Today, approximately 80 percent of Medicare beneficiaries purchase some form of supplemental insurance. Often, payments from these “secondary” insurance policies take 90–120 days to collect—if you collect them at all. The sheer volume of these low balance claims can represent considerable outstanding cash, a significant percentage of which may never be collected due to insufficient staffing, inefficient procedures, or the cost associated with following up on them, resulting in potentially unnecessary write-offs.

**Collect more cash from secondary claims**

Optum™ Secondary Claim Service can increase your collection rate for secondary claims to more than 90 percent of the collectable dollars—increasing cash flow and reducing write-offs.

**Secondary Claim Service can help you:**

**Improve your success rate for both primary and secondary billing.** We can help you increase operational efficiency and reduce costs while allowing your staff to focus more of their time on higher priority claims.

**Increase secondary claim collection to an average of 90 percent.** Our tools identify secondary claims that have failed to crossover, at the time of adjudication, helping you close the write-off black hole and collect dollars you would not normally collect.

**Improve productivity, efficiency, and claims management.** Our experienced professionals will generate, submit, and follow up on your secondary claims while your staff enjoys sustained operational improvement using our processes and technology.

**Increase cash flow and minimize write-offs.** The combination of service and technology helps you expedite clean claim filing and improved cash flow, while we follow up with secondary payers, to help you realize more of your revenue and minimize write-offs.
Eliminate claim transaction fees. With our Secondary Claim Service, all claims processing technology is included at no additional cost.

Boost quality and accuracy of claim filing processes. Secondary Claim Service leverages the power of Optum Claims Administrator and MedicareRT® to help you submit cleaner primary claims and automatically generate accurate secondary claims. At the same time, we track and manage both paper and electronic secondary claims and crossovers.

Secondary claims present considerable challenges

On average, 30 percent or more of a hospital’s secondary claims revenue disappears into the write-off black hole. In order to get paid, even electronic crossover claims from Medicare require human intervention 58 percent of the time. As a result, secondary claims are the fastest growing segment of hospital write-offs.

Secondary Claim Service includes an integrated performance management dashboard that combines sophisticated features, alerts, and analytics to help you evaluate secondary billing efforts. In addition, using our service, you can:

• Leverage MedicareRT Claims System to accelerate secondary and crossover claim submissions
• Electronically submit secondary claims and coordination of benefits information to payers, including payer-specific edits
• Rely on our experienced team to simplify payment processing follow-up and assure that you get paid the full amount due in a timely manner
• Enjoy sustainable improvements, including enhanced productivity, efficiency, and secondary claims management

Our industry experience reflects that:

• 80 percent of Medicare patients have secondary insurance
• The average secondary balance is $288
• 60 percent of Medicare secondaries are crossovers
• 58 percent of crossovers and 40 percent of aged secondaries require human intervention or additional billing
• 40 percent of secondary claims are in hard copy form and costly to bill

Accelerate cash flow and improve your operating margins with Secondary Claim Service.

For more information:
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