



# Point of Care Assist<sup>®</sup>

Adding real-time information to improve patient experience and outcomes



United  
Healthcare

# How it works



Real-time members' health data is added to existing EMRs for UnitedHealthcare members.



Information is delivered as part of providers' current workflow process to ease administration and reduce re-work.



Automatically alerts providers to patient care needs, aligned to member-specific benefits.



Information is updated in real time and available 24/7.



# We provide more insight

**Point of Care Assist** integrates patient information to your existing electronic medical records (EMRs) to make it easier for care providers to understand what patients need at the point of care.



# Patient Eligibility

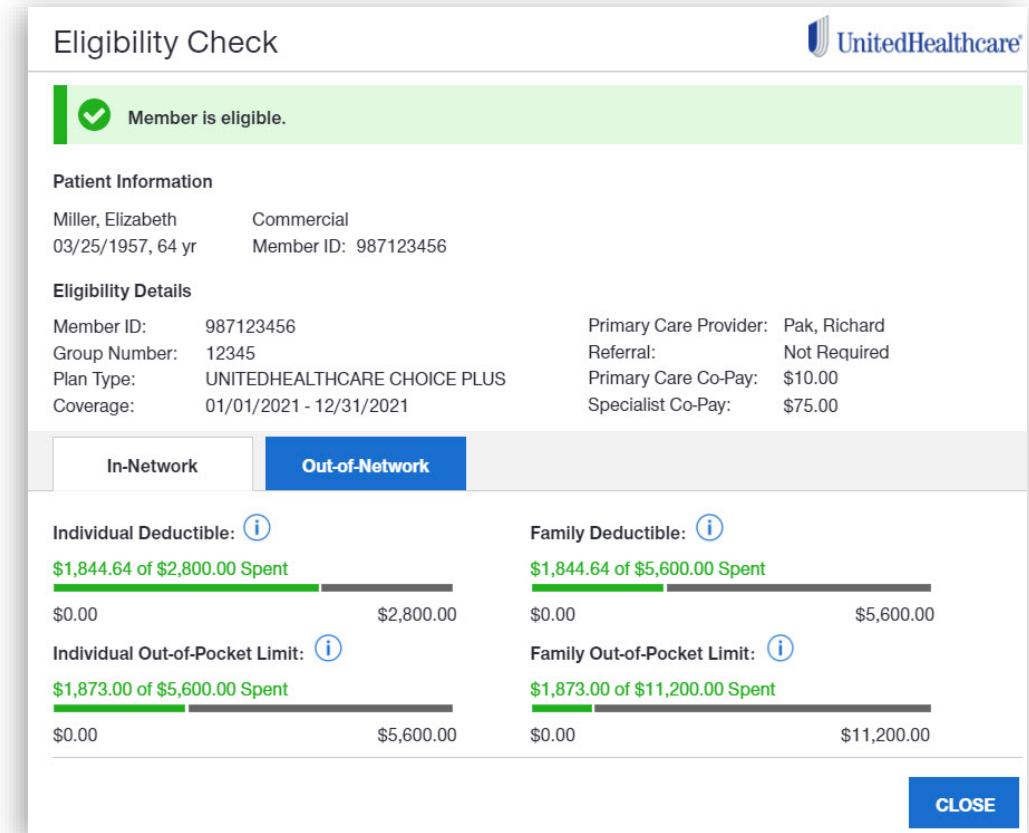


## Provides real-time, patient-specific coverage information

- Increase knowledge of patient cost share at point of care
- Prevent payment delays caused by billing for ineligible members

## Key features in enhancement:

- Confirms the patient's coverage
- Provides the Patient ID and Plan ID
- Displays the patient's copay
- Provides claims submission address



# Quality Care Opportunities



## Identifies and notifies you of open quality care services opportunities

- Reduce pre-visit prep time, giving you more time with your patient
- Perform medication reconciliations and monitor medication adherence
- Close care opportunities by leveraging historical data
- Provides immediate awareness of Healthcare Effectiveness Data and Information Sets (HEDIS®)
- Provides Quality & Risk information on your UnitedHealthcare patients based on care from ALL provider types, ALL locations and ALL EMR systems.

Quality Care Opportunities

**⚠ Potential quality care opportunities found. Data last updated: 03/08/2022 22:21:21**

Patient Information	Payor Information
	Plan Name: Group Number: Claims Address: PO BOX 5290, KINGSTON, NY, 12402-5290

**01 Notifications    06 Gaps In Care    01 Assessments    01 Care Coordination**

**▲ Social Determinants Of Health (1)**

**⚠ Patient has lack of adequate clothing** MORE INFO ▲

Gap Description :	SDOH (Social determinants of health) : Lack of adequate clothing
Notes:	Lack of adequate clothing. ICD10 code: ZCLO

**Additional Notes**  
*Please use the space below for any comments or notes that you would like to share with UnitedHealthcare.  
Note: Comments sent to UnitedHealthcare will not appear in your EMR or this popup in the future.*

**CLOSE**



# Patient Health History

**Provides a one-click, at-a-glance overview of patient-specific health care events**

- Spend less time searching for recent medical history
- Get a more holistic view of our patient's health care needs
- Perform medication reconciliations and monitor medication adherence

## Key features:

- A 13-month claims-based look back of your patient-specific health history, regardless of where services were rendered
- Shows information about patient's visits, procedures, medications, immunizations and diagnoses all with 1 click

Patient Health History

UnitedHealthcare

Patient Information

Miller, Elizabeth	Group Number: LABYHP
03/25/1957, 64 yr	Member ID: 987123456

View  ▾

	Date	Description
Health Events	06/24/2021	<a href="#">Blood glucose (sugar) measurement using reagent strip</a>
	03/16/2021	<a href="#">Catheter Placement in Coronary Artery for Coronary Angiogram</a>
	02/30/2021	<a href="#">Including Intraprocedural Injection with Left Heart Catheterization</a>
	11/24/2020	<a href="#">Coagulation time measurement</a>
	10/15/2020	<a href="#">Medication management</a>
Conditions	06/24/2021	<a href="#">Stent placement into major coronary artery</a>
	03/16/2021	<a href="#">Asthma (lung disease with wheezing)</a>
Medications	06/24/2021	<a href="#">Actoplus Met Tab XR</a>
	03/16/2021	<a href="#">Lipitor</a>
	02/30/2021	<a href="#">Hydrochlorothiazide</a>
Immunizations	No information available.	
Diagnoses	06/24/2021	<a href="#">Type 2 Diabetes</a>
	03/16/2021	<a href="#">Narrowing of spinal canal (spinal stenosis)</a>



# Prior Authorization

## Quick Code Lookup



**Provides a one-click, at-a-glance overview of patient-specific health care events to help you:**

- Save time by quickly getting the information you need to determine if a service requires prior authorization
- Determine the site of service at which to render services based on prior authorization requirements
- Reduce your calls and faxes

### Key features:

- Offers quick lookup feature to help you determine which medical services require prior authorization, based on product type, state, procedure code(s) and an optional diagnosis code
- Minimal data is required to return a real-time response to determine if a prior authorization is required for a planned service

Prior Authorization Check UnitedHealthcare®

Product Type: Commercial  
State: TX - Texas

90658 - Flu Shot

✓ Prior Authorization NOT Required.

45380 - Colonoscopy

✓ Ambulatory Surgical Center - Notification/Prior Authorization is not required for this service.  
⚠ Office - Prior Authorization is required for this service.  
⚠ Outpatient Hospital - Prior Authorization is required for this service.  
⚠ Home - Prior Authorization is required for this service.  
⚠ In-patient Hospital - Prior Authorization is required for this service.

*Disclaimer: The search execute is based on data that you have selected. Your search is not a request for prior authorization and is not notification to UnitedHealthcare. Prior authorization requirements vary by benefit plan and the providers' participation status. Your search does not guarantee coverage. Coverage determination areas based on the member's benefits plan and eligibility for benefits, in addition to other criteria. This tool is intended to check requirements for Medical services only. Behavioral Health requirements must be verified through [www.providerexpress.com](http://www.providerexpress.com). For Home and Community Based Services, please call the number on the*

CLOSE



# Prior Authorization

## Case submission



**Provides a one-click, at-a-glance overview of patient-specific health care events to help you:**

- Spend less time submitting and managing prior authorizations
- Reduce administrative burden with the ability to systematically extract clinical data required for prior authorization submission requests directly from the EMR

### Key features:

- Ability to submit and manage prior authorization requests within your EMR
- Displays the prior authorization reference number and status of prior authorization requests in your EMR
- Allows you to submit notes and records directly from your EMR

### Case Evaluation - Office - Confirmation



#### Confirmation Number / Prior Authorization

Your prior authorization has been successfully submitted and is under review.

Notification / Prior Authorization Reference Number:

[PRINT](#)

**A10002345**

Received at 09/05/2019 at 2:31 pm EST

The reference number above acknowledges receipt of your notification or prior authorization request. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by a member's benefit plan document, and, if applicable, the provider's participation agreement with the Health Plan.

Please note that if you wish to cancel these services at any time, or if you have any questions, please call us by contacting the number on the member's ID card. Thank you.

Notification is not a verification, guarantee of health benefits, or clinical determination. Payment of services is based on your participation agreement with us and the enrollee's benefit plan at the time services are provided.

A Notification may be considered late if not submitted within one business day after the date of admission or submitted per your participation agreement. Please reference your agreement for further information in this regard.

[VIEW FULL CASE DETAILS](#)

[SUBMIT](#)



# PreCheck MyScript



**PreCheck MyScript® is integrated into your EMR and shows patient-specific, real-time medication costs and coverage**

- Recommend lower-cost options
- Identify when medications aren't covered by the patient's health plan
- Identify medications that are listed as preferred or non-preferred

## Key features:

- Gives you convenience of uninterrupted workflow during prescribing
- Includes comparative cost data on alternative fulfillment channels, enabling comparison of patients' medication costs at retail versus home delivery
- Seamless integration with your EMR

PreCheck MyScript - 1 of 2 Results 

Patient Details [VIEW MORE](#)  
Miller, Elizabeth

WALGREEN'S PHARMACY

123 Main St Katy, TX 77453	P: 281-555-9876 Store: #24601	Quantity Entered: 30 Days of Supply: 30	<a href="#">CHANGE</a>
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 This medication is not covered under the patient's plan  
Please select an alternative medication if available.

Searched Medication

Actoplus Met Tab XR	 Prior Authorization Required	N/A
<input type="radio"/> Qty. Calculated: 30 day supply	Product ID: 923-12-9823	
Additional information: Maximum daily dose of 1 Maximum days of supply 30		

Alternative Option(s)

Pioglitza/Met Tab 15-850MG	\$22.00 per fill
<input type="radio"/> Qty. Calculated: 30 day supply	Product ID: 912-429-1234
Additional information: Maximum daily dose of 1 Maximum days of supply 30	

 No Prior Authorization Required

# Non-emergent Surgery Search



**Instantly see providers, specialists and more cost-effective sites in your patient's health plan network to help you:**

- Give your patients more insight into their options for procedures and surgical services
- Give your patients more insight into their options and costs
- Improve patient satisfaction by giving them more insight into decisions that can affect their out-of-pocket costs

## **Key features:**

- Display your patient's estimated out-of-pocket costs
- Displays participating providers based on the patient's geographic location when you search for a provider while in the EMR
- Allows the user to copy the details back into the patient's record

Patient Information PRINT

Miller, Elizabeth      Commercial  
03/25/1957, 64 yr      Member ID: 987123456

Searched Specialty  
261QA1903X-Ambulatory Health

29877 - Arthroscopy, Knee, Surgical; de... [VIEW DETAILS](#)      Primary Care Physician Referral? [VIEW DETAILS](#)

⚠ Prior authorization may be required. ✓ Referral is NOT required.

Search Result(s) View 10 per page Page 1

Provider Name	Address	Facility Type	Cost	Actions
ABC Surgical Center	1000 Center St. Katy, TX 77453 P: 281-555-3456	Free Standing Facility Lower Cost	\$1375.00 Estimated Out-of-Pocket Cost <sup>1</sup>	<a href="#">COPY DETAILS</a>
XYZ Surgical and More	45540 83rd St. Katy, TX 77453 P: 281-555-7610	Free Standing Facility Lower Cost	\$800.00 - \$3000.00 Estimated Out-of-Pocket Cost <sup>1</sup>	<a href="#">COPY DETAILS</a>



# Specialty Search



**Instantly see providers, specialists and more cost-effective sites in your patient's health plan network to help:**

- Give your patients more insight into their options for procedures and surgical services
- Gives your patients more insight into their options and costs
- Improve patient satisfaction by giving them more insight into decisions that can affect their out-of-pocket costs

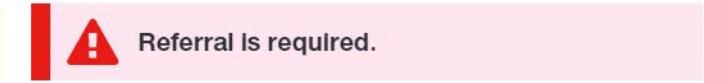
## Key features:

- Shows your patient's estimated out-of-pocket costs
- Displays participating providers based on the patient's geographic location when you search for a provider while in the EMR
- Allows the user to copy the details back into the patient's record

Miller, Elizabeth      Commercial  
03/25/1957, 64 yr      Member ID: 987123456

**Searched Specialty**  
207RG0100X-Gastroenterology

45378 - Colonoscopy, flexible, proximal... [VIEW DETAILS](#)      Primary Care Physician Referral? [VIEW DETAILS](#)



### Search Result(s)

<p>\$700.00- \$900.00- Estimated Out-of-Pocket Cost<sup>1</sup></p>	<p><b>Roy B. Vaughn</b> Gastroenterology 1500 Flanigan Oaks Dr. Katy, TX 77453 P: 281-555-4212 Est. member distance: 8.1 miles* <a href="#">Show more addresses (2)</a></p>	<p>Does not meet Premium Quality Criteria</p>	<a href="#">COPY DETAILS</a>
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<p>Alternative Option(s)</p>	<p><a href="#">View 10</a> per page    Page 1</p>
<p>\$240.89-</p>	<p><b>Dana D. Vanover</b> Gastroenterology 2881 Villa Dr</p>
	<p> Tier 1  Premium Care Physician</p>



# Radiology Search



**Instantly see providers, specialists and cost-effective sites in your patient's health plan network to help:**

- Give your patients more insight into their options and costs, so they are more likely to adhere to their plans and care
- Determine the best place of service quickly and easily
- Improve patient satisfaction by giving them more insight into decisions that can affect their out-of-pocket costs

## Key features:

- Display patient's estimated out-of-pocket costs
- Displays participating providers based on the patient's geographic location when you search for a provider while in the EMR
- Allows the user to copy the details back into the patient's record

### Searched Specialty

2085R0202X-Diagnostic Radiology

73721 - Magnetic Resonance (eg proto... [VIEW DETAILS](#)

Primary Care Physician Referral? [VIEW DETAILS](#)



This code requires a Radiology, Cardiology, or Oncology Notification/Prior Authorization. To submit an online request for prior authorization for the requested services, please select the Submission and Status link in the Prior Authorization and Notification app, under Radiology, Cardiology, and Oncology Transactions. If you are not already logged-in to Link, you may go to [www.uhcprovider.com](http://www.uhcprovider.com), and click on the Link Icon at the top to log in.



Referral is required.

### Search Result(s)

View [10](#) per page Page 1

<a href="#">\$240.89</a>	Sample Imaging Center
<a href="#">\$279.15</a>	912 Elm St.
Estimated Out-of-Pocket Cost <sup>1</sup>	Katy, TX 77453
	P: 281-555-4212



Free Standing Facility



Lower Cost



COPY

DETAIL



# Lab Selection



**Instantly see providers, specialists and cost-effective sites in your patient's health plan network to help:**

- Give your patients more insight into their options for procedures and services
- Give your patients more insight into their options and costs
- Improve patient satisfaction by giving them more insight into decisions that can affect their out-of-pocket costs

## Key features:

- Shows our patient's estimated out-of-pocket costs
- Displays participating providers based on the patient's geographic location when you search for a provider while in the EMR
- Allows the user to copy the details back into the patient's record
- Identifies Designated Diagnostic Providers

Provider Search Results [EDIT](#) [PRINT](#) 

Patient Information	Patient Benefit Information
Miller, Elizabeth 03/25/1957, 64 years old Commercial Member ID: 987123456	Designated Diagnostic Provider Benefit? <b>Yes</b>

**Searched Specialty**  
CLINICAL MEDICAL LAB

80050 - GENERAL HEALTH PANEL [i](#)

**Referral Required?**

 **Notification/Prior Authorization not required for this service.**

 **Referral is NOT required.**  
The member's plan does not require a referral for network specialty care.

**Result(s)** [View BOTH](#) [Page 1](#)

LAB DIAGNOSTICS		
\$0.00 <small>Estimated Out-of-Pocket Cost<sup>1</sup></small>	1556 Ferrel St Katy, VT 77493 P: 281-555-1000 Est distance from Zip: 12 miles	 Preferred Lab  Designated Diagnostic Provider  Free Standing Facility <a href="#">COPY DETAILS</a>
CORE LABS		
\$23.00 - \$43.00 <small>Estimated Out-of-Pocket Cost<sup>2</sup></small>	2241 Park St Katy, VT 77493 P: 281-555-1000 Est Distance from Zip: 14 miles	 Free Standing Facility <a href="#">COPY DETAILS</a>

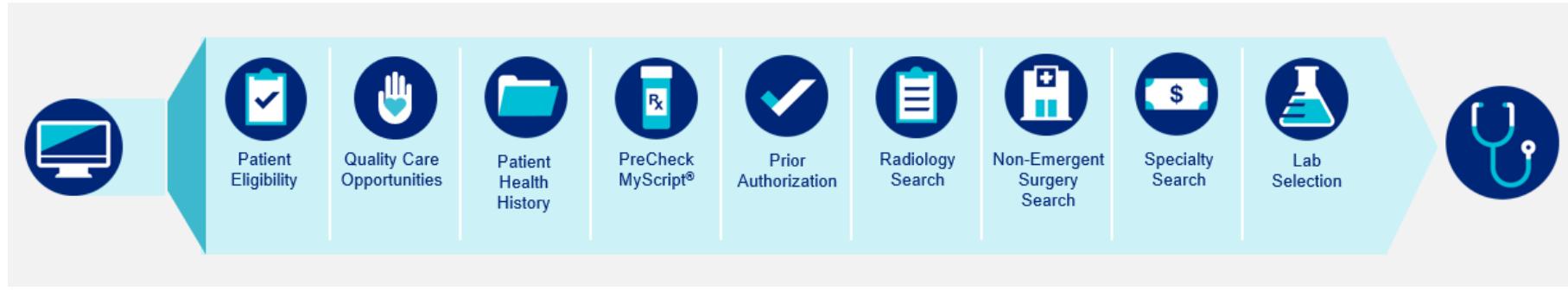
[SHOW MORE RESULTS](#)





# Athena & Point of Care Assist<sup>®</sup>

# Point of Care Assist & Athena



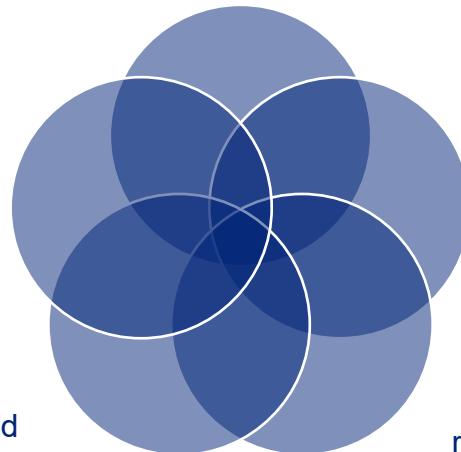
Quality Care Opportunities referred to as Gaps in Care

Search Services referred to as Referral Management

PreCheck MyScript referred to as Real-Time Benefit Check

Patient Health History referred to as Patient Overview

Prior Auth Quick Code Look Up referred to as Prior Authorization Guidance



# Quality Care Opportunities

Referred to as Gaps in Care in Athena



## Gaps in Care in Athena –

- Athena specifically provides diagnosis gaps overview in their patient risk dashboard section.
- Surfaces potential diagnoses in the patient risk dashboard section based off historical claims, manually entered gaps & information received from UnitedHealthcare
- Surfaces suspected diagnoses in the patient risk dashboard based on information from UnitedHealthcare
- Physicians & clinicians can take action on these in their Athena EMR for their UHC Medicare Advantage members and the data flows over to Practice Assist automatically.





**VIM &  
Point of Care Assist<sup>®</sup>**

# Patient Eligibility



## Provides real-time, patient-specific coverage information

- Increase knowledge of patient cost share at point of care
- Prevent payment delays caused by billing for ineligible members

### Key features:

- Confirms the patient's coverage
- Provides the Patient ID and Plan ID
- Displays the patient's copay
- Provides claims submission address



The screenshot shows a mobile application interface for patient eligibility. At the top, there is a blue heart icon. Below it, the patient's name, "Rosie Barker", and date of birth, "Jan 14, 1983 / 39 yr", are displayed. To the left of the main content area is a vertical sidebar with five icons: a shield (top), a heart with a red notification dot (second), a clipboard (third), a stethoscope (fourth), and a person (fifth). The main content area is titled "Eligibility" and contains two expandable sections: "Member & Eligibility Details" and "In-Network Details".

**Member & Eligibility Details**

- Name: Rosie Barker
- Date of Birth: Jan 14, 1983, 39 yr
- Member ID: 0123456789
- Group Number: 893731
- Plan: Healthcare Plan
- Coverage: 01/01/2022 - 12/31/2022
- Primary Care Provider: Chan, Liz
- Referral: Not Required
- Primary Care Co-Pay / Specialist Co-Pay: \$10.00 / \$75.00

**In-Network Details**

- Individual Deductible: \$1,844.64 of \$2,800.00 Spent
- Family Deductible: \$1,844.64 of \$5,600.00 Spent
- Individual Out-of-Pocket Limit: \$1,873.00 of \$5,600.00 Spent
- Family Out-of-Pocket Limit: \$1,873.00 of \$11,200.00 Spent

# Quality Care Opportunities

Referred to in Vim as Care Gaps



## Identifies and notifies you of open quality care services opportunities.

- Reduce pre-visit prep time, giving you more time with your patient
- Perform medication reconciliations and monitor medication adherence
- Close care opportunities by leveraging historical data

### Key features:

- Provides immediate awareness of Healthcare Effectiveness Data and Information Sets (HEDIS®)
- Supports providing the appropriate care within the designated time frames
- Highlights Social Determinant of Health (SDOH) messages for members to help improve health and reduce longstanding inequities in health



Rosie Barker

Jan 14, 1983 / 38 yr / UnitedHealthcare



Care Gaps (2)

#### Controlling High Blood Pressure (CBP)

##### CPT Code

- Systolic < 140; 3074F
- Systolic < 140; 3075F
- Diastolic < 90; 3078F
- Diastolic < 90; 3079F

##### Description

Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

##### Notes

Patient aged 18-85 years old

##### Source

Medical Coder

##### Provider NPI

0123456789

##### Date

10/24/2021

Accept

Dismiss

#### Assess and monitor blood pressure



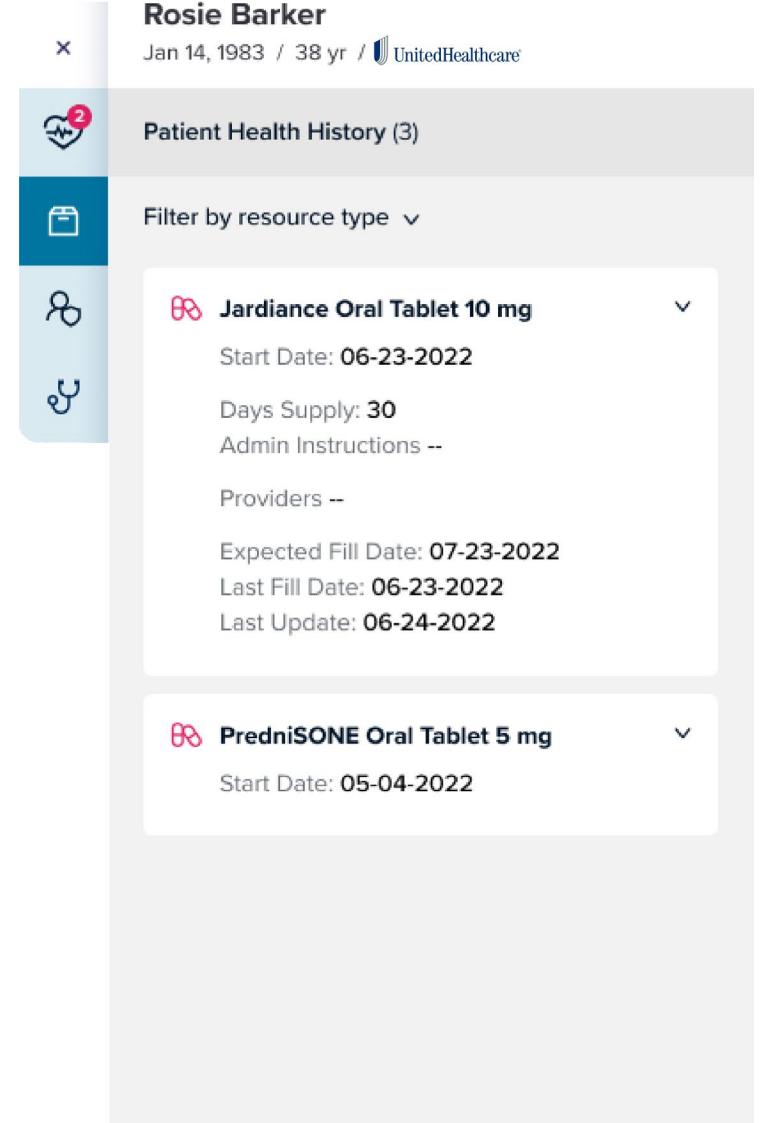
# Patient Health History

**Provides a one-click, at-a-glance overview of patient-specific health care events**

- Spend less time searching for recent medical history
- Get a more holistic view of our patient's health care needs
- Perform medication reconciliations and monitor medication adherence

## Key features:

- A 13-month claims-based look back of your patient-specific health history, regardless of where services were rendered
- Shows information about patient's visits, procedures, medications, immunizations and diagnoses all with 1 click



The screenshot shows a mobile application interface for a patient's health history. At the top, there is a blue heart icon. Below it, the patient's name, **Rosie Barker**, is displayed along with her birth date, **Jan 14, 1983**, and age, **38 yr**. The **UnitedHealthcare** logo is also present. A sidebar on the left contains icons for a heart (with a '2' notification), a clipboard, a stethoscope, and a gear. The main content area shows a list of medications. The first medication listed is **Jardiance Oral Tablet 10 mg**, with a start date of **06-23-2022**, a days supply of **30**, and admin instructions of **--**. It also shows providers, an expected fill date of **07-23-2022**, a last fill date of **06-23-2022**, and a last update of **06-24-2022**. The second medication listed is **PredniSONE Oral Tablet 5 mg**, with a start date of **05-04-2022**.



# Prior Authorization Quick Code Lookup

Referred to in Vim as Prior Auth Check

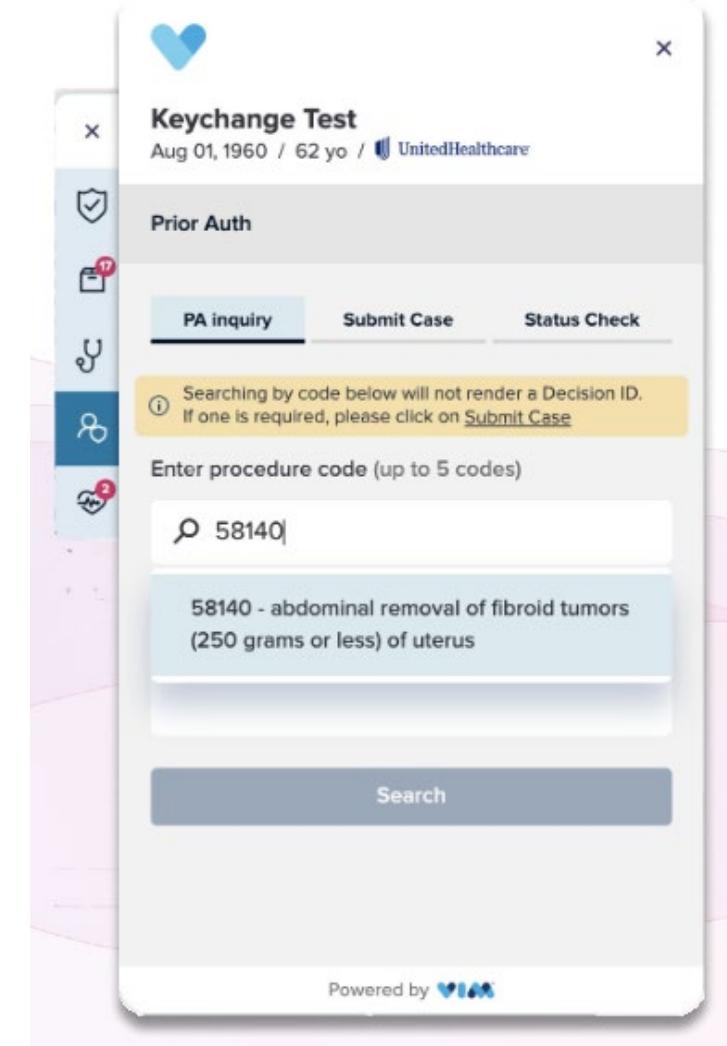


**Provides a one-click, at-a-glance overview of patient-specific health care events to help you:**

- Save time, by quickly getting the information you need to determine if a service requires prior authorization
- Determine the site of service at which to render services based on prior authorization requirements
- Reduce your calls and faxes

## Key features:

- Offers quick lookup feature to help you determine which medical services require prior authorization, based on product type, state, procedure code(s) and an optional diagnosis code
- Minimal data is required to return a real-time response to determine if a prior authorization is required for a planned service



# Prior Authorization

## Case Submission



**Provides a one-click, at-a-glance overview of patient-specific health care events to help you:**

- Spend less time submitting and managing prior authorizations
- Reduce administrative burden with the ability to systematically extract clinical data required for prior authorization submission requests directly from the EMR

### Key features:

- Ability to submit and manage prior authorization requests within your EMR
- Displays the prior authorization reference number and status of prior authorization requests in your EMR
- Allows you to submit notes and records directly from your EMR

Keychange Test  
Aug 01, 1960 / 62 yo / UnitedHealthcare / Test

PA inquiry      Submit Case      Status Check

Case Entry for Outpatient - Confirmation

Confirmation Notification / Prior Authorization

Thank you for your online Notification/Prior Authorization submission.

Notification / Prior Authorization Reference Number: A002011524 Received on 12/19/2022 at 12:55 PM CST. The notification/prior authorization reference number is A002011524. Please print this page for your records.

PRINT

CLOSE

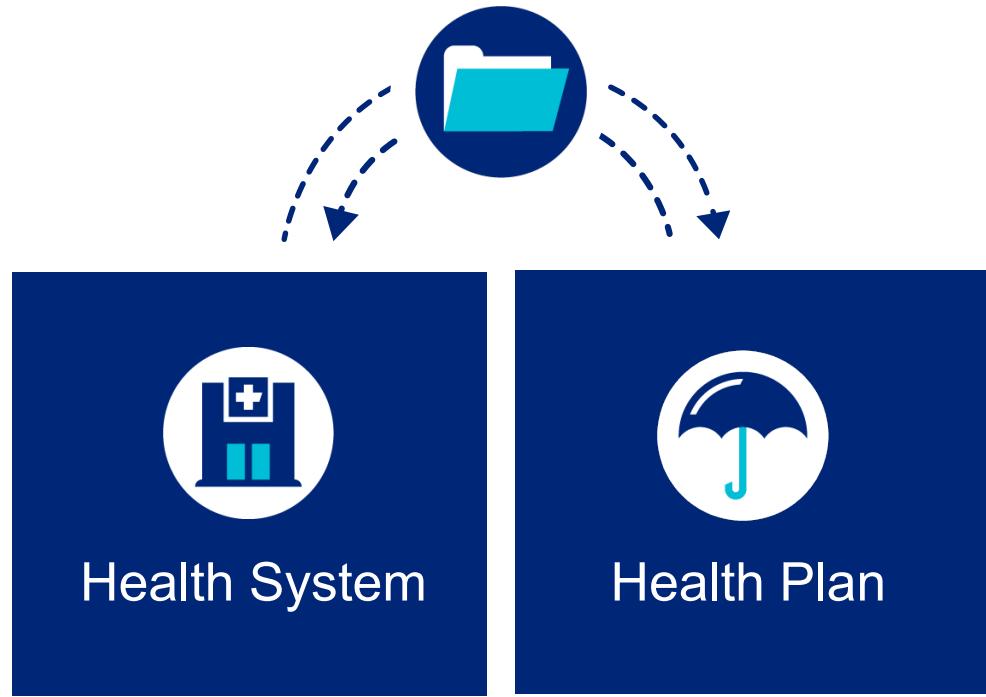
Reset





# Epic Payer Platform & Point of Care Assist

# Epic Payer Platform: Share a fuller picture



# Clinical Data Exchange: Providing the right data to reduce the administrative burden

 Care management	 UM	 Risk accuracy	 Quality	 Claims review
Encounter summaries Medications Discharge instructions Care plans SDOH assessments	Encounter summaries Discharge instructions Supporting clinicals Data while admitted	Encounter summaries Lab Results Medications Vitals Procedures PDF chart for audits	Encounter summaries Lab Results Medications Vitals Procedures PDF chart for audits	Encounter summaries PDF chart for audits





Thank you