

Optum Intelligent EDI

Health care has outgrown commoditized EDI, which produces errors and inefficiencies that cut into your margins. It's time for intelligent EDI that sustains your growth with every claim: Optum® Intelligent EDI.

Access an enriched data stream — from a single, easy-to-use portal

Optum Intelligent EDI automation delivers enhanced functionality within the EDI data stream. This single solution allows providers and facilities to manage the claims lifecycle and eliminate multiple systems and inefficient processes.

Intelligent EDI integrates with existing claim submission workflow processes, practice management and hospital information systems. From a single dashboard, you can manage the administrative and financial facets of a patient encounter from pre-visit to post-visit, and use real-time reporting to make decisions that minimize payer correspondence time and enhance productivity.

Optum Intelligent EDI is more than a clearinghouse. Flexible automation allows for as-needed, embedded functionality. For example, advanced clinical editing capabilities identify claims certain to deny as well as unbilled items, which uncovers additional revenue opportunities before payer submission.

Achieve higher first-pass payment rates.

Competitors measure payment turnaround times, regardless of how many attempts it takes to achieve successful submission. Optum measures first-pass payment rates – getting the money into your hands quickly and accurately. Optum Intelligent EDI is focused on providing the most timely and accurate payments technology can deliver.

Our customers are achieving:

- Lower denial rates
- Accelerated payments
- Reduced operational costs
- Increased margins

Optum Intelligent EDI features

Claims service — submission

An easy, secure method for quick, accurate and costeffective electronic claims submission to government and commercial payers. Submit professional and facility claims via API integration, file upload, secure file transfer or direct data entry.

- Primary and secondary claims: professional, facility (837I/P)
- Payer acknowledgements.
- Over 4,000 connections, including Medicare, Medicaid, commercial payers and the Blues®.

Electronic remittances

Receive remittances (835) from government and commercial payers via manual file download, API and secure file transfer.

Real-time transaction suite

Connect to an extensive group of payers to verify patient eligibility and benefits, claim status, and perform referral and authorization transactions.

Intelligent EDI offers real-time and batch eligibility verification. Submit eligibility, claim status and referrals via API integration or direct data entry and eligibility file upload.

- Primary and secondary claims: professional, facility (837I/P)
- Eligibility inquiry and response (270/271)
- Claim status inquiry and response (276/277)
- Referral and authorization (278 x217)
- Referral and authorization inquiry (278l x215)
- Notification of admission (278N x216)





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