OPTUM™

Intelligent EDI Eligibility Service

Save time and resources with simpler eligibility verification.

Optum™ Intelligent EDI Eligibility is an advanced tool that enables physician offices and hospitals to get quick, accurate answers to patient coverage queries that are vital to business and patients. Within seconds, it retrieves reliable validation of patient eligibility and, if available, additional information such as primary care provider, co-pay, and deductible information.

Check eligibility in seconds, not minutes. Intelligent EDI Eligibility provides direct access to up-to-date payer eligibility data, delivering eligibility responses within seconds. This access and speed significantly reduces phone time and administrative costs associated with manual eligibility verification.

See important co-pay and deductible information. By connecting directly with payer data, physician offices and hospitals can check for other important information and manage co-pays and deductibles up front.

Access the most payer connections in the industry. With connections to a vast network of payers, you can find the eligibility information you need with the click of a mouse.

Increase productivity through time-saving automation and processing. Intelligent EDI Eligibility delivers eligibility information within seconds, enabling front-office professionals to spend more time interacting with patients and taking care of other important work.

Take control of your practice.

Quickly conduct accurate business queries that are vital to your business and to your patients.

Call: 800-341-6141
Click: inform@optum.com
Visit: www.optum.com/edi

Eligibility options

Intelligent EDI Eligibility offers two types of eligibility: real-time and at upload. The information received is direct from the payer.

Real-time eligibility

- User inputs search criteria
- Payer searches database for a match
- Within seconds, the returned 271 response states whether a match is found, and if so, whether there is current eligibility
- Response may include member number, effective dates, and patient liability data (depends on payer)
- Most effectively used when the appointment is made, before the patient comes in

Eligibility at upload

- Patient data extracted from individual claims, formatted into an eligibility search, and combined in a batch for delivery to payer
- Generates a 270 eligibility request file in real time
- Most effectively used for screening claims for eligibility when other insurance may be involved

Integrated eligibility option

- Integrate real-time payer connections
- Automate 270/271 HIPAA transactions
- Exchange eligibility data within your HMS/PMS environment
- Expand current eligibility functionality
    - Auto-check at registration
    - Accelerate charity care applications
    - Sort and filter benefit segments to view those that are most important to your business at the beginning of the 271 response

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