



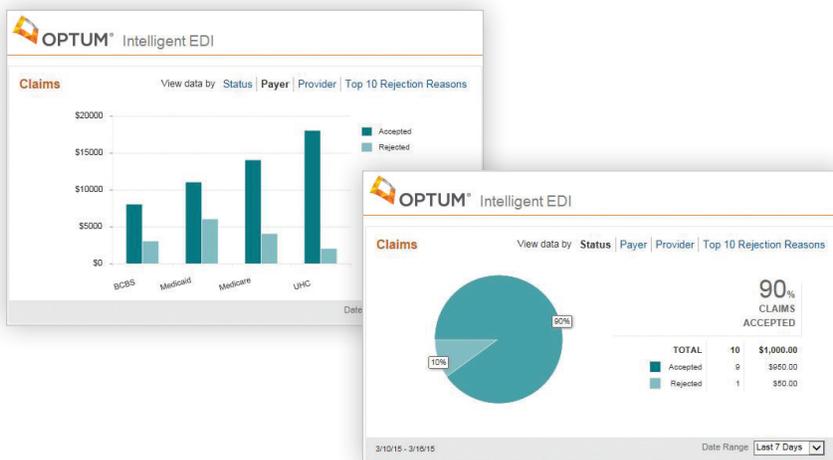
# Optum Intelligent EDI

Achieve higher first-pass payment rates and help your organization get paid quickly and accurately.



# The new benchmark for EDI performance

Health care has outgrown commoditized EDI, which produces too many errors and inefficiencies that cut into your margin. It's time for a new, more intelligent EDI that sustains your growth with every claim: Optum® Intelligent EDI.



## Benefit from automation within an enriched data stream — all from a single and easy-to-use EDI portal.

Intelligent EDI enables organizations to benefit from higher levels of automation and efficiency by embedding additional functionality into the EDI data stream. With a single solution, providers and facilities can manage the complete lifecycle of their claims, eliminating multiple systems and inefficient processes used to accomplish these business functions in the past.

Intelligent EDI integrates within the existing claim submission workflow processes and connects with virtually all practice management and hospital information systems. From a single dashboard, manage the administrative and financial lifecycle of a patient encounter from pre-visit, to time of service, through claim submission and post-visit follow-up activity. In addition, access to real-time claims status reporting allows staff to make quick decisions that affect productivity and reduce payer correspondence time.

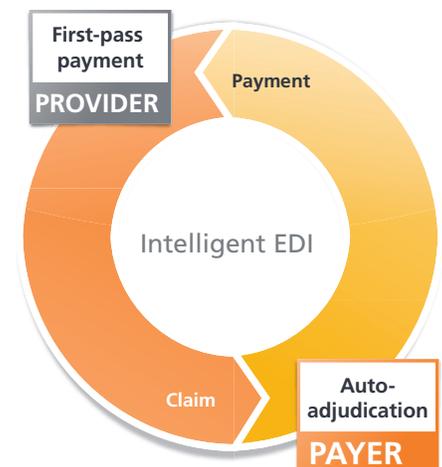
Optum Intelligent EDI is more than just a standard clearinghouse; its flexible automation allows for as-needed embedded functionality, including, but not limited to, advanced clinical editing capabilities, which identify claims certain to be denied and uncover unbilled items before submission to payers. Relying on standard baseline clearinghouse editing can jeopardize an organization's denial rates; ability to stay compliant with Medicare, Medicaid, commercial payers and the Blues; and capacity to capture every charge in every claim.

## Achieve higher first-pass payment rates.

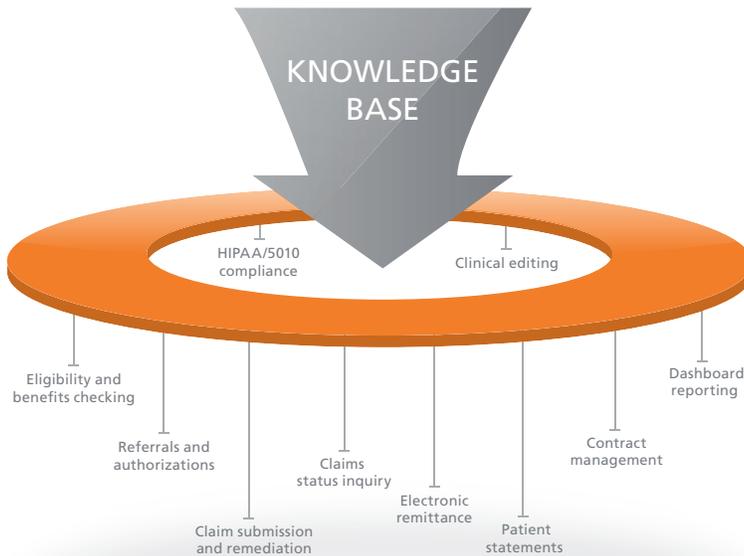
Competitors measure first-pass rates. We measure first-pass payment rates. Getting the money into your hands — quickly and accurately — is what our solutions are all about.

Optum Intelligent EDI is focused on providing you the most timely and accurate payments that technology can deliver. Our customers are achieving higher first-pass payment rates, resulting in:

- Increased margins
- Accelerated payments
- Reduced operational costs
- Fewer denial rates



# More knowledge in every transaction



## Measurable results

By using Intelligent EDI, providers can save:

- \$2 for every copayment that is collected while the patient is on site
- \$3.70 for every claim that pays on first pass
- \$3.40 for each new electronic claim status request
- \$15 to \$37 for each claim rework that is prevented
- \$2 for every reimbursement that is posted automatically

The bottom line — these incremental automation and efficiency improvements add up to substantial savings.\*

\*Potential savings reported by the Center for Health Transformation in situations when EDI capabilities are fully leveraged.

## No other EDI provider puts more data integrity and actionable intelligence into your data stream.

### Customize your EDI with in-stream capabilities:

- Eligibility and benefits checking
- Referral authorization
- Claim submission and remediation
- Claims status inquiry
- HIPAA 5010 compliance
- Advanced clinical editing
- Contract management
- Electronic remittance
- Patient statements
- Dashboard reporting

### Improved compliance

Optum invested millions to help our clients prepare for HIPAA 5010 and ICD-10. Our EDI solutions are 5010 compliant and are fully coded and tested to support ICD-10 changes. We connect to thousands of stakeholders, and provide in-stream claims validation that produces 97.5 percent first-pass payment rates — all without the need to rip and replace in-house technology.

### Can your clearinghouse power up with virtually all your existing technology systems?

Optum compatibility with the industry's top technology vendors — including streamlined integration with Epic — enable organizations to maximize their current investments.

# Gain stronger control over payment, cost and care

## Eligibility and benefit verification

With Optum EDI Eligibility Service, you can connect to an extensive group of payers to verify patient eligibility and benefit information. Our solution integrates with payers to allow you to verify coverage for your patients, identify discrepancies in provider databases to eliminate inconsistencies and identify patient responsibilities to collect while the patient is on site.

Intelligent EDI Eligibility offers two types of eligibility: **real-time** and **batch**. Submit eligibility requests by file upload, API integration and direct data entry. The information received is direct from the payer.

### Additional eligibility capabilities:

- Benefit-level sorting — Prioritize benefit level responses by service types that are most relevant to your department to quickly view coverage information.
- Benefit summary table — Use the EDI dashboard summaries to easily determine deductible and out-of-pocket information for patients.

## Referrals and authorizations

Optum referrals and authorizations allow organizations to send referral, inquiry and inpatient notification to payers online with ease, while lessening phone time and administrative costs. The referral and authorization allow you to confirm the provider is covered and certified with the payer to perform the specified service.

## Claims services — submission, remediation and status

With Optum claims services, you can connect to an extensive group of commercial and governmental payers, and manage your claims submissions and the status of those claims from a single solution. Enhanced capabilities include:

- **Primary and secondary claims submission**  
Connect to more than 3,000 connections, including Medicare, Medicaid and the Blues; file secondary claims electronically to reduce billing costs and accelerate payment.
- **Denial management**  
Edits and rejections are identified while clean claims are sent to payers.

## Transaction testing and validation

Optum testing, transformation and validation services provide the industry's leading HIPAA transaction testing and certification solutions. Test your X12 transactions for HIPAA 5010 conformity, fix errors and certify compliance.

## Remittances

Optum remittance service allows organizations to receive remittances from more than 400 commercial and governmental insurers that have ERA connections with Optum and puts your organization on the receiving end of those connections.

## Advanced clinical editing

Advanced clinical editing leverages the largest Medicare, Medicaid, commercial payers and the Blues knowledge base in the industry. The database is backed by over 70 million code-to-code relationships and 140+ dedicated FTEs that review, edit, delete and maintain the data's accuracy. Unlike clearinghouse editing, Optum edits are all sourced to an industry standard and include disclosure statements.

Claims are reviewed and edited against the knowledge base before payer submission to achieve higher first-pass payment rates, and unbilled services that were previously not billed for are identified. The results are reduced claim denials that necessitate rework and increased collections that improve cash flow.

## Contract management

Leverage payer contract variance detection and recovery capabilities while uncovering new operational efficiencies by automating processes that address underpaid claims and under-billed services. Systematically track compliance with contractual fee schedules and identify claim payment variances.

## Patient statements

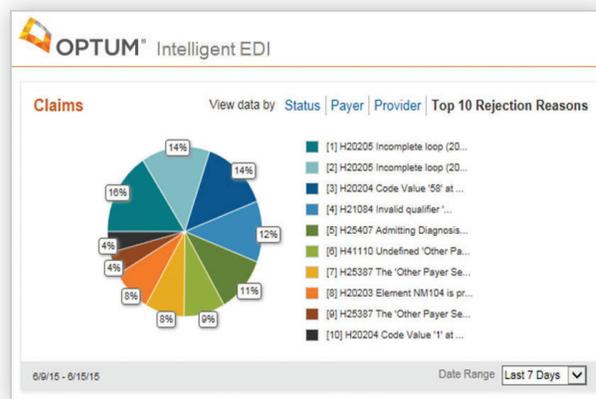
Optum patient statements provide a powerful administrative tool that improves patient collection, speeds recovery of amounts owed and reduces patient billing costs. This user-friendly tool streamlines processes vital to your revenue stream and helps:

- Improve collections from patients and increase patient satisfaction.
- Manage payment plans and simplify accounting of patient balances.

## Dashboard reporting

Access the claims dashboard for quick and easy real-time reports, including status of claims that include payer and provider views with 13-month history. Drill down into "Accepted" or "Rejected" claims status via interactive graphs and access a "Top 10 Rejection Reasons" report.

### Manage your claims from a single dashboard.



"Top 10 Rejection Reasons" dashboard view is available to identify any trending in claim submission rejections.

# Only from Optum

The new era of EDI requires leadership on multiple fronts: Provider knowledge. Payer knowledge. Connectivity knowledge. Coding expertise. Leading technology. Financial strength. Only Optum has it all.



## Connecting and serving the health system

- Optum works with 74 million consumers, four out of five hospitals, 67,000 pharmacies and 300 health plans

## Connectivity leadership

- 50 million+ processed transactions per month
- 220,000+ unique submitting TINs, representing in excess of 600,000 providers nationally
- 400+ connected hospital and provider software vendor partners
- Over 3,000 payer connections, including government (Medicare, Medicaid) and the Blues

## Coding leadership

- A proprietary knowledge base containing more than 119 million government and third-party industry claim edits, sourced at the code level, and 140+ FTEs that manage the accuracy of the data

## Technology leadership

- The industry leading X12, 5010 and ICD-10 testing and certification capabilities



11000 Optum Circle, Eden Prairie, MN 55344

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**Call:** 1-800-765-6793

**Email:** [inform@optum.com](mailto:inform@optum.com)

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