

Intelligent EDI

Integration with Epic



Optum™ Intelligent EDI is a web-based clearinghouse that enables the exchange of primary and secondary electronic claims, electronic remittances, eligibility verification, claim status, and much more to help you increase your revenue cycle efficiency.

Integrated exchange of all EDI transactions

In collaboration with Epic, we have created seamless integration and connectivity between the Optum Intelligent EDI clearinghouse and Epic's Cadence, Resolute Professional and Resolute Hospital Billing. Leverage a workflow that delivers clean professional and facility claims, splits remittance files to enable routing to the appropriate billing system, sends responses back in Epic's preferred format and checks eligibility status.

Pay only for payer-accepted claims, eligibility inquiries and claim status inquiries. Rejected claims, acknowledgements and remittances are included with the claims fee for no extra charge. Customers have unlimited storage and online access to claims and remittances for the duration of the contract.

How it works

Claim workflow

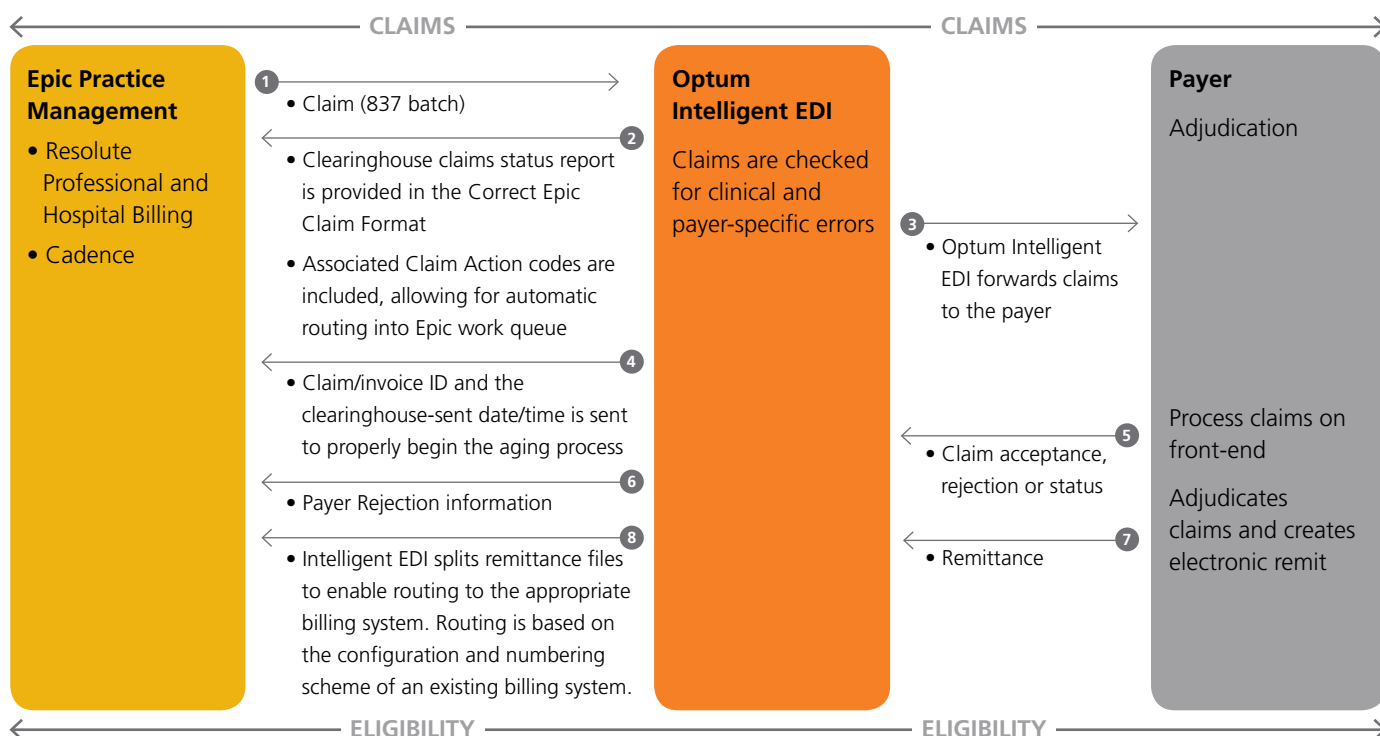
- Physician provides patient services and Epic generates insurance claims
- Once Optum Intelligent EDI receives claims from Epic, the claims are checked for EDI and basic clinical and payer-specific errors
- Optum Intelligent EDI sends a clearinghouse status report, noting if it's clean or has edits/errors. If there are errors, it's mapped back to Epic in their preferred format. Optum Intelligent EDI errors are mapped to Epic's Claim Action Codes (see below for code breakout) which enables erroneous claims to be automatically routed to the appropriate Epic work queues for remediation and/or resubmission.

100 – Registration errors	300 – Coding errors
200 – Billing errors	400 – NPI/Tax ID/Provider number errors
- Epic user remediates erroneous claims and resubmits to Optum Intelligent EDI
- Optum Intelligent EDI forwards clean claims to the payer and sends the date/time back to Epic to begin aging the claim
- If a payer responds with claim acceptance, Optum Intelligent EDI sends back rejection information for the claim to Epic in their preferred file format

- Payer sends a remittance to Optum Intelligent EDI, and our clearinghouse splits the remittance files, allowing a client to route to the appropriate billing system

Eligibility status

- Optum Intelligent EDI and Epic leverage multiple communication protocols to ensure whether or not a patient is actively eligible for effective coverage
- For real-time eligibility status, Optum Intelligent EDI leverages HTTPS Post Web Service, transactions are processed one at a time and responses are returned within seconds
- A secure file transfer protocol (SFTP) is utilized for batch eligibility from the provider. Transactions are stored throughout the day and run together on a schedule or are submitted one at a time as files without waiting for responses
- If a patient has an appointment, Epic passes an eligibility file to Optum Intelligent EDI before the appointment and Optum Intelligent EDI responds with the patient's insurance eligibility information in the customer's preferred benefit format
- During a walk-in visit, Epic passes an eligibility file to Optum Intelligent EDI, which responds in real time with the patient's insurance eligibility information in the customer's preferred benefit format
- Epic preferred files follow the 270/271 X12 Implementation Guide

Integrated claim workflow

Optum Intelligent EDI integration with Epic systems

In collaboration with Epic, Optum Intelligent EDI enables Epic customers to exchange EDI seamlessly and automatically without toggling back and forth between systems. See below for the multiple areas Optum Intelligent EDI offers integration with Epic.

	Epic Module	Intelligent EDI
Integrated real-time and batch eligibility verification (SFTP and HTTPS) (270/271 and X12)	Resolute Professional Billing	Yes
	Resolute Hospital Billing	Yes
	Cadence (Registration)	Yes
Integrated Institutional (837I), Professional (837P), claim submission	Resolute Professional Billing	Yes (for 837P and 837D)
	Resolute Hospital Billing	Yes (for 837I)
Integrated clearinghouse acknowledgements using Epic's preferred format	Resolute Professional Billing	Yes
	Resolute Hospital Billing	Yes
Mapping of Optum Intelligent EDI's edits to Epic's Claim Action Codes — enabling automatic routing to appropriate Epic work queues	Resolute Professional Billing	Yes
	Resolute Hospital Billing	Yes
Integrated return of date/time sent to payer in Epic's preferred format	Resolute Professional Billing	Yes
	Resolute Hospital Billing	Yes
Integrated payer acknowledgements using Epic's preferred format	Resolute Professional Billing	Yes
	Resolute Hospital Billing	Yes
Mapping of payer responses to Epic's Claim Action Codes — enabling automatic routing to appropriate Epic work queues	Resolute Professional Billing	Yes
	Resolute Hospital Billing	Yes
Integrated return of electronic remittance advices (ERAs/835s) to Epic	Resolute Professional Billing	Yes
	Resolute Hospital Billing	Yes
Automated ERA/835 splitting and routing to multiple systems	Resolute Professional Billing	Yes
	Resolute Hospital Billing	Yes

Key features and benefits

- Automatically route claims with errors into appropriate Epic work queues, reducing manual work and delays and eliminating the possibility of human error
- Improve the accuracy of A/R aging: since Optum Intelligent EDI sends Epic the date/time a claim is sent to the payer, Epic can begin the aging process precisely at the time of transmission to the payer
- Get timely insurance eligibility information and display it in the format that is most relevant to your business
- Remittance splitting enables the routing of remittances to the appropriate billing system and automates the payment posting process, which is helpful for new Epic customers migrating from their legacy systems
- Optum Intelligent EDI only charges if a claim is accepted; there are no additional fees for associated acknowledgements and remittances or rejected claims

Strategic EDI

With Optum Intelligent EDI, you can see where every claim is in the transmission process at all times. These clearinghouse services automate existing business processes to help you eliminate recurring errors, increase autoadjudication rates, decrease manual claim correction and remittance posting work, and reduce denials. Optum Intelligent EDI functionality includes:

Primary and secondary electronic claims submissions (837P/837I) Optum Intelligent EDI supports all claim types including professional and institutional. Our proprietary validation engine helps you avoid claim rejections. In addition, you can configure payer rules to fine-tune and customize your claim validation and access reports to help track where every claim is in the revenue cycle.

Electronic remittance advices (835) Optum Intelligent EDI is able to receive electronic remittance advice from payers that offer the electronic 835. To simplify tracking and reconciliation, we link the remittances to their associated claims. In addition, the 835 file is forwarded to the customer so they can automatically post the remittances to their billing system.

Insurance eligibility verification (270/271) Help verify your patients' insurance eligibility. Optum Intelligent EDI accepts data files containing one or more eligibility inquiries and eligibility searches from our web portal. Eligibility inquiries are processed in real time and in batch, with the ability to cascade eligibility searches. Users can also customize the output of returned benefit information.

Claims status inquiries (276/277) Optum Intelligent EDI allows you to schedule claim status inquiries, which helps you identify reimbursement issues promptly and accurately.

**Exchange claims
information to increase
revenue cycle efficiency.**

For more information:

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