

# Medical Benefit Management

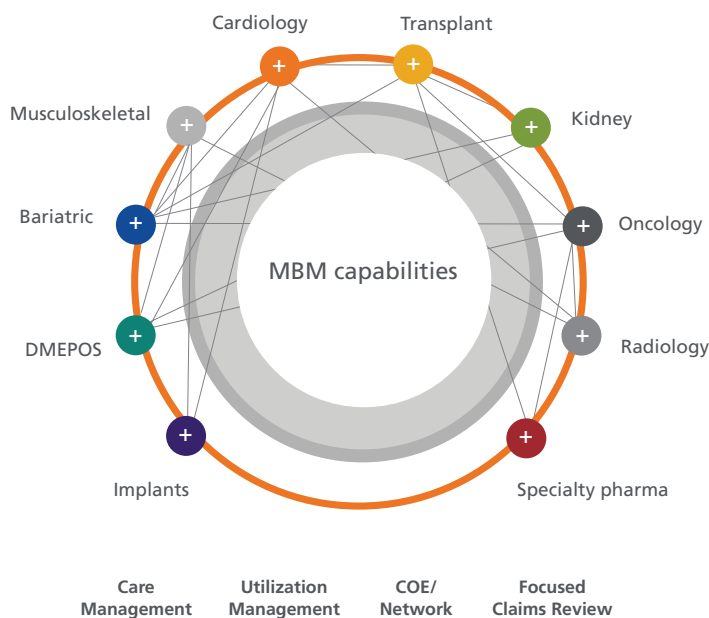
Complex conditions are typically low-prevalence in patient populations, but they are the most challenging and expensive cases to manage.

Conditions like cancer, kidney disease and heart failure are difficult to manage due to wide variation in care and outcomes. Populations with complex diseases often require extra resources: if handled improperly, patients can receive too much care or the wrong type of care, resulting in increased expense and administration, and poorer outcomes for the patient. Variability in treatment results in unpredictable costs, making it difficult for payers to manage expenses and financial risk.

## The MBM offer

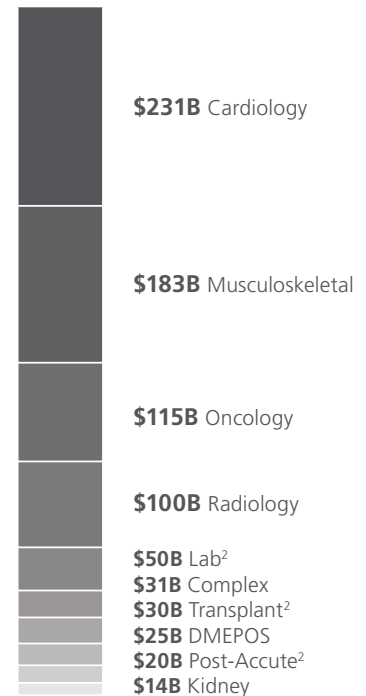
Medical Benefit Management (MBM) is a suite of services for health plans, employers and government clients who seek to improve affordability and clinical excellence for populations with the most expensive and complex diseases. MBM products help *reduce total cost of care*, *manage organizational risk* and *improve outcomes* for members facing complex disease states, including transplant, cancer, kidney disease, heart disease and musculoskeletal conditions.

MBM benefit management services rely on a four-pronged strategy of network management, utilization management, care management and claim review to manage complex disease states. By combining these condition-centric capabilities with flexible funding models, including full risk transfer, MBM delivers the greatest impact to the patients and payers who need it most.



MBM strategies

## Top categories for annual health care spend<sup>1</sup>



There is a compelling market need for management of costly, complex conditions that often have a range of treatment modalities across multiple sites of care and wide variation in outcomes.

MBM value-oriented solutions are backed by specialized medical expertise, focused provider networks and leading data analytics that help provide an excellent care experience for patients, and ultimately lower costs for our clients. We turn data into usable insights that help clients measurably improve health outcomes and member experience, allowing MBM to play a critical part in transforming the health care system with continuous innovation.

## The Optum difference



### Condition-specific expertise

The generalized disease management offered by many payers cannot achieve the same clinical and financial outcomes as a specialized program focused on singular conditions. Condition-specific teams are able to move even the most complex members through our integrated programs toward the best outcomes and lower cost of care.



### Experience and Scale

MBM is the market leader in complex benefit management, covering more than 115M lives. This scale gives MBM the power to effectively promote evidence-based practices, negotiate best-price network contracts, provide experienced care management teams and apply insights from a wealth of Optum data.



### Value driven by quality clinical outcomes

With relentless dedication to quality, including an innovative approach to claim review, the MBM suite of services saves dollars in the short term and keeps patients healthier in the long term. MBM pulls multiple quality levers to find the most efficient and cost-effective care at each benefit touchpoint.

1. Dieleman JL, Baral R, Birger M, et al. US Spending on Personal Health Care and Public Health. *JAMA*. 2016;316(24):2627-2646.
2. Optum product-specific research, last accessed 2017.

### Integrated products

designed to reduce clinical and administrative costs for the most complex and expensive specialty medical conditions.

### Comprehensive Capabilities

delivering unmatched care experience and lower total cost of care to payers and patients.

To learn more, contact your Optum sales representative.

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