



Point of Care Assist[®]

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.

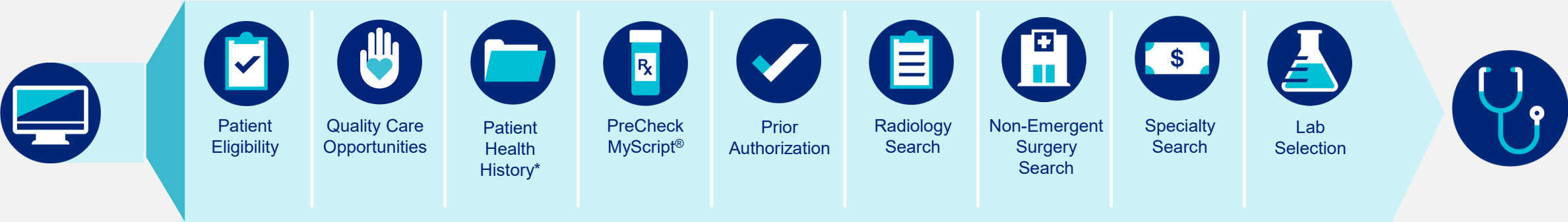


Information is updated in real time and available 24/7.



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

Eligibility Check

UnitedHealthcare

✓ Member is eligible.

Patient Information

Miller, Elizabeth
03/25/1957, 64 yr

Commercial
Member ID: 987123456

Eligibility Details

Member ID: 987123456
Group Number: 12345
Plan Type: UNITEDHEALTHCARE CHOICE PLUS
Coverage: 01/01/2021 - 12/31/2021

Primary Care Provider: Pak, Richard
Referral: Not Required
Primary Care Co-Pay: \$10.00
Specialist Co-Pay: \$75.00

In-Network

Out-of-Network

Individual Deductible: ⓘ

\$1,844.64 of \$2,800.00 Spent

\$0.00\$2,800.00

Individual Out-of-Pocket Limit: ⓘ

\$1,873.00 of \$5,600.00 Spent

\$0.00\$5,600.00

Family Deductible: ⓘ

\$1,844.64 of \$5,600.00 Spent

\$0.00\$5,600.00

Family Out-of-Pocket Limit: ⓘ

\$1,873.00 of \$11,200.00 Spent

\$0.00\$11,200.00

CLOSE




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

The screenshot displays the 'Patient Health History' interface for a patient named Elizabeth Miller. The interface is organized into sections: Patient Information, Health Events, Conditions, Medications, Immunizations, and a final section for diagnoses. The Patient Information section includes the patient's name, birth date, group number, and member ID. The Health Events section lists various procedures and tests with their dates. The Conditions section lists medical conditions. The Medications section lists prescribed drugs. The Immunizations section indicates no information is available. The final section lists diagnoses.

Patient Health History		
Patient Information		UnitedHealthcare
Miller, Elizabeth 03/25/1957, 64 yr		Group Number: LABYHP Member ID: 987123456
View By Category ▼		
Health Events	06/24/2021	Blood glucose (sugar) measurement using reagent strip
	03/16/2021	Catheter Placement in Coronary Artery for Coronary Angiogram
	02/30/2021	Including Intraprocedural Injection with Left Heart Catheterization
	11/24/2020	Coagulation time measurement
	10/15/2020	Medication management
Conditions	06/24/2021	Stent placement into major coronary artery
	03/16/2021	Asthma (lung disease with wheezing)
Medications	06/24/2021	Actoplus Met Tab XR
	03/16/2021	Lipitor
	02/30/2021	Hydrochlorothiazide
Immunizations	No information available.	
	06/24/2021	Type 2 Diabetes
	03/16/2021	Narrowing of spinal canal (spinal stenosis)



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








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 ares 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. 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

[CHANGE](#)

This medication is not covered under the patient's plan
Please select an alternative medication if available.

Searched Medication

Actoplus Met Tab XR

Qty. Calculated: 30 day supply

Product ID: 923-12-9823

Prior Authorization Required

N/A

Additional information: Maximum daily dose of 1
Maximum days of supply 30

Alternative Option(s)

Pioglitazone/Met Tab 15-850MG

Qty. Calculated: 30 day supply

Product ID: 912-429-1234

No Prior Authorization Required

\$22.00 per fill

Additional information: Maximum daily dose of 1
Maximum days of supply 30



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 [<](#) [>](#)

.\$1375.00 Estimated Out-of-Pocket Cost ¹	ABC Surgical Center 1000 Center St. Katy, TX 77453 P: 281-555-3456 Est. member distance: 2.1 miles* Show more addresses (2)	 Free Standing Facility  Lower Cost	 COPY DETAILS
.\$800.00 - \$3000.00 Estimated Out-of-Pocket Cost ¹	XYZ Surgical and More 45540 83rd St. Katy, TX 77453 P: 281-555-7610 Est. member distance: 3.6 miles*	 Free Standing Facility  Lower Cost	 COPY DETAILS



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

Searched Specialty
207RG0100X-Gastroenterology

45378 - Colonoscopy, flexible, proximal... [VIEW DETAILS](#)

Primary Care Physician Referral?

[VIEW DETAILS](#)



Prior authorization may be required.



Referral is required.

Search Result(s)

Roy B. Vaughn
Gastroenterology
1500 Flanigan Oaks Dr.
Katy, TX 77453
P: 281-555-4212
Est. member distance: 8.1 miles*
[Show more addresses \(2\)](#)

~~\$700.00 -~~
~~\$900.00~~
Estimated
Out-of-Pocket Cost¹

Does not meet Premium
Quality Criteria


**COPY
DETAILS**

Alternative Option(s)

View

10



per page

Page 1



~~\$240.89 -~~

Dana D. Vanover
Gastroenterology

2881 Villa Dr

**TIER
1**

Tier 1



Premium Care Physician



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 DETAIL](#)



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-into Link, you may go to 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


\$240.89 -
\$279.15
Estimated
Out-of-Pocket Cost¹

Sample Imaging Center


912 Elm St.
Katy, TX 77453
P: 281-555-4212
Est. member distance: 2.4 miles*



Free Standing Facility



Lower Cost

[COPY
DETAIL](#)

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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](#)

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

Searched Specialty

CLINICAL MEDICAL LAB

80050 - GENERAL HEALTH PANEL

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

\$0.00

Estimated Out-of-Pocket Cost¹

LAB DIAGNOSTICS

1556 Ferrel St
Katy, VT 77493
P: 281-555-1000
Est distance from Zip: 12 miles

Preferred Lab

Designated Diagnostic Provider

Free Standing Facility

[COPY](#)

[DETAILS](#)

~~\$23.00~~ - ~~\$43.00~~

Estimated Out-of-Pocket Cost²

CORE LABS

2241 Park St
Katy, VT 77493
P: 281-555-1000
Est Distance from Zip: 14 miles

Free Standing Facility

[COPY](#)

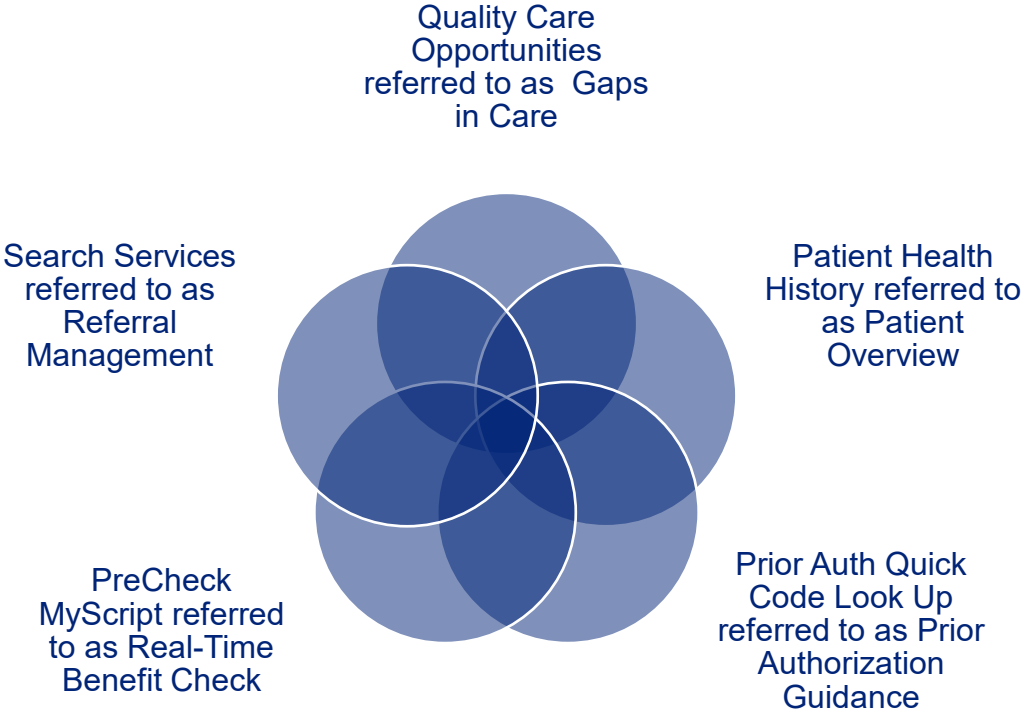
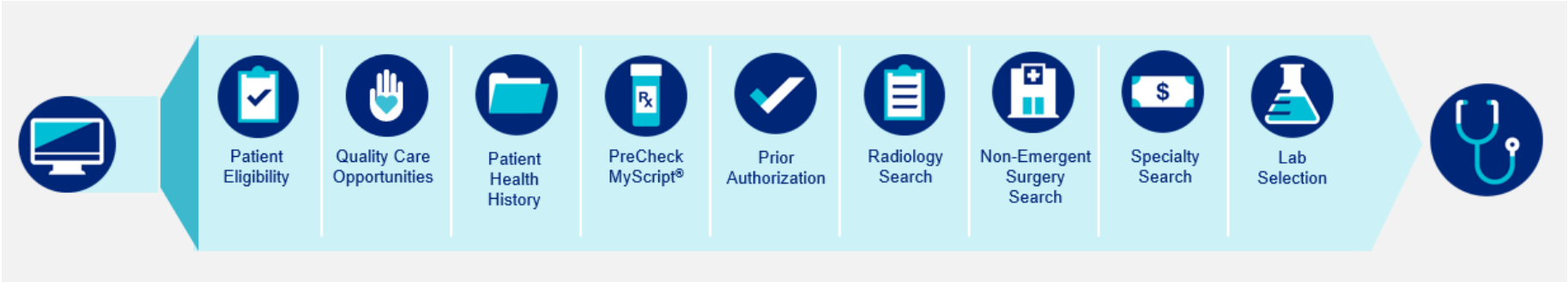
[DETAILS](#)

[SHOW MORE RESULTS](#)



Athena & Point of Care Assist[®]

Point of Care Assist & Athena



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[®]

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 patient eligibility interface. 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. A sidebar on the left contains icons for a shield (Eligibility), a heart with a pulse line (2), a calendar, a person, and a stethoscope. The main content area is titled 'Eligibility' and contains a section 'Member & Eligibility Details'. This section lists the following information: 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), and Primary Care Co-Pay / Specialist Co-Pay (\$10.00 / \$75.00). Below this, there is a section 'In-Network Details' which is expanded, showing the following information: 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), and Family Out-of-Pocket Limit (\$1,873.00 of \$11,200.00 Spent). There are also expandable sections for 'Details' and 'Work Details'.

Rosie Barker
Jan 14, 1983 / 39 yr

Eligibility

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

Details

Work Details



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



The screenshot displays the Vim interface for a patient named Rosie Barker. At the top, there's a heart icon and the patient's name. Below that, the date of birth and age are shown, along with the UnitedHealthcare logo. A sidebar on the left contains icons for a calendar, a person, a document with a red '5' badge, and a stethoscope. The main content area is titled 'Care Gaps (2)'. The first gap is 'Controlling High Blood Pressure (CBP)', which includes a list of CPT codes (3074F, 3075F, 3078F, 3079F) and a description of the condition. Below this, there are sections for 'Notes' (Patient aged 18-85 years old), 'Source' (Medical Coder), and 'Provider NPI' (0123456789) and 'Date' (10/24/2021). At the bottom of this section are 'Accept' and 'Dismiss' buttons. The second gap is 'Assess and monitor blood pressure'. The footer of the interface says 'Powered by vim'.

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 **Date**
0123456789 10/24/2021

Accept **Dismiss**

Assess and monitor blood pressure

Powered by **vim**

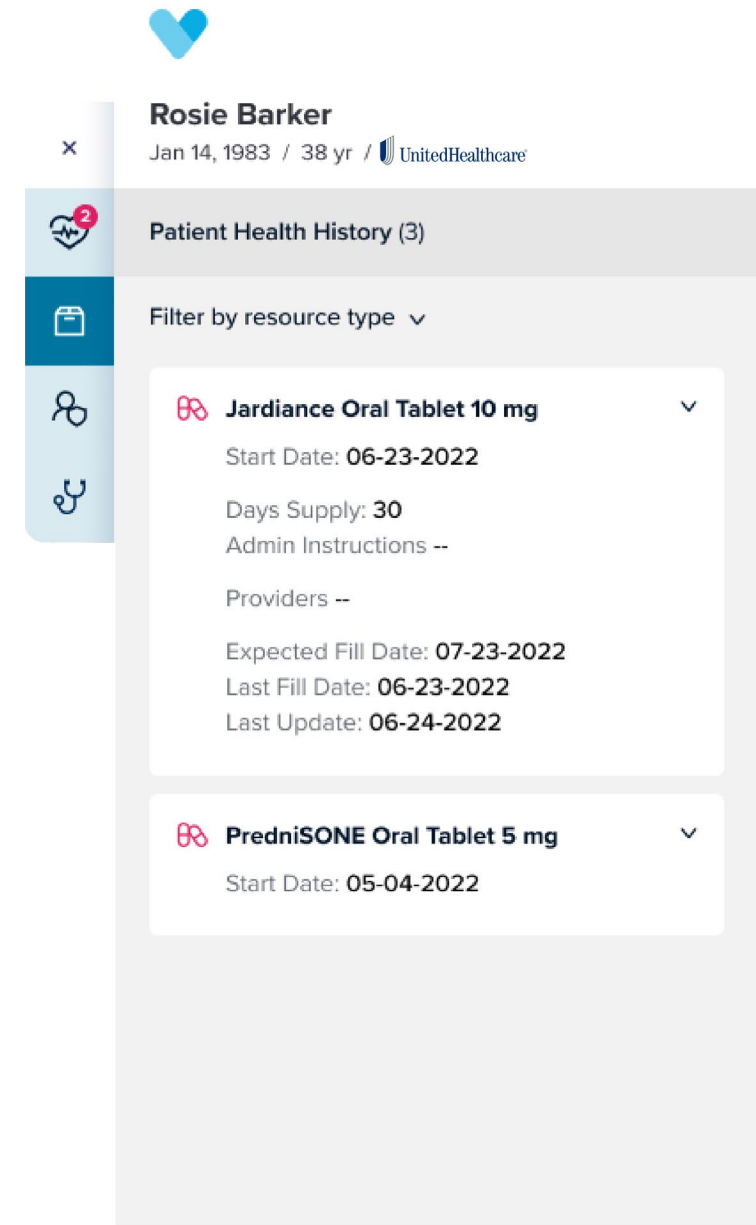
Patient Health History

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 displays the 'Patient Health History' interface for Rosie Barker. At the top, a blue heart icon is next to the patient's name 'Rosie Barker' and her details: 'Jan 14, 1983 / 38 yr / UnitedHealthcare'. Below this is a sidebar with icons for a heart (with a red '2' badge), a calendar, a person, and a stethoscope. The main content area is titled 'Patient Health History (3)' and includes a 'Filter by resource type' dropdown. Two medication entries are shown: 'Jardiance Oral Tablet 10 mg' and 'PredniSONE Oral Tablet 5 mg'. Each entry includes a red pill icon, a dropdown arrow, and details such as 'Start Date', 'Days Supply', 'Admin Instructions', 'Providers', 'Expected Fill Date', 'Last Fill Date', and 'Last Update'.

Rosie Barker
Jan 14, 1983 / 38 yr / UnitedHealthcare

Patient Health History (3)

Filter by resource type ▾

 **Jardiance Oral Tablet 10 mg** ▾
Start Date: 06-23-2022
Days Supply: 30
Admin Instructions --
Providers --
Expected Fill Date: 07-23-2022
Last Fill Date: 06-23-2022
Last Update: 06-24-2022

 **PredniSONE Oral Tablet 5 mg** ▾
Start Date: 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



The screenshot displays the Keychange Test mobile application interface. At the top, there's a blue heart icon and a close button (X). Below this, the app title "Keychange Test" is shown, followed by patient information: "Aug 01, 1960 / 62 yo / UnitedHealthcare". The main section is titled "Prior Auth" and contains three tabs: "PA inquiry" (selected), "Submit Case", and "Status Check". A yellow informational banner states: "Searching by code below will not render a Decision ID. If one is required, please click on [Submit Case](#)". Below this, there's a prompt "Enter procedure code (up to 5 codes)" and a search input field containing "58140". A result box shows "58140 - abdominal removal of fibroid tumors (250 grams or less) of uterus". A "Search" button is located at the bottom of the input area. The footer indicates "Powered by" followed by the Vim logo.

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

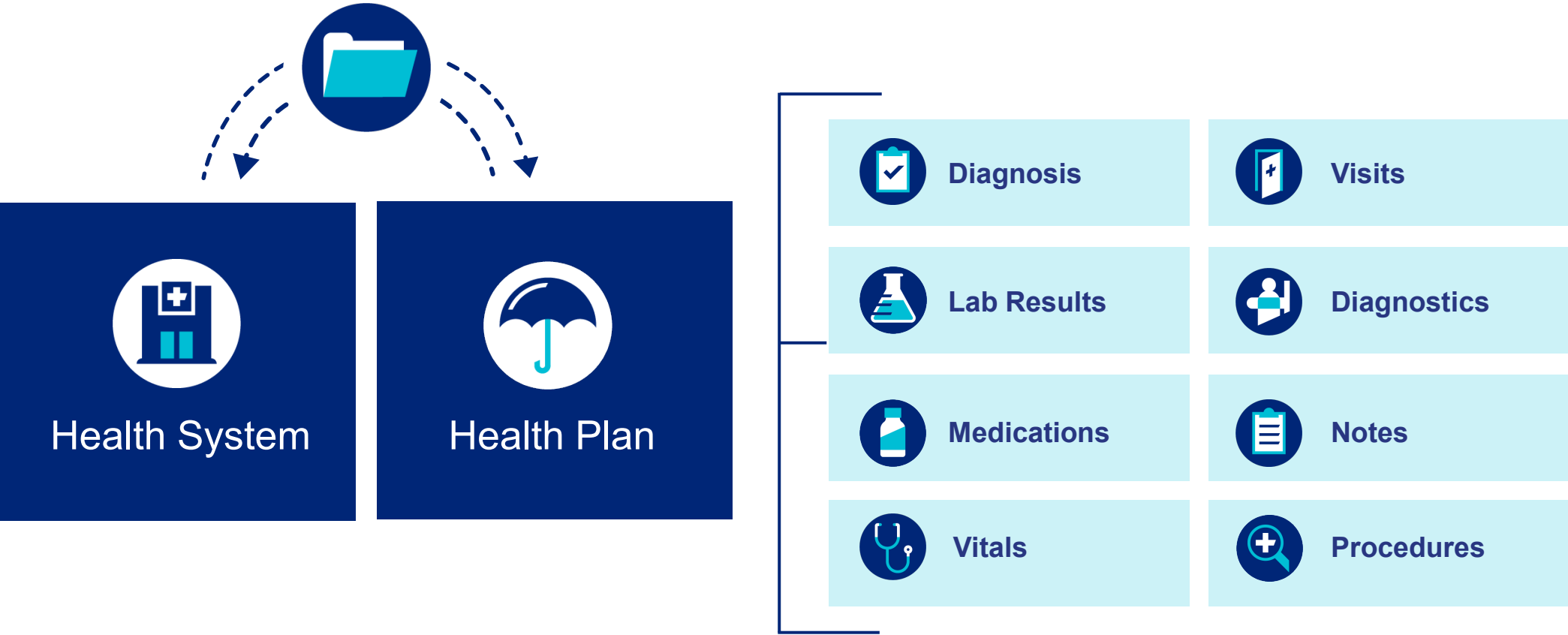
The screenshot displays a web application interface for 'Keychange Test'. At the top, it shows the patient information: 'Aug 01, 1960 / 62 yo / UnitedHealthcare / Test'. Below this is a navigation bar with three tabs: 'PA inquiry', 'Submit Case' (which is highlighted), and 'Status Check'. On the left side, there is a vertical sidebar with icons for a shield, a calendar with '16' items, a person, and a heart. The main content area is titled 'Case Entry for Outpatient - Confirmation' and features the UnitedHealthcare logo. A light blue box contains the text: 'Confirmation Notification / Prior Authorization' followed by 'Thank you for your online Notification/Prior Authorization submission.' Below this, a white box displays the 'Notification / Prior Authorization Reference Number: A002011524' and a timestamp 'Received on 12/19/2022 at 12:55 PM CST'. It also includes a 'PRINT' button and a message: 'The notification/prior authorization reference number is A002011524. Please print this page for your records.' At the bottom of this box, there is a line of text: 'The reference number above acknowledges receipt of your notification or prior authorization request. Please write...'. A 'CLOSE' button is located at the bottom right of the main content area. At the very bottom of the interface, there is a 'Reset' button and a footer that says 'Powered by' followed by a logo.



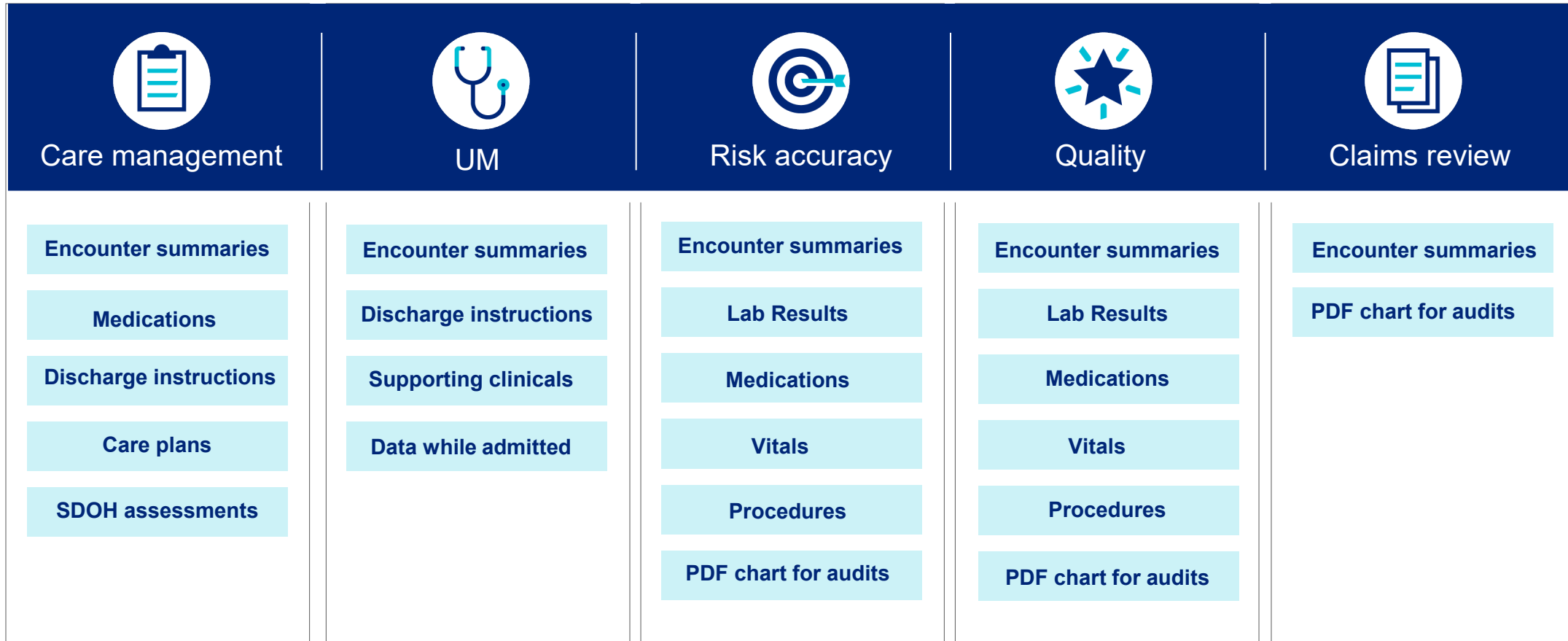


Epic Payer Platform & Point of Care Assist

Epic Payer Platform: Share a fuller picture



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





Thank you