

# TAYLOR PLATT

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## EXECUTIVE SUMMARY

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Revenue Cycle Operations Executive specializing in behavioral health and substance use disorder. 8+ years scaling RCM infrastructure from the ground up across 100+ facilities. Known for building the data systems, workflows, and high-performing teams that transform chaotic billing operations into predictable, high-margin revenue engines. Trusted advisor to CEOs and ownership groups navigating rapid growth, payer complexity, and operational transformation. Now integrating AI tooling and automation infrastructure into RCM operations to accelerate performance at scale.

## KEY ACHIEVEMENTS

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- **Enterprise RCM Transformation:** Led end-to-end revenue cycle overhaul across 100+ behavioral health and SUD facilities, slashed average A/R days from 60+ to 32 days, achieved 98%+ clean claim rate, and managed \$120M+ in A/R across the portfolio.
- **Denial Prevention & Revenue Recovery:** Redesigned denial management workflows and root-cause frameworks, maintaining denial rates below 10% across a complex multi-payer, multi-site BH environment.
- **Data-Driven Performance Infrastructure:** Built KPI dashboards and revenue analytics frameworks from scratch, giving executive leadership real-time visibility into payer performance, denial trends, and cash flow.
- **AI & Automation Integration:** Introduced AI-assisted tools and agentic automation into RCM operations, reducing manual processing overhead, accelerating reporting cycles, and improving team throughput without adding headcount.

## CORE COMPETENCIES

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### RCM & Revenue Operations

Revenue Cycle Strategy | End-to-End RCM Optimization | Denial Management & Prevention | Payer Contracting & Reimbursement | Revenue Integrity & Charge Capture | A/R Management & Cash Flow | Utilization Review | Benefits Verification

### Technology & Systems

KPI Dashboard Development | Healthcare Revenue Analytics | EHR/RCM Systems (Kipu, Navix, Avea, CollaborateMD, Availity, VerifyTx) | AI Tool Integration (Claude, ChatGPT, Microsoft Copilot) | Agentic Workflow Automation | ETL & Data Pipeline Development | BI Reporting Infrastructure

### Leadership & Operations

Organizational Transformation | Process & Workflow Design | SOP Standardization | Vendor & BPO Management | Team Development & Performance Management | Executive Stakeholder Relations | Cross-Functional Collaboration | Regulatory Compliance (HIPAA, CMS)

## PROFESSIONAL EXPERIENCE

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### Director of Revenue Cycle Management

CA Billing | 08/2023 – Present

- Lead enterprise revenue cycle strategy across 100+ behavioral health and mental health facilities, overseeing a team of 70 and directly accountable to ownership for financial performance, operational scalability, and growth alignment.
- Oversee end-to-end RCM operations, benefits verification, utilization review, coding, billing, collections, denials, payer negotiations, and cash posting, ensuring consistency, compliance, and operational excellence across all sites.
- Designed and deployed advanced KPI dashboards and financial analytics infrastructure, enabling real-time executive visibility into payer performance, denial trends, and A/R health across the portfolio.
- Drove revenue cycle transformation initiatives, denial prevention redesign, workflow automation, and process standardization, reducing average A/R days from 60+ to 32 and achieving a 98%+ clean claim rate.
- Integrated AI tools and agentic automation into daily RCM operations, reducing manual reporting burden and accelerating insight generation for leadership and operational teams.
- Lead payer strategy, vendor/BPO oversight, and regulatory compliance, serving as executive liaison for ownership.

### Revenue Cycle Manager

CA Billing | 05/2022 – 08/2023

- Directed day-to-day RCM operations across patient access, billing, coding, and collections, managing a team of 50; drove clean claim rate to 98%+ and materially reduced reimbursement cycle time.
- Implemented process improvement initiatives that eliminated significant operational inefficiencies and reduced claim rework across billing and collections teams.
- Built denial prevention and resolution frameworks, identifying root causes and executing corrective actions that maintained denial rates below 10%
- Replaced manual spreadsheet KPI tracking with structured dashboard reporting, enabling data-driven decision-making at the team and leadership level.
- Collaborated between clinical and utilization review to strengthen charge capture accuracy, documentation quality, and system utilization.

### Billing Manager

CA Billing | 12/2021 – 05/2022

- Managed end-to-end billing operations including claim submission, payment posting, and A/R follow-up across a team of 30, drove measurable improvement in days-to-payment within first 90 days.
- Redesigned billing workflows and standard operating procedures, improving claim accuracy and reducing rework volume across the team.
- Led denial management program, identified systemic root causes and implemented corrective actions that improved first-pass resolution rate and minimized revenue leakage.
- Supervised and developed billing team performance, establishing accountability measures, productivity benchmarks, and training programs to enhance operational

efficiency and output.

### **Negotiations Specialist**

*CA Billing | 12/2018 – 12/2021*

- Led payer contract negotiations across a large multi-payer portfolio, securing favorable reimbursement rates and terms that enhanced revenue performance and reduced financial risk.
- Analyzed fee schedules, contract language, and reimbursement methodologies to identify optimization opportunities and close revenue gaps that directly improved margin.
- Managed payer relationships and escalations, driving contract compliance to ensure accurate reimbursement and minimize disputes across the portfolio.
- Translated contract terms into operational billing workflows, improving reimbursement predictability and reducing billing errors downstream.
- Collaborated with finance and legal to align payer contract strategy with organizational financial goals and operational capabilities.

### **VOB Specialist**

*CA Billing | 09/2017 – 12/2018*

- Verified patient insurance eligibility, benefits, and coverage details at high daily volume, maintained strong accuracy rates and minimized downstream billing errors.
- Analyzed payer policies and authorization requirements to support timely service approvals and reduce claim denials at point of entry.
- Identified and proactively resolved insurance discrepancies, improving clean claim rates and reimbursement accuracy across patient access workflows.
- Collaborated with billing and clinical teams to ensure accurate documentation, coverage validation, and seamless revenue cycle flow.
- Maintained compliance with payer guidelines and regulatory requirements, supporting audit readiness and operational integrity.

## **AI & TECHNOLOGY INTEGRATION**

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Actively expanding expertise at the intersection of RCM operations and AI-driven infrastructure:

- **AI Agents & Automation:** Designing and deploying agentic workflows using Claude and ChatGPT to automate reporting, triage denial queues, and generate operational insights at scale.
- **Data Infrastructure:** Building hands-on expertise in data warehouse architecture, ETL/ELT pipelines, and Tableau dashboard deployment (Tableau, Metabase).
- **Prompt Engineering:** Proficient in structuring complex, multi-step prompts for operational and analytical use cases in healthcare RCM.
- **Frontend/Backend Integration:** Developing full-stack data product knowledge — connecting backend data pipelines to frontend UIs for client-facing reporting and analytics tools.

## **EDUCATION**

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**Bachelor of Arts — Business Administration & Management**

University of Denver | 2011