

Protecting taxpayer dollars

A public/private partnership targets fraud, waste and abuse



With massive programs including Medicare, Medicaid and Veterans Affairs (VA) health care, the federal government spends more than \$1 trillion on health care each year.

Ensuring those dollars aren't wasted – or misused due to fraud or abuse – is an ongoing challenge.

For more than 20 years, Optum Serve has partnered with the Centers for Medicare and Medicaid Services (CMS) and other federal agencies to establish and maintain program integrity initiatives. Building on successes achieved working with commercial and state government clients, we deliver a deep knowledge of the health care industry and extensive IT capabilities to government agencies. We invest in innovation and development resources to ensure our commercial best practices align with the federal program integrity objectives while allowing for flexibility and scalability in program design based on clients' needs.

The following three case study briefs explain how Optum Serve makes a difference in mitigating and recovering money by detecting fraud, waste and abuse (FWA).

About Optum Serve

Optum Serve is the federal health services business of Optum and UnitedHealth Group (NYSE: UNH). We are proud to partner with the Departments of Defense, Health and Human Services, Veterans Affairs and other organizations to help modernize the U.S. health system and improve the health and well-being of those we collectively serve.



\$5.3 billion

invested annually in technology and innovation*

*Optum book of business as of Q3 2021.

CMS One Program Integrity

CMS makes its integrated data repository accessible for program integrity business needs through a system known as One Program Integrity (One PI). Since 2010, we have maintained and enhanced the system, which is used to identify, deter and prevent FWA activities across the agency.

Throughout the partnership, Optum Serve has expanded and upgraded One PI to incorporate new data sets, data analytics tools and system capabilities including cloud migration and optimization efforts. It has also provided data coaching, help desk and training services to thousands of users such as law enforcement officials, investigators and claims administrators.

With a combination of predictive modeling, business intelligence and leading programming approaches, Optum Serve supports diverse business needs – helping One PI users analyze large data volumes, load and visualize data, and develop critical reports to support investigative and legal cases. This One PI case study approach has also led to other projects focused around specific FWA topics, including developing an online interactive mapping tool that identifies Medicare Part D opioid prescription claims. These projects have helped CMS and law enforcement stakeholders take action including criminal charges resulting in multiple billion-dollar takedowns of providers participating in health care fraud schemes.

CMS Payment Error Rate Measurement program

CMS is required to measure and report the payment error rate and dollars paid in error for both Medicaid and the Children’s Health Insurance Program (CHIP). Given the size of these programs and the fact that each state implements them independently, states’ data poses significant challenges. The Lewin Group, the part of Optum Serve that provides health care and human services consulting, worked with CMS to pilot and implement the improper payment measurement program.

As the statistical contractors for the Payment Error Rate Measurement (PERM) program, Optum Serve analyzed the ways states change how they collect and store data to ensure the data sets would be complete. Optum Serve then developed the technology and processes to audit and review the data in a way that met both internal and CMS regulatory standards. This required a combination of deep policy expertise and statistical theory.

The resulting solution has been adapted for other programs as well, including Medicare’s Comprehensive Error Rate Testing (CERT).

The Centers for Medicare & Medicaid Services (CMS) is committed to combating Medicaid provider fraud, waste and abuse, which diverts dollars that could otherwise be spent to safeguard the health and welfare of Medicaid enrollees.



\$30B

in savings through
Optum payment
integrity solutions*

*Optum book of business as of Q3 2021.

Veterans Affairs' program for improper payments

VA has continued to evaluate and enhance its improper payment program, working with internal stakeholders as well as third parties.

Optum Serve assisted VA in enhancing the program, separating previous functions to establish a clear auditing strategy. The results helped inform changes at VA and were called “the gold standard of improper payment measurement” by the Office of Management and Budget.

As health care continues to evolve, fraud and abuse schemes will too. Just like the federal government, Optum faces similar changes as one of the nation's largest health care payers, second only to CMS. With extensive health care expertise and continually evolving IT capabilities, Optum Serve will continue to vet enterprise best practices and industry trends to protect federal government programs and the taxpayer dollars that support them.

Improper payment

is a payment that should not have been made or that was made in the wrong amount. That includes overpayments, underpayments, or even payments made to the right recipient in the right amount but not in strict adherence to the relevant statute or regulation.

To find out how Optum Serve can support your agency's FWA initiatives, visit optumserve.com/contact.

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