Improve quality with a comprehensive, innovative approach to managing HEDIS® performance.

Rising medical costs, affordability pressure, new reimbursement models, increased regulatory requirements and public reporting tend to drive health plans to increase the focus given to quality metrics. Using multiple vendors can be costly, time-consuming and inconvenient. By enhancing clinical quality performance, health plans can improve health outcomes and reduce the cost of care. This helps position them as preferred health plans for both public sector enrollment as well as members and employers during annual coverage decisions.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
Leverage the power of an industry-leading HEDIS reporting solution

By partnering with Optum to leverage our comprehensive HEDIS reporting solution, you can minimize data transfer, expedite the audit process and streamline all HEDIS activity to maximize efficiency and help ensure successful NCQA/CMS/state submissions.

Use your schedule to send HEDIS® data instead of your vendor’s schedule. Send new or corrected data as the changes happen, no matter how small.

Customizable reporting

- Flexible file input formats enable data fields to be submitted in any order or format. Send data in any order as long as header field names match the expected values. Decrease your IT administrative burden and help lower your costs.

- Custom fields give you the flexibility to add custom field names to both member and provider files. Define populations to suit your unique business needs. Data loads into the Optum database and associates the population configuration logic.

- Custom measure build uses the Optum enhanced fact-based architecture to facilitate faster build and turnaround of state-specific measure sets and client-specific custom measures.

- Population configuration provides you with the flexibility to build custom populations aligned with your specific needs for targeted population health management. For example, build populations for submissions, accountable care organization risk deals or clinical interventions.

- Organizational structure helps you build multi-tiered business hierarchies aligned with your organizational structure. You gain flexible internal management reporting and geographical comparison to help you identify opportunities. For example, a large Medicaid payer has multiple regions. The western region could include: California, Nevada, Washington.
Quality reporting

Data processing
Processing speed increases because we are not running the entire data set on every data load. We process only members who have had a change since the last data load.

Flexible data intake lets you take control of managing your data. Send additions and corrections as they happen, according to your schedule instead of full data files with every run.

Intuitive visual interfaces
Navigate the enhanced dashboard and reporting capabilities more easily. Drill down through the entire client hierarchy to member-level claims details to help identify opportunities for rate improvement.

Processing and scalability
The big data platform further supports scalable member-level processing providing faster turnaround of measure outputs.

Data issue resolution
Field-level checks ensure your data is correct. If data issues are flagged, they are downloaded easily for faster resolution. If a member file is identified as missing one member, the member's claims data still loads. To resolve an issue, resend only that one member and Optum reprocesses the member's complete data files.

Contact Optum to learn more today.

Call: 1-800-765-6807
Email: empower@optum.com
Visit: optum.com