

Optum Claims Manager Facility



Optimize revenue and performance.

Align clinical and revenue cycle workflows for faster and more accurate reimbursement with Optum Claims Manager Facility.

Optum® Claims Manager Facility identifies certain-to-deny claims and unbilled services by pre-screening for clinical coding relationships and billing errors, based on payer adjudication. Hospitals using Claims Manager leverage a collaborative, unified platform with advanced clinical editing capabilities to help shorten accounts receivable cycles and maximize revenue.

Optum Claims Manager Facility helps your organization:

- Correct claims at the least costly point — before they leave your system
- Proactively identify missed revenue for unbilled services
- Reduce denial rates and administrative expenses due to incorrect coding
- Take advantage of a consistent, automated standard to comply with government and commercial regulations
- Configure current system rules and create your own custom edits in minutes to meet billing and reimbursement needs

Powerful content and rules-based editing

The Optum KnowledgeBase powers Claims Manager with more than 130 million code-to-code relationships, to pre-screen claims. Combined with your custom edits, this rules-based tool helps ensure your organization has the content and insights to receive timely reimbursement and make better business decisions.

The KnowledgeBase is maintained by a team of 140 clinical and technical experts who ensure clients receive precise regulatory updates related to Medicare, national and state-specific Medicaid and commercial guidelines.

Does your organization have the resources to keep up with new guidelines and the bandwidth to train staff? Trust the Optum team to help you stay ahead of requirements.



4:1 average ROI

For every dollar spent on Claims Manager Facility, organizations receive an average of \$4 in return.¹

1. Based on client claims reviews run for non-billed and resubmission errors in 2016.

Example content sources²

- I/OCE CMS Integrated Outpatient Code Editor
- Medicare Code Editor (MCE)
- Medically Unlikely Edits (MUE)
- National Uniform Billing Committee (NUBC)
- CMS Policy Guidelines/program memoranda
- Ambulatory Surgery Center(ASC) Fee Schedule
- National Correct Coding Initiative (NCCI)
- AMA Guidelines
- Local and national
- Medical review policy

2. Not a complete list of edit sources.

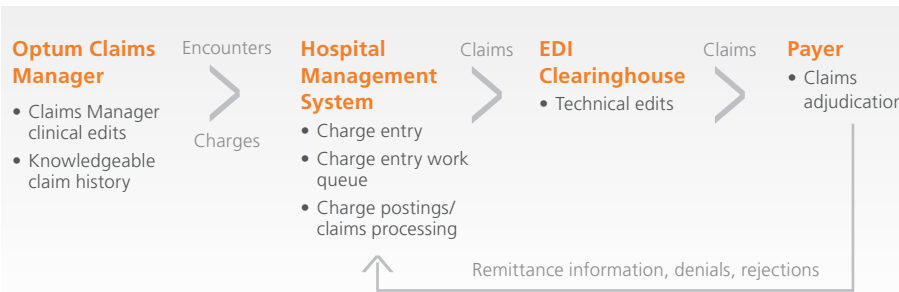
Scenarios

Outpatient scenario: Comprehensive radiological service performed		
Code	CPT® description	Edit type
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.	
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation. Scenario: Procedure code 76942 is considered to be a component of the comprehensive code 50432. Review the medical record to determine if an appropriate modifier should be assigned.	CCI unbundle
Inpatient scenario: Unacceptable principal diagnosis radiological service performed		
Code	CPT® description	Edit type
Diagnosis I76	Septic arterial embolism Scenario: There are selected codes that describe a circumstance that influences an individual's health status but not a current illness or injury, or codes that are not specific manifestations but may be due to an underlying cause. These codes are considered unacceptable as a principal diagnosis.	Medicare Code Edit (MCE)

CPT is a registered trademark of the American Medical Association (AMA).

Seamless integration

Claims Manager can fully integrate with your hospital management system. This means users can work within existing solutions and workflows, and managers can view information and create and schedule periodic reports.



Leverage the collaborative, consistent and unified platform relied upon by both provider and payer audiences. Claims Manager Facility provides flexibility to support the way your organization processes and manages claims data.



Client success story

A not-for-profit health system client in a large metropolitan area worked with a large number of payer groups with unique claim submission guidelines, overwhelming its manual claims management system. The health system was also challenged to address new payer regulations, oversight and monitoring. But, in one year, this Claims Manager Facility client realized:

7:1 ROI

- **30,926** claims stopped for repair
- **\$770K+** in admin savings and reimbursements:
 - **\$49K** commercial
 - **\$577K** Medicare
 - **\$146K** Medicaid

The program fired 28 custom edits more than **8,500** times — impacting **\$3.4** billion in billed charges.

Identify claims processing and management improvements.

See the difference Claims Manager can make for your organization. Request your Claims Opportunity Assessment and uncover ways to improve denial rates and earn revenue for all delivered services.

Email: inform@optum.com

Phone: 1-800-765-6705

Visit: optum.com



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