

Optum Physician Advisor Solutions

Commercial payer denials are increasing and successful appeals are becoming more difficult to achieve, especially among complex clinical denials. As denials add up, many providers struggle to provide enough skilled internal resources to cope. Effective utilization review (UR) and clinical documentation integrity (CDI) are more important than ever. Inaccurate medical necessity determinations and clinical documentation can suppress appropriate reimbursement and raise audit risk.



Optum360 offers a wide range of solutions that blend physician advisor expertise, evidence-based medical research, and sophisticated technology to deliver greater efficiency, accuracy and defensibility to UR and CDI processes and outcomes.



medical necessity payer acceptance rate



On-Site Physician Advisor

The On-Site Physician Advisor service offers a well-resourced, highly trained on-premises expert focused on peer-to-peer collaboration to effectively resolve UR and CDI issues, fostering appropriate reimbursement and accurate quality reporting. The On-Site Physician Advisor builds relationships with your physicians and learns the culture of your organization, offering a wide variety of services including, but not limited to:

- Medical necessity reviews
- Length of stay analysis
- Champion for CDI team
- Concurrent and retrospective denial appeals
- UR Committee Advisor
- Ad Hoc Projects



Remote Medical Necessity Reviews

Optum also offers remote-based medical necessity review service to help protect a provider's revenue across all payers by accurately determining the most appropriate patient care setting (inpatient or observation) and length of stay.



First Level Review Services

Optum360 can augment your utilization review (UR) department by providing a seasoned team of highly trained nurses with UR experience to provide consistent first level screening, utilizing clinical information from the medical record to perform a preliminary review of medical necessity for inpatient admission.



Clinical Denial Appeals

Equipped with the experience of over 1 million commercial and government appeals, our clinicians help you recover appropriate reimbursement and overturn denials. Our methodology combines physician clinical expertise – focused on medical necessity – with expert arguments to explore all appeal avenues, while our proprietary technology allows each case to be tracked and appealed through every available payer, state and regulatory level.

OPTUM CASE ADVISOR

Our services are powered by our Al-enabled Optum Case Advisor, offering an unmatched combination of automated initial patient record assessments, key data signpost identification and evidence-based medical research. This combination allows for greater efficiency, accuracy and defensibility of medical necessity determinations, and optimizes other UR and case management activities.



Evidence-based medical knowledge

- Based on more than 20,000 evidencebased medical research articles
- Constantly updated with latest research and improved logic



Subscription-based pricing offers greater value

 Flat monthly fee allows for greater volume of case reviews, increasing the overall medical necessity



Sophisticated technology and high quality data

- Al utilizes database of 13 million second-level case reviews for accurate medical necessity recommendations
- Al-enabled case reviews quickly identify clinical risk factors for clearer justification of patient status

Complimentary Value-Added Services

Our physician advisor services include a number of value-added services, at no additional cost, to monitor performance, educate your staff, and optimize processes:



Analytics and reporting services



Peer-to-peer education and coaching



Audit and education reviews



Access to training materials



Strategic business process recommendations



Education and Learning Network (ELN)

Our value:

Why should your facility partner with Optum to improve your medical necessity and denials management processes? Optum360 offers solutions that are:

- Accurate. Automated initial case assessment improves slow, error-prone manual processes.
- **Consistent.** Front-end intelligence and process standardization yields greater outcome consistency and audit preparedness.
- **Valuable.** Subscription-based pricing reduces average review cost and allows more cases to be reviewed for more appropriate reimbursement.
- **Efficient.** Al-enabled solutions allow your staff to focus on patient care, preventing readmissions, avoidable days, and other key objectives.
- **Experienced.** 20 years of experience in physician advisor services, a true discipline with unique education and requirements

Contact us to see how Optum360 can work to improve your organization's revenue cycle.



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