Optum

Comprehensive Denial Prevention

When it comes to traditional claim processing, there are many inefficiencies that cause high administrative costs and tremendous clinical and administrative waste for the health care system.

Many challenges are shared by both health plans and providers, including:

- Lack of interoperability between health plan systems and provider workflows
- Manual processes to exchange data
- Lack of visibility into health plan-specific requirements
- Variability in health plan requirements

What is the result? Denials. Preventable denials create rework and inefficiency, resulting in even more unnecessary administrative costs for health plans and providers.

What if technology, interoperability and services could be used to evolve from processing denials to preventing them, reducing administrative waste in the health care system?

Stop processing denials. Start avoiding them.

Optum sees the future of payment accuracy and a different way to drastically reduce friction due to claim denials. Optum® Comprehensive Denial Prevention is a shift-left provider education and denial prevention program that changes how we think about payment accuracy.

By leveraging health plan-specific editing, providers are notified of likely denials prior to claim adjudication, shifting from traditional denials-based claims accuracy processes to error and denial prevention.

$260B
Due to lack of transparency[1]

$1.1T+
Estimated annual administrative health care cost[2]

86%
of claim denials are preventable creating unnecessary work[3]

1. jamanetwork.com/journals/jama/fullarticle/2785479#:~:text=A%20variety%20of%20studies%20over,of%20%243.8%20trillion%20in%202019.
2. mckinsey.com/industries/healthcare-systems-and-services/our-insights/administrative-simplification-how-to-save-a-quarter-trillion-dollars-in-US-healthcare.
3. Report Finds Medical Claim Denial Rates Rising Nationwide, Highest in Initial COVID-19 Hotspots (ajmc.com).

Providers ↔ **Data / Standards / Policies / Rules / Guidelines** ↔ **Health plans**

This end-to-end solution takes a modern approach to denial prevention, bringing together advanced Optum technology and analytics, best practices and our decades of experience in payment accuracy.

Comprehensive Denial Prevention helps providers prevent errors and denials and provides cumulative value for all operational areas of the claim process:

- **Messaging** enables claim accuracy through real-time messaging to all network providers.
- **Managed services** educate providers through outreach to help increase adoption and correction rates.
- **Alerts** create efficiency through integration with provider practice management and notify providers of likely denials in their existing workflow prior to claim adjudication.

Modernizing denial prevention

When processing a claim using traditional claim accuracy programs, thousands of rules fire mid-adjudication, generating denials that result in rework and inefficiency.

With Comprehensive Denial Prevention, health plans and providers exchange common information at the point of coding and billing. Connections are created from health plan claim editors to the provider practice management systems. Billing entries or claims are evaluated against editing rule sets up front. Any error or correction results are sent as an alert and passed to the provider to take action as soon as possible in their workflow.

Support accurate, complete claim submission the first time

Comprehensive Denial Prevention delivers timely feedback to providers on actionable errors or information gaps that trigger claim denials. Providers take action to correct errors enabling them to submit accurate, complete claims the first time.

Health plans subsequently reduce claim processing time, and patients better understand their financial responsibilities.

- **Reduce administrative expenses** associated with appeals, costly investigation and recovery efforts. Notify providers to self-repair and lower the relative number of reworked claims.
- **Improve provider satisfaction** and retention levels by delivering a clear and efficient claim feedback cycle. Fewer phone calls, fewer appeals and fewer delays.
- **Scale quickly** by leveraging industry-standard Electronic Data Interchange (EDI) workflows and 277CA to message an entire provider network immediately after implementation.

Facilitating provider engagement

Educating providers and equipping them for success is critical. Comprehensive Denial Prevention managed services help increase adoption, improve correction rates and maximize program value.

Through outreach prior to claim submission, providers are engaged to increase participation in messaging in the revenue cycle workflow. Here is how Comprehensive Denial Prevention managed services facilitate provider engagement:

Deploy messaging technology in health plan environment to create transparency:

- Identify and deploy applicable rules for messaging
- Track and report results

Educate providers to drive program success:

- Reach out to providers to educate them about the messages
- Assist with routing messages to the right team
- Improve correction rates

Embed messaging

- Deliver real-time notifications in the provider workflow before claim submission

Benefits for both health plans and providers:

- Enables mutual transparency
- Provides greater efficiency
- Reduces administrative burden
- Increases payment accuracy
- Improves patient experience

Find out how you can start preventing denials.

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