Health plans are faced with enormous challenges and expense when it comes to resolving erroneous medical claims. If left unaddressed, both reputation and cost considerations can be impacted. Most payment integrity programs include a mix of internal capabilities and vendor services, but often lack a cohesive alignment strategy to drive performance.

Optum® Payment Integrity Advisory Services is a well-coordinated enterprise program that optimizes payment integrity to maximize savings. Our comprehensive suite of solutions drive pre- and post-payment claims processing improvements to yield actionable next steps for cost containment. With a proactive path to payment integrity, health plans can increase accuracy, reduce provider abrasion and enhance the member experience.

**Raising the bar**

The typical payment integrity program results in 2–4 percent of medical spend saved annually.

- Designed to drive affordability and cost of health care down.
- With a recent commercial health plan, Optum was able to assist the plan in saving approximately 8% of medical spend through payment integrity initiatives.
- Optum successfully helped this plan achieve and improve a savings rate from 8% to 13% of total medical spend in a 12-month period.

NOTE: This is for example purposes only. This is not inclusive of all health plans.
Versatile solutions for present and future needs

Payment integrity best-practice assessments
We identify significant medical and administrative cost-saving opportunities across all lines of business — commercial, Medicare Advantage and Medicaid MCOs. Insightful reporting offers transparency into successes and roadblocks.

Payment integrity office setup
Health plans typically have some elements essential for payment integrity in place, such as vendor and performance management. Our payment integrity office setup offers both of these, as well as a solid foundation to support operations and shared services, analytics lab, innovation and research and development. This comprehensive approach ensures that best practices are followed and maintained, with deliverables that include reporting, staff training, steering committees, and implementation of key strategies, policies and metrics.

Payment integrity managed services
We assign full-time resources to develop and execute the payment integrity strategy, as well as provide shared subject matter experts to deliver best-practice recommendations as needed. Our team focuses on maximizing return and effectiveness of existing internal and vendor payment integrity processes, while deploying new assets to maximize savings.

Special investigative unit (SIU) support and overpayment ID
We offer SIU support and outsource, retrospective overpayment ID and recovery, and provider point of error resolution. These services are designed to drive lower operation support cost to internal capabilities and vendors, improve provider relationships, lower administrative complexity and capital investment, identify fraud, waste and abuse, and ensure collaboration with law enforcement.

Reimbursement services
Our Prospective Payment Solutions (PPS) drive reimbursement and claims accuracy. We analyze claims edits, grouping and pricing rules for facility and Medicaid reimbursement, and ensure claims are coded correctly to match patient records. We also analyze commercial lines of business to recommend reimbursement models that move toward prospective payment.

Our PPS software complements numerous systems, including EASYGroup™-supported payment systems and Web.Strat™. We provide training and education on the software and methodology. We can also host the software for our clients, managing IT overhead and maintenance. Best-practice assessments help us identify pain points of existing processes and recommend improvements.

Contact us to see how we can increase your medical cost savings.

Visit: optum.com