

Multi tiered Fraud, Waste and Abuse services



Health plans face a variety of challenges today, from designing products for public exchanges to expanding Medicaid enrollment and meeting increased regulatory compliance requirements. Combatting fraud, waste and abuse (FWA) is a persistent problem that requires an effective strategy that includes a dual proactive and reactive problem solving approach. Health plans need proven analytics, user-friendly technology and access to experienced FWA investigative, operations and technical support. For more than a decade, health plans and government agencies have trusted Optum® for highly effective detection, prevention and recovery of fraud and overpayments.

Optum FWA solutions have been developed and refined against one of the largest healthcare data sets in the market, spanning over 50 million members and virtually all health plan products including Medicare, Medicaid and commercial.

Every health plan has different needs related to the prevention of FWA, but they all need to have an effective process in place to meet compliance requirements and safeguard premium dollars. From the deployment of our first pre-payment predictive scoring model eight years ago to our cutting edge provider education, case management and business intelligence tools, Optum has continually invested in our solutions to stay ahead of those committing fraud and meet the growing needs of our clients. Our experience has shown that highly accurate detection analytics linked to workflow and analysis systems customized to the problem of FWA — and all supported by experienced subject matter experts and technical professionals — is the best way for health plans to meet and exceed their FWA prevention goals.

Whether our clients need to identify the truly bad providers to refer to regulators, stop overpayments before the checks go out the door or recover improper payments across practitioner, outpatient and inpatient services, Optum has the analytics, data, technology and expertise to meet their needs. Our precise detection capabilities, flexible systems and experienced staff can do all of this while minimizing provider abrasion and safeguarding the network relationships on which health plans rely.

\$4 billion

Annual savings delivered
by Optum payment
integrity solutions

800+

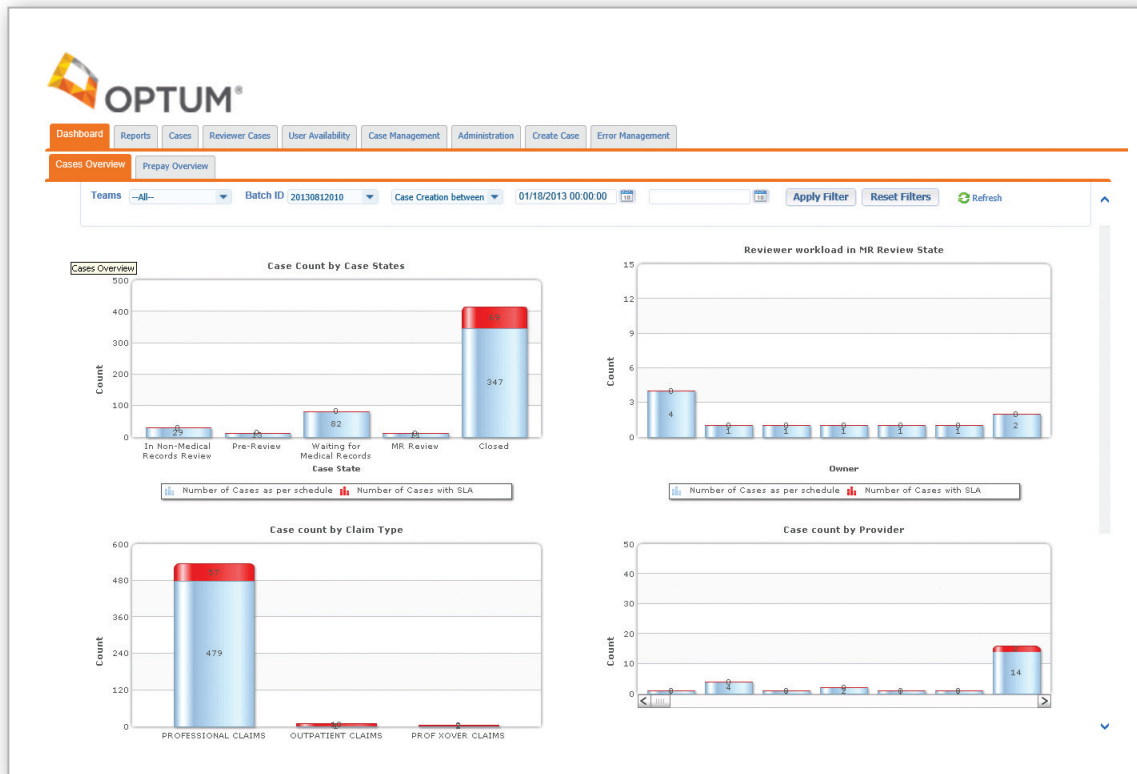
Dedicated FWA professionals

200+

Advanced analytics
team members

Multi tiered Fraud, Waste and Abuse services.

Extensive business intelligence features enable quick, data-driven decision making



Our solutions and expertise can help you effectively control fraud and overpayments.

- Flexible deployment and pricing options for any budget (pre-pay, post-pay, SaaS, client-hosted, outsourcing and staff augmentation options)
- Highly automated and configurable (decision-making and prioritization)
- Extensive analytic coverage for virtually all payer health service categories (inpatient/hospital, physician, DME, outpatient, transportation, home health, Rx, chiropractic, etc.)
- High accuracy of detection leads to low false positive rates
- Easy to use, visual technology
- Broad customer experience allows for specific and customized approach for each market (Medicaid MCO, Medicare Advantage and commercial)
- Transparent analytic data analysis and output that provides actionable results and sustained performance improvement over time

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Innovative technology and transparent analytics enable in-depth assessments

OPTUM Total Claim View

Model Risk Score: **943**

SCORE REASON	DESCRIPTION	CONTRIBUTION
1:	Suspicion of Upcoding	62.17%
2:	Unusual Use of Modifiers	15.03%
3:	Near Duplicate Claims	9%

Recipient / Provider

RECEP ID	DOB	GNDR	AGE	CITY	STATE	CLAIM ID	Ln Num	Cpt Clgry Num	MINUTES	PROV ID	PROV NM	Procedure Code	PROV CITY	Bl Amt	Pd Amt
0000000000	01/01/2099		0	City	ST				58 40	00000000	Prov Name	99215	City		

Diagnosis / Procedure

Dx1	Dx2	Dx3	Dx4	Svc Frm Dt (H)	Svc To Dt (H)	Svc Frm Dt (L)	Svc To Dt (L)	Px1	Px2	Px3

Model Risk Score Details

Reason 1: Suspicion of Upcoding Contribution: 62.17%	Reason 2: Unusual Use of Modifiers Contribution: 15.03%	Reason 3: Near Duplicate Claims Contribution: 9%
1: CODE SET billing level higher than 84% of peers 2: Code set: 99211,99212,99213,99214,99215 3: Code level billed: 5 4: Levels in code set: 5 5: Provider billing at level 5: 96% of lines 6: Peer avg billing at level 5: 12% of lines 7: Provider billing: 0%, 0%, 1%, 3%, 96% 8: Peer avg billing: 3%, 2%, 28%, 55%, 12% 9: Providers in peer group: 172 10: Peers billing in code set: 133 11: Service lines billed in code set: 114 12: Provider specialty: Pediatrics	1: Scored Modifier: 25 2: Modifier descr: Significant, Separately Identifiable Evaluation and 3: Procedure billed: 99215 4: Procedure description: Office/outpatient visit 5: Provider frequency of modifier for procedure: 88% 6: Peer median frequency of modifier for procedure: 5% 7: Peers billing modifier with procedure: 24 8: Provider lines with modifier and procedure: 97 9: Provider Specialty: Pediatrics	1: Matching claim: TCN line 2: Same TCN as billed service: Yes 3: Matching claim provider: 4: Same provider as billed service: Yes 5: Days between claims: 0 6: Billed procedure: 99215 7: Billed procedure description: Office/outpatient visit 8: Matching claim procedure: 9: Matching claim procedure description: 10: Matching diagnoses: 1 of 1 billed 11: Provider Specialty: Pediatrics

Intuitive dashboards support business driven decision-making

Specialty	Peer Grp	Tot Pymnts	Avg Score	Tot Pd for High Risk Claims	% of Clms Scored as High Risk	Most Common Score Reason	Pd amt for clms scoring high for most common score reason
PT/OT	314	\$271,204.08	571	\$27,719.10	18%	Excessive Hours of Service	\$24,578.10
First Steps Early Int.	305	\$259,115.34	749	\$13,087.25	4%	Excessive Hours of Service	\$13,046.75
Supports for Community Living	319	\$51,653.34	433	\$12,910.21	29%	Near Duplicate Claims	\$11,070.93
Speech Therapy / Rehab	314	\$255,238.27	254	\$3,235.72	1%	Unusual Weekend Billing	\$1,966.62

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Combatting FWA provides benefits across your organization:

- Increased savings opportunities
- Reduced compliance risk
- Meet state and federal regulatory requirements with ease
- Accelerated implementation and service delivery
- Efficient and streamlined operational processes
- Low false-positive rates result in improved provider relationships
- Increased speed and accuracy of decision-making
- Can scale and adapt as your business objectives and priorities change

To learn more:

Call: 1-800-765-6807

Email: empower@optum.com

Visit: optum.com



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