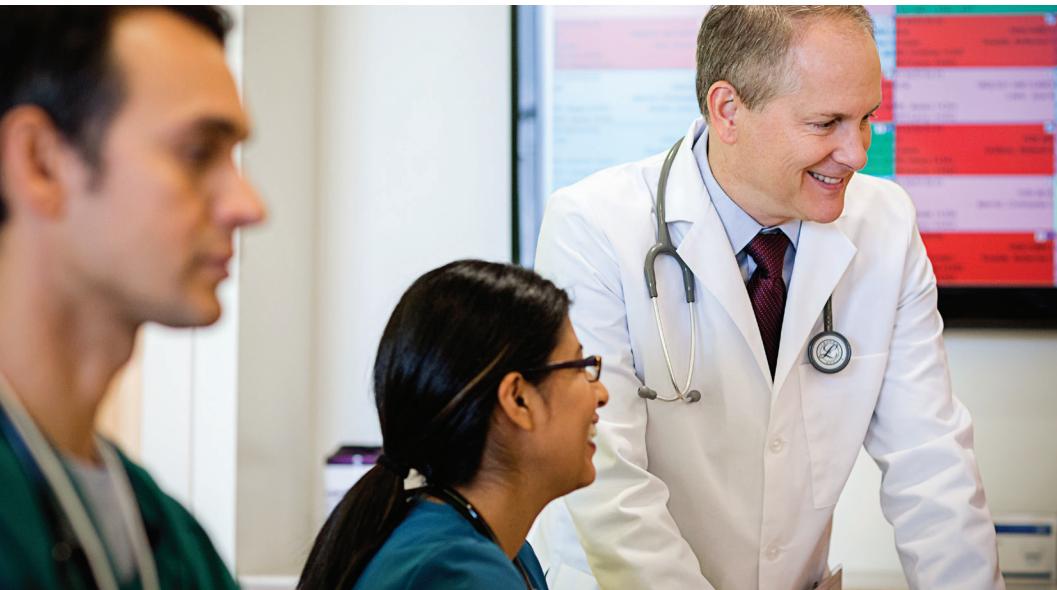


Optum Intelligent EDI



The new benchmark for EDI performance

Health care has outgrown commoditized EDI, which produces errors and inefficiencies that cut into your margins. It's time for intelligent EDI that sustains your growth with every claim: Optum[®] Intelligent EDI.

Access an enriched data stream — from a single, easy-to-use portal.

Optum Intelligent EDI automation delivers enhanced functionality within the EDI data stream. This single solution allows providers and facilities to manage the claims lifecycle and eliminate multiple systems and inefficient processes.

Intelligent EDI integrates with existing claim submission workflow processes, practice management and hospital information systems. From a single dashboard, you can manage the administrative and financial facets of a patient encounter from pre-visit to post-visit, and use real-time reporting to make decisions that minimize payer correspondence time and enhance productivity.

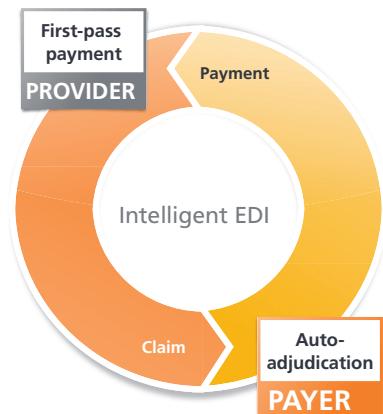
Optum Intelligent EDI is more than a clearinghouse. Flexible automation allows for as-needed, embedded functionality. For example, advanced clinical editing capabilities identify claims certain to deny as well as unbilled items, which uncovers additional revenue opportunities before payer submission.

Achieve higher first-pass payment rates.

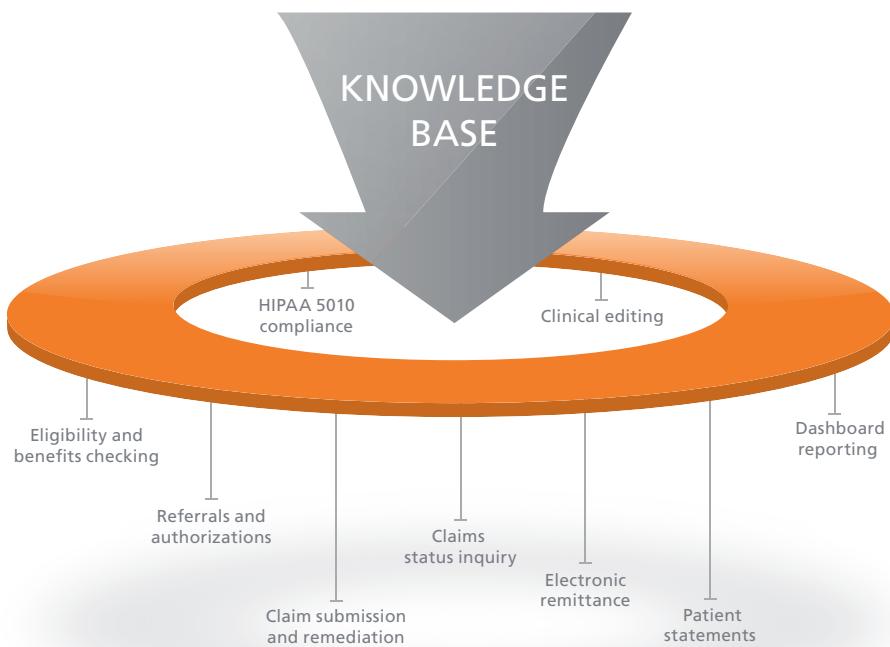
Competitors measure payment turnaround times, regardless of how many attempts it takes to achieve successful submission. Optum measures first-pass payment rates — getting the money into your hands quickly and accurately. Optum Intelligent EDI is focused on providing the most timely and accurate payments technology can deliver.

Our customers are achieving:

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



More knowledge in every transaction



No other EDI provider puts more 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

Improved compliance

Optum ensures clients using our solutions are supported and compliant. We connect to thousands of stakeholders and provide in-stream claims validation that surpasses 97.5 percent first-pass payment rates — without the need to rip out and replace in-house technology. Relying solely on standard clearinghouse editing can jeopardize an organization's denial rates, compliance and capacity to capture all charges in submitted claims.

Can your clearinghouse power up with all of your existing technology systems?

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

Measurable results

By using Intelligent EDI, providers can save:

- \$2 for every copayment that is collected while the patient is onsite
- \$3.70 for every claim that pays on first pass
- \$4.28 for each electronic claim status request
- \$15 to \$37 for each prevented claim rework
- \$2.55 for every auto-posted reimbursement

The bottom line — 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.

Optum Intelligent EDI features

Eligibility and benefit verification

Connect to an extensive group of payers to verify patient eligibility and benefits. Verify coverage, identify provider database discrepancies and determine patient financial responsibility, while the patient is onsite.

Intelligent EDI offers real-time and batch eligibility verification. Submit eligibility requests via API integration, file upload or direct data entry, and receive information directly from payers.

Additional eligibility capabilities:

- Benefit-level sorting: Prioritize benefit-level responses by service type to quickly view coverage information.
- Benefit summary table: Use EDI dashboard summaries to easily determine patients' out-of-pocket costs.

Claims Manager via iEDI

Advanced clinical editing is supported by the Optum® KnowledgeBase, an industry-leading database backed by over 132 million code-to-code relationships and 140+ experts that review and manage the data. Unlike clearinghouse editing, Optum edits are all sourced to an industry standard and include disclosure statements.

Claims are reviewed and edited against KnowledgeBase content, before payer submission, to identify errors and unbilled services. This results in less claim denials and rework, higher first-pass payment rates and improved cashflow.

Transaction testing and validation

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

Claims service — submission, status

An easy, secure method for quick, accurate and cost-effective electronic claims submission to government and commercial payers.

- Primary and secondary claims: professional, facility and dental.
- Claim status and tracking via a claims dashboard.
- Over 4,000 connections, including Medicare, Medicaid, commercial payers and the Blues®.

Referrals and authorizations

Send referral, inquiry and inpatient notifications 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

Improve patient collection and reduce costs.

- Reduce preparation costs and the hassle of mailing statements.
- Easily print statements.
- Add a custom logo or message to statements.

Electronic remittances

Receive remittances from more than 400 government and commercial payers.

Dashboard view

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

Only from Optum

Only from Optum's expertise in revenue cycle do you get unified access to innovative technology, leadership, valuable coding knowledge, and insight into providers and payers. We'll help you take your revenue cycle into a new era.



Connecting and serving the health system

- 9 out of 10 hospitals and 300 health plans served
- 2.9 billion transactions processed per year
- 220,000+ unique submitting TINs, representing in excess of 600,000 providers nationally
- 400+ connected hospital and provider software vendor partners
- More than 4,000 payer connections, including government (Medicare, Medicaid) and commercial payers



Clinical editing leadership

A proprietary KnowledgeBase containing more than 132 million government and third-party industry claim edits, sourced at the code level, and 140+ clinical and coding experts that manage and update the data.



Technology leadership

Industry-leading X12, 5010 and ICD-10 testing and certification capabilities.

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