Optum

The health plan ecosystem

Health plans face many challenges:

- Improving the provider and member experience
- Affordability and emerging cost trends
- Continually evolving digital technologies
- Constant regulatory changes

Across the Optum health plan ecosystem, you'll find a complete portfolio of solutions designed to enable health plans to make meaningful strides toward achieving their goals.

Click on the solution area on the map to learn more.



Advisory services consulting



Risk and quality



Member health

Data and analytics enablement



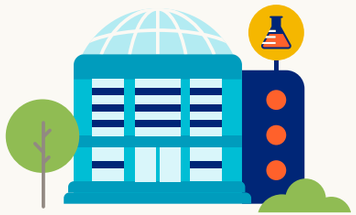
Payment integrity



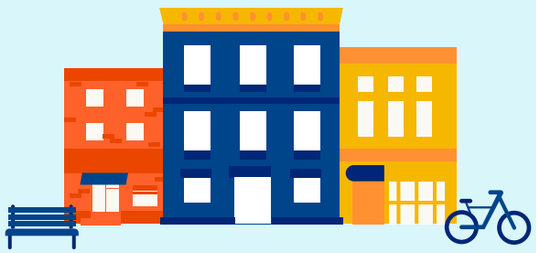
Pharmacy care



Payment delivery solutions



Targeted cost of care management



Payment integrity

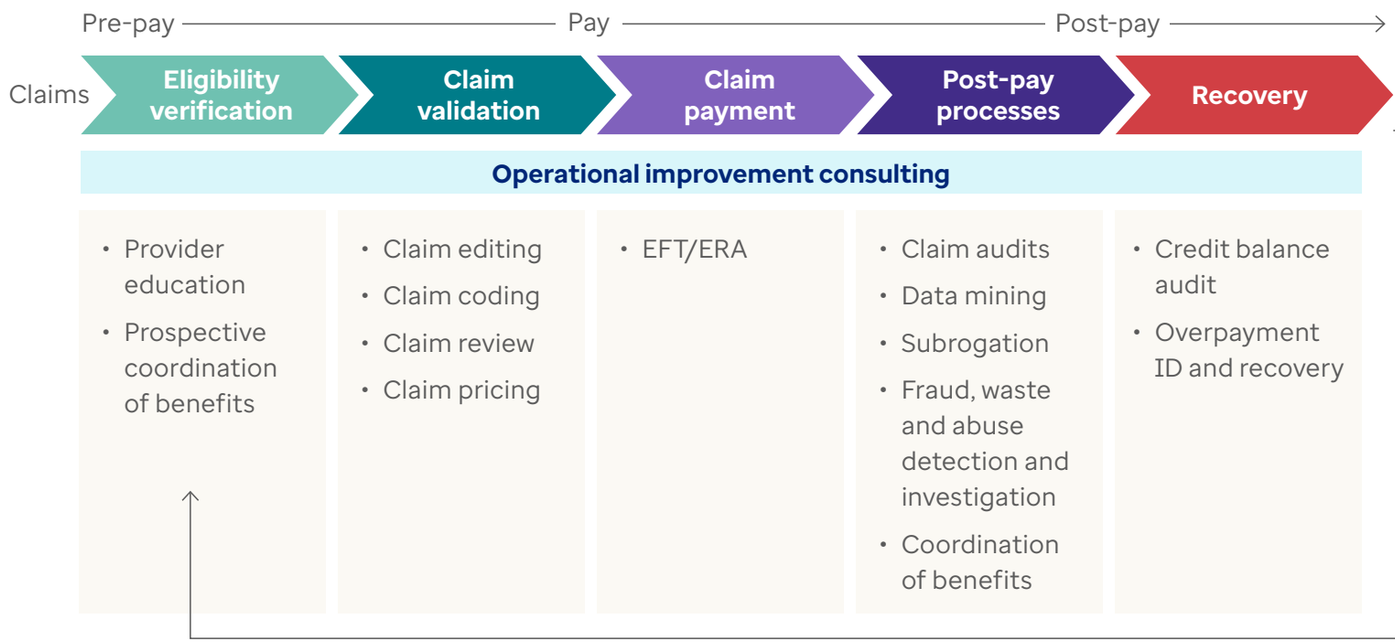
Improve end-to-end payment integrity performance

Managing claims efficiently is a must for health plans, due to competitive pressures, evolving membership and health care reform and regulations.

Optum offers a comprehensive suite of pre- and post-payment integrity (PI) solutions that inform and improve the entire claims management cycle. Our expertise, rich data resources and innovative analytic tools help health plans develop PI roadmaps that address immediate and long-term opportunities to improve performance. By taking an end-to-end approach to PI, health plans increase their medical cost savings and improve their relationships with providers.

$7B+

generated in annual savings for health plans with our cost-avoidance and prevention solutions*



* Based on Optum savings data.

Pre-payment solutions

Optum pre-payment solutions allow health plans to identify errant claims before they are paid. This helps increase a health plan's savings ratio and decrease member and provider abrasion.

- Claim editing
- Claim pricing
- COB avoidance
- Provider education
- Claim review

Post-payment solutions

Optum post-payment solutions help health plans recover overpayments. We use linked analytics to discover the root cause of overpayments so you can avoid and prevent unnecessary costs in the long term.

- Subrogation
- Fraud detection and investigation
- Claim review
- Credit balance audit
- Overpayment identification and recovery
- Data mining

A transformative approach

Our payment integrity solutions enable health plans to significantly save on their total medical and administrative expenses by paying the right claim at the right price at the right time.



300% increase in claims editing savings

A multi-state Medicaid managed care organization (MCO) partnered with Optum to maximize its claims editing system (CES) performance. Over the course of 12 months, CES savings growth increased from $43 million to $127 million.

Optum worked with the client to improve its internal processes by setting up a cross-functional governance committee and assigning claims editing owners by function. Optum also helped the client develop a new provider, state and internal notification process that gives stakeholders more time to prepare for editing changes. These actions resulted in reduced re-work, better collaboration both internally and externally, and substantially less provider abrasion.

For more information about how Optum can enhance claims and payment accuracy, visit optum.com/pi.



Risk and quality

Drive better risk adjustment and quality outcomes through a provider-first approach

Prospective solutions

We support providers by standardizing processes on behalf of multiple payers to allow more time caring for patients.

In-Office Assessment Program

A flexible, prospective in-office and virtual provider engagement program that supports early detection and ongoing assessment of chronic conditions for health plan members. The program is supported by a multidisciplinary field team to help providers with guidance and training, coupled with tiered compensation options to allow for the best level of flexibility to support provider engagement.

Integrated In-Office and In-Home Assessment Program

By integrating the In-Office and In-Home (HouseCalls) programs, members have more flexibility to choose the care setting that is best for them. Giving members the option of in-home, in-office or virtual care means they are more likely to schedule an assessment visit, helping health plans to manage care, improve quality and obtain more accurate reimbursement.

Member engagement

A focused initiative to assist members with their wellness and screening assessments. The program helps identify members' primary care physician, facilitate appointment scheduling (in-person or telehealth), identify care barriers and help members access plan benefits.

Retrospective solutions

Our diverse and deep experience paired with the largest MA database in the industry powers analytics to improve accuracy and completeness.



Submissions

Optum takes a customized approach to submission services. We combine consultative services and technology to provide transparency and workflow tools via a self-service portal. It's what sets us apart from vendors that take a one-size-fits-all approach to intake data, transform it and submit it to CMS and HHS.



Audit services

Optum provides comprehensive data validation and support services to health plans for CMS and HHS RADV audits, as well as claims verification services for claims submitted to CMS and HHS.



Retrieval

Retrieving more charts digitally has been an ongoing initiative at Optum. For AI-enabled chart retrieval, AI decides which modality is likely to be successful with providers. How does AI decide? Direct access to EHR systems enables AI to determine which charts to retrieve and when. Direct EHR retrieval can remove the need for provider action from the workflow entirely, further reducing provider abrasion.



Analytics

Optum uses AI enabled by our experience with the largest database of Medicare Advantage (MA) medical records in the industry. AI precisely predicts and prioritizes charts most likely to contain unreported diagnosis codes.



Coding and QA

Chart review and AI-enabled coding: Optum AI-enabled analytics use a 3-step process to facilitate efficient chart routing based on coder expertise. This advanced technology makes the coding process more accurate, complete and efficient.



Quality assurance

Our global team of AAPC- or AHIMA-certified coders ensure maximum data capture and accuracy of potential unreported diagnosis codes. Our quality assurance process includes reviewing 100% of unreported hierarchical condition codes (HCCs).

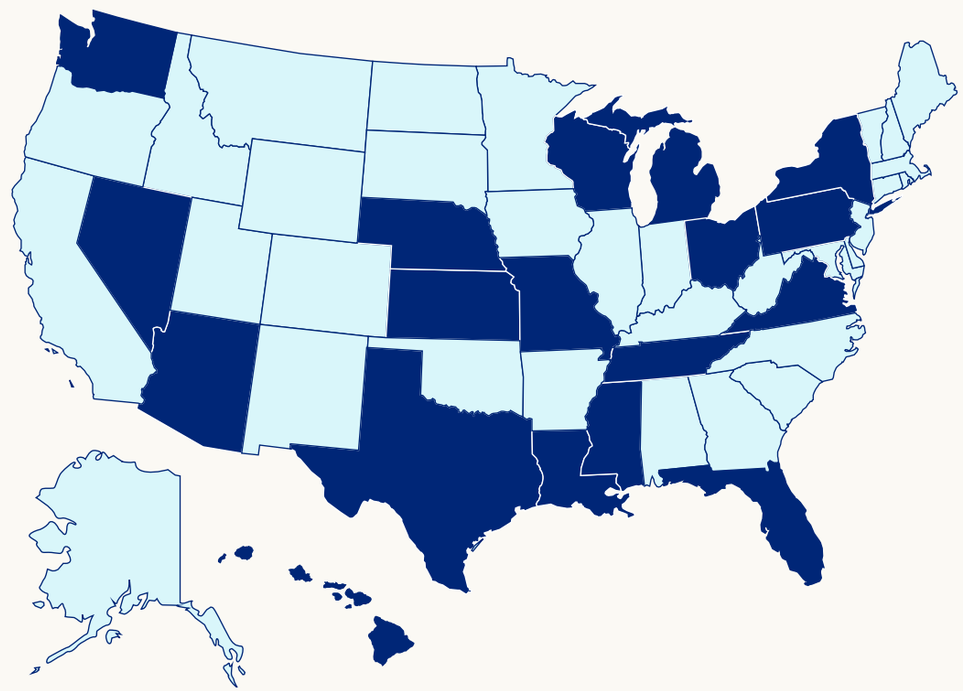
Medicaid risk and quality solutions

Accurately documenting the health status of Medicaid populations is very important to your risk and quality programs. But that's easier said than done. As every MCO knows, each state has its own Medicaid model, regulations, reimbursements and penalties.

It can be enormously challenging to stay current with the variations and ongoing changes, all while optimizing your risk and quality strategies.

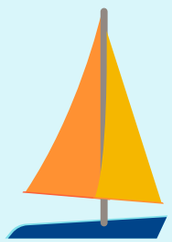
Benefit from our experience working with state Medicaid requirements. Optum takes a holistic approach to work across your managed Medicaid markets. We can help identify opportunities to maximize the potential of your risk adjustment strategy. We can also create a plan to improve your quality measures using our comprehensive, innovative approach to managing federal- and state-based rating programs.

Optum supports Medicaid risk and quality programs in 21 states



■ States where Optum supports Medicaid risk and quality

For more information about Optum risk management and quality assurance solutions, visit optum.com/risk.



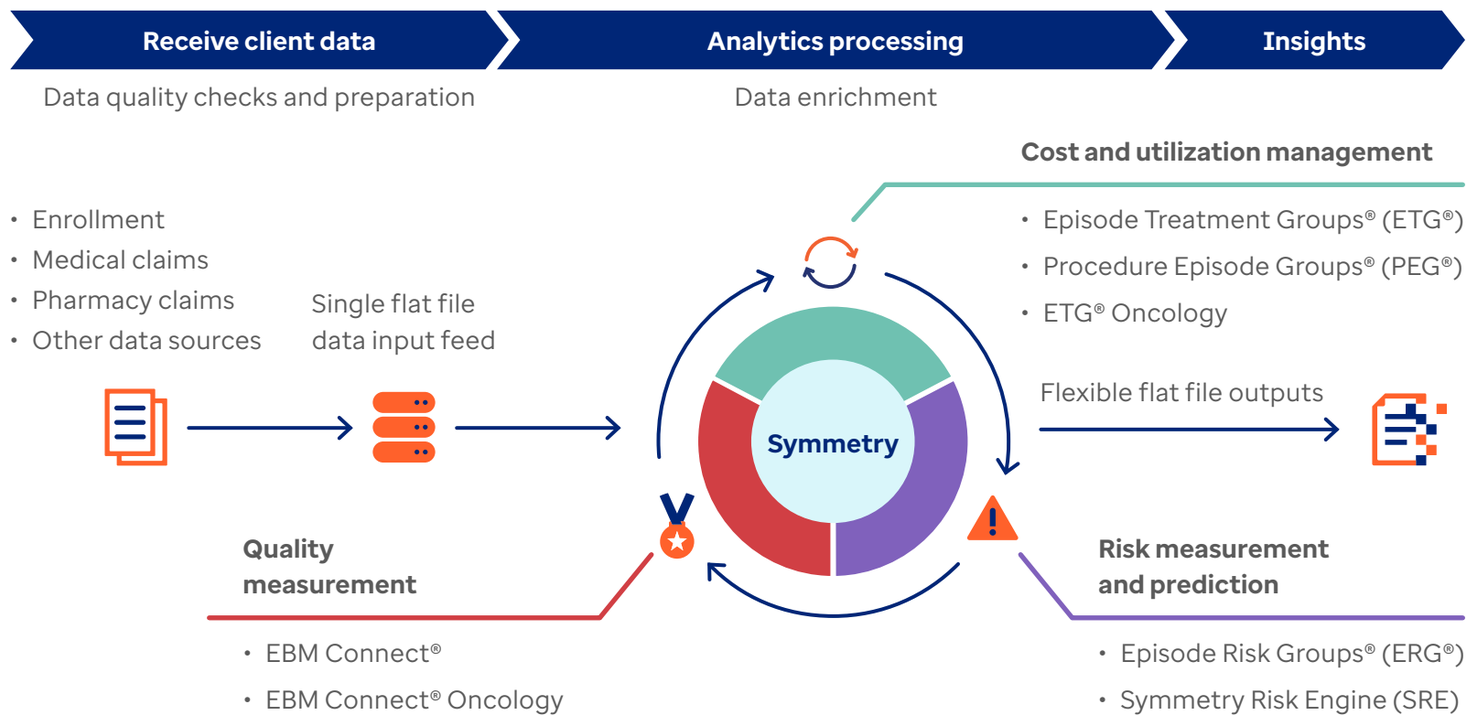
Data and analytics enablement

Better understand and predict cost, risk and quality

With analytics solutions from Optum, you can access a world's worth of intelligence and use advanced analytics techniques to manage cost and utilization, mitigate risk and measure quality.

Symmetry suite

The Optum® Symmetry® suite is an end-to-end solution that helps health care organizations measure value with clinically homogeneous, severity- and risk-adjusted standard units of analysis. It allows an apples-to-apples comparisons of members, populations, providers and networks, to better understand variation, outliers and opportunities to improve your clinical and financial performance.



Cost and utilization management

- Analyze value-based cost and utilization trends to manage against risk contract goals
- Measure services and costs in grouped by chronic and acute episodes of care
- Identify trends in out-of-network utilization and opportunities to bring necessary services in network
- Track service migration and engage physicians around managing referral patterns
- Analyze product/benefit design migration patterns

Risk measurement and prediction

- Stratify individuals according to prospective risk and necessary interventions
- Create registries by diagnosis, condition, multidimensional risk and other key metrics
- Evaluate disease and care management programs
- Identify rising-risk individuals, those bearing hidden risk and individuals who will respond best to intervention
- Forecast expenditures and medical service needs across subpopulations to determine where to focus resources

Quality measurement

- Identify quality improvement opportunities and close gaps in care
- Develop and test optimal clinical care pathways
- Gauge and track success on ACO, HEDIS® and Stars measures
- Maximize and streamline quality and regulatory performance programs, including ACO, HEDIS, bundles and CPC+ programs
- Track measures specific to oncology and other specialty car

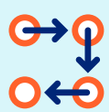
The advantage with Symmetry



Transparent methods allow easier implementation of value-based reimbursement



Pioneer in health care analytics with a 25+ year heritage



End-to-end solution using a single input implementation and process for greater efficiency and speed to value



Output files offer the **ultimate flexibility,** and are easily compatible with database and reporting applications

Impact Pro

Impact Pro® leverages the power of Optum Symmetry to help you identify, profile and stratify your members. With Impact Pro, you can determine which individuals need specialized intervention programs and which intervention programs are likely to have an impact on the quality of individuals' health.



Member-centered health profile

The advantage of Impact Pro

- **Clinician-driven identification and stratification,** helping you flag individuals early, before their health becomes catastrophic
- **Flexible service options,** available in various configurations depending on your organization's IT infrastructure
- **Easy-to-use strategic dashboards and opportunity reports,** with data displayed to highlight key opportunities to enhance care or reduce unnecessary costs
- **Direct engagement with physicians,** to communicate gaps in care or other actionable clinical information
- **Business rules** to measure quality and recognize and communicate gaps in care
- **A comprehensive view** by integrating clinical data and HRA results to enhance the scope and impact of routine physician profiling and management reports
- **Complete transparency** of measure specifications and code sets for confidence in citing results to physicians and provider groups

For more information about Optum data and analytic enablement, visit optum.com/business/health-plans/data-analytics.



Advisory services consulting

Helping health care leaders thrive amid change

Navigating the change and complexity in health care is daunting. You need a deep understanding of many considerations outside your organization – and a pragmatic approach to initiating, motivating and managing change within and across it.

Our team of consultants will be with you at every step, with guidance and support to overcome roadblocks. And we can lean in where you need it most, whether:

- Providing sophisticated modeling and analytics
- Serving as an extension of your staff to tackle mission-critical priorities
- Driving sound decision-making

Optum® Advisory Services is committed to helping you successfully take on your most pressing challenges. We can help you grow your business, achieve financial stability, deliver value to stakeholders and reduce the total cost of care.

We bring a broad range of critical capabilities to support health care organizations, with a deep focus on providers and payers and where and how they intersect.

How we're different

- Holistic, exclusive focus on health care
- Combination of real-world and consulting experience
- Innovative end to end solutions and partnerships
- Unparalleled data assets

1,400+ experts

125+ actuaries

50+ clinicians



Risk management and growth

- Trend analytics
- Actuarial services, software and analytics tools for commercial, Medicaid, Medicare, ACA and pharmaceutical
- Underwriting (UW) transformation, including process redesign, audits and UW as a service
- Government programs bid support
- Pricing and reserves



Health management and operations

- Total cost of care and quality programs (to reduce administrative and medical expense while improving quality)
- Enrollment and eligibility
- Provider network design and service
- Claims performance management
- Care management: UM/CM/DM programs
- Risk adjustment
- Quality (Stars, HEDIS®f)



Payer technology services

- Technology strategy and development
- Data strategy and governance
- Digital transformation
- Implementation and configuration
- Managed services: technology application and infrastructure
- Intelligent automation
- Cloud optimization



Payer enterprise transformation

- Operations optimization
- Partner integration support
- Process change and roadmap development
- Change management



Payer enterprise delivery services

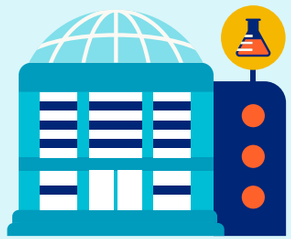
- On-demand access to health care talent
- Scalable staffing
- Enabling large-scale transformation



Government programs

- Medicaid RFP support and state-based market assessments
- New plan launch including Medicare Advantage, Medicaid and ACA
- Care management programs and systems
- Government plans operations

For more information about Optum Advisory Services for the health plan industry, visit optum.com/business/health-plans/advisory-services.



Targeted cost of care management

Realize cost savings with improved outcomes

Better manage high-spend areas like lab testing, specialty pharmacy or emergency department use with solutions that integrate analytics, technology and services.

Intelligent decision support tool optimizes value of specialty treatments

Fusing medical and pharmacy expertise to manage specialty spend

Specialty medications now account for 50% of total pharmacy spend, and costs continue to rise.[1] With more people living with complex conditions, it is more important than ever to have solution in place to help with the high cost and variance in specialty drugs.

Optum® Specialty Fusion™ is a first-of-its kind specialty medication cost management platform. The Specialty Fusion solution dynamically analyzes thousands of data points across both the medical and pharmacy benefit in real time to synthesize regimen options and delivers a recommendation to the provider. The result is a lower total cost of care for health plans and an expedited care plan for patients.

Laboratory benefit management

Roughly 13 billion clinical lab tests are performed every year, making lab testing the most utilized medical benefit.[2] This volume results in health plans spending tens of billions of dollars annually – a particularly astonishing figure when you consider 30% of lab tests are unnecessary.[3]

Tests that are not clinically indicated can pose safety risks for members due to unnecessary sample collection, increased chances for false-positive results, and potentially unnecessary interventions.

1. IQVIA Institute. The Use of Medicines in the U.S. Published May 27, 2021. Accessed October 30, 2022.
2. Price C, St. John A. Clinica Chimica Acta. Anatomy of a value proposition for laboratory medicine.2014; 436, 104-111.
3. Zhi M, Ding EL, Theisen-Toupal J, Whelan J, Arnaout R. The landscape of inappropriate laboratory testing: a 15-year meta-analysis. PLoS One. 2013 Nov 15;8(11):e78962. doi: 10.1371/journal.pone.0078962. PMID: 24260139; PMCID: PMC3829815.

Reimagine laboratory benefit management

The Laboratory Benefit Management solution from Optum and Avalon Healthcare Solutions helps health plans manage all lab testing spend and deliver a better experience for providers and members. It allows health plans to better align lab testing with clinical, evidence-based guidelines. This may result in higher quality of care and cost savings for health plans, ranging from $1–$3 per member per month (PMPM).

The laboratory benefit management solution from Optum and Avalon includes the following products:

Routine Test Management

The industry's only automated routine test management solution ensures lab testing follows clinical guidelines and evaluates laboratory claims post-service and pre-payment in near-real time. This proprietary technology uses thousands of rules that compare CPT® and ICD-10 codes, age, lab test history and frequency to ensure that lab tests are appropriate for the clinical condition and consistent with the health plan policies. Routine Test Management occurs post-service/pre-payment, so there is no disruption or abrasion to the physician or patient.

$1.00–$2.60

PMPM estimated plan savings*

Genetic Test Management

This solution brings specific genetic test policies and prior-authorization services to health plans alongside unique genetic test identification and technical assessment process. Genetic Test Management's prior-authorization capability is a pre-service review that manages utilization in line with evidence-based guidelines to ensure appropriate care.

Genetic Test Management goes beyond cost containment strategies with a strong emphasis on test quality to ensure that health plans are equipped to make coverage determinations based on clinical evidence, that physicians have transparency on test quality and that patients receive the most appropriate genetic test.

$1.00–$2.60

PMPM estimated plan savings*

$0.40–$0.55

PMPM estimated plan savings*

CPT® is a registered trademark of the American Medical Association.

* Potential savings shown is not a guarantee of actual savings.

Manage ED use and spend with proactive prediction and intervention

Optum® Emergency Department Spend Management is a comprehensive program designed to help health plans proactively manage the rising cost of ED use and spend. Our industry-leading predictive model monitors data from a wide variety of sources looking for trends and patterns to actively identify appropriate opportunities to reduce use and spend.

It accurately predicts at-risk members and pairs them with intervention partners to redirect care paths that prevent avoidable ED. Through proactive identification accompanied by a robust intervention program, Optum can help health plans guide members toward more appropriate and convenient care. 20% to 30%+ Predictive model spend savings opportunity[1] ≈90% of total future ED spend for frequent users identified by highly accurate predictive model.[2]



20% to 30%+

Predictive model spend **savings opportunity**[1]



≈90%

of total future ED spend for frequent users identified by highly accurate predictive model[2]

1. Average potential savings. Your results may vary.
2. Observed by Optum during model testing. Your results may vary.

For more information about Optum targeted cost of care management solutions, visit optum.com/business/health-plans/care-management-costs.



Pharmacy care

Helping health plans navigate their toughest challenges

Optum Rx is a partner focused on your success

We provide the expertise and foresight you need to grow your business. Our innovations deliver better health outcomes for your members.

Innovating for the future

We help you stay ahead of your competition with solutions like PreCheck MyScript® and our Opioid Risk Management program.

Providing flexible options

Optum Rx helps our health plan partners customize networks, plan designs and formulary options.

Simplify your experience

We redefine quality at its core with our expertise and claims processing technology.

Helping health plans win

Our Optum Rx client service team members are committed to your growth.

Specialty Pharmacy Management

We take an integrated approach to controlling specialty costs by managing across both benefits and creating a seamless patient experience. We are uniquely positioned to help you improve health outcomes while reducing the cost of care.



Optum Infusion Pharmacy

Offering consistent, convenient and compassionate infusion services



Optum Specialty Pharmacy

Providing specialized treatment for complex conditions



Optum Home Delivery

Increasing patient adherence and satisfaction with home delivery



Optum Specialty Fusion

Lowering the total cost of care for health plans and expedite a care plan for patients



Pharmacy Care Support

We prioritize patient care through proactive insights that empower informed decisions and control costs — without compromising excellence.

Our care model is supported by data and analytics and focuses on caring for the person's whole health according to their own unique needs. We use real-time critical data to help payers validate quality, consistency of care and cost management controls.

A payer's dedicated account team is available for prior authorizations support and works directly with providers to support the process.

For more information about Optum pharmacy care services for health plans, visit optum.com/business/health-plans/pharmacy-care-services.



Member health

We strive to shape a health system that works best for the member's whole health. We provide high-quality, accessible and equitable care, with better experiences, improved outcomes and reduced total cost of care.

We proactively engage people in managing their health and well-being through in-person, in-home, virtual and digital clinical platforms.

Helping the health system treat the individual

We're advancing population health management by delivering comprehensive experiences that place people at the center of their care.

- Simplify navigation with 24/7 personalized support
- Reduce complexity and streamline care for better outcomes
- Apply financial expertise across the health care system
- Gain strategic insights to improve the bottom line
- Improve productivity, reduce risks and lower costs

166%

more gaps in care closed by blending AI and human connection

244K+

providers nationally in our behavioral health network

7,000+

network centers, providers and programs for treating complex conditions

We provide care to patients through:

- **Medical Groups and Independent Practice Associations.** Delivering primary, urgent and multispecialty care with ancillary capabilities through an integrated national care delivery network.
- **National Virtual Medical Group.** Offering integrated primary, urgent and behavioral health care solutions virtually, 24/7 in all 50 states as an extension of our physical care delivery locations.
- **Ambulatory Surgical Care and Specialty Care.** Partnering with specialists to grow practices and outpatient surgery centers, we optimize site of service and align incentives to offer high-value ambulatory services.
- **Home and Community Platform.** Home care delivery capabilities with expertise in serving patients with complex medical, behavioral and social needs including:
- **Post-Acute Care.** Providing post-acute care planning and coordination to improve an individual's transition from hospital to home by bringing together physician advisory services, hospital medicine, emergency medicine and transition care to help individuals recover faster.
- **HouseCalls.** Providing comprehensive clinical health and wellness assessments by advanced practice clinicians to patients in their homes to identify health conditions and close gaps in care.
- **In-Home Longitudinal and Urgent Care.** Delivering integrated medical and behavioral care for individuals with multiple chronic or complex medical conditions in institutional, home and community settings.
- **Population Health.** Building and delivering superior integrated navigation, engagement and complex clinical and risk management services for payers and employers.
- **Behavioral.** Supporting and proactively engaging people with mental health and substance use conditions through performance-tiered behavioral health networks and on-demand clinical capabilities, as well as digital self-care tools designed to accommodate lower-acuity behavioral needs.

We also engage people proactively in their health, well-being and decision-making through:

- **Lifestyle and Prevention.** Improving the health of consumers and preventing future medical expenses through digital wellness services, coaching and employee assistance programs.

For more information about Optum member health and care management, visit optum.com/business/health-plans/members.



Payment delivery solutions

Solutions engineered to work harder for you to deliver a better provider payment experience, unlock lower operating costs, and gain access to over 2 million providers.

Our trusted, configurable and secure payment platform enables seamless and frictionless health payments and financial experiences between payers and providers.

Optum Financial will process **$276.5 billion** in payments across **2.1 million** providers in 2022.

Addressing health plan challenges

Modernize the payment processes

85%–90% electronic payment adoption by providers.

Pay with less uncertainty

Minimize payment of fraud related to ACH enrollment with fraud mitigation and detection.

Reduce costs and improve provider experience

Eliminating check print/mail costs, reducing treasury and administrative expenses, and leveraging our vast network to maximize electronic payment adoption.

Simplify reconciliation with transparency of payment transactions

Portal with comprehensive dashboard and visibility into all payment transactions and types by providing efficiency and reduces administrative burden.

Product capabilities

- Processes payment types: check, ACH, Quick Pay and virtual card while reducing potential fraud risk
- Eliminates check print/mail costs
- Provides an online portal with real-time access to claim, payment and delivery data
- Offers unique payment preferencing that boosts electronic payment adoption and revenue sharing
- Electronic delivery of remittance with each provider payment
- Integrates seamlessly with existing claim systems and workflows
- Simplifies reconciliation and creates a single, unified system of record for all payment types
- Proven health care fintech solution allows for faster management, control and delivery of payments without being tied to a physical location
- HITRUST, PCI, SOC1, SOC2, HIPAA and NACHA certified

For more information about Optum health payment delivery solutions, visit optum.com/business/health-plans/health-payment-delivery.

We’re dedicated to helping people live healthier lives and helping make the health system work better for everyone.

Meeting all your health needs, all in one place

We’re delivering the right care how and when it’s needed, providing support to make smarter and healthier choices, and making prescription services easier, while helping you save money along the way. It’s everything health care should be. Together, for better health.



Optum

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