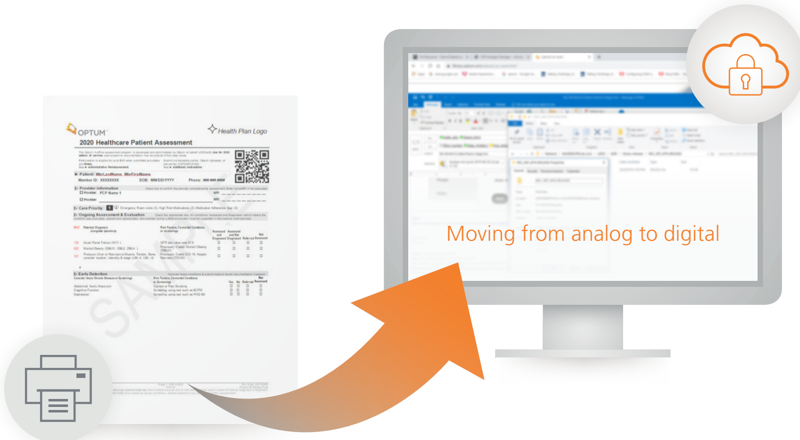

A collaborative service model for providers and health plans

Optum digital assessments drive improved efficiency as they enable providers to access analytics on behalf of multiple health plans within technology platforms.

Physicians and their staff can leverage these modalities independently, or in conjunction with each other, to drive value at the point of care:

- **Gap Management portal** is a comprehensive portal seamlessly integrating health plan risk adjustment reporting and iterative gap lifecycle management for providers organizations.
- **Electronic health record (EHR) integration** empowers near-real-time access to patient data including suspected risk-adjusted conditions and open gaps in care in electronic health records (EHRs) at the point of care. Supporting documentation is automatically retrieved by Optum within the physician workflow.
- **Electronic file exchange** enables provider organizations to use electronic files to customize how member risk and quality gaps are used within their various provider systems.

This digital multimodal approach was designed to support provider needs not only to add value pre- and post-encounter but most importantly, at the point of care. Here's how:

Analytics drive risk and quality data → Member data sent via preferred digital modality

DATA FEEDS

ANALYTICS

	PORTAL	EHR INTEGRATION	FILE EXCHANGE
PRE-ENCOUNTER	Member gap and risk conditions are updated weekly.	Real-time configurable member gap and risk conditions available.	Member gap and risk conditions are updated monthly.
POINT OF CARE	Member assessment is accessed and completed in portal.	Clinician sees indicator if patient has suspected condition and/or quality gaps within EHR.	Workflow varies based on system configuration.
POST-ENCOUNTER	Supporting documentation can be uploaded or faxed. Staff can view and track feedback of documentation submissions.	Progress notes are automatically sent to Optum if responses merit.	Supporting documentation sent to Optum via secure file exchange.

Documentation verification by Optum → Reimbursement distributed

A CLOSER LOOK:

Contact your Optum representative to learn more.

Benefits of EHR integration

Integration is configurable to provider organization workflows. An electronic patient link is established between provider organization patients and known Optum members and health plan systems. Once a link is established, providers can address risk and quality gaps in care without leaving their EHR.

Optum collaborates with provider organizations on behalf of **4 OF THE LARGEST 5 MA PLANS IN THE COUNTRY.**

Our health plan clients represent more than **63% OF MEDICARE ADVANTAGE MEMBERSHIP NATIONWIDE.**

1 PRE-ENCOUNTER

Providers and staff can see:

- Full member population where you can access, filter, prioritize and export patient data for outreach based on gap type, care priority or upcoming appointments

Benefit: Eliminate need to create spreadsheets outside of your workflow or chase paper forms. Helps providers prioritize and sort patients based on the criteria they choose and better prepare for patient appointments.

POINT OF CARE

During a patient's visit, providers can:

- See an icon indicating if a patient has any open suspected conditions and/or quality gaps
- Assess and document conditions and/or quality gaps in care
- Select an ICD-10 diagnosis code for an assessed and confirmed suspected condition and have the code populate the patient's problem list

Benefit: Reduce administrative burden as assessed and confirmed conditions automatically flow to problem list in the EHR. No duplicate documentation! This workflow is configurable on and off based on a group's preference.

7 POST-ENCOUNTER

After a patient visit, supporting documentation (Clinical Document Architecture (CDA) and signed progress notes) are automatically sent to Optum:

- Patient gap data on the Optum screens is updated as soon as Optum analytics are updated
- Automated supporting documentation retrieval by Optum; once a progress note is signed, Optum receives both the signed progress note and a CDA

Benefit: Improve process efficiency as there is no need to retrieve and upload supporting documentation manually. See the latest risk and quality information for a patient without waiting for batch updates or paper forms.

Flexible electronic file exchange

Electronic files of member risk and quality gaps can be customized how they are used within your system. Flexible file exchange options give you the ability to choose how often to send data to Optum. The response package can be configured for automatic retrieval. There are multiple channels available to transmit and retrieve data including SFTP or ECG QuickConnect.

You can rely on Optum experts for support and consultation.

You can send any of these response files:

- Medical charts and progress notes
- Chart not available file
- Manifest file

Update files include:

- All gaps and suspects from annual file with status update indicating whether they are still open or close
- Any new gaps or suspects added to existing members since original file was published

Here is how the member gap file exchange process works:

1. Risk and Quality Analytics identifies participation year member gaps and suspects
2. Initial extract file created and delivered via SFTP location
3. Provider updates gap and suspect activity via their native technology and provides electronic file return
4. Gap statuses updated, new file is generated in predetermined intervals (e.g., monthly)

Steps 3 + 4 repeat until year end

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