



Medicaid risk adjustment

Maximize the potential of your risk adjustment analytics

Different states, different models

As every managed care organization (MCO) knows, each state has its own Medicaid model. States differ in their individual Medicaid risk adjustment regulations, reimbursements and penalties. It can be enormously challenging to stay current with the variations and ongoing changes while optimizing your risk adjustment strategy to the current regulatory landscape:

- Does your Medicaid risk adjustment program accurately represent your members' health status?
- Are you able to keep up with changes to your state Medicaid regulations to be prepared for the state submission deadline?
- When was the last time you performed an analysis to be sure your Medicaid risk adjustment strategy is meeting your MCO's goals and objectives?

Accurately documenting the health status of Medicaid populations is very important to your risk adjustment program.



We manage risk adjustment programs on behalf of clients for over **6M managed Medicaid members nationally**



Optum supports Medicaid risk and quality programs in **21 states**

Why it matters to have a Medicaid risk adjustment strategy

Since states aggregate risk scores, MCOs may not put many resources toward actively managing their Medicaid risk adjustment strategy. They believe it won't make a difference in their organization's raw risk scores and performance. It's quite the opposite. Narrow margins associated with managed Medicaid plans can make the difference between profit and loss. Those margins can be affected directly by the accuracy of your risk adjustment practices. Because states base risk scores off encounters, the reimbursement you receive will be only as good as the encounter data you submit.

Benefit from our experience working with state Medicaid requirements. We take a holistic approach to work across your managed Medicaid markets to see how we can help identify opportunities to maximize the potential of your risk adjustment strategy. Optum dedicated informatics and actuarial experts support the most common state Medicaid risk adjustment models (CDPS, ACG and CRG).

We'll analyze your raw risk scores and balance against your current Medicaid risk adjustment strategy. Then we'll make recommendations to help maximize any untapped potential. Our focus is to enable you to report a more accurate and complete picture of your Medicaid member health status.

Engage providers and members

In addition to the challenges in keeping up with state Medicaid regulations, there also are provider and member engagement challenges. Optum can help you determine which provider engagement strategy may be most effective for your network. We can empower providers with timely, actionable data at the point of care. We can help segment and identify members for the appropriate intervention. For example, engaging patients to come in for preventive and wellness visits. When members have regular visits, providers can diagnose and document health conditions.

Help us help you

As part of our initial conversation with you, Optum collects various information on your current risk adjustment strategy and other relevant factors. Through our advanced analytics, we can perform a real-time cost-benefit analysis to be sure your organization is not overlooking opportunities in your Medicaid risk adjustment strategy. This effort will help your organization have an understanding of the value we can deliver before you sign the contract.

A solution designed to get results



- Segmentation
- Suspecting
- Targeting
- Plan and provider reporting
- Provider engagement
- Member outreach
- Physician chart review
- Hospital chart review
- Provider claim review

Count on our scale and experience to create an effective strategy

Leverage Optum expertise and best practices with the ever-changing and complex nature of Medicaid. We can help improve your ability to identify health conditions, report a more complete picture of your population's health status and close gaps in care.

Optum works with more than 75,000 provider sites and collects approximately 14 million charts a year for risk adjustment and quality gap closure. Our advanced analytics identify current conditions for members, as well as potential conditions a member could be susceptible to, and enable providers with this member specific data at the point of care. The Optum provider engagement team supports providers and works with them to enable more complete member assessments and accurate documentation.



As an add-on service for prospective and retrospective risk adjustment program clients, **Optum® Medicaid Provider Claim Review** coordinates reviews with providers of coding results to include unreported diagnosis codes directly related to a member's visit found in the member's medical charts. The Optum team manages the entire claim review process to help lessen the provider's administrative burden.

Find out how you can leverage untapped potential in your Medicaid risk adjustment strategy.

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