

## Optum value-based care (VBC) solutions

Growing quality performance metrics for your Medicaid membership



Value-based care has been implemented for several years now; however, with the growth of Medicaid membership and the Centers for Medicare & Medicaid Services (CMS) guidance on quality performance, states have placed aggressive short- and long-term goals to increase their payments specifically, to quality metrics. In some states it will be upwards of 50–80% of payments tied to quality metrics by 2018.<sup>1</sup>

Optum<sup>®</sup> has extensive breadth and depth of experience working with health plans as they enable traditional Medicaid providers, including Federally Qualified Health Centers (FQHCs), in value-based arrangements. Our successes include total cost of care reductions and quality improvements, enabling strategic providers to take accountability for clinical outcomes and cost management through value-based care.

### Optum offers health plans the full spectrum of value-based care needs:

- Opportunity analytics: Data analysis assessment and evaluation to capitalize on opportunities and assess areas of limitations
- Attribution: Development of custom attribution models for detection and identification of top providers and population performance gaps
- Financial compliance: Save time with data analysis and rules of engagement analytics
- Provider performance: Effective communications to improve quality and increase savings

Whether your focus is on financial performance and predictability, clinical quality improvement, or operational efficiency, Optum solutions will help you achieve your Medicaid goals.

### Features include:

- Flexibility — Delivery of a solution to meet your specific goals, including multi-provider options
- High-powered analytics — Capitalize on our core analytics, with flexibility to align with others, to address any metrics needed
- Administration — Support oversight and streamlined process for administering all VBC models
- Potential for alignment with other Optum solutions

### Medicaid client expertise by Optum

35

Medicaid managed care plans

12

State Medicaid agencies

8M+

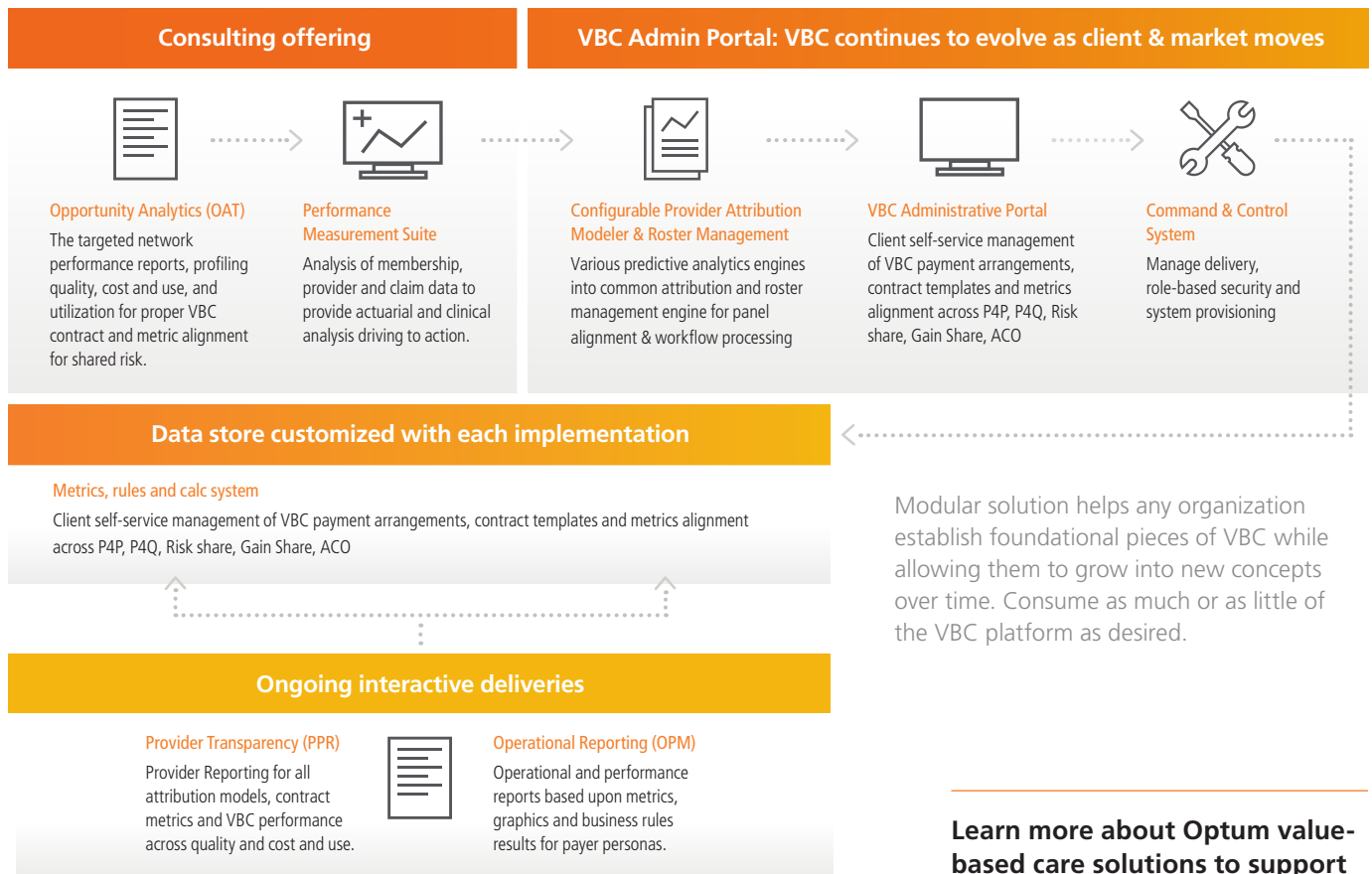
Medicaid members' claims data analyzed and reviewed.

The Optum value-based care frameworks provide clients the ability to leverage core analytics into integrated workflow, provide provider transparency, and align to contractual performance and risk management.

- P4P, P4Q, Bundled Payments, Gain Share, etc.
- Contract Modeler
- Attribution Engine
- Provider Engagement

From development to implementation, Optum value-based care solutions enables an effective transition from traditional fee-for-service payments toward performance-based payments for all your critical providers and facilities.

A value-based care model helps health plans reduce medical costs up to 8% through a combination of services and proprietary technology.<sup>2</sup>



Modular solution helps any organization establish foundational pieces of VBC while allowing them to grow into new concepts over time. Consume as much or as little of the VBC platform as desired.

**Learn more about Optum value-based care solutions to support your Medicaid populations.**

**Visit:** [optum.com](http://optum.com)

**Call:** 1-800-765-6807

**Email:** [empower@optum.com](mailto:empower@optum.com)

1. Health management association website, 2016: <https://hmais.healthmanagement.com/reports/medicaid-managed-care-value-based-purchasing-requirements-by-state-dec-15-data/>  
2. UHC value-based care website. [uhc.com/valuebasedcare](http://uhc.com/valuebasedcare)