OPTUM™

Optum™ Healthia Exchange

According to the American Medical Association's (AMA) National Health Insurer Report Card, one of the major reasons behind the wide variation in the frequency of denials by insurers is eligibility. Lack of eligibility continues to be the most common reason for claim denials, signaling the need for physicians and insurers to help educate patients about the limits of their insurance coverage. The underlying message from the AMA's report is that the current eligibility process can still be too labor-intensive and error-prone.

Physicians must continue to leverage proven single source electronic eligibility verification solutions that can cut down on processing errors and prevent the cumbersome tasks of phone calls to payers or accessing multiple, payer-specific websites to track down patient insurance eligibility.

Health care has outgrown commoditized eligibility verification. It produces too many errors and inefficiencies that cut into your margin. It's time for a new, more intelligent way of accessing health insurance eligibility. At Optum, we've developed a revolutionary software application that provides complete and comprehensive access to health insurance eligibility and benefits information. Optum Healthia Exchange allows health care providers to improve their eligibility verification processes and, in turn, their financial position.

For over 10 years, Optum Healthia Exchange (formerly Healthia Exchange) has provided midwest states the only complete and comprehensive technology for accessing health insurance eligibility and benefit information for Minnesota payers, including those without EDI capabilities. The result is access to an entire patient's insurance picture across multiple payers.

Improving eligibility verification processes has the potential for significant financial benefits. Providers can improve their reimbursement cycles, cash flow and revenue by accelerating access to up-to-date eligibility information, improving collections, increasing claims acceptance and reducing accounts receivable days. In addition, improved eligibility verification processes can enhance productivity and increase employee and patient satisfaction by allowing for less search time and more interaction with patients.

Optum Healthia Exchange distinctions – unique features/services that other eligibility vendors don't offer:

- Unique coverage of Minnesota-based payers, including those without EDI capabilities.

- Automated workflow that allows users to verify eligibility for multiple payers simultaneously and access benefit details within seconds.

- Healthia Exchange's Intelligent Eligibility module acts as your second set of eyes as it automatically reviews and highlights common data errors and identifies coverage restrictions.

Healthia Exchange's exclusive Intelligent Eligibility module

The Intelligent Eligibility module allows you to automatically identify and highlight common data errors such as name change, address/move, miskeyed member ID, date of birth, etc. Intelligent Eligibility can also automate manual business processes such as: checking for Medicare secondary payer information, part C/Advantage plans, gaps in coverage, restricted coverages, validating primary clinic/provider, and more. With this module, you can automatically flag and work only the exceptions.

See how it works. Request a demo.
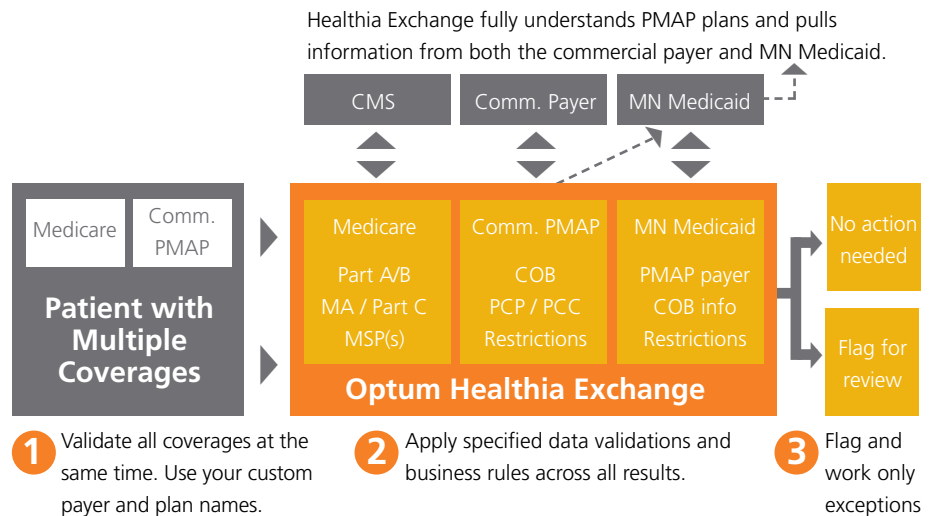For more information::
Call: 800.765.6705
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Visit: www.healthiaexchange.com

Leverage customizable edits and rules.

Sample of commonly used validation codes

- Validate name, data of birth, address
- Validate member ID, group ID
- Flag high deductible plans
- Check for Medicare parts A, B or gaps in coverage
- Check for Medicare Advantage/part C information
- Check MSPs (Medicare Secondary Payer) information
- Validate primary care provider/clinic for plans you specify
- Check for restricted coverage and providers
- Validate PMAP plans against both the commercial payer and MN Medicaid

Healthia Exchange fully understands PMAP plans and pulls information from both the commercial payer and MN Medicaid.

1 Validate all coverages at the same time. Use your custom payer and plan names.

2 Apply specified data validations and business rules across all results.

3 Flag and work only exceptions

Integration with providers' Hospital Patient Accounting and Practice Management systems

Real-time eligibility integration — Optum Healthia Exchange can integrate into your existing workflow and is available with immediate start-up. You can keep your core systems, with no disruptions or required investment in new hardware. By using standard X12 270/271 EDI transactions, we can provide seamless integration with most practice management and hospital patient accounting systems. A simplified web service is available for organizations without EDI capabilities. All information exchange is reliable, secure, and compliant with HIPAA Privacy and Security regulations.

Real-time, web-based portal — With Optum Healthia Exchange, you can access real-time eligibility information on demand, which benefits key departments including the hospital or clinic business office, scheduling, registration, and admitting. Our unique, multi-threaded search capabilities allow users to search several payers for eligibility information at one time — from a single, easy-to-use interface. If more than one payer is

queried, the information from each payer is available on the same results screen. This portal also manages payer-specific passwords and user IDs in one data repository which is invisible to the user. Real-time access yields real results within seconds.

Batch runs of patients/encounters — Optum Healthia Exchange has the ability to automatically submit and run batches of patients/encounters. This process is quick and easy to implement, resulting in almost immediate improvement in administrative efficiencies, a reduced denial rate, and improved A/R cycles. Users can run pre-registration data prior to scheduled visits to proactively identify insurance related issues or self-pay encounters to identify insurance eligibility on otherwise uncollectible accounts.

User Activity Reporting — Reporting by staff or department is available to ensure eligibility is being checked.

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