



## Making the Health System Work Better for Everyone

We're a leading health services business dedicated to modernizing the health system, improving overall population health, and building and enabling Sustainable Health Communities.

State Government Overview





At Optum, we fundamentally believe that the health system can work better for everyone.

# Coming Together for Better Health

At Optum, our work gives us a unique perspective. Because we serve people throughout the entire health system—from those who promote wellness and prevention, to those who provide care, to those who research, manage, and deliver medications—we can see the bigger picture.

Optum is a leading health services business comprised of three market-leading business segments—OptumHealth™, OptumInsight™, and OptumRx™. Together, we deliver integrated, intelligent solutions that work to modernize the health system, improve overall population health, and build and enable Sustainable Health Communities.



## OptumHealth

At OptumHealth, we specialize in health management solutions that address the physical, mental, and financial needs of individuals and organizations. We provide health information and services to nearly 60 million Americans—educating them about their symptoms, conditions, and treatments, helping them to navigate the system, finance their health care needs, and stay on track with their health goals.

## OptumInsight

At OptumInsight, we specialize in improving the performance of the health system by providing technology, outsourcing, and consulting services that enable better decisions and results. We focus on placing the best information at the fingertips of those who work in the health system, to support the choices you make every day.

## OptumRx

At OptumRx, we specialize in the delivery, clinical management, and affordability of prescription medications and consumer health products. We provide a sophisticated array of high-quality, integrated pharmacy benefit management (PBM) services that help ensure you receive flexible solutions, the best possible clinical outcomes, and meaningful service at the lowest cost.

## Who does Optum serve?

Our combined workforce of more than 30,000 people serves:

- Nearly 250,000 health professionals and physician practices
- 6,200 hospitals and facilities
- More than 270 state and federal government agencies
- Over 2,000 health plans
- Two out of every five FORTUNE 500 employers
- More than 400 global life sciences companies
- One in every five U.S. consumers

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## Our mission.

Together, our unique perspective drives us to:

- Enable Sustainable Health Communities
- Make the health system work better for everyone
- Modernize the health ecosystem
- Improve overall population health



**What is the real result of building Sustainable Health Communities?**

Better outcomes. Lower costs. And most of all—healthier, happier people.

# Enabling Sustainable Health Communities

At Optum, we are dedicated to building and enabling Sustainable Health Communities—which we define as communities that are capable of producing enduring health for people. In short, a Sustainable Health Community is one where costs are lower and outcomes are better.

Everything we do to modernize the health ecosystem—from streamlining administrative processes to enabling better use of health information—is dedicated to this critical objective. Because we have diverse expertise, deep knowledge, and unmatched experience serving clients across the health system, we can help clients achieve the three qualities necessary for Sustainable Health Communities.

## What it takes to build Sustainable Health Communities

To be sustainable, we believe these communities must be:

### Connected

People need the right insights at the right times to be empowered to make decisions that improve the quality of care and facilitate fair and efficient transactions. We can help you do this by providing an end-to-end system of actionable health information technology and intelligence that generates timely insights.

### Intelligent

Applying informatics and analytics can improve clinical, financial, and administrative decisions at critical points within the system. We can help you discover actionable intelligence and workflow solutions.

### Aligned

To be aligned means to be improving population health while also lowering the costs. We can help support high-quality, efficient, patient-centered care and lead the adoption of integrated, accountable health care systems.

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At Optum, our purpose is to build and enable Sustainable Health Communities. From simplifying processes to expanding access to care to improving health outcomes—our work is dedicated to this important objective.



# Rising Challenges, Transformative Leadership

With the current budget crisis, state Medicaid and human services agencies have to do more with less. In order to care for people with complex health and behavioral needs, agencies must develop innovative programs that transform the health care ecosystem. The advanced use of technology and analytics can support proactive and preventative case management to help agencies achieve significant and measurable long-term improvements.

By leveraging our resources, technology, and analytics as well as care management and pharmacy expertise, Optum can help agencies implement strategies that increase efficiency, lower costs, and improve health outcomes. We partner with state agencies to address key areas.

## Improving health

Improving Medicaid programs requires refining the strategic framework. New measurement programs and payment models, such as ACOs and risk-adjusted reimbursement, can help manage costs and maintain accountability. Our analytical services and tools help Medicaid program staff more efficiently manage Medicaid ecosystems to deliver better health outcomes for recipients through improved access to quality, cost effective health services delivered by the right providers.

Optum provides:

- Case and utilization management
- Disease management
- Behavioral health management
- Pharmacy benefit management
- Physician quality measurement and improvement
- ACO/medical home development
- Long-term care management
- Re-admissions/optimal care settings management
- Consumer engagement programs

## Boosting recoveries

Program integrity is a constant and evolving effort. We combine expertise in government health care programs, fraud and abuse detection, program integrity strategies, data analytics, and consulting to help federal and state governments identify inappropriate payments and restore fiscal balance. Our expertise with state Medicaid programs provides leading data analytics and data mining to help identify overall program improvements, pinpoint inappropriate payments, prevent fraud and abuse, recover inaccurate payments, and improve the overall accuracy of the payment system.

Our services include:

- Program assessment
- Prospective fraud and error detection
- Pre-payment claims editing
- Retrospective fraud and error detection and recovery
- Credit balance, third-party liability, and eligibility verification audits
- Pharmacy benefits management
- Recovery audit contracts
- Data mining and training
- Optimization solutions

### Leveraging compliance

New regulatory requirements such as ARRA, ACA, MITA, and ICD-10 require major changes to existing IT systems at a time when resources are very limited. Agencies must strategically leverage the modernization of their operational infrastructures to create sustainable, long-term improvements. We can help your organization identify how compliance can improve Medicaid operations with:

- Modeling, statistics, and actuarial analysis
- Policy research and data analysis
- Program evaluation
- Technical assistance
- Strategic planning
- Program support
- Comparative effectiveness research
- ICD-10/5010 conversions
- MITA compliance roadmaps
- Designing and implementing payment reform strategies
- Supporting meaningful use, EMR, and HIE adoption
- Meeting Medicaid RAC requirements
- Health benefit exchange support

### Supporting the ecosystem

Government health and human service professionals understand that the vast volume of raw data they store and process, often gathered from disparate sources, becomes infinitely more valuable when it's integrated and transformed into actionable information. With this knowledge, state governments can get a comprehensive picture of how program dollars are being spent, how services are delivered, and how well the program is working. This data-driven management can power a more effective health system and drive system-wide transformation.

We design, develop, and implement data-driven information platforms that empower agencies and physicians through fact-based information and insight:

- Health information exchange (HIE) infrastructure
- Large-scale, enterprise-wide data warehouses
- Predictive modeling tools
- Health care business intelligence platforms
- Clinical decision support platforms



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To learn more about Optum, call 866.306.1317 or email [solutions@optum.com](mailto:solutions@optum.com). Find out more at [www.optum.com](http://www.optum.com)

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