

Managed Value and Risk Analytics



Improve performance with expertise and insight for a value-based world.

Performance-driven, value-based contracts are here. These contracts redefine how outcomes and quality influence care delivery and reimbursement models. Succeeding in this new world requires in-depth knowledge of how analytics can drive performance and innovation.

For risk-bearing health care organizations, keeping pace with transformation can be a challenge. Many organizations have basic analytics tools in place. However, to operate in a value-based environment, you need applied methods and expertise, along with dependable strategies and leadership, to drive financial and population health performance.

Analytics technology provides the foundation for insights that can help an organization improve quality and manage risk more effectively — but thriving in a value-based environment requires a new approach. Health care organizations must build additional competencies to create high-performing provider networks, identify quality improvement opportunities and incorporate process changes into day-to-day care delivery activities.

Optum® helps hospitals, physician practices and health systems make informed, data-driven decisions that promote sustainable operations and success in a value-based world. With more than 30 years of business intelligence expertise, we provide access to a multi-disciplinary team of clinical, financial and operational professionals, unparalleled data assets and analytics technology. We can help you develop a health care ecosystem that supports your clinical, operational and financial goals — as well as research and innovation.

Value-based care has arrived.

34% Of hospitals are **bearing risk** today.

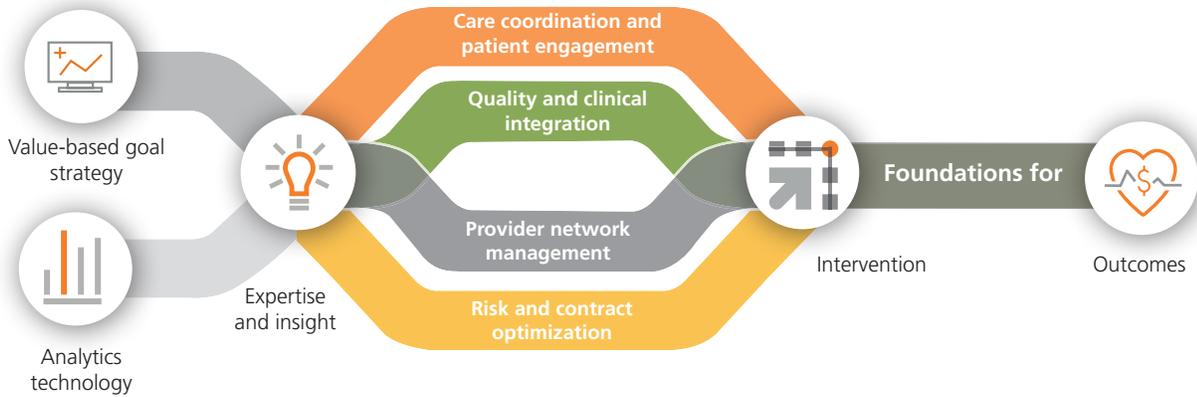
90% Of all CMS payments require **quality and efficiency** targets by 2018.

70% Of commercial contracts will be **value based** by 2020.

Sources: Modern Healthcare, CMS and AIS Health Plan Facts

Accelerate value-based performance with Managed Value and Risk Analytics

Our history as a health services and technology company with a clientele of more than 300 health plans and 4,000 care delivery organizations demonstrates that our experts know how to succeed in a value-based environment. We bring together the data, platforms, applied methods and analytics leadership expertise to transform care delivery and risk management.



We tailor our resources to advance your business strategy collaboratively and improve your performance with techniques relevant to the markets you serve. Through a broad complement of managed services, we help you activate and retain patients, promote quality and build strong health plans and provider network relationships.

Our team of over 800 health care analytics experts includes specialists in actuarial sciences, health economics and management consulting, biostatistics and epidemiology, data science and programming. Partnering with your organization, these individuals work with our global network of services professionals to enable your value-based care goals.

Care coordination and patient engagement	Quality and clinical integration	Provider network management	Risk and contract optimization
<ul style="list-style-type: none"> • Reduce inappropriate admissions and manage care transitions. • Close gaps in care and decrease unnecessary variation for facilities and providers. • Ensure patients have the right access to care, knowledge and support to make informed health decisions. • Enhance perinatal programs, disease management and palliative care. 	<ul style="list-style-type: none"> • Track, report and benchmark performance against key quality indicators across ambulatory and acute care environments. <ul style="list-style-type: none"> - Levels of analysis may include: clinician, care team, service line and institution, as appropriate • Identify the best opportunities for clinical interventions to improve care and deliver value. • Understand clinical and financial implications of payment reform. <ul style="list-style-type: none"> Select examples: <ul style="list-style-type: none"> - Medicare Access and CHIP Reauthorization Act (MACRA) - Comprehensive Care Joint Replacement (CJR) program 	<ul style="list-style-type: none"> • Monitor patient volume and utilization to ensure adequate access to care. • Identify opportunities to improve care delivery processes and network performance. • Understand referral patterns and enable compliance with federal statutes and organizational policies. • Evaluate physician performance for quality bonuses and incentives. 	<ul style="list-style-type: none"> • Enable cost-effective use of specialty networks and secondary referrals for total-cost-of-care contracts. • Benchmark regional contractual performance and describe facility costs and quality to drive advantage in negotiations with health plans. • Understand leakage and network optimization. • Evaluate provider and network quality, efficiency and utilization.

Contact us:

For information on how Optum can help your organization, please call 1-800-765-6619 or email discover@optum.com.



11000 Optum Circle, Eden Prairie, MN 55344

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