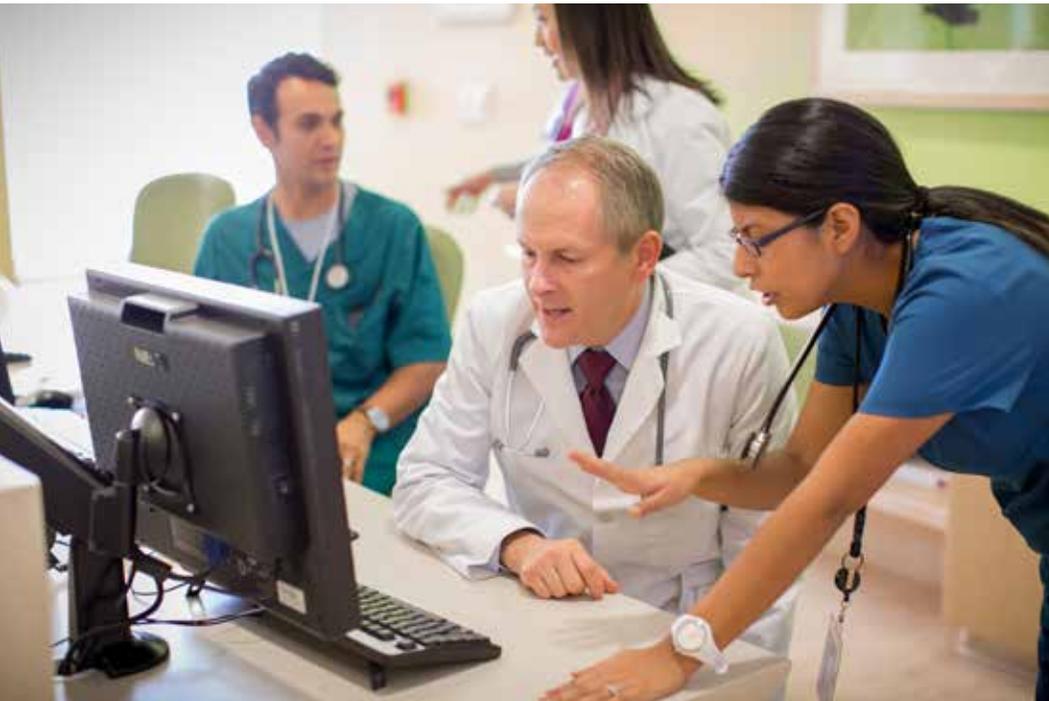


Effectively managing newly enrolled Medicaid populations



Open enrollment for the federal- and state-based health benefit exchanges begins soon and plans serving Medicaid recipients will likely experience additional enrollment boosts as national attention focuses on the Affordable Care Act's universal coverage goal.

As your health plan enrolls newly insured people, especially in states that expanded Medicaid eligibility to take advantage of enhanced federal funding, you will need to rapidly understand and mitigate their health risks. New enrollees are more likely to have undertreated conditions and pent-up service demands. You will also need to consider the impact of substantial new numbers of enrollees on your quality results.

What we do to rapidly identify and mitigate your new enrollees' health risks

Optum™ can help you begin identifying and proactively manage health risks among your new enrollees right away. Partnering together, we will define and deploy strategies that:

- Access early point-of-sale pharmacy data to infer likely diagnoses using proprietary Rx2Dx software as a service
- Use leading-edge population analytics and risk stratification methods to discern which new enrollees are most in need of immediate health risk assessments
- Work to round out the health profile of newer enrollees who appear likely to have health risks by conducting both telephonic and in-person health risk assessments
- Build rapid referral pathways into your existing clinical management programs, while helping your clinical management leadership anticipate and develop additional care management capacity if needed
- Proactively monitor quality of care and engage providers and enrollees in improvement opportunities as a means of helping you stay on top of your plan's quality scores

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How we collaborate with your clinical leadership to design and integrate the right strategies for your distinct needs

We begin with a kick-off meeting designed to understand your existing clinical management approach and related programming, the data sources from which we will obtain and analyze new plan enrollment and associated pharmacy claims, and your processes for onboarding new enrollees. Optum will then work with you to define the following:

1. **Categorical eligibility and related cohort health risks** — Determine which health conditions are likely to increase risk among population segments. For example, children may need preventive visits to attain envisioned quality results, while childless adults may have under-addressed chronic conditions like diabetes and depression.
2. **Methods for obtaining and analyzing Rx data as a basis for inferring Dx** — We recommend weekly analysis and reporting, especially for populations that are older and likely previously uninsured.
3. **Processes for reporting likely Dx based on Rx utilization** — Referrals into your clinical management programming (e.g., sickle cell management program for people with sickle cell, blood factor management for people with hemophilia).
4. **Stratification of newer enrollees into relevant clinical management programming** — Includes your health plan's case or disease management programming and/or quality improvement staff involvement to ensure that newer enrollees with known Dx are proactively monitored for care gap closures.
5. **Health risk assessments for higher risk enrollees** — We check to see that enrollee information obtained through clinical assessments are communicated promptly and thoroughly with your clinical management staff.
 - a. We leverage non-clinical staff to engage (e.g., mailed post cards, plan website encouragement, new member materials, outbound calls) higher risk enrollees in taking the SF 36®, an assessment that is empirically validated to predict future service use.
 - b. We leverage clinical staff to engage highest risk enrollees in discussion designed to document their chronic conditions and help make referrals into your clinical programming.
6. **Appropriate plans of care for highest risk individuals** — Our team works to put care plans in place that include a regular source of primary and preventive care to help newer, highest risk individuals connect with the best providers for their needs.

The benefits of early risk identification and mitigation

There are many benefits for health plans from Optum services, including the following:

- **Clearer picture of risk** — You will have a more rapid and systematic understanding of the risk factors likely to drive your medical expenses within your newly enrolled population. This helps you anticipate service and care coordination needs.
- **Enhanced member engagement** — Outreach to higher risk enrollees helps strengthen their understanding of their new plan benefits while simultaneously capturing additional health risk information as a basis for more targeted clinical management.
- **Network optimization** — An understanding of your newly enrolled population's health risks can be used to evaluate the need for additional network capacity.
- **Improved quality measures** — Your quality team is better able to anticipate and manage the impact of new enrollees on your quality measurement and reporting requirements.
- **Additional resources/capabilities as needed** — Optum is able to provide additional resources/capabilities "as needed" anywhere along this care continuum to ensure your plan's continued success in this complex, demanding market.

Contact us to discuss how Optum can partner with you on your specific needs in managing new Medicaid enrollees.

Call: 1-800-765-6807

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Visit: optum.com



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