

Credit Balance Resolution services for providers



Strong pressures are reshaping health care — a lack of resources, rapidly changing mandates, the high volume of payments and coordination of benefits complexities have significant impact on providers. Credit Balance Resolution from Optum® provides on-site and remote-location resources to help providers research and resolve unsolicited and solicited overpaid claims.

Experts — on-site and remote staffing

Optum offers staffing resources at zero cost that will identify and resolve credit accounts from over 350+ payers across the country. With a dedicated staff of more than 450+ on-site and remote account managers and quality specialists who work with providers on a daily basis, Optum employs a strategic, multi-tiered approach to ensure providers appropriately manage their credit accounts. We provide on-site and remote staffing options that do all of the heavy lifting and tedious work pertaining to researching and resolving each credit account to resolution. By having our resources working on-site and remotely as partners, our customers are able to save operating costs and reallocate their own resources to work on other revenue-generating activities, such as getting underpays in the door, or spending time on 838 or RAC reporting.

Our team of subject-matter experts is dedicated to helping you:

- Research and resolve credit balance accounts
- Review and assist with correspondence letters
- Provide actionable reporting

Optum has more staff working with more providers, and more frequently, than any other credit balance vendor. Our regional account managers (RAMs) work full time at more than 1,400+ hospitals around the country. This team is supported by remote-review staff who research, support and communicate with our provider partners every day. We take pride in being our customers' trusted partner in their



The typical hospital saves on average about **\$130K** in operating costs each year for every 300 hospital beds by leveraging Optum® Credit Balance Resolution services.

credit balance business for the long term. Our goal is to assist you with the financial stability and health of your balance sheet, not just working through the high-dollar amounts. Our staff members work closely as part of your team — you maintain control, and we follow your process. In fact, many of our clients find that more than 70 percent of our work is for non-cash adjustments. We have a 98 percent retention rate with our customers year after year.

Direct Connect — payer/provider communication portal

Direct Connect™ is a single, universal portal that allows payers and providers to securely communicate electronically, as they address reimbursement recoveries. The value to the provider is that it eliminates phone calls, paper correspondences and faxes, and mitigates recoupments and notification letters.

- The module allows payers to submit suspect overpaid claims (payer-identified refunds) to a provider for a check, refund or retraction signoff. The payer and provider agree to the patient account or claim refund reason and amount prior to cutting a check, thus eliminating the back-and-forth processing that exists today.
- This module also allows providers to submit suspect overpaid claims (provider-identified refunds) to a payer for retraction or approval to process a manual check. Once approved, the payer notates their system to stop the retraction process, thus avoiding double-dips.

Direct Connect enables real-time communication, simplifies processes and drives down claim resolution times.

Business Intelligence — analytics and workflow efficiency solution

Business Intelligence is a workflow efficiency tool that automatically recommends a resolution type on each credit balance, identifying what needs to be done to resolve a credit (e.g., corrective adjustment, patient refund, payer refund, balance transfer, etc.). Applying our Business Intelligence capability to credit balance management enables a provider to automate processes that have been traditionally very labor intensive. The value to the provider is that they are able to work more quickly and efficiently through automation and customized work queues, have increased confidence in resolution type, have access to better reporting on inventory and throughput efficiency, and have the ability to use transaction-level data to pinpoint specific root cause analysis and areas of improvement.

Why Optum Credit Balance?

- Serving provider partners since 1995
- Optum has more staff working on-site at providers more frequently than any other vendor (in 1,400+ hospitals across the country)
- Ability to resolve credits from the largest number of payers (over 350)
- More than 70 percent of our work results in non-cash adjustments
- Enables providers to focus on revenue-generating activities — without increasing budget and/or staff
- Provider retains control over all processes



Leverage Optum® Analytics — move from detection to prevention:

- Track errors at a detailed level.
- Review each error code by payer.
- Analyze root causes for opportunities to prevent future credits.

Improve operational efficiencies and increase revenue.

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