



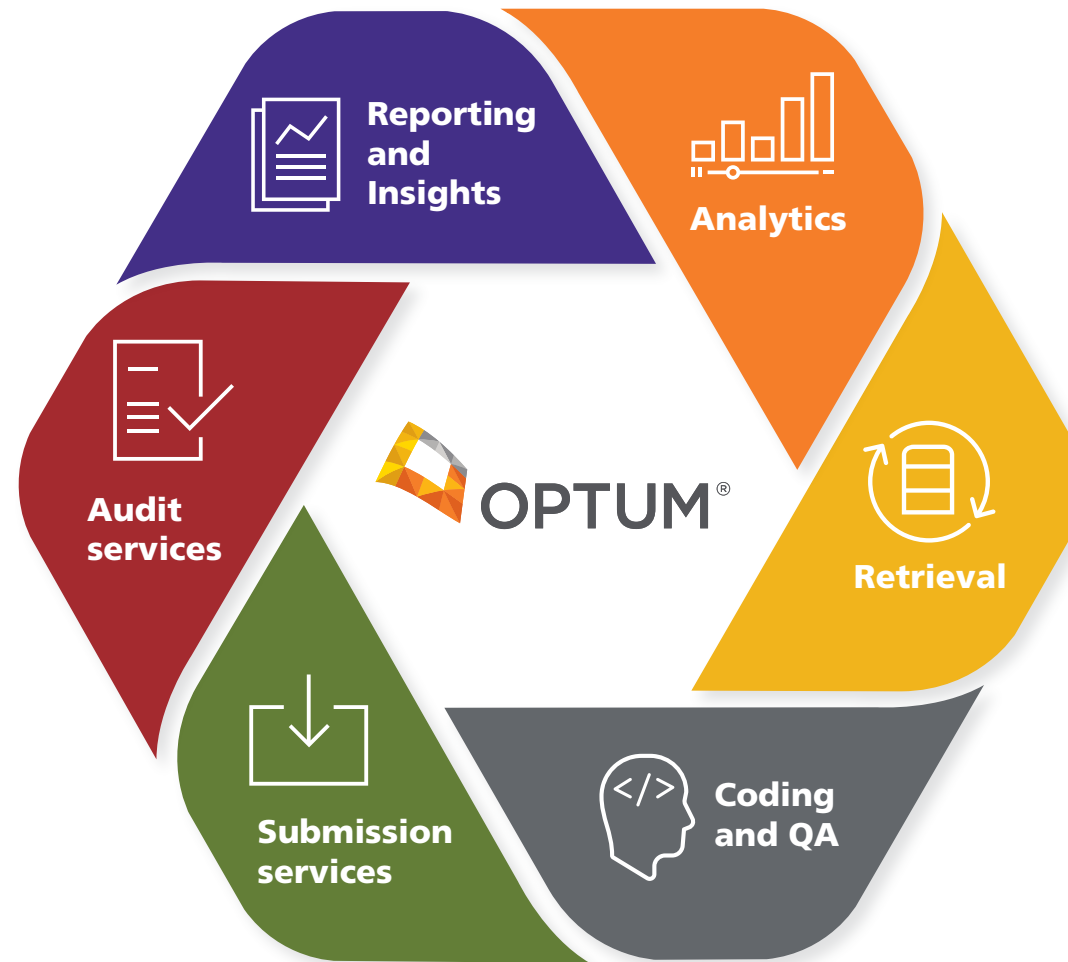


Comprehensive retrospective risk adjustment

Improve efficiency, reduce expense and maximize accuracy and completeness — all from one vendor.

For health plans subject to performing risk adjustment for their Medicare Advantage plans, their retrospective risk adjustment process may be costly, inefficient and wasteful in many ways:

-  Wasted resources and expense for health plans managing multiple vendors
-  Unnecessary provider abrasion caused by retrieving unproductive charts
-  Disruption to providers due to manual chart retrieval and review
-  Manual coding can miss potential unreported diagnosis codes and leave coding accuracy incomplete



 **Analytics**

Optum has seen a **reduction of 3%–10%** or more in chart retrieval requests.

 **Retrieval**

In 2020, Optum retrieved over **1.7 million medical charts** for risk adjustment using digital access.

 **Coding**

Optum AI has enabled a **3% validation rate** increase within our internal QA oversight processes. AI helps drive more accurate and complete coding.

MEANINGFUL RESULTS

THE POWER OF AI ENABLES MULTIPLE BENEFITS

The AI-enabled components of the Optum comprehensive retrospective risk adjustment solution enable a smart, highly efficient retrospective chart review process while maintaining coding accuracy and completeness.



Enabled by artificial intelligence (AI), Optum analytics can transform your chart review program because of their accuracy when trained with large amounts of data.



Optum AI-enabled analytics modernize the traditional chart review process by shifting the focus from volume of charts targeted to precision targeting of charts.



The result is fewer chart retrieval requests, which can lower provider abrasion and increase the efficiency of each review.

Retrospective risk adjustment services

OPTIONS TO HELP
ACHIEVE YOUR GOALS



Analytics

Optum uses AI enabled by our experience with the largest database of Medicare Advantage medical records in the industry. AI precisely predicts and prioritizes charts most likely to contain unreported diagnosis codes. AI can be configured to exclude medical charts where there are no unreported diagnosis codes.



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 EHR retrieval 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.

Preferential pricing

Our exclusive partnership with the leading medical chart retrieval organization provides preferential pricing for Optum clients.



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 chart review, AI-enabled analytics use a three-step process to facilitate efficient chart routing. This includes focusing the certified human coders toward specific data in the medical chart to support complete medical chart documentation. This advanced AI-enabled technology helps our certified coders focus and make 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 receive rigorous training and quality assurance to ensure maximum data capture and accuracy. We hold our certified coders to a 95% accuracy standard and can provide quality assurance in a variety of different techniques based on your need.

In addition to stringent training certified coders receive to uphold Optum quality assurance standards, 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 health plans may undergo. Oversight audits include Centers for Medicare & Medicaid Services (CMS) risk adjustment data validation (RADV) or other data validation audits.



Submissions

The submission services we offer are different. We provide consultative support to manage submissions, direct errors and remediation. In regular client sessions, we provide insights to encourage continuous improvement and maximize the accuracy of your submissions. Our technology-supported comprehensive submission services can be tailored to meet your needs and match your data. We offer RAPS and EDS submission services to CMS and EDGE Server submissions to HHS.



Audits

Data validation for RADV audits and claims verification

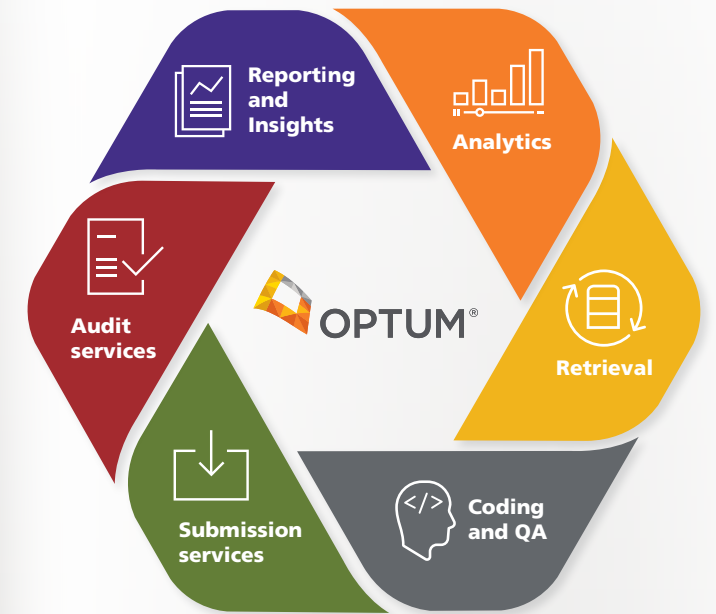
CMS and HHS are required to audit diagnosis data submitted by health plans. Preparing for and undergoing an audit can be a massive task. Optum provides comprehensive data validation and support services to health plans for CMS and HHS RADV audits.

We also provide internal data validation review services for clients performing self audits and Claims Verification services for claims submitted to CMS and HHS.



Reporting and Insights

Optum leverages the latest business intelligence technology to deliver web-based, flexible, customizable and plan-specific insights.



DEEP EXPERTISE, FLEXIBLE OPTIONS

As a full-service retrospective risk adjustment vendor, Optum can take all your data, run analytics, precisely estimate the value of medical charts, retrieve, review charts, submit to CMS or HHS on your behalf and help you throughout an audit.

Prefer to use some Optum retrospective solution components or services? Create your tailored solution and select only the components or services you need at the level of service you want.

Find out how you can achieve a more efficient, cost-effective retrospective risk adjustment program.

Email: empower@optum.com

Phone: 1-800-765-6807

Visit: optum.com/risk



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