



Credit Balance resolution services



Strong pressures are reshaping health care. Health plans are facing a lack of resources, rising costs, rapidly changing mandates, high payment volume and coordination of benefits complexities. Optum® Credit Balance resolution and recovery services provide resources to help health plans research and resolve unsolicited and solicited overpaid claims.

Maximize savings through overpayment recovery

Our highly trained experts – supported by technology and advanced analytics – work together with health plans and providers to identify, research and resolve overpaid claims while preventing future overpayments. We help maximize your recoveries across all lines of business, reducing recovery time, administrative costs and medical expenses. We provide credit balance resolution to all lines of business – Medicare Advantage, Medicaid MCO and commercial.

Strengthen provider relationships

Our dedicated experts work with more than 1,500 providers and research, support and communicate with them every day. Coordinating with your internal review efforts, we leverage our existing provider partnerships, expertise and access to information to facilitate claim adjudication from both health plan and provider points of view. This results in improved communication and patient account resolution.

Simplify your recovery process

Our portal enables health plans to securely access identified overpaid claims in real time. By digitizing the communication process, we eliminate back-and-forth, enhance transparency and reduce recovery turnaround times.



\$15B

Over the past 20 years, Optum has recovered more than \$15 billion in credit balance refund overpayments on behalf of commercial and government health plan clients.

Move from recovery to prevention

Using advanced analytics, we identify the issues that cause overpayments and ongoing claim errors and provide opportunities to prevent them in the future.

How it works



Account review

- Optum reviews account documentation
- Optum re-adjudicates claim
- Optum pulls relevant supporting documentation
- Optum recommends resolution

Provider approval

- Optum staff enters information for tracking
- Provider reviews re-adjudicated claim
- If approved by provider, claim is reviewed by Optum Quality Assurance

Payment refund

- Optum submits claim to health plan for approval
- Claim is paid or approved for retraction by provider
- Optum submits to health plan for processing

Account resolution

- Health plan posts refund
- Optum closes credit account in provider system
- Optum tracks transaction information for reporting to both health plan and provider

Why Optum Credit Balance?

- Innovative and coordinated efforts result in cost-containment goals through resolution – not just recovery.
- Errant claims are resolved at the provider level through detailed error analysis.
- Provider networks and client service teams provide superior customer service.
- Administrative costs and medical expenses are reduced.

Visit optum.com/pi to learn how Optum Credit Balance can help you reach your cost-saving goals.



Information gathered from recovery efforts can be used to:

- Develop new queries based on recovery results
- Enable contract enhancements
- Correct client systems or processes
- Prevent future overpayments



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