

Third-Party Liability



Determining third-party liability in claims payments is a complex and costly undertaking. Optum® Third-Party Liability is a comprehensive solution that combines pre-pay and post-pay identification, investigation and recovery efforts supported by a membership integrity service. This solution enables state Medicaid programs to maximize savings through enforcement of Medicaid as the payer of last resort. It leverages the power of technology, data analytics and process improvement to drive claim resolution which helps:

- Proactively identify other insurance coverage sooner in the claims process.
- Develop procedural improvements to prevent future overpayments and increase accurate member coordination.
- Reduce pay-and-chase, using timely and actionable data.
- Reconcile overpaid claims, using a multi-tiered recovery solution built on a relationship-oriented approach.

Solution approach with OptumIQ™

As states move toward focusing on cost avoidance rather than pay-and-chase, Optum helps clients identify critical administrative third-party liability issues. We apply OptumIQ™ health care intelligence — spanning data, analytics and expertise capabilities — to detect, recoup and reclaim overpayments.

Optum subject matter experts identify Medicaid recipients who have other primary coverage. Each identified policy is validated and the Medicaid program is notified, allowing them to avoid future overpayments. We also identify overpayments due to coordination of benefits and initiate recovery between providers and payers. This unique approach presents a balanced combination of cost avoidance plus overpayment recovery.

Through end-to-end third-party liability management, we help states establish Medicaid as the payer of last resort, thereby maximizing savings for the entire program. Using closed-loop processes and savings reporting, we shift payment integrity efforts from traditional post-payment recovery to pre-payment cost avoidance.



DETECTION

PRE-PAY



PROVIDER
RECOUPMENT

RECLAMATION



RECLAMATION

Solution benefits

Optum detects other insurance policies using up-to-date national eligibility information, as well as other health care data, with a cost avoidance focus as compared to traditional competitors. The traditional approach often uses limited data sources that are out of date and inaccurate, coupled with minimal validation efforts — leading to low recovery rates and low savings. The Optum approach uses significant expanded insurance coverage data, supplemented with strategic partners that offer healthcare and non-healthcare data coupled with our rigorous validation process — leading to timely cost avoidance and improved savings for our Medicaid clients.

Utilizing this unique solution results in significant benefits:

Optum Third-Party Liability

Broader access	<ul style="list-style-type: none"> Maintains a database with more than 120 million covered lives, creating visibility between commercial health plans, states and federal agencies Refreshes data on a weekly basis, reducing abrasion linked to denials caused by outdated eligibility information
Data accuracy	<ul style="list-style-type: none"> Conducts eligibility data updates into our system more frequently in order to effectively capture records of other insurance coverage
Claims handling	<ul style="list-style-type: none"> Enables Medicaid programs to tighten claim flow process through early identification of primary payer versus secondary Continually reviews and updates Medicaid recipients' coverage data as it changes, allowing payers to adjudicate claims upon receipt, rather than waiting for primacy verification
Financial advantage	<ul style="list-style-type: none"> Reduces labor-intensive outreach process, rework, recovery and other post-pay coordination of third-party liability efforts

Why Optum?

Optum Third-Party Liability focuses on cost avoidance while working to eliminate the pay-and-chase approach to improper claims payments. We proactively identify individuals with other coverage long before payment is considered, helping our Medicaid clients save time and money.

Our unique, all-inclusive solution delivers the coverage information that is most beneficial in identifying other insurance coverage and supporting recovery efforts of medical claims.

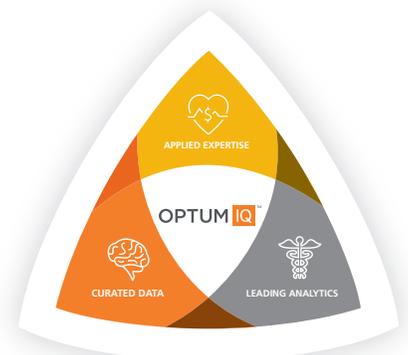
A large state Medicaid agency selected our cost avoidance solution to identify third-party liability. This resulted in:

3.2M policy matches

\$430M+ in savings

87% cost avoidance versus pay-and-chase

HEALTH CARE INTELLIGENCE



Stop overpaying claims and increase savings quickly and effectively.

Email: empower@optum.com

Phone: 1-800-765-6807

Visit: optum.com



11000 Optum Circle, Eden Prairie, MN 55344

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