OPTUM360°™

Compliance Checking

Optum™ Compliance Checking helps you demonstrate your intent to fully comply with all guidelines from the Centers for Medicare & Medicaid Services (CMS) and Office of Inspector General (OIG), and your commitment to achieving accurate and proper documentation for full and appropriate reimbursement.

We provide timely coding data and policy updates to help you maintain compliance

All Medicare claims must reflect reasonable and necessary services ordered by a licensed medical professional, and false or fraudulent claims can result in penalties. By checking for medical necessity before a patient receives services, Compliance Checking plays an integral role in your efforts to promote accurate Medicare billing information and regulatory compliance.

Compliance Checking can help your organization:

Improve Medicare compliance and reimbursement. Reduce the risk of potential fines for billing non-covered services to Medicare with regular updates to Correct Coding Initiatives (CCI) and Outpatient Code Editor (OCE) edits, modifiers, and codes.

Enhance patient satisfaction. Clarify the patient's rights and obligations prior to service and immediately generate advanced beneficiary notices (ABNs) for non-compliant procedures to set clear patient financial expectations.

Reduce bad debt, denials, and unnecessary write offs. Compliance Checking helps you submit accurate claims the first time with automated medical necessity checking, including national coverage determinations (NCDs) and local coverage determinations (LCDs), prior to rendering services.

Use consistent and accurate documentation for claim submission. Compliance Checking eliminates the difficult task of manually gathering LCD and NCD data to stay current with changes in local and national coding and regulations and helps you maintain all relevant records.

Decrease A/R days while achieving maximum reimbursement. This end-to-end compliance solution provides complete, accurate supporting documentation so you get the reimbursement you deserve.

Optum Compliance Checking supports full compliance with CMS and OIG guidelines, and plays an integral role in your efforts to promote accurate Medicare billing information and regulatory compliance.

Enhance productivity and verify medical necessity. You'll enjoy time-sensitive, state-of-the-art technology that delivers the latest coding data and governmental policies to your desktop so you're working with the most current information available.

Benefit from fast and easy implementation with solid workflow functionality. Compliance Checking easily integrates into your scheduling, registration, medical records system, or order entry systems, and is customized to help your organization deal with complex Medicare regulations while supporting your institution's workflow.

Optum Compliance Checking features broad functionality designed to help providers reduce accounts receivable days while achieving appropriate reimbursement. It helps hospitals and providers achieve process excellence to drive full and appropriate financial reimbursement. This solution:

- Simultaneously verifies medical necessity for Medicare Parts A and B outpatient services prior to service
- Automatically generates and stores ABNs for easy retrieval and automatically updates Medicare claims through ABN linkage to the Optum MedicareRT® Claims System
- Imports chargemaster and other information
- Takes a real-time data feed from your registration or HIS system (via HL7 interface) and automatically updates provider and patient data, including both demographic and diagnosis-related information—saving you key strokes and time
- Provides user-defined grids ("quick lists") of frequently checked procedures and descriptions for tests and diagnoses to enhance productivity
- Automatically identifies the recommended primary procedure based on CCI edit rules for each patient encounter
- Identifies whether secondary procedures are reimbursable and whether a modifier is required to assure appropriate reimbursement before the service is provided
- Performs OCE edits, including checks for frequency, age, and sex

When Compliance Checking is used in conjunction with the MedicareRT Claims System, a real-time Medicare claims management application, ABN conditions are automatically linked with the appropriate claim to eliminate manual ABN matching and the need to update condition and occurrence codes. Compliance Checking clients using the MedicareRT Claims System also enjoy the added benefit of a final medical necessity check at the claim level prior to submission, using the same medical necessity content as the Compliance Checking application, to assure proper coding based on procedure and compliance rules. This final check protects your organization when changes are made to the diagnosis after a compliant procedure is performed, or when procedures are not checked prior to care.

Receive accurate, timely reimbursements.

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