



Fixing the Friction:

How Strategic Operations Management Unlocks Healthcare Efficiency at Scale

The **four BPM pillars** that can reduce operational burden, improve patient outcomes, and drive resilience across the care continuum

Overview

Healthcare organizations are facing a range of challenges in the marketplace, some of which include clinical workforce shortages, productivity strains and burnout, rising costs, and cybersecurity concerns. Pressure also results from the need to replace legacy applications with digital solutions, but this work comes with a high cost and long implementation timelines. Equally daunting are the financial, political, and regulatory forces at play. Financial pressures are nondiscriminatory, affecting payers, providers, and patients. Understanding how best to navigate these adversities is crucial for organizations to remain viable in the future.

On the payer front, health insurers are recording falling profits.¹ Provider compensation has declined roughly 30% from 2001 to 2025 due to an inflationary gap in Medicare reimbursements.² Further cuts in Medicaid are expected to “cost providers \$80B” in losses.³ For hospitals, 11 systems have also seen operating declines,⁴ which largely can be attributable to Medicare and Medicaid reimbursements gaps, impacting on patient care.⁵

How do healthcare organizations effectively compete given the numerous uncertainties that persist in the marketplace? How do they manage integrating so many unpredictable and rapidly advancing technology transformations? The shifting demands around locations, skills, staffing, and technology make it difficult to find the best strategy to get and stay ahead.



Four BPM pillars:

- 1** End-to-end Domain expertise
- 2** Intelligent Use of Next-Generation Technology
- 3** Focused on Outcomes
- 4** Scale, Geographic Flexibility, and Process Maturity

1. <https://www.healthcarediver.com/news/health-insurer-medical-costs-climbing-ma-medicare/740611/>
2. <https://www.ama-assn.org/practice-management/medicare-medicare/medicare-physician-pay-has-plummeted-2001-find-out-why>
3. <https://www.techtarget.com/revcyclemanagement/news/366620653/Providers-face-losses-without-Medicaid-expansion>
4. <https://www.beckershospitalreview.com/finance/11-health-systems-reporting-operating-losses-in-2024/>
5. <https://www.aha.org/costsofcaring#:~:text=From%202019%20to%202024%2C%20the,and%20longer%20lengths%20of%20stay.>

Given the persistent uncertainty, we maintain that a competitive stance depends on a strategic toolkit to address Business Process Management (BPM) to improve healthcare operations. This strategy requires both human and technological expertise to rationalize the unpredictable curves that healthcare teams must negotiate to gain leverage. A strategic toolkit can enable the value chain of transactions, a continuum that includes provider, patients, and health plans, based on which they have a flexible and scalable set of purpose-built capabilities that can reduce the friction points, while bringing higher efficiencies in clinical and administrative processes.

The strategic BPM toolkit includes four pillars, which we consider in more detail below:

- 1. End-to-end Domain Expertise:** Deep domain expertise across the healthcare value chain is essential for tackling today's operational challenges.
- 2. Intelligent Use of Next-Generation Technology:** AI and automation are powerful tools—but only when applied thoughtfully, in the context of healthcare's complex, regulated processes.
- 3. Focused on Outcomes—Cost, Quality, and Experience:** The most successful healthcare organizations today are those that pursue performance across three dimensions simultaneously:
 - Lowering costs
 - Improving care quality
 - Elevating the experience of patients, members, and clinicians.
- 4. Scale, Geographic Flexibility, and Process Maturity:** As healthcare demands grow more complex, the ability to scale operations quickly—and flex across locations and time zones—becomes critical.

Within all four toolkit pillars, we emphasize the combination of both experience and technology. We take this position because healthcare is rule- and regulation-driven, involving complex, personal, and ever-changing information. Sagility's tenured workforce—with deep healthcare experience—understands that healthcare is personal and requires empathy. We know how and when to implement, expand, or limit technology (as required for regulatory or security considerations), enabling the best outcomes to grow your business.

Within all four toolkit pillars, we emphasize the combination of both **experience** and **technology**.



| One:

End-to-End Domain Expertise

Organizations that understand the full spectrum of payer and provider functions—such as member services, claims processing, clinical reviews, and revenue cycle—are better equipped to identify inefficiencies, close gaps, and design patient- and member-centric experiences. End-to-end visibility also helps streamline handoffs between departments, reduce rework, and ensure regulatory compliance across all stages of care and administration. Ultimately, this kind of domain fluency drives better coordination, faster resolution times, and more consistent outcomes for patients and members alike.

Driving Synergistic Savings: From Call Center to Claims

We showcase our end-to-end expertise by analyzing workflow issues around claims, which often begin in call centers. Members typically field the first questions about claim coverage and processes through call centers. Our trained experts use next-gen technology to analyze and visualize all the steps that occur between all calls and claims—between payers, members, and providers—end to end. Therefore, we leverage synergies between claims and contact-center operations to drive value and savings. Our solution uses process mining, data-driven insights, customizable dashboards, and predictive analytics to streamline operations and prevent endless rework across the payer, provider, and member ecosystem to:

- Reduce claims and contact center operational costs by **up to 20%**
- Shrink the number of touches per claim from ~7 to **1.5 to 2**
- Accelerate issue resolution
- Improve member and provider satisfaction

Understanding the synergies between call center and claims helps us identify bottlenecks in the claims processing journey with the goals of minimizing the number of touches to a claim through the journey and reducing the number of days to successfully process a claim.

Key benefits result as we optimize operations across the US healthcare system: reduced provider abrasion through improved claims accuracy and provider communication, reduced administrative costs by uncovering end-to-end process gaps and redundancies, and consistent member experiences with seamless call-center information exchange.

Sagility helps measure the actual impact of our clients' processes on our members and providers through claims/provider-touchpoint metrics. Our call center-to-claims synergy has demonstrated a **15% reduction** in internal handoff, rework, appeals, and calls. This has resulted in NPS improvement and better [star ratings](#) for our clients.

By the Numbers:

~20%

Reduce claims and contact center operational costs

1.5 to 2

Number of touches per claim

15%

Reduction in internal handoff, rework, appeals, and calls

End-to-End Utilization Management

Utilization management (UM) also illustrates the importance of end-to-end domain expertise. Sagility's precision UM method addresses issues such as process missteps due to lack of clinical data integration, inconsistency in data exchange standards, and differing policies among payers. Our end-to-end domain expertise enables us to overcome any imprecision, reducing provider burden, which reduces abrasion, enhanced member satisfaction, and decreased administrative resources and costs in managing the authorization process.

Four critical elements of precision UM meet the patients where they are in their care journey:

- 1 Precision analytics:** Member analytics looks at member behavior, historical data on compliance with preventive/recommended treatment, comorbidities, and lifestyle factors to predict duration and level-of-care needs accurately. These analytics help provide prospective approval for the entire course of treatment.



For example, a request for varicose vein ablation can be automated through predictive analytics if the historical claims and clinical data show a patient's lack of improvement with conservative compression therapy and abnormal lab-based venous varicosity. Other lifestyle factors also inform what additional services (physical therapy or home health) need to be authorized.

- 2 Provider scorecard:** The provider scorecard comprises analytics based on compliance to process fraud, waste, and abuse, as well as outcome measures such as accurate and timely information submission. This process provides the ability to audit on the back end for continued gold-card status across UM needs and can help drive dynamic changes to the automated authorizations for stringent cost and quality outcomes.

- 3 Intelligent automation of authorizations against clinical guidelines:** Using machine learning tools enabled by natural language processing functionality, this innovation can reduce review time by **30-40%** and optimize the approval to denial ratio by **20%**.

- 4 Care management and care coaching to holistically address the member for better lifecycle outcomes:** Upon identification of key parameters driving utilization needs, a holistic care transition and care management program can help members seek only necessary and targeted care needs that will maximize outcomes.

Addressing social determinants such as two-story housing when the member has a walker or lack of transport to attend outpatient therapy can **reduce** unnecessary utilization, optimize recovery timelines, and reduce readmission to hospitalization.



To provide the precision focus above, healthcare organizations need a BPM partner with end-to-end expertise and clinical resources to scale support with intelligent tools and workflows to reduce costs and improve the effectiveness of UM programs. Healthcare organizations that integrate end-to-end domain experience fortify their ability to gain leverage and pull the right levers.

By the Numbers:

40%

Reduced decision
turnaround times

25%

Increased first-touch
resolution

15%

Increase in clean
claim rates

20%+

Reduced days in A/R

In a recent engagement with a national payer, Sagility helped streamline their end-to-end utilization management workflow. By integrating clinical staff with intelligent automation and workflow optimization, **we reduced decision turnaround times by 40% and increased first-touch resolution by 25%**. For providers, our revenue cycle transformation project for a multi-state health system led to a **15% increase in clean claim rates and reduced days in A/R by over 20%**.

Two: Intelligent Use of Next-Generation Technology

Solutions that pair intelligent automation with operational expertise can improve everything from contact center interactions to claims workflows and care coordination. Customer experience AI can personalize and expedite patient/member support, while operational AI and analytics help reduce manual touchpoints and identify avoidable delays or errors.

Advanced data analytics plays a critical role in this evolution. By surfacing actionable insights—like identifying common points of failure in claims or predicting high-risk patient behaviors—healthcare organizations can reduce redundant transactions, minimize denials, and support more informed decision-making. The result is less friction across the system and greater operational agility. In one instance, by analyzing claims data for a regional payer, we identified a pattern of redundant medical record requests and automated exception handling, reducing rework by 30% and improving provider satisfaction scores by 18%.

If we look more closely at GenAI voice agents, or Agentic AI, we can see how valuable they can be across the healthcare value chain. Agentic AI is poised to relieve call center agents of repetitive tasks easily managed by the technology. GenAI can help improve functions and processes critical to health plan success.



Customer
Experience AI



Operational AI

30%

Reduced Rework

18%

Improved Provider
Satisfaction Scores

These are key areas where GenAI voice agents can contribute to health plan success, which extends end-to-end across all touchpoints:

- **Improved reimbursement by CMS:** CMS uses risk adjustment models to determine how much to pay health plans for each member.
- **Better manage member health:** With a better understanding of their members' health risks, health plans can develop personalized programs and interventions to improve their health and lower costs.
- **Improve star ratings:** Star ratings are a quality rating system used by CMS to evaluate Medicare Advantage plans. Plans with higher star ratings can earn bonus payments and attract more members.
- **Better negotiate with providers:** Health plans can use their risk adjustment data to negotiate better rates with providers.

There will be occasions, undoubtedly, when the member does not have the time to talk or would rather not talk to GenAI voice agents, though as discussed earlier, many of us cannot tell the difference between the technology and a human speaker. For those who choose not to engage with a GenAI voice and are not interested in using a portal link, there is an option to speak directly with a live agent.

Operational, Business Benefits for Payer-to-Payer Interactions

A GenAI voice agent supports payer-to-member communications; it can do the same for payer-to-payer communication in several important ways. Confirming member coverage is a time-consuming, arduous task. Every health plan, however, weathers the process. With the assistance of a GenAI voice agent, however, health plans can shift much of this work to this emerging, powerful technology.

The voice of GenAI agent can make outbound calls to other payer organizations to collect the member's eligibility details for primacy coverage determination, which enables the coordination of benefits between payers.

In addition, a GenAI voice agent supports efficient claims processing through the automation of routine tasks like claims verification, eligibility checks, and prior authorization requests. This reduces processing time and mitigates costly errors.

This class of automation can lead to significant cost savings by reducing labor expenses and improving operational efficiency.

Enhancing Relationships: Payers, Providers, Members

The GenAI voice agent can help build and maintain relationships among payers, providers, and members. By absorbing several health plan challenges, GenAI voice agents free up staff for more strategic, fulfilling activities within the business.

A GenAI voice agent approach ensures member information is captured and acted upon by the health plan and the member's care coordinators, caregivers, and providers. Across the board, the technology promises to help advance healthcare as an easily scalable solution to handle ever-increasing call volumes and growing member populations.

While Sagility embraces a "technology-first" approach, we also know that our success hinges on human insight and the skill of our people to apply the right technology to the right process at the right time. Our customer experience and operational AI solutions are designed with deep domain intelligence to maximize value. Whether it is intelligent routing of prior authorizations, AI-powered call summarization for contact centers, or predictive analytics to anticipate claim denials, we focus on outcomes—not just automation.

Healthcare operations require more than automation, they demand intelligence that can learn, adapt, and actively enhance how work is done. Sagility leverages Generative AI and Agentic AI not just to offload repetitive tasks, but to augment process design, elevate management productivity, and enable proactive decision-making across the patient care lifecycle.

Our solutions embed intelligence into core workflows, allowing systems to adjust to data, context, and outcomes dynamically. Agentic AI agents act with autonomy and purpose, guiding interactions, surfacing recommendations, and refining processes in real time. From optimizing claims and prior authorizations to predicting high-risk member needs and coordinating care, this class of AI ensures that technology becomes a force multiplier—not just a task handler.

By enhancing how processes are executed and how decisions are made, we help healthcare organizations institutionalize excellence, reduce variability, and consistently deliver superior outcomes in cost, quality, and member experience.

When healthcare organizations integrate technology intelligently their ability to strengthen their operations increases, their ability to be more cost competitive improves, and their likelihood that they will overcome the range of challenges facing this industry advances dramatically.

Three: **Focused on Outcomes: Cost, Quality, and Experience**

As mentioned above, business process strategies like UM and advanced intervention programs help optimize both financial and clinical outcomes. For example, UM processes rooted in evidence-based protocols can reduce unnecessary procedures, freeing up resources, ensuring appropriate care, and enabling tangible outcomes. Programs designed for specific populations—such as fall prevention for older adults or caregiver support for dementia—can improve health outcomes, reduce hospital visits, and enable patients to remain at home longer with greater safety and dignity.

Sagility's approach is centered around delivering measurable outcomes—not just process improvements. Our UM and advanced intervention program, [Sagility's Smart Step™](#) goes beyond compliance to deliver tangible impact across cost containment, care quality, and member experience for members who are identified as frail.

End-to-End Frailty Program Components

While frailty is a debilitating condition, modification is possible with early identification and targeted interventions. This is achieved through a whole-person program that includes clinical, community, and member communications.

A specialized, end-to-end program enables individuals to age on their own terms in their homes. The program should apply evidence-based assessments with specific clinical interventions designed to identify and address frailty.



Programs designed for **specific populations** can improve health outcomes.



The Program Elements Necessary to Launch Sagility Smart Step Include:

Frailty predictive analysis:

Frailty is the key leading indicator of diminishing health and risk of falls. Using predictive analytics, health plans can identify and enroll members into a frailty program. Modeling also helps identify those members most likely to engage with the program and benefit from long-term participation.

Evidence-based interventions:

Validated screening tools, such as the [Tilburg Frailty Indicator](#) assessment, should inform interventions, including care coordination services. These services include physical, behavioral, social, and life factors identification and treatment where appropriate.

Whole person care approach:

This method identifies and addresses the root causes of non-compliance and unhealthy behaviors. It also helps members build resiliency and self-sufficiency.

Concierge member engagement:

This member-focused approach helps build trust and relationships with members through omnichannel engagement. Member-centric clinicians and advocates bring empathy, listening skills, behavior change expertise, and openness to the program. The team also coordinates health plan benefits, including those provided by Medicare.

Technology platform:

While much of a Sagility Smart Step program is provided through a person-to-person approach, just as important is the technology. Health plans should use a highly secure platform with a flexible rules engine to allow seamless program updates and changes, as well as clinical content and workflows. Omnichannel member engagement can include email, a portal, text messages, chatbots, and calls.

Sagility's approach is centered around delivering **measurable outcomes**—not just process improvements.

Bringing It All Together

Sagility's Smart Step program benefits health plans and members by driving financial, operational, business, and health value for older adults, care teams, and health plans.

As the number of older adults continues to increase—with nearly **56 million as of the 2020 census**—our Sagility Smart Step program with a frailty focus becomes not only important to this population but mandatory for health plans to remain competitive in the future.

Sagility Smart Step is also important for dementia, helping caregivers integrate telephonic coaching, behavioral health support, and fall risk mitigation strategies. This has helped reduce emergency room visits by **12%** and improved caregiver resilience scores by **27%**, enabling more seniors to age safely at home. Similarly, our UM solution for a large payer led to a **22%** reduction in unnecessary inpatient admissions, directly lowering total medical spend. These examples illustrate how we enable cost efficiency, quality, and experience to drive outcomes that support the growth of healthcare organizations.



- Identifies frailty through **predictive analytics**
- **Prevents** falls
- Builds **resilience** in older adults and supports their caregiving team
- **Reduces** skilled nursing facility admissions and hospital length of stay related to frailty
- Uses community partners to deliver **home-based care**
- Optimizes **coordination** of supplementary benefits
- Provides clinically evidenced **assessments and interventions** using a multi-disciplinary team of clinicians
- Improves **star ratings**

By the Numbers:

12%

Reduced emergency room visits

27%

Improved caregiver resilience scores

22%

Reduction in unnecessary inpatient admissions

Four: Scale, Geographic Flexibility, and Process Maturity

A scalable approach to process management allows organizations to respond to surges in demand, expand programs efficiently, and maintain continuity during times of change. Combining scale with mature, well-documented processes ensures that quality does not suffer as volume increases.

Sagility offers clients unmatched flexibility through our scalable operations, geographic footprint, and cross-functional healthcare expertise. [Our global delivery model supports both US-based and international operations](#), allowing clients to access cost-effective talent without compromising quality. Whether scaling a seasonal clinical review team, launching a 24/7 nurse advice line, or supporting multilingual member services, we adapt quickly and reliably.

Whether deploying multilingual support teams, expanding care navigation services, or adapting to new regulatory mandates, operational flexibility is a competitive advantage. It allows healthcare organizations to serve diverse populations, meet members and patients where they are, and continue delivering consistent, high-quality care.

An example of scale, flexibility, and process maturity pertains to cost reductions involving three main areas of hospitals and health systems: [call center/customer service](#), [AR resolution](#), and [clinical functions](#).

Call center/customer support

Consumers continue to demand more focus on the patient financial journey and a unified, seamless experience. Sagility brings essential capabilities to improve the patient experience pre-visit but also to address essential functions like prior authorizations preventing denials. The resources providing support can be a mixture of onshore, offshore, and nearshore talent who can assist with insurance/support functions, patient calls (both inbound and outbound) as well as provide much-needed bilingual support. The review of this process, cost, and scalability can provide substantial operational cost savings, greater operational stability, and an improved patient experiences.

Accounts receivable (AR) resolution

Hospitals and health systems are facing increased labor costs, payer requirements, and labor shortages across the revenue cycle, while reimbursements have fallen. To offset these issues, insurance companies continue to invest in offshore call centers to contain these costs. Business offices looking to increase capacity, remove cost, or mitigate risk are seeing a huge impact as they look to India/Philippines not only to meet the needed scale of their office but also, to do it at less than half the cost. The right partner can bring expertise, technology, and visibility to provide confidence for those organizations looking to reduce costs.

Clinical support resources

Providers spend increasing amounts of time seeking prior authorization approval. The reason for this is often stated as a lack of proper documentation or front-office staff and clinical resources to have payer conversations. Given the difficulty finding clinical resources, organizations that can gain access to clinical resources, both here in the US and in the established clinical environment of the Philippines, have an advantage. The most frequent functions for cost take out are nursing support, case/care management, care coaching, transitions of care, navigating network, case management referral, care plan generation, transport coordination, and remote patient monitoring. With blended delivery models, outside experts can provide the requisite scale and significantly reduce costs.

From shortening patient appointment hold times to taking the frustration out of prior authorization and billing—the right cost takeout strategies also deliver improvements in patient experience. As hospitals continue to reduce their cost to collect, they are increasingly turning to [Revenue Cycle Management \(RCM\)](#) service providers for the required scale, cost removal, and risk mitigation.

When organizations can focus on scale, flexibility, and process maturity their leverage in the marketplace improves immensely. Whether flexibility occurs onshore, offshore, nearshore, or “techshore,” the impact on the bottom line can help organizations get and stay ahead in the marketplace.



Sagility offers clients unmatched flexibility through our **scalable operations**, geographic footprint, and cross-functional healthcare expertise.

Looking Ahead: Scaling Impact Through Strategic Operations

As healthcare continues to evolve under the weight of economic pressure, regulatory complexity, workforce constraints, and rapid technological change, one thing is clear: a reactive approach will no longer suffice. Success demands more than technology or talent alone. Future-ready healthcare organizations will be those that take a strategic, proactive stance—leveraging operational excellence, intelligent automation, and deep domain expertise to reduce friction, drive efficiencies, and deliver measurable outcomes.

Sagility’s strategic BPM toolkit—anchored in deep expertise, precision, scalability, and a relentless focus on outcome-driven processes—equips healthcare organizations to not only weather

uncertainty but to lead through it. Whether by creating synergies between call centers and claims operations, transforming utilization management, scaling frailty programs, or deploying GenAI to optimize payer interactions, the next chapter of healthcare demands adaptable, intelligent automation that can respond in real time to dynamic needs.

By embracing this strategic toolkit, organizations can shift from fragmented, reactive operations to cohesive, forward-looking ecosystems of care. The future of healthcare will belong to those who act now to align cost, quality, and experience—at scale. Sagility stands ready to partner with those looking to lead that future.



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Learn more about the four BPM pillars that can reduce operational burden, improve patient outcomes, and drive resilience across the care continuum at sagilityhealth.com



Sagility is a global leader in healthcare business process management, combining deep industry expertise with advanced technology to deliver smarter, faster, and more human-centric solutions. Serving top U.S. health plans and providers, Sagility drives better health outcomes and operational efficiency through AI-powered analytics, clinical support, member engagement, and payment integrity. With 42,000+ employees across five countries, Sagility transforms complexity into clarity for healthcare organizations seeking to improve performance and experience. Visit us at sagilityhealth.com.



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