



Everything improves revenue. Enable your financial processes by integrating patient engagement with all the tools you need to satisfy patients to achieve a healthier bottom line

The value of Optum Financial Clearance

Automate the entire financial clearance

Drive outcomes with Optum Financial Clearance



Increase net revenue and pre-service cash collections

Financially clear patients for care and deliver pre-service estimates



Prevent denials and avoidable write-offs

Get accurate patient information upfront to prevent denials on the back end

Eliminate cost and rework

Having accurate and robust information upfront reduces the need to fix errors after the fact



Redeploy resources to higher priorities

Giving patients autonomy allows your staff to focus on the high-touch accounts



Improve patient satisfaction and loyalty

Deliver a superior patient experience that keeps the patient at the center of the financial workflows



Enable consumerism

Give patients the autonomy to drive upcoming care on their own time and own devices

Optum Financial Clearance

Drive collections through delivering cost estimates

- Cost transparency helps consumers make informed choices and plan for how they'll pay for out-of-pocket expenses. It also helps providers as it allows you to engage consumers, facilitate appointments, build trust and help increase collections.
- Our solution includes a patient-facing tool housed on your website that enables patients to obtain reliable cost estimates for common procedures and services, while meeting CMS price-transparency requirements. It is integrated with our provider-facing tool which uses the same charge master, contracts and claims data to generate estimates. This solution allows you to provide cost estimates pre-service and request payments based on the patient's financial circumstances.

Improve patient experience by providing financial assistance

- Taking care of patients who are unable to pay is part of the mission for many hospitals. Our financial assistance solution alerts users to patients who cannot pay and should be evaluated for charity, Medicaid or other financial assistance. The solution provides an online charity screening interview and enrollment form available within the normal registration workflow.

Understand your patients by validating identity and assess propensity to pay

- Learning as much as you can about patients upfront is often a major challenge for patient access staff. Patient ID helps verify that the patient demographic data on file is correct and notifies users about patient data issues or red-flag alerts that could be related to identity theft. The solution also helps determine ability and inclination to pay. By screening patients and checking health care payment prediction scores, the propensity-to-pay module helps your staff assess the likelihood that a patient will pay, and if the payment will be timely.

Reduce manual burden with automated prior authorization

- Our authorization module helps manage the cumbersome and time-consuming prior authorization process. The solution automatically determines if a prior authorization is required and on file with the payer, monitors payers for pending authorization decisions, and updates the EHR with payer results. Our solution also automatically submits authorization requests electronically to integrated payers.

Stay compliant with Medicare ABN requirements

- The medical necessity module assists with the checking of medical necessity and automatic creation of necessary Advanced Beneficiary Notices (ABNs). This helps to reduce denials, improve reimbursements and ensure compliance with CMS. It also includes regularly updated National Coverage Decisions (NCDs) and Local Medical Review Policy (LMRP) content services to help confirm comprehensive Medicare compliance.

Drive change by leveraging front-end analytics

- When you want to make strategic improvements in front-end operations, analytics can provide the visibility and intelligence you need to make informed decisions and initiate data driven discussions with stakeholders to drive process change. We can provide near real-time patient access data and trends within and across facilities for insight into the effectiveness and financial impact of processes. With eligibility, estimation, medical necessity and authorization data presented in an actionable format, our analytics can help you monitor, evaluate and improve financial and operational performance.

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