Growing demands for improved operations, value and consumer experience.

Health plans and providers are in a race to build consumer loyalty, connect health data and improve public health — all while driving down administrative and medical costs. Top business imperatives include:

1. **Transforming core health plan operations**
   - Addressing financial pressures to lower a health plan’s expenses and maximize cost savings.
   - Creating greater collaboration between health plans and providers to reduce complexity and increase transparency.
   - Improving health plan and provider care coordination, data-driven insights and innovative payment models to help achieve higher efficiencies.

2. **Enabling integrated technology and health value**
   - Modernizing technology and operations.
   - Pivoting from managing claims to orchestrating health value.
   - Using innovations such as intelligent and integrated data analytics.

3. **Delivering a differentiated consumer experience**
   - Increasing consumer satisfaction as members take on more responsibilities for care costs.
   - Providing member access and integrating to digital technology services to improve care.
   - Innovating marketing strategies and supporting infrastructures to align with consumer driven needs.

Key questions leaders are asking themselves today:

- How do we provide clinical and cost transparency that empowers and improves consumer purchasing experiences?
- What can we do to optimize health plan and provider relationships with accessible information and automated processes?
- What are best practices for deploying integrated, data-driven tools and platforms that better connect patients with personal care teams?
- How do we design a modern business operating model that integrates seamlessly yet is flexible and scalable to meet future market needs?
Develop a comprehensive operations approach to help accelerate your progress

Adding expertise can help unlock your organization’s full potential

Whether you are starting up a new health care organization, transforming your current organization, or pursuing performance improvements, adding experts with proven best practices can help to accelerate your progress and results. We help industry leaders to hardware positive financial results by identifying concentrated operational improvements and innovation opportunities in key process areas. Our comprehensive business expertise helps clients modernize processes, scale flexibly and gain a competitive advantage.

Using Optum® Administrative Optimization Services best practices, methodologies and playbooks, clients gain access to focused health care industry expertise, world class technology-enabled solutions, proprietary analytics and a global workforce to realize strategic objectives. Our experts can customize services based on your objectives and help accelerate performance results in ways that might not otherwise be possible.

- **Benchmarking**: Provides a rapid, apples-to-apples comparison of a health plan's operational and/or organizational structures to industry norms and the Optum experience
- **Business process management**: Uses well-aligned processes and technology to boost operational efficiencies, minimize administrative overhead, enhance cost predictability, improve employee productivity and increase accuracy of operations
- **Cost-benefit analysis**: Positions clients to better understand the payback period, return on investment, internal rate of return and net present value of potential investments and strategies
- **Strategic operations build and design**: Creates and/or redesigns specific business processes, departments or organizations including supporting technologies to realize improved levels of operational performance and cost structure
- **Process maturity modeling**: Assesses standard business processes, process flows, and policy and procedures across the organization to create an understanding of relative maturity with recommendations and solutions on how to achieve maturity
- **Targeted functional assessment**: Assesses a specific operational area and offers tools that look at root-cause analysis to ensure results with the greatest financial impact while optimizing its end-to-end performance
- **Cross-operational assessment**: Assesses and provides a root-cause analysis of multiple, interconnected operational areas and their tools that result in the greatest financial impact while optimizing their end-to-end performance

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<th>Identification</th>
<th>Operations strategy</th>
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<td>Assess baseline performance through benchmarking or process maturity modeling and defining enterprise goals</td>
<td>Prioritize opportunities and develop plan aligned to enterprise objectives</td>
<td>Develop the strategic portfolio road map</td>
<td>Implement solution and measure outcomes</td>
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The challenge:
A multiple state health plan experienced a high number of pended claims after a large investment in a state of the art claim adjudication system. Optum was engaged to identify causes and implement improvements.

Our solution:
The Optum team conducted an evaluation of the entire claim processing cycle as well as root cause drivers of auto adjudication errors and claim pends. They reviewed the current provider selection logic and NPI identification, and identified configuration and technology improvements. The team estimated the cost to implement and time needed to achieve benefits. They developed work stream prioritization and road map.

Results:
• $1.4M in annual cost saving opportunities identified
• 20% decrease in claims pended for authorization issues
• 5% decrease in claim adjustments related to inaccurate claims editing

Client case study: Maximize operational efficiency and effectiveness

The challenge:
A large health plan needed help examining their main product line’s medical loss ratio (MLR) increase. Optum was engaged to identify root causes and recommend corrective actions.

Our solution:
The Optum team conducted a two-week, high-level assessment of product MLR issues. They identified 20 opportunities across claims, configuration, financial analytics, pharmacy, population health, operational reporting, payment integrity and technology. The team conducted root-cause claim analysis to review business processes, claim data and configuration. They recommended optimization initiatives to remediate increasing costs for five claim types. They also implemented a “teach us to fish” approach for the new Path to the Future (P2F) program. Optum implemented approved claim initiatives and delivered ops discipline playbooks. They established a PMO in an effort to build governance structure for P2F and ROI measures.

Results:
• $4.9M in payment recoupments
• $12M medical savings

Client case study: Optimize health management resources and reduce costs
Hardwire your performance improvements with Optum Administrative Optimization Services

We can help your organization realize the benefits of modernizing your processes, increasing scale and improving flexibility.

Clients turn to us to help them:

- Reduce friction among processes and support lean organizational strategies
- Drive lower PMPM costs, typically by 2–5 percent
- Minimize the overall operating cost for clients, typically by 5 percent
- Optimize reimbursement incentives through higher STARS ratings
- Contribute to improved constituent net promoter scores (NPS)

Meet our experts to explore possibilities for hardwiring improvements that might otherwise be impossible.

Optum helps you define strategic priorities and align across plans and providers to drive growth, lower costs, increase revenue and improve member satisfaction.

Donna Holmes
Senior Vice President
Optum Advisory Services
donna.holmes@optum.com

Krista Yager
Executive Director
Optum Advisory Services
krista.yager@optum.com
Optum helps leaders make the right changes at the right time

Optum Advisory Services specializes in helping health care leaders address their biggest challenges with guidance, insights and precise strategies to help organizations assert control of their future.

Guide your organization with precise and strategic insights

We’ll help you realize your vision by tapping into a team with real-world experience. We start by assessing your organization’s position in the marketplace, using the industry’s largest health care data asset. We then chart strategic courses with actuarial precision for your organization’s greatest sustainable successes.

Hardwire meaningful and sustainable results with proven expertise

We are more than consultants. We are also operators with real-world health care expertise who can help you hardwire meaningful and sustainable results. Whether it’s growing your organization’s top line or defending the bottom line, we work alongside you to implement lasting change by drawing upon a unique breadth of financial, IT, operations, analytics and clinical capabilities.

Collaborate and disrupt with unique relationships

We are here to help your organization thrive. We can help you to create new relationships across the health care spectrum to create new opportunities for value in the financing and delivery of health care. Developing new relationships and cutting-edge business and clinical models can help you to deliver cutting-edge results.

What others say about Optum Advisory Services

Everest Group Healthcare Consulting—Service PEAK Matrix™ Assessment 2017

Everest Group ranks Optum Advisory Services as a leader among 20 competitors for its diverse capabilities, spanning the entire consulting value chain that caters to payers, care providers and PBMs across the globe.

• Unrivaled breadth and granularity of clinical and claims data, including 98 million lives of clinical data and 188 million lives of claims data
• A team of more than 1,400 experts in health care
• Serves more than 300 health plans

TOP RATED

for expertise among Focused Healthcare-Specific consulting firms, based on client feedback and results

*Source: 2018 KLAS Healthcare Management Report

Work with a trusted partner

Clients rated Optum Advisory Services the highest for expertise among Focused Healthcare-Specific consulting firms in the 2018 KLAS Healthcare Management Report. KLAS reported that clients often view Optum Advisory Services experts as “trusted partners” who help to guide organizational vision and strategy, and solve problems.

“Optum, with its deep domain strengths, strong data assets, and differentiated consulting pedigree, is positioned well to help health care organizations navigate these winds of change and embrace the digital-first normal.”
— Jimit Arora, partner, Everest Group

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