



# Optum Medicaid Health Services



Member-centric health services focusing on prevention and care management

With Medicaid consuming an ever-increasing share of the state budget, pressures are mounting to find solutions — especially in terms of managing high-risk, special needs populations.

Optum™ Medicaid Health Services (OMHS) offers a total population health approach customized to meet your state's unique needs. Total population health is both a philosophy and a strategy that supports the whole person throughout the health care journey, incorporating clinical care, social needs and behavior change. Individuals receive the right care at the right time for their particular situation — whether they are healthy, at-risk or dealing with a complex or chronic condition. The goal is to improve overall care, prevent disease and enhance quality of life in a cost-effective and coordinated way across a given population.

Our solution is easily scalable to provide the benefits and oversight of managed care to your entire Medicaid population, to your super-utilizers only, or to any other segment currently residing within your fee-for-service (FFS) environment. No matter the membership, we analyze your population to develop action plans tailored to the individual.

For any population we manage, we combine the best in utilization management with integrated care coordination to help you reduce the number of emergency room visits, treatment programs and expensive medications your medically complex populations may otherwise need in the future. In doing so, we help improve outcomes for that small portion of Medicaid members who drive the lion's share of expenses and provide you with a better view into your FFS population.

Optum applies a member-centric approach to managing high-risk Medicaid populations, facilitating customized, integrated care that improves outcomes and lowers cost.

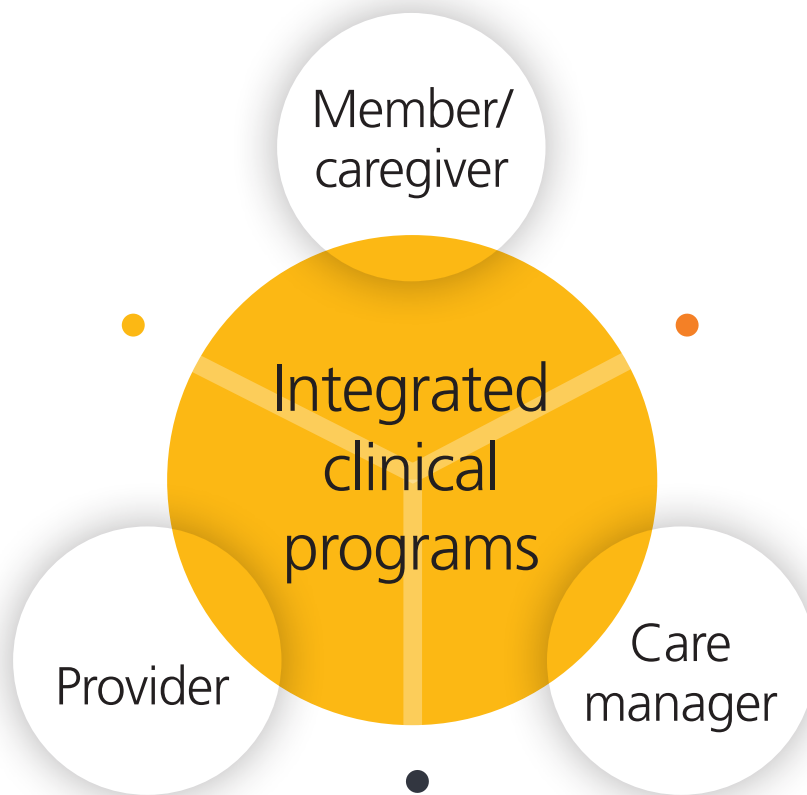
## Systems integration for big picture perspective

OMHS helps your Medicaid agency move from simply managing utilization to driving improved, measurable outcomes. By integrating the necessary HHS systems data, OMHS eliminates silos and fosters communication. The result is a single, comprehensive view of each Medicaid member.

Our approach brings you:

- A holistic picture of each member's medical, behavioral and social needs
- A complete view of the member's health services eligibility, enrollment and usage
- Targeted utilization management delivering higher quality care and improved access and engagement
- Enhanced program planning

## OMHS integration



### Transforms

clinical approach focused on discrete conditions to integrated care tailored to the member's unique needs and circumstances

### Connects

members, providers, care managers and caregivers through shared care plans

### Enhances

operational efficiencies in utilization management, care management and clinical outcomes

## Assess and stratify, coordinate, deliver

We use the following procedures to help stabilize and help improve member health:

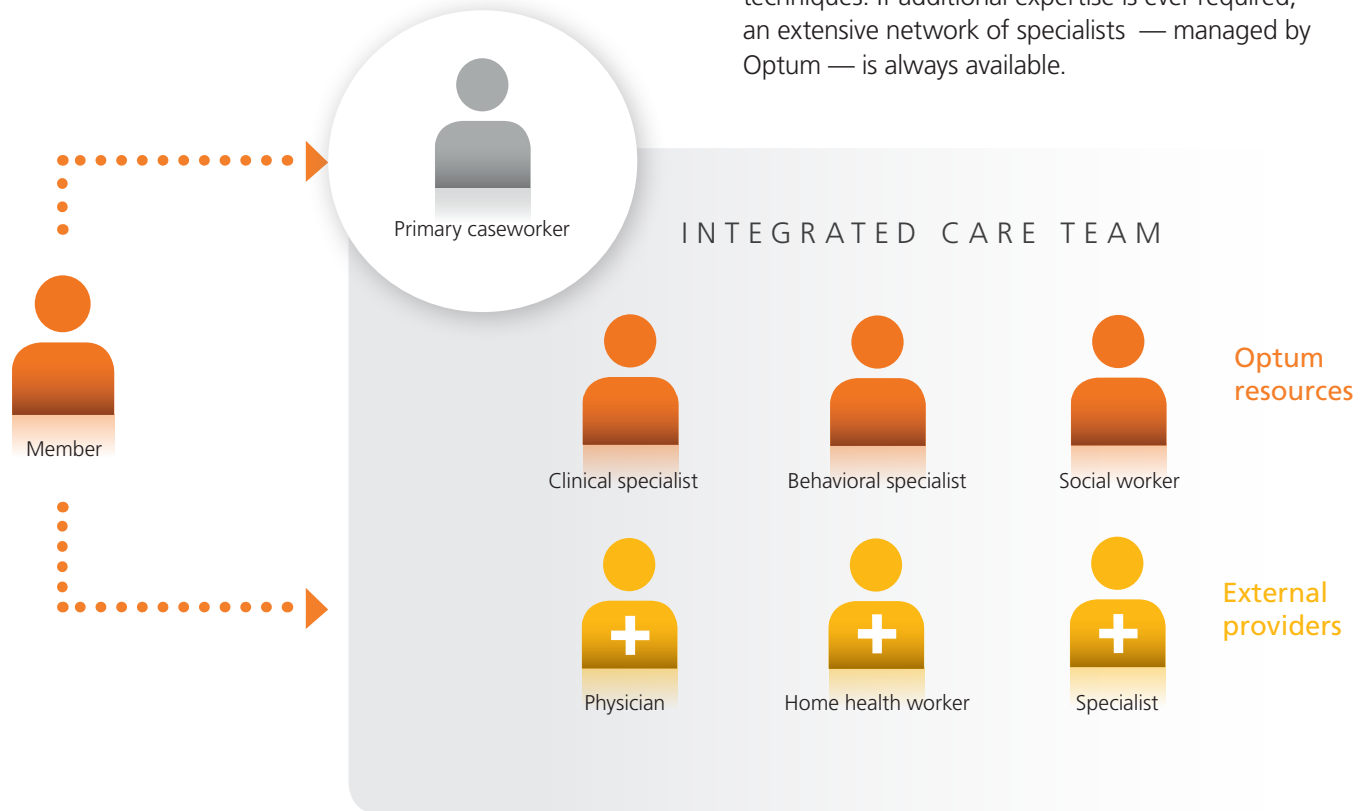
- **Assess and stratify.** We use predictive analytics to assess your Medicaid population, stratify members by need and identify gaps in care. This allows us to rapidly and accurately identify members at the highest level of urgency in terms of medical or behavioral health and provide them the appropriate care and assistance. Those we identify as "emerging risk" receive early interventions to get back on track before their health risk escalates.
- **Coordinate.** We assign each member a primary case manager, who determines across-the-board program eligibility and completes enrollment. Working with an interdisciplinary team, the case manager develops a customized care plan addressing the member's clinical and behavioral needs. Our case management approach goes beyond clinical care. Through routine communication with the member, our case manager identifies barriers to engagement with the health system. We then work with social services to address these nonclinical concerns.
- **Deliver.** Taking all of these needs in mind — clinical, behavioral and social — our case manager coordinates and monitors care delivery and follows up with the member to confirm that services are being administered in a timely, appropriate manner and are helping to improve health. By keeping the entire spectrum of member needs in mind, the case manager helps improve quality of life and helps reduce the need for costly Medicaid expenditures down the road.

## Integrated care is at the core of OMHS

**Optum clinical teams are structurally and functionally integrated from the beginning.**

Each member receives a primary caseworker, who is assigned according to the member's risk level and primary condition. This caseworker connects the member to the appropriate internal and external resources needed to maintain member health.

All Optum team members are cross-trained in behavioral health care and motivational interviewing techniques. If additional expertise is ever required, an extensive network of specialists — managed by Optum — is always available.



## We have extensive expertise in managing prevalent conditions

Optum programming is built around the belief that a single point of contact is the best way to achieve member trust and program continuity. For the highest risk members, our approach is community-based, delivered face to face. However, no matter the risk level, all of our primary caseworkers are supported by the deep functional expertise and NCQA-accredited programming provided by Optum.

Our capabilities expand beyond traditional disease management programs into integrated condition management, including managing the behavioral health needs of Medicaid members. We offer nonclinical support in such areas as resiliency, recovery and personal empowerment, as well as social services support to address such barriers to care as transportation, child care, financial issues and domestic abuse.





## Flexible, scalable, dynamic approach to Medicaid management

As populations transition in and out of fee-for-service, our clinical program is designed to scale to your specific needs. Our integrated data management and reporting capabilities help you identify and act on real-time shifts in clinical utilization or medical need, accurately evaluate program effectiveness, and design and prepare for new models of care. Our systems, founded on MITA's seven conditions and standards, leverage COTS programs that are interoperable and provide the right level of service based on your state's needs.



## OMHS — a part of Optum Medicaid Management Services

OMHS is a component of Optum Medicaid Management Services (OMMS), a new, strategic approach to managing fee-for-service populations using a managed care model. OMMS helps you manage fee-for-service populations using a low-risk, services-only model that provides comprehensive administrative, health care management and analytics capabilities for populations of any size. With OMHS, your fee-for-service members benefit from the same tools and techniques used in capitation-based managed care, helping you address needs and goals affecting cost, access and outcomes.

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### Contact us

To learn how Optum can apply an integrated care management model to your Medicaid program, contact us at [innovate@optum.com](mailto:innovate@optum.com) or **1-800-765-6092**.

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