



Medical EDI Network for Providers

Gain connectivity and flexibility with electronic claims transactions

The health care reimbursement process is changing. Increasing regulation, rising patient responsibility and growing administrative duties have created greater pressure on health care providers. To succeed in this new ecosystem, providers need ways to improve operational efficiencies and decrease the costs associated with claims transactions. While many service providers lack the connectivity, scale, support, stability and information security standards to adequately meet providers' needs, Optum positions providers to meet the demands of today's and tomorrow's environment.

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The Medical EDI Network reduces transaction costs and enables faster payments

Smarter transaction processing

The Optum Medical EDI Network provides advanced interoperability with health care networks nationwide, many of which use us as their primary gateway for routing EDI transactions including medical, hospital and dental. Providers benefit from our comprehensive suite of transactions, including real-time, near real-time and batch. Our network offers eligibility verification, claims management, attachments, claims status, electronic remittance advice and API connectivity.

The Medical EDI Network integrates with our payments network, which allows payers and providers to reconcile out-of-pocket cash, EFT and credit card payments to settle bills and claims.

Better accuracy, fewer errors

Eligibility and Benefits Verification

- Connect with thousands of payers
- Reduce rejected or denied claims
- Achieve better point-of-service collections
- Spend less time manually verifying

Advanced Claims Management

- Choose PMS-integrated and/or portal-based solutions
- File claims more accurately and efficiently
- Shorten time to get paid

Electronic Attachments

- Save time by more easily meeting payer requirements
- Reduce re-work from lost/misfiled paper attachments
- Cut costs associated with printing, faxing, and/or mailing documents

Streamlined, digital processes

Claims Status

- Streamline workflows and reduce manual processes
- Reduce calls to payers
- Generate real-time status reports from submission to payment

Electronic Remittance Advice (ERA)

- Reduce calls to payers and time waiting for paper remits
- Eliminate manual posting of payment information
- Split remittances easily

Innovative APIs

- Faster transactions
- Single gateway
- Simple connection management

We connect approximately 800,000 providers and 2,100 payers

For more information, go to www.changehealthcare.com/medical-network

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