



# Quality measurement and reporting

Health plans are increasing their focus on quality metrics due to:

- Rising medical costs
- Affordability pressures
- New reimbursement models
- Increased regulatory requirements
- Public reporting



**Using multiple vendors can be costly, time-consuming and inconvenient.**



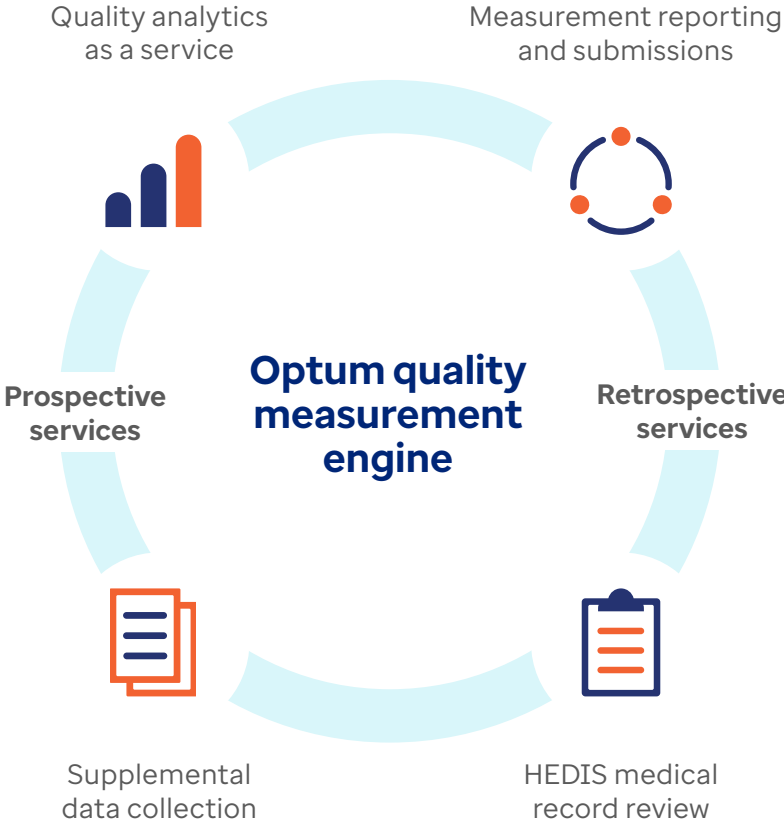
Optum quality management enables your health plan to manage its regulatory quality measurement and reporting. Optum is committed to helping you maximize data and processes to increase the accuracy and completeness of Healthcare Effectiveness Data and Information Set (HEDIS®) and other quality program scores and overall performance. Our solution includes a cloud-based HEDIS-quality reporting system, medical record review support, quality analytics, supplemental data collection, audit management and performance assessment. It can help your health plan:

- Improve quality with a comprehensive, innovative approach to managing HEDIS, AMP, QARR and other federal- and state-based rating program performance
- Increase your focus on quality metrics to help combat rising medical costs, affordability pressure, new reimbursement models, increased regulatory requirements and public reporting

### A proactive approach to prospective quality measurement

Drive quality programs in the measurement year by identifying gaps in care while reducing retrieval costs for the upcoming season. An integrated comprehensive quality and risk adjustment process may lead to reduced provider abrasion.

- **Supplemental data collection and review** leverages risk charts retrieved to abstract quality measures for quality improvement purposes before MRR chart chase season. It enables you to close quality care gaps prospectively using existing data. Caring for members proactively may improve Star Ratings and HEDIS ratings.
- **Quality analytics as a service** enables population health reporting with member- and measure-level compliance to drive prospective program insights. Health plans can gain intervention strategies to close gaps and improve member health outcomes and Star Ratings.



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

## Retrospective services bring your quality efforts full circle

Optum is committed to helping you maximize data and processes to increase accuracy and completeness of HEDIS and other quality program scores and performance. By enhancing clinical quality performance, health plans can improve health outcomes and reduce the cost of care.

- **Measurement reporting and submissions.** Position your health plan to demonstrate its care management. Compliance analytics and submission services for National Committee for Quality Assurance (NCQA), HEDIS, state Medicaid and other agencies for quality certification and rating may help you gain an edge to win business from employers and state governments.
- **Maximize HEDIS collection and streamline medical review processes.** Performing a high-quality review and analysis of medical records is critical to maximizing HEDIS rates. It takes an expansive retrieval network that leverages multiple collection methods, including fax, on-site collection and electronic health records (EHR) connectivity to optimize collection efforts while minimizing provider abrasion.

Optum provides a comprehensive, high-quality medical record review (MRR) solution that can help deliver value for your organization. It includes retrieval, abstraction, program management, over-read and audit support to help achieve industry-leading accuracy standards. This approach derives hybrid rate compliance for certification and rating. It allows health plans to demonstrate their care management and may help win business from employers and state governments.

## Supporting your quality performance



1. Based on accuracy ratings of Optum clients for HEDIS MY2020. All clients have had a >99% accuracy rating for a averaged total >99% in both compliant and non-compliant.  
 2. MY2020 results for Optum retrieval clients was 90%.  
 3. All Optum clients passed at 100% for the last five years (2016 through 2021).

## A personalized approach to improving quality performance

With Optum quality programs, your health plan receives personal support from our team of quality experts. Your quality program manager serves as a single point of contact for activities such as testing and fielding auditor questions as well as identifying potential issues.

### The full-service team provides your staff with the expertise to help improve quality performance:

- **Quality program lead.** Leads resources to deliver on milestones, resolves challenges, works with internal partners
- **Chart retrieval and abstraction teams.** >125 abstractors (99% abstraction accuracy<sup>1</sup>), >600 retrieval technicians (>12 million charts retrieved)
- **Clinical lead.** Oversees clinical quality and productivity of abstraction teams and processes
- **Retrieval lead.** Oversees retrieval progress and delivery, retrieval milestones and resolves issues
- **Data analysts.** Perform data file validation to ensure it meets requirements and works through data file issues
- **Reporting lead.** Manages all reporting needs



**Save costs, resources and time by using one vendor to help manage your quality programs.**

Find out how Optum can help maximize quality outcomes for members, health plans and providers.

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