



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 Medical Record Review solution that includes outreach, program management, medical record retrieval, abstraction, over-read and medical record review validation 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.

Optum can help deliver value for your organization through our high-quality medical record review solution:

- Obtain higher retrieval rates while minimizing provider abrasion
- Have an expert during the abstraction process to substantiate the abstraction and support how the chart was interpreted
- Leverage large-scale operations to help drive down unit cost
- Have a second-level review performed by a clinician to ensure accurate, consistent abstraction
- Have real-time access and full oversight over the medical record across different stages to see how it is progressing

Leveraging close provider relationships to efficiently maximize data retrieval

Optum maintains close working relationships with 100,000 physician practices across the country, leveraging an internal network of field-based associates who foster these relationships throughout the year.



From detailed quality review upon retrieval of the charts, to on-demand reports generated through our chart review platform, Optum provides a transparent and comprehensive business model that supports a turnkey, end-to-end-process.

This proactive approach to creating strong relationships minimizes provider abrasion and helps achieve consistently high record retrieval rates.

Focusing on accuracy as part of abstraction, and providing support during the audit process

While it's critical to efficiently and thoroughly abstract each data element from each record, we also focus our efforts on gathering data that is accurate and in accordance with the auditor expectations. Our discipline extends to creating audit reports and standing by each medical record during the audit process.

Count on Optum to be able to substantiate what was abstracted and how the records were gathered. We provide two reports, titled "Medical Record Review Summary" and "Medical Record Review Detail for National Committee for Quality Assurance (NCQA)" and we stand by them from beginning to end. We expect 99% target accuracy for abstraction teams with 98% minimum and provide comprehensive medical record review validation (MRRV) audit management.

Applying a clinical perspective to first and second reviews

Optum coders and nurses review the records to make critical clinical connections that may help improve outcomes. Then the records undergo a second review through a stringent internal quality assurance process.

Through this industry-leading discipline, we can be confident the medical records are abstracted consistently.

Creating a robust repository of reviewed records for future use

At each season's conclusion, the records are transferred to you and are available for future use. Clients value the ability to access these records easily for risk adjustment review, NCQA accreditation audits, use in future seasons and many other purposes that eliminate the need to go back to providers for more retrieval.

Providing real-time visibility and access

Our chart review platform enables you to see how the season is progressing. Know exactly where the chart is in the medical record review process. Take a granular look at a particular record, conduct your own over-read, add notations on a record and update provider contact information, among other useful features to manage the medical record review process. With this transparent platform, you have full access to the process and the data.

Ensure a timely, high-quality medical record review and analysis

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- 1. Past results are not a guarantee of future performance.
- 2. Count represents all retrievals across risk and quality.

Support of state measures as well as health plan custom measures¹:

90%
national retrieval rates

.....
33M+
records retrieved in 2023²

.....
100K+
physician practices and relationships across the country

.....
99%
target accuracy for abstraction teams with 98% minimum



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