

High Dollar Claim Review



Today cost containment is more important than ever for those bearing health care's financial burden. For health plans, employers, reinsurers and TPAs, high dollar claims pose significant financial risks. Our High Dollar Claim Review addresses this risk by reducing paid expenses. Analyzing high dollar claims requires specialized expertise and resources. And a payer may be short of the staff, time or experience to identify and deconstruct the clinical, network and coding nuances inherent to complex claims.

At Optum[®], our High Dollar Claim Review focuses on claim settlement. The program is designed to provide both the flexibility—and the thoughtful approach—that complex claims demand. We start by reviewing the claims to identify appropriateness of the charges. We can also negotiate better payment rates. Our approach to complex claims draws upon a broad set of Optum capabilities spanning coding expertise, benefit interpretation, experienced medical directors and auditors as well as our vast network relationships.

Delivers savings up to 30 percent of payable charges

Our clients typically experience savings yield with this program of 10 to 30 percent of payable charges supported by settlement with providers.¹ Claim review focus areas include:

- Room and board acuity levels
- Non-covered services
- Coding and/or unbundling
- Adverse events
- Billing errors

Complex high-dollar facility claims require:

- Client-centric adaptable approach
 - Deep bench of resources to maximize savings
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Real world savings

Case: NICU admission at contracted facility
\$737k payable charges
\$140k identified audit exceptions
\$119k negotiated settlement with facility
\$618k total claim payable with audit
16% claim payable savings²

The results illustrate typical savings of 10 to 30 percent of payable charges.

You are in control

Befitting our proven method to complex claims, the Optum program caters to the needs of our clients for high dollar claims.

- No cost to client until savings are realized on claim (settlement)
- Complimentary preliminary risk assessment
- Client decides to audit, negotiate, or not pursue individual claims

Efficient and robust process

The claims review addresses a range of concerns, covering the appropriateness of charge coding and plan coverage of services. The review process is guided by the decisions and preferences of the payer as well as the hospital contract terms.



Our quick turnaround time, within 5 to 10 business days after receiving the documentation, enables a prompt resolution and settlement.

Start saving today without cost to you

Our High Dollar Claim Review is available to you at no upfront cost. Our compensation is based upon a percentage of what we save you. Contact your Optum representative to learn more. Please call **1-866-427-6845**, email us at engage@optum.com or visit www.optum.com.

Sources:

1. Analysis of Optum High Dollar Claim Review results, 2012-2014. Rich, 4/2015.
2. West coast health plan, November 2013. Rich, 11/2015.

Optum provides health and well-being information and support, but does not provide medical advice or other health services. Savings estimate ranges are based Optum data from 2014 and 2015. Actual savings may vary based on a number of factors including specific markets, services and rates.

No cost to you

unless Optum saves you money.

Our cost containment program holds deep experience and expertise in:



The vast Optum resources enable claim reviews from any category. Common areas include:

- NICU
- Adult ICU
- Transplants
- Trauma and burns



11000 Optum Circle, Eden Prairie, MN 55344

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