Maximize HEDIS® collection and streamline medical review processes

Performing a high-quality review and analysis of the medical records is critical to maximizing HEDIS rates. It takes an expansive retrieval network that leverages multiple methods of collection including fax, on-site collection, and electronic medical records (EMR) connectivity in order to optimize collection efforts while minimizing provider abrasion. Optum provides a comprehensive Medical Record Review solution that includes retrieval, abstraction, program management, over-read and audit support in order to achieve industry-leading accuracy standards.

Consider the following to understand the value Optum delivers for your organization to ensure a high-quality medical record review solution.

- How do you minimize provider abrasion yet ensure the highest rate of return?
- During the abstraction process, would you value having an expert on hand to substantiate the extraction and defend how the chart was interpreted?
- Are you interested in leveraging large-scale operations to drive down unit cost?
- Are you able to perform a second-level review by a clinician to ensure accurate, consistent extraction?
- Is it important for you to have real-time access and full oversight over the medical record across different stages to see how it is progressing?

Leveraging close provider relationships to efficiently maximize data retrieval

Optum maintains close working relationships with 70,000 provider groups across the country, leveraging an internal network of field-based associates who foster these relationships throughout the year.

This proactive approach to creating strong relationships minimizes provider abrasion and helps achieve consistently high record retrieval rates.

HEDIS is a trademark of the National Committee for Quality Assurance (NCQA).
Focusing on accuracy as part of extraction, and providing support during the audit process

While it’s critical to efficiently and thoroughly extract each data element from each record, we also focus our efforts on gathering data that is accurate and in accordance with the auditor expectations. Our discipline extends to creating the audit reports and standing by each medical record during the audit process.

Count on Optum to be able to substantiate what was extracted and defend how the records were gathered. We deliver a successful medical review file for National Committee for Quality Assurance (NCQA) submission and stand by it from beginning to end. We expect 100 percent success in the medical record review validation (MRRV) process. To date, we have achieved 100 percent.

Applying a clinical perspective to first and second reviews

Optum U.S. registered nurses review the records to make the critical clinical connections that can improve outcomes. Then the records undergo a second review through a stringent internal quality assurance process, in which our internal auditors — all who are clinicians — over-read 100 percent of compliant and excluded records, as well as 75 percent of non-compliant records.

Through this industry-leading discipline, we can be confident the medical records are abstracted consistently.

Creating a robust repository of reviewed records for future use

At each season’s conclusion, the records are transferred to you and are available for future use. Clients value the ability to easily access these records for risk adjustment review, NCQA accreditation audits, use in future seasons and many other purposes that eliminate the need to go back to providers for more extraction.

Providing real-time visibility and access

Our chart review platform enables you to see how the season is progressing. Know exactly where retrieval stands. Take a granular look at a particular record, conduct your own over-read, add notations on a record, and update provider contact information among other useful features to manage the medical record review process.

With this transparent platform, you have full access to the process and the data.

Ensure a timely, high-quality medical record review and analysis

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