Optum

Revenue Performance Advisor

Improve your revenue cycle with RPA

Optum® Revenue Performance Advisor (RPA) is a comprehensive solution designed to help optimize the health care revenue cycle. It automates and streamlines financial processes from patient check-in to payment posting, boosting efficiency and helping providers get paid faster.

Eligibility integration

- Submit eligibility requests through ~1,500 payer endpoints.
- Configure batch or real-time requests triggered at the point of service.
- Use RPA to integrate with your EHR system. The API supports automation for continuous real-time responses and bulk updates to patient records. All responses are stored for downstream workflow processing and reporting.

RESTful Eligibility API

- Provides direct connectivity to hundreds of payers via the Optum® Intelligent Health Care Network.
- Supports standard 270/271 transactions and returns copay, coinsurance and deductible data in JSON format.
- No ANSI X12 parsing required — payloads are structured for straightforward integration.
- Designed for rapid implementation and seamless embedding of benefits data into existing systems and workflows.

Workers' compensation and medical claims attachments

- Supports electronic document collection and submission for claims.
- Enables attachment of supporting documents via point-and-click interface.
- Improves adjudication speed and response time for both solicited and unsolicited payer requests.
- Helps reduce claim denial risk due to missing or incorrect documentation.
- Minimizes manual rework and scales to meet increasing document volume.
- Helps lower operational overhead related to labor and physical mailing.

Automation and innovation helps drive efficiency and faster payments

Streamline claims workflows, improve productivity, and facilitate faster reimbursement and patient payments.

Claims management/ERA

- Supports real-time edits and corrections for rejected claims and resubmissions.
- Includes routing logic to assign claim rework tasks to designated staff.
- Automatically generates secondary claims using data from the initial submission and primary ERA.

Denials management

- Displays grouped denials by reason code.
- Enables faster denial handling via pre-populated appeal letter templates.
- Consolidates EOB and CMS1500 views for streamlined appeal generation.
- Provides detailed denial data with export functionality for analysis.
- Allows workflow tagging, claim assignment and note entry for individual or bulk claims.
- Offers analytics and reporting segmented by reason code, billing NPI, tax ID and payer.

Connectivity

- RPA can be integrated into an existing EMR with a standard X12 EDI connection.

Robust analytics and benchmarking

- Delivers real-time metrics across the revenue cycle.
- Enables performance tracking and trend identification through customizable reports.
- Supports queries such as "top 10 rejections by payer" for operational insights.
- Generates out-of-pocket cost estimates to support upfront payment collection.
- Integrates multiple payment methods for flexible transaction handling.
- Produces structured, customizable patient statements for billing clarity.

See what Revenue Performance Advisor can do

- **Real-time edits and corrections:** Automates the management of rejections and resubmissions, facilitating claims are processed accurately and efficiently.
- **Routing mechanisms:** Assigns rework tasks to specific staff for better workflow management.
- **Secondary claims creation:** Generates secondary claims based on the initial file and primary ERA.
- **Denials management:** Provides detailed visibility into denials by reason code, enabling faster and more effective management through pre-populated appeal letters and single-screen viewing of explanations of benefits/CMS1500 forms.

- **In-depth analysis:** Offers comprehensive analytics and reporting, including detailed drilling and exporting of denial data, and performance metrics by reason code, billing NPI, tax ID and payer.
- **Patient payments:** Helps facilitate prompt patient payments by providing out-of-pocket cost estimates and multiple payment options and delivers customizable patient statements.
- **Document attachments:** Simplifies the process of collecting, attaching and sending documents for workers' compensation and medical claims, helping reduce the risk of denials and lowering operational costs.

- **Eligibility requests:** Supports the generation of eligibility requests through over 1,500 payer connections, with options for batch or real-time requests. The RESTful Eligibility API integrates with EHR systems, handling 270 and 271 transactions to provide copay, coinsurance and deductible information in JSON format.
- **Connectivity:** Integrates with EMR systems using a standard X12 EDI connection.

Learn more at [Optum AI Marketplace](#)

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