge: A Reactive Revenue Cycle

For healthcare providers, revenue leakage is usually not one failure – it is the accumulation of issues that go undetected until claims are denied. Eligibility gaps, authorization mismatches, missing documentation, coding inconsistencies, and payer-specific rule violations all slip through the cracks.

Revenue cycle teams spend most of their time reacting: chasing denials, reworking claims, handling appeals, and managing aging AR. Leadership still lacks clear visibility into where revenue is most at risk, which payers are unstable, and which workflows are driving rework.

 Preventable denials and delayed payments cost health systems millions annually – most of it recoverable with earlier intervention.

- Eligibility & Auth Issues**  
 Found too late, after care is delivered
- Incomplete Documentation**  
 Missing elements before submission
- Coding Inconsistencies**  
 Compliance risks and coding gaps in real time
- Payer Rule Variability**  
 Manual review cannot keep pace
- Limited Denial Visibility**  
 No prediction of which claims will deny

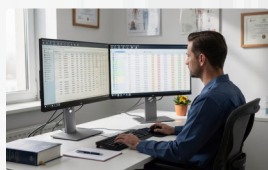
## The Solution: OptraHEALTH Revenue Intelligence

OptraHEALTH Revenue Intelligence is an AI-powered intelligence layer across the full revenue cycle. Instead of waiting for denials, it predicts issues before submission, recommends real-time fixes, and helps teams focus on the work with the highest financial impact.



### Pre-Encounter Intelligence

Flags eligibility, authorization, and documentation risks before the visit begins.



### Coding & Documentation Intelligence

Finds missing clinical elements, coding gaps, and compliance risks in real time.



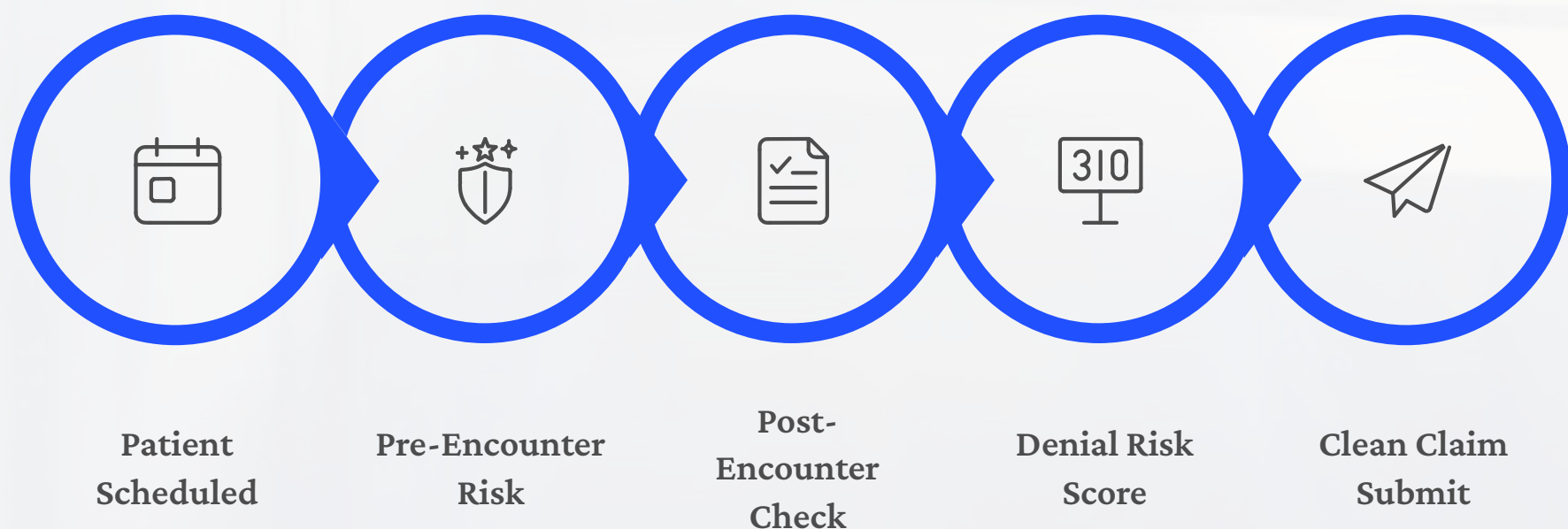
### Claims Quality Intelligence

Checks claims against payer rules and denial patterns before submission, then scores risk and suggests fixes.



### AR & Denial Prevention Intelligence

Prioritizes follow-up by aging risk and payer behavior while predicting denial likelihood for high-risk claims.



The workflow runs continuously from scheduling through payment, so every claim is reviewed, scored, and corrected before it reaches the payer.



# Measurable Impact for Providers

When OptraHEALTH Revenue Intelligence is deployed across a large multi-site provider organization, the financial and operational impact is immediate – and it compounds over time.

↓ 35%

### Preventable Denials

Fewer avoidable denials through pre-submission risk scoring

↑ 28%

### Clean Claim Rate

Higher first-pass claim acceptance across complex payer environments

↓ 12d

### AR Days Reduced

Faster cash flow through earlier issue detection and follow-up

3x

### Staff Productivity

Teams focus on high-impact work instead of manual claim review

## For Revenue Cycle Leaders

Give directors and managers the tools to get ahead of denials instead of reacting to them.

- Real-time alerts for high-risk claims
- Payer-specific rule validation
- Automated AR prioritization
- Less manual coding review
- Continuous payer pattern learning

## For Healthcare Executives

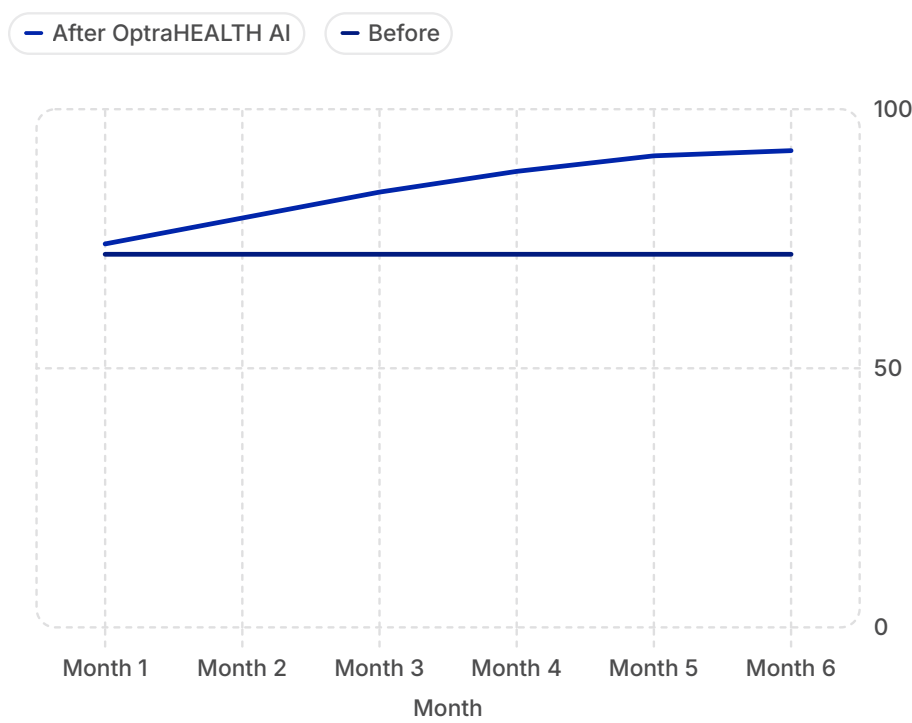
CFOs and revenue leaders gain a forward-looking view of risk, impact, and opportunity.

- Enterprise-wide leakage visibility
- Trend analysis by payer and service line
- Quantified impact of proactive workflows
- Less burden without adding headcount
- Stronger compliance and documentation quality

## AI-Driven ROI: Measurable Results from Day One

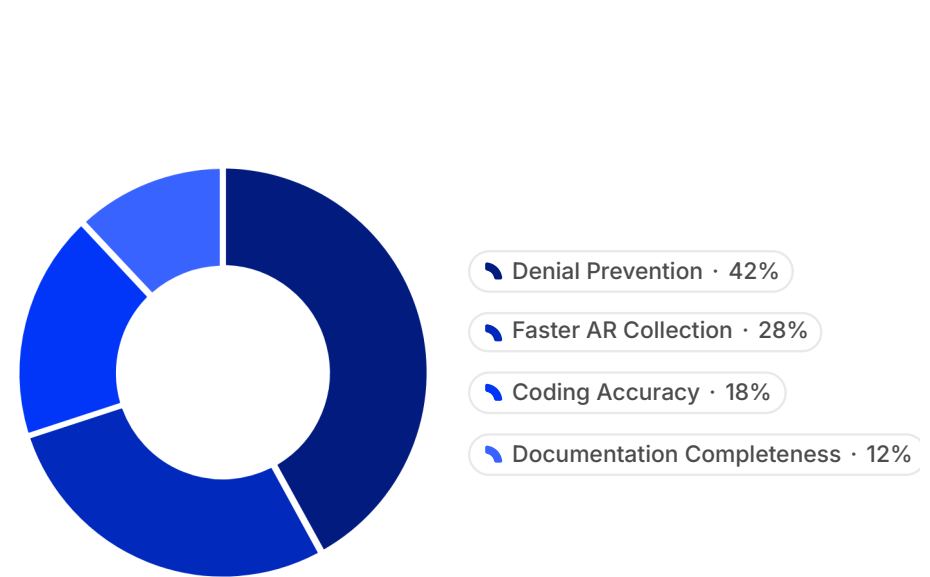
Revenue cycle performance improves across the board as OptraHEALTH AI shifts teams from reactive recovery to proactive prevention.

### Clean Claim Rate Improvement Over Time



Clean Claim Rate % – Baseline vs. AI-Enabled

### Where Revenue Is Recovered



Revenue Recovery Sources

#### Fewer Preventable Denials

AI flags risk before submission, reducing costly leakage across payers and service lines.

#### Faster Cash Flow

Clean claims move faster and high-risk claims are corrected upstream.

#### Stronger Compliance

Real-time coding and documentation intelligence supports audit readiness.

#### Scalable Without Headcount

The platform scales with volume and complexity without proportional staffing growth.

The organization moves from reactive denial management to intelligent revenue prevention – protecting margin, improving cash flow, and giving leadership visibility before revenue is lost.

## Ready to Identify Where Revenue Is Leaking?

OptraHEALTH Revenue Intelligence is purpose-built for large multi-site provider organizations facing complex payer environments and high claim volume.

Our team will conduct a complimentary revenue leakage assessment to pinpoint risk and quantify the opportunity. Whether your priority is reducing denials, accelerating cash flow, or improving productivity, the platform delivers measurable results from day one.

### Contact Us Today

Visit: [optrahealth.com/contact](https://optrahealth.com/contact)

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#### Step 1: Assessment

Complimentary analysis across payer mix and denial categories



#### Step 2: Deployment

Rapid integration across existing RCM workflows



#### Step 3: Results

Improvement in denial rates, clean claim rate, and AR days within 90 days