



Comprehensive risk and quality solutions

RISK ADJUSTMENT

End-to-end prospective and retrospective risk adjustment services and technology

QUALITY

Prospective and retrospective quality services and technology platform to enable regulatory quality management and reporting



Expertise and scale

Full-service risk adjustment and quality programs:

- By chart volume, Optum is the leader of Medicare Advantage (MA) chart retrieval. We execute **over 1.7M retrievals for risk adjustment** using digital access.
- High accuracy and quality standards **ensure maximum data capture and accuracy.**
- Largest in-office and virtual assessment program in the industry, which engages **more than 70K provider groups** across the nation to complete **over 1.5M assessments annually.**



Data science

- Artificial intelligence (AI)-enabled analytics are derived from our experience with the largest clinical and demographic MA database in the industry with **over 64% of MA membership.**
- **Big data platform** enables iterative processing and nimble provider reimbursement management.
- Optum AI-enabled analytics predict and prioritize charts most likely to support unreported diagnosis codes to help maximize outcomes through **better coding efficiency, accuracy and completeness.**



Provider-first approach

- **1,000 field agents support more than 70K+ provider groups nationwide to manage 50M gaps in care.**
- **Multimodal solutions** support various provider needs to drive improved engagement and efficiency by introducing suspected conditions/gaps and collecting documentation at the point of care:
 - **Gap management** platform with the ability to digest data from more than 100 EMR systems
 - **Integrated EHR applications** enables practices with electronic data exchange to access near real-time data in EHR and direct record retrieval
 - **Direct file exchange** to integrate into provider's native workflow

Retrospective risk adjustment services



Analytics

Optum uses AI enabled by our experience with the largest database of Medicare Advantage (MA) medical records in the industry. AI precisely predicts and prioritizes charts most likely to contain unreported diagnosis codes. It can be configured to exclude medical charts where there are no unreported diagnosis codes.



Retrieval

For AI-enabled chart retrieval, AI decides which modality is likely to be successful with providers. How does it decide? Direct access to electronic health record (EHR) systems allows AI to determine which charts to retrieve and when. Direct EHR retrieval can remove the need for provider action from the workflow entirely, further reducing provider abrasion.



Submissions

Optum provides consultative support to manage submissions, direct errors and remediation. In regular client sessions, we provide insights to encourage continuous improvement and maximize the accuracy of submissions. Our technology-supported comprehensive submission services can be tailored to meet specific needs and match client data. We offer RAPS and EDS submission services to CMS and EDGE Server submissions to HHS.



Coding and QA

Chart review and AI-enabled coding

Optum applies AI technology to review medical charts and determine the appropriate type of coding review most likely to lead to accurate and complete records. When charts reach the review stage, AI-enabled analytics use a three-step process to facilitate efficient chart routing. This advanced technology helps our certified coders focus and makes the coding process more accurate, complete and efficient. Choose either one- or two-year date-of-service chart review. As your coding needs scale, count on the flexible capacity of our staff to meet your demand at every level.

Quality assurance

Our global team of AAPC- or AHIMA-certified coders receives rigorous training and quality assurance to ensure maximum data capture and accuracy. In addition to stringent training certified coders receive, our quality assurance process includes reviewing 100% of unreported hierarchical condition codes (HCCs). This is to ensure the accuracy of potential unreported diagnosis codes can be validated in oversight audits that health plans may undergo. Oversight audits include Centers for Medicare & Medicaid Services (CMS) risk adjustment data validation (RADV) or other data validation audits.



Audits

Data validation for RADV audits and claims verification

CMS and HHS are required to audit diagnosis data submitted by health plans. Optum provides comprehensive data validation and support services to health plans for these audits.

We also provide internal data validation review services for clients performing self audits and Claims Verification services for claims submitted to CMS and HHS.

Prospective risk adjustment and quality services



IN-OFFICE ASSESSMENT PROGRAM

The in-office assessment program is a flexible prospective in-office and telehealth¹ provider engagement program that supports early detection and ongoing assessment of chronic conditions for health plan members. It offers a provider-first model of collaboration, actionable data and interactive technology that enables better risk and quality outcomes. The in-office assessment program is supported through a dedicated, multidisciplinary field team to help providers with additional guidance and training. This coupled with tiered compensation options that support timely and comprehensive documentation, allows for the best level of flexibility to support provider engagement.



IN-HOME ASSESSMENT PROGRAM

Optum® HouseCalls is an annual in-home clinical assessment for members of participating health plans. During the preventive assessment, members benefit from 45 to 60 minutes of one-on-one time with an advanced practice clinician in the privacy of their home. During their exam, they receive health screenings, tailored educational materials and a medication review, if needed. A HouseCalls visit results in a more complete and accurate identification of a member's health conditions, which helps health plans manage care, improve quality and obtain more accurate reimbursement.



MEMBER ENGAGEMENT

Engaging members in proactive health care is the first step toward improving outcomes. Member engagement is a focused initiative to assist members with their wellness and screening assessments. The program is designed to optimize member health outcomes as well as HEDIS^{®2}/Stars results by helping to identify members' primary care physician, facilitate appointment scheduling (in-person or telehealth), identify care barriers and help members access plan benefits. Member engagement integrates seamlessly with other Optum prospective risk adjustment services to maximize program results.

¹ For risk adjustment purposes, CMS now deems telehealth as the equivalent of a face-to-face encounter so long as the telehealth encounter includes audio and visual interactive capability. Telehealth encounters, conducted in accordance with state law licensing requirements for the provider, remain an acceptable encounter type under the Affordable Care Act Health Exchange plan risk adjustment model.

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



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See how Optum can drive better risk and quality outcomes for members, health plans and providers.

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