More than 90 percent of claims denials are preventable.*

As health care organizations strive for efficiency and positive patient experiences, it’s essential to have a single, trusted solution to manage the claims lifecycle.

Optum® Intelligent EDI is more than a standard clearinghouse. It’s a single point of entry to connect with payers, where all stakeholders reap the benefits of standardized electronic data interchange (EDI): speed, accuracy and convenience. The efficient flow of claims and related information is crucial to your organization’s success. Intelligent EDI simplifies transactions, from patient check-in to payment posting.

- Check eligibility in real time.
- Submit and track claims.
- Manage your rejections and denials.
- Speed up reconciliation with electronic remittance advice (ERA).
- Improve patient collections.
- Send referrals electronically.
- Access real-time dashboard reporting.

* 2014 Advisory Board study.
Optum Intelligent EDI core features

**Free EDI services via Link**
Leverage no-cost* claim submission to all payers.

**Claims service — submission, status**
Optum Claims Service is a claims management solution using convenient electronic data interchange (EDI). With Optum Claims Service, organizations have an easy, secure method for quick, accurate and cost-effective electronic claims submission to government and commercial payers. Optum Claims Service includes:
- Primary and secondary claims/professional, facility and dental
- Claim status and tracking via a claims dashboard
- More than 4,000 connections, including Medicare, Medicaid, commercial payers and the Blues®

**Electronic remittances**
Receive remittances from more than 400 government and commercial payers.

**Dashboard reporting**
Access the claims dashboard for quick and easy reports that include interactive graphs and 13-month history.

*Minimal pass-through, select Medicaid payer, and non-UHC real-time fees apply to some transactions.

**Eligibility and benefit verification**
Optum Intelligent EDI Eligibility enables organizations to get quick, accurate patient information vital to business and patients. Retrieve eligibility data, as well as details on primary care provider and out-of-pocket costs.
- Access payer eligibility data directly.
- Eliminate phone time and administrative costs.

**Referrals and authorizations**
Optum Referrals and Authorizations allow organizations to send referral, inquiry and inpatient notification to payers online, lessening phone time and administrative costs. Confirm the provider is covered and certified with the payer, to perform the specified service(s).

**Patient statements**
Optum Patient Statements improves patient collection and reduces costs.
- Reduce preparation costs and the hassle of mailing statements.
- Easily print statements.
- Add a custom logo or message to statements.

**Denial coordinator**
- User-configurable work queues streamline efficiency and add laser focus to target areas (timely filing, high-dollar).
- Edits and rejections are identified, while clean claims are sent to the payer.

---

**Call:** 1-800-765-6705  
**Email:** inform@optum.com  
**Visit:** optum.com/edi

---

© 2017 Optum, Inc. All rights reserved. WF340671 08/17