Everything you need to financially clear a patient

Integrated digital patient access, intake and engagement

One partner. One solution.

You don't need another vendor. You need one partner that does more. Optum® Financial Clearance helps providers deliver a modern patient experience that is automated, intuitive and improves revenue. We enable the consolidation of multiple vendors, systems and processes by integrating patient access, intake and engagement into one flexible platform with all the tools you need to satisfy patients, increase volume and optimize staff productivity to achieve a healthier bottom line.

The value of Optum Financial Clearance

Automate the entire financial clearance process, creating a seamless intuitive experience for staff and patients alike, to **transform the patient experience and increase revenue.**

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 loyaltys

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

At the core of the Optum Financial Clearance is a sophisticated rules engine that is continuously updated and tailored specifically for each customer. Using an advanced rules engine and intelligent automation, our solution identifies and prevents issues and errors that cause rework, inefficiency and denials. By doing this at the front of the revenue cycle, problems that increase costs, collections and write-offs are eliminated. At the same time, our solution automatically audits 100% of patient accounts, checks demographic data and propensity to pay, and validates benefit coverage specific to patients' scheduled appointments.

Provider workflows

- Registration quality assurance
- Eligibility verification
- Price estimation and payments
- Authorization management
- Medical necessity
- Price transparency
- Identity verification
- Financial assistance screening

Patient-driven interactions

- Patient online preregistration
- Digital check-in and registration
- Appointment reminders and alerts
- Digital forms, assessments and e-Signatures
- Virtual waiting room
- Patient flow and tracking
- Price estimation and payments
- Reporting and dashboards

Optum Financial Clearance

Ensure your patients are financially cleared for care

- Financial Clearance offers everything providers need to help financially clear patients and assist in collecting as early in the revenue cycle as possible. The solution helps you perform unlimited eligibility checks on every patient encounter and assists you in getting the most complete and current eligibility information without time-consuming phone calls and manual searches.
- The eligibility verification capabilities provide staff with consistent views, so the most pertinent information is available at your fingertips, including key notifications, coverage dates, in-network and out-of-network views, specialized Medicare and Medicaid views, and eligibility history for an account. And by integrating with your HIS, it confirms eligibility throughout the revenue cycle for more accurate downstream billing.
- As part of an enhanced eligibility offering, our solution uses advanced analytics to identify undisclosed insurance coverage. For patient accounts categorized as self-pay, its risk suppression feature helps ensure anti-phishing compliance. Unique data sources are used to pinpoint likely funding sources in a targeted approach, presenting you with all valid commercial, government and managed-care insurance coverage.

Improve registration data accuracy in real time

- Revenue cycle success starts at registration and having accurate registration data can result in reduced denials, fewer rejected claims and fewer returned statements. Registration QA helps identify errors at registration to provide accurate data for all your downstream processes to enhance financial performance and keep your cash flow constant. Registration error warnings alert your registrars early to mistakes that need to be corrected and eliminate the need for additional full-time employees to perform manual registration QA and audits.

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.

Helping providers achieve a healthier bottom line

Attract and retain more patients while lowering the cost of acquisition

1 TO 3

New patients per provider per month via online scheduling

Minimize denials and lost payer revenue

$20M

Denial reduction through improved registration accuracy

Collect more from patients faster

$9M

Increase in patient collections

Learn more **about Optum Front Office Solutions**

optum.com

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