Helping make the health system work better for everyone.

Solutions for Payers
A new health care marketplace is taking shape — one that presents greater quality, cost and compliance pressures. As a result of health reform and shifting demographics, health plans also have opportunity to grow membership by entering new markets, offering new products and becoming increasingly focused on consumers.

In this dynamic environment there is extraordinary potential to be innovative leaders by:

- Effectively engaging consumers as they select health insurance, navigate health choices and manage health-related expenses
- Leveraging data and analytics to improve population health
- Optimizing networks and building strategic partnerships with providers
- Streamlining administrative costs and increasing efficiency

To thrive in today’s complicated health care environment, health plans must monitor market dynamics, carefully analyze programs and thoughtfully prioritize investments.

“Optum has been an exceptional partner because they really have the expertise, the skill set and the knowledge to help us solve the problems and issues we are facing.”

Ken Kissel, R.N.
Clinical Analyst, Cleveland Clinic
Focusing on What Matters

Retain and grow membership with new products, new markets and better member experiences
- Member acquisition and engagement
- Benefit design and pricing
- Financial and risk management
- Exchange readiness

Improve clinical quality, care coordination and provider networks
- Network optimization
- Quality
- Utilization management
- Health outcomes
- Risk-based reimbursement
- Compliance

Streamline administrative processes and reduce operational expenses
- Claims processing
- Payment integrity
- ICD-10 optimization
- IT and systems management

ACQUISITION & RETENTION

CLINICAL MANAGEMENT

OPTUM DESIGNS, BUILDS AND OPERATES SOLUTIONS FOR PAYERS

OPERATIONS & ADMINISTRATION
Broad Expertise and Focused Capabilities

Optum brings a uniquely broad and experienced perspective to the problems and opportunities that exist in today’s health system. Our innovative solutions help more than 300 health plans manage risk and drive growth, improve quality and health outcomes, and build lasting relationships with their provider community, while curbing administrative expenses and enhancing operational efficiencies.
ACQUISITION & RETENTION SOLUTIONS

Millions of new consumers are entering the health care marketplace, creating new possibilities for growth and driving the need to create direct-to-consumer strategies. Optum helps health plans anticipate and plan for emerging market opportunities and successfully grow their membership.

**Attracting and Retaining Members**
Health plans face increased margin pressures, greater need for differentiation and increased transactional complexities. Optum helps payers effectively engage, acquire and retain the right customer relationships through integrated technology platforms and services that:
- Build long-term member relationships and loyalty
- Personalize the consumer shopping experience
- Create a dynamic benefits enrollment experience
- Simplify complex funding, billing and payment processes
- Manage product and rate information

**Managing Financial Risk**
It’s essential to manage medical cost and risk in today’s market. To do so, health plans need to understand key enterprise-wide performance indicators and identify every opportunity for improvement. Optum’s financial risk management solutions:
- Model the impact of new products, markets and regulatory changes
- Assess pricing models
- Compare analytics against performance benchmarks
- Improve risk identification
- Detect emerging trends and analyze trend drivers
Health plans today manage extremely diverse populations — ranging from the generally healthy to those living with one or more conditions or diseases. The more known about each population through data analytics, predictive modeling and provider/member engagement, the more the right intervention can be delivered at the right time for better, more integrated care.

Optum positively affects member health by matching interventions and provider networks to each member population’s needs and desires. The result: improved quality, utilization and risk-based reimbursement.

**Quality**

By improving clinical quality, health plans improve member health outcomes, reduce the cost of care and earn higher quality scores based on reimbursement rates from government programs. Optum enables health plans to take a proactive, integrated approach to quality:

- Improve Star ratings
- Collect and report HEDIS measures
- Enhance medication adherence

**Risk Adjustment**

Assuring the accuracy, thoroughness and timeliness of CMS risk adjustment reporting ensures appropriate reimbursement and improves outcomes. Optum deploys a clinically integrated model to help health plans:

- Identify high-risk members for early interventions
- Conduct prospective field outreach and retrospective review strategies
- Collect Medicare claims and encounter data
- Process submissions to CMS (RAPS and EDPS)
- Provide RADV audit support
**Integrated Member Support**

There is growing evidence that an integrated, population-based health management approach empowers people to live healthier lives, decreases avoidable chronic complications and reduces health care costs. Optum engages members, helping them maintain and manage their health by:

- Coordinating care for those living with one or more disease conditions such as asthma or heart failure
- Managing special events such as cancer, complex women’s health, neonatal, bariatric and kidney disease
- Providing care facilitation, including primary care and in-home assessments
- Providing wellness and decision assistance education and resources

**Specialized Networks**

A relatively small number of complex medical conditions account for a disproportionate share of treatment spend. Ancillary specialties and behavioral health networks are labor intensive and are not a core competency. Outsourcing some or all of these highly specialized activities allows for economies of scale and ensures optimal outcomes. Optum’s specialty networks and centers of excellence include:

- Transplant, kidney, infertility, CHD, bariatric and ventricular assist device
- Chiropractors, physical, occupational and speech therapists, and complementary and alternative health services
- Mental health and substance abuse networks

**Provider Network Consulting and Analytics**

As health plans consider new business models, they should take a fresh look at how they manage and engage their provider networks. A strategic approach can reduce medical expense, increase care quality and grow revenue. Optum’s network optimization consultants work closely with our clients to:

- Understand network performance
- Assess risk
- Measure quality
- Conduct predictive modeling

**Network Operations**

It is critical to decrease administrative costs from necessary and routine network management operations. Optum provides the people, processes and technologies help health plans effectively and efficiently:

- Credential provider networks
- Maintain complete and accurate provider demographic data
- Distribute provider data according to internal and external demands

“We all need the ability — both health plans and providers — to determine what we think is going to happen to our members, and not merely react to what has happened to them. As we move from acute care-focused curative medicine, to population-focused preventive medicine, that predictive power is extremely important.”

Dr. Timothy Zeddies, Ph.D.
Vice President of Analytics and Improvement, Priority Health
Health plans are under pressure to transform their operations, support new health care business models and reduce administrative costs. Modern technology, nimble operating models and advanced analytics are required to remain relevant.

Optum reduces the complexity and cost of health plan operations and technology. We offer comprehensive analytics, software, services and consulting with a differentiated set of payment integrity and core administrative capabilities.

“As payers assess their future strategies, they must make important decisions about which aspects of their business to manage internally, and which are more efficiently handled by outside partners. By combining the core administration capabilities of HealthRules® with its own suite of business process outsourcing and payment integrity capabilities, Optum has created a framework that can help payers reduce burdensome administrative tasks while focusing on strengthening their core competencies.”

Janice Young
Program Director, IDC Health Insights
Core Business Process Outsourcing

Optum’s transformative business process outsourcing model enables payers to launch new products, deploy new benefit designs and enter new markets more rapidly while reducing administrative costs. Services include:

• Advanced core administration platform — Deployed by Optum as its core technology engine, the award-winning HealthRules® platform by HealthEdge uses the patented HealthRules Language®, which allows quick and easy configuration of new benefit plans, provider contacts and workflows, using the same business language and terminology that is used in health plans today.

• Industry-leading analytics and software, which include robust rules, edits and algorithms that help detect and prevent aberrant claims across the spectrum of fraud, waste and abuse.

• Expert health care technology services, which include our business and systems integration, as well as managed technology services — both based on LEAN and Six Sigma processes.

• Scalable operational services — Optum helps payers deploy the right mix of in-sourcing and outsourcing, scaling our health care-focused work force to provide services ranging from group setup through enrollment, claims processing and payment, to contact center services.

Payment Integrity

Optum’s sophisticated, end-to-end capabilities and operational performance experts simplify and streamline claims processing, improve accuracy based on industry best practices and reduce unit costs for long-term viability. Our software and services include:

• Claims editing
• Prospective payment
• Fraud and abuse detection and recovery
• Subrogation and injury coverage coordination
• Data mining
• Credit balance resolution
• Electronic payments and statements (EFT/ERA)

Operational Performance Improvement

Health plans can proactively improve their cost containment programs by increasing claims payment accuracy and operational efficiency with Optum. Our consultants collaborate with health plans to help control complexity and cost in their claims processing operations. From core system diagnostics and mediation, to operational monitoring for the ICD-10 transition, we can simplify operations and provide assistance at each point along the way.
Collaborating to Create Sustainable Results

Optum is positioned to help health plans position themselves for lasting success. Together, we can modernize the health system and measurably improve the health of individuals and populations.

Look to Optum for the knowledge, expertise and comprehensive solutions needed to navigate today’s health care market and ensure success.
“[Optum] is very responsive, making sure that the products we use give us the results we need.”

Dr. Paul Amundson
Chief Medical Officer, Dakota Care Health Plan