

OMS

Pre-surgical Support of Hearing Implant Authorizations

Who is OMS?

A division of Cochlear Americas, OMS is a dedicated team of reimbursement specialists who are available, at no-cost, to help healthcare providers and candidates obtain the necessary insurance approval or to support appeals where coverage has been denied for Cochlear's Nucleus® Cochlear Implants or Baha® Systems for medically qualified candidates.

How do I get started with OMS?

Contact OMS at phone 800-633-4667 option 4 or via email at OMS@cochlear.com. OMS will provide you with the necessary forms to complete which include:

- ✓ Letter of Agreement (only required for new centers on initial sign up)
- ✓ Patient Information form
- ✓ Patient Release of Health Information Form
- ✓ Patient Authorization to Provide Services Form

How do they support patient access?

As experts in medical insurance advocacy, OMS has an extensive knowledge of health insurance plans and understands that not all insurance policies are the same. OMS partners with candidates and healthcare providers to provide navigational support of the health insurance maze. OMS knows how to research insurance plan language, interpret medical policy criteria, develop a successful appeal strategy and push for favorable outcomes. Through support and assistance in the insurance predetermination and appeals process, OMS works to increase access to Cochlear's implantable hearing solutions.

What will OMS do?

- OMS will submit the predetermination or appeal request to the health plan
- OMS will regularly follow up with the health plan until a determination is made (the process averages 4-6 weeks)
- OMS will provide you with periodic updates and notify you once the health plan has rendered its determination
- If the health plan issues a denial, OMS will research available appeal options and provide you with guidance on next steps

How do I engage OMS for a specific patient?



For each patient you refer, OMS will require a copy of the patient's insurance card and current, applicable medical records, including audiograms.



In cases of appeal, OMS will need a copy of the health plan's denial letter. If the insurance has issued a denial due to a benefit exclusion, it is helpful to have a copy of the patient's insurance handbook, specifically the exclusion and appeals sections.



Once you have gathered the necessary information, please forward the information to OMS via email at OMS@cochlear.com or via fax at (303) 524-6765.

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