The Clearinghouse Evolution – Optum Intelligent EDI

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Sr. Solution Engineer
Agenda

• Optum Overview

• The Clearinghouse Evolution

• Optum Intelligent EDI vs. The Traditional Data Stream
  ➢ Clearinghouse Services
  ➢ Clinical Editing
  ➢ Workers Compensation e-Bill
  ➢ Electronic Patient Statement
  ➢ Online Patient Payments

• Next Steps
Optum Businesses

**OPTUM Insight™**
One of the largest **health information, technology and consulting** companies in the world

**OPTUM Health™**
The leader in **population health management** serving the physical, mental and financial needs of both individuals and organizations

**OPTUM Rx™**
The **pharmacy management** leader in service, affordability and clinical quality

Market leaders within a dynamic health services market
OptumInsight Business Profile

• An insight-driven health care solutions company since 1996

• A significant footprint in health care communities
  – Enable secure delivery of **health claims and clinical information for more than 1 in 7 Americans**
  – **Proprietary de-identified health care databases** with 75+ million patient lives; and over 15 years of longitudinal health data
  – Supporting **1 in 5 Emergency Department** visits
  – Work with **6,200 hospital facilities, 246,000 health care professionals/groups, and 270 government entities**
OptumInsight Provider Division “Pillars”

<table>
<thead>
<tr>
<th>Cost &amp; Operational Improvement</th>
<th>Compliance</th>
<th>Financial Performance</th>
<th>Clinical Performance</th>
<th>Claim Integrity &amp; Connectivity</th>
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<tbody>
<tr>
<td><strong>Solution Summary</strong></td>
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<tr>
<td>A new approach to creating sustained cost advantage.</td>
<td>Ensure compliance and revenue integrity at the point of care for hospitals and physicians.</td>
<td>Industry-leading tools and operational excellence to accelerate sustainable financial results</td>
<td>Drive improved outcomes in the hospital high-acuity and ambulatory care settings.</td>
<td>Empower all Stakeholders with a Platform to Transform Claim and Clinical Information Flow</td>
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<tr>
<th>Key Capabilities</th>
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<tr>
<td>Picis Workflow Solutions</td>
<td>EHR Medical Necessity Compliance</td>
<td>CareMedic eFR® and Revenue Cycle Management</td>
<td>Picis High-Acuity Solutions</td>
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<td>Cost Containment Consulting Services</td>
<td>ICD-10 Compliance</td>
<td>Actuarial consulting services</td>
<td>Clinical data services</td>
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<td>LYNX revenue management solutions</td>
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<td>Computer Assisted Coding</td>
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<td>Claim Integrity</td>
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<td>– Claims Manager</td>
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<td>– Contract Manager</td>
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<td>Connectivity</td>
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<td>– Intelligent EDI</td>
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<td>– Validation Suite</td>
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<td>HIE solutions</td>
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<td>PM/EMR</td>
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Would you like to invest in a little startup company?
It’s me, Mario! Do you remember the tune?
Let’s evolve the clearinghouse…

Optum Intelligent EDI
The Enriched Data Stream
Optum Intelligent EDI vs. The Traditional EDI Stream
Traditional EDI Stream Today

- Complex network of intermediaries increases process time, creates opportunities for transactions to be lost or corrupted, and makes tracking impossible — ultimately reducing revenue recognized.
- Providers forced to use many disparate interfaces to manage EDI – No one voice solution
Optum Intelligent EDI – The Evolution

The enriched data stream!

- Clinical Editing
- Actionable Reporting
- Denial Management
- Fraud & Abuse Detection
- Electronic Claim Submission (Primary and Secondary)
- Benefits & Eligibility Inquiry
- Electronic Remittance Advise
- Claim Status Inquiry
- Electronic Patient Statements
- Online Patient Payments
- Workers’ Comp eBilling

Catch rework at the least costly point — before it leaves your business
Submit cleaner claims the first time and speed payment
Identify additional revenue sources — average group fails to capture 5% of potential revenue

Submit cleaner claims the first time and speed payment
Putting all the pieces together

Clearinghouse Services

Additional Enrichment

Clinical Editing

OPTUM Intelligent EDI

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Optum Intelligent EDI – Clearinghouse Services
# Intelligent EDI Clearinghouse

Intelligent EDI is a Web-based clearinghouse that provides primary and secondary electronic transmissions, electronic remittances, eligibility verification, claim status, and much more to help you supercharge your revenue cycle.

## Automation efficiencies
- Improve the quality of every EDI transaction
- Boost accuracy and efficiency with access to real-time information from payers
- Build unlimited custom edits that check against the rules applied to specific payers
- Leverage our complimentary lifetime data warehouse for all your EDI files
- No charge for claims that are not accepted by a payers front-end
- No charge for ERAs
- Auto-build secondary claims for free

## Easy integration and implementation
- Web-based delivery method
- Real-time information
- Integrates seamlessly into a variety of office workflows and Practice Management Systems
- Be up and running in a matter of weeks with OptumInsight managing the infrastructure

## Increase revenue potential
- Access Intelligent EDI’s comprehensive account reconciliation process which:
  - Addresses primary payer A/R issues
  - Accelerates secondary billing processes
  - Prevents denials by facilitating accurate and compliant claims
# Core Intelligent EDI Functionality

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<th>Functionality</th>
<th>Details</th>
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| **Eligibility Verification** (270/271)             | • Run real-time reports in seconds, not minutes, directly from the user interface  
• Choose either real-time or batch verifications; see co-pay and deductible  
• Transactions can be stored and can be viewed multiple times at no additional cost |
| **Primary Electronic Claims Submissions** (837 I, P, D) | • Reduce the number of errors, rejections, and denials while increasing first-pass rate  
• Create unlimited, custom rules and edits for your claims at no additional charge  
• One application to transmit Professional, Institutional, and Dental claims; you can track the status of your claims at all times. |
| **Claims Status Inquiry** (276/277)                | • Schedule automatic reports with each payer on the status of claims based on your average A/R days to see if your request was accepted or denied |
| **Electronic Remittances** (835)                  | • Receive electronic remittance from all payers that offer 835 at no additional cost  
• Each remittance is attached to the original claim and can be accessed at any time to speed response times from payers |
| **Secondary Electronic Claims Submissions** (837 I, P, D) | • Create secondary claims with the click of a button  
• Auto-populate the CAS codes for all electronic secondary claims  
• OptumInsight prints and mails secondary claims along with the original 835 to any payers that are unable to accept electronic secondary claims  
• Delivery of both printed and electronic secondary claims |
Clinical Editing Integrated with Clearinghouse Services

Review claims before submission to reduce claim denial rates. Shorten accounts receivable cycles, and increase the rate of collection. Identify partially billed procedures before claim submission, which results in complete payment for all services delivered.

<table>
<thead>
<tr>
<th>Automation efficiencies</th>
<th>Over 66 Million Coding Relationships</th>
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<tbody>
<tr>
<td>• Industry leading clinical editing solution</td>
<td><strong>Commercial editing</strong></td>
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<tr>
<td>• Review claims before submission to reduce claim denial rates</td>
<td>• Facility edits</td>
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<tr>
<td>• Shorten A/R cycles, and increase collection rates</td>
<td>Medicare and Medicaid editing (including LCD and NCD)</td>
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<tr>
<td>• Realize significant productivity improvement through automation</td>
<td>• Part B coding relationships</td>
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<tr>
<td>• Reduce claim denials by pre-screening for billing and coding errors</td>
<td>• Part A coding relationships</td>
</tr>
<tr>
<td>• Stay current with new and changing guidelines</td>
<td>• MUE and CCI</td>
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<tr>
<td>• Comply more easily with Medicare and commercial regulations</td>
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<tr>
<td>• Develop your own edits and customize system edits to meet your practice’s billing and reimbursement needs</td>
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Increase revenue potential

• Identify sources of missed revenue
• Detect missing related procedures consistent with standards
• Resource and financial investments are made annually to help gather and maintain the content used in our editing and billing products
# Clinical Editing Support vs. Typical Clearinghouse Edits

## Typical Clearinghouse Edits
- HIPAA compliance and certification (WEDI SNIP 1-7)
- Presence of a field
- Companion guide edits (loop, segment)
- Claim-level Medicare edits
- Claim-level LCD
- Code validation edits

## Integrated Clinical Edits Support (not all inclusive)

### Historical Based Clinical Edits
- **Appropriate use of Modifiers**
  - Modifier 25 Requirement
  - Modifier/CPT code appropriateness
- **MUE Medicare**
- **MUE Medicaid**
- **Unbundling Across Claims**
  - Commercial Unbundle
  - Medicare Unbundle (CCI)
  - Medicaid Unbundle (CCI)
  - Should component codes be transferred to a different code such as a lab panel?
- **Global Surgery Packets**
  - Was a related procedure performed during a global follow-up?
- **New vs. Established Patient**
- **CPT to DX to MOD relationship**

### Historical Based Clinical Edits
- Sequencing of DX codes
- Age, gender, frequency relationships
- Medicare edits (MUE, Global, Reductions)
- Non-covered services
- NCD/LCD
- Missing or Duplicate Charges
- Physician Quality Reporting System (PQRS/PQRI)

### Revenue Enhancing Edits
- **Services not Billed for:**
  - Both Injection & Injection materials?
  - Prolonged Service Billed, Missing E/M Service?
  - Radiology Guidance Billed with Breast Biopsy?
## Pre-Op Procedure One Day Before Surgery

<table>
<thead>
<tr>
<th>Definition</th>
<th>Validate the surgical provider isn’t billing for E/M service one day prior to surgery (if being seen for items related to the surgery)</th>
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<tr>
<td>Edit Type</td>
<td>Historical Edit</td>
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<td>Example</td>
<td>Patient comes in for an office visit, one day prior to meniscus surgical repair, for service related to surgery</td>
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<td>• If E/M service was billed on a different claim, then the surgery PRH would trigger</td>
</tr>
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<td></td>
<td>• If E/M service is on same bill as the surgical procedure PRE is triggered</td>
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Electronic Patient Statements

Workers Compensation

Online Patient Payments

Optum Intelligent EDI – Additional Enrichments
### Additional enrichments

#### Workers’ Comp
- Workers’ Compensation, Property & Casualty Clearinghouse that receives X12 EDI files
- Take EDI files, supporting documentation and images; forward the data to Payers
- Validates submitted X12 EDI files and provides feedback to the submitter in the form of X12 and html response files
- Receives response files from the Payers (typically a remittance)

#### Electronic Patient Statements
- Ability to take in any file format that is text based and convert to statements
- File checking for base requirements and the ability to view number of records
- Active comparisons through National Change of Address and real time bad address corrections
- View individual statuses and eStatement participation

#### Online Patient Payment
- Patients can pay co-pay, deductibles, or other charges online through web interface
- View statements and payment history
- Create and view payment plans
- Search and add participating eStatement providers to their personal list
How are we different?
We’re stronger, much stronger.

Traditional EDI Stream

Intelligent EDI
All of the pieces come together
Thank you

Contact us now for more information!

1-800-765-6705

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