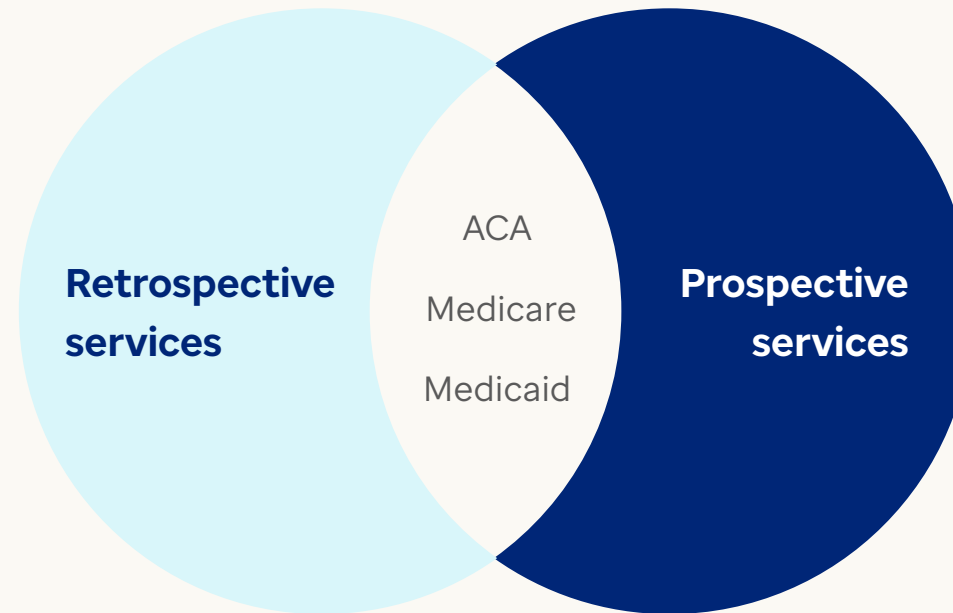


Comprehensive risk and quality solutions

Driving better risk adjustment and quality outcomes through a provider-first approach.



Risk adjustment

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

Quality

Prospective and retrospective quality services and technology platform to enable 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 2M 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

Prospective risk adjustment and quality services



Integrated In-Office and In-Home Assessment Program

A flexible prospective in-office, in-home (HouseCalls) and telehealth provider engagement program that supports early detection and ongoing assessment of chronic conditions for health plan members. The program is supported by a multidisciplinary field team to help providers with guidance and training, coupled with tiered compensation options to allow for the best level of flexibility to support provider engagement. By providing options for in-home, in-office or virtual visits, members are more likely to schedule an assessment visit, 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^{®1}/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.

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

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

Retrospective risk adjustment services



Analytics

Optum uses integrated clinical and physician data sets pulled from a single source of truth to drive suspecting, segmentation and targeting and deliver charts to pursue with precision prioritization. Coupled with our continuously evolving AI models, Optum has been successful in selecting the correct charts that yield the best outcome for each health plan.



Retrieval

Retrieving more charts digitally has been an ongoing initiative at Optum. For AI-enabled chart retrieval, AI decides which modality is likely to be successful with providers. How does AI decide? Direct access to EHR systems enables 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 takes a customized approach to submission services. We combine consultative services and technology to provide you transparency and workflow tools via a self-service portal. It's what sets us apart from vendors that take a one-size-fits-all approach to intake data, transform it and submit it to CMS and 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

Optum provides comprehensive data validation and support services to health plans for CMS and HHS RADV audits, as well as claims verification services for claims submitted to CMS and HHS.