Health Provider Management

Addressing enhanced requirements for provider networks

Enroll, Screen and Manage Networks

Healthcare regulations mandate significant changes to state management of health provider networks — particularly in the screening, enrollment and ongoing management of provider relationships. Maximus Provider Management Services can help your state satisfy these enhanced requirements to shift beneficiaries to managed care, as well as accommodate future requirements.

Our provider management solution helps:

- Ensure only qualified providers who are free of financial misconduct are allowed to serve state beneficiaries
- Provide a simplified approach to establishing and maintaining an efficient relationship with a qualified provider network
- Establish an effective process of provider risk segmentation, assessment and site visit confirmation that ensures integrity
- Enable provider access to online screening and enrollment functions backed by responsive customer service
- Allow accurate and timely exchange of data between your existing state systems and the Provider Data Management System (PDMS)

In addition to screening and enrollment, our PDMS supports credentialing of medical providers to URAC and National Committee for Quality Assurance (NCQA) standards. These capabilities can be implemented with minimal impact to your current operations as they require no modifications to your existing Medicaid Management Information System (MMIS) and can be hosted and fully staffed by Maximus.

100+

contracts with **contact center components** in the United States and Canada

98M

calls **each year** across the company

NASPO ValuePoint SUPPLIER PARTNER

NASPO ValuePoint® Master Agreement

Maximus is pleased to be an approved Provider Services vendor in a multi-state cooperative procurement through NASPO ValuePoint® on behalf of the Montana Department of Public Health and Human Services (DPHHS). The procurement is part of Montana's Medicaid modernization effort, called Montana's Program for Automating and Transforming Healthcare (MPATH).

The following sections provide additional information about each of the components of our solution we can provide to NASPO ValuePoint partners.

Core Services

The Maximus Provider Services solution meets the provider screening and enrollment requirements and includes improved self-service features. We are committed to supporting the objectives for this project and offer a solution that:

- Has successfully earned by the Centers for Medicare and Medicaid Services (CMS) modular certification.
- Provides a modular Provider Services component for the MPATH effort that can be seamlessly integrated with both legacy systems and new MPATH modules as they become available.
- Focuses on configurability over custom development to align with 42 CRF Part 433 to support enhanced federal funding participation.

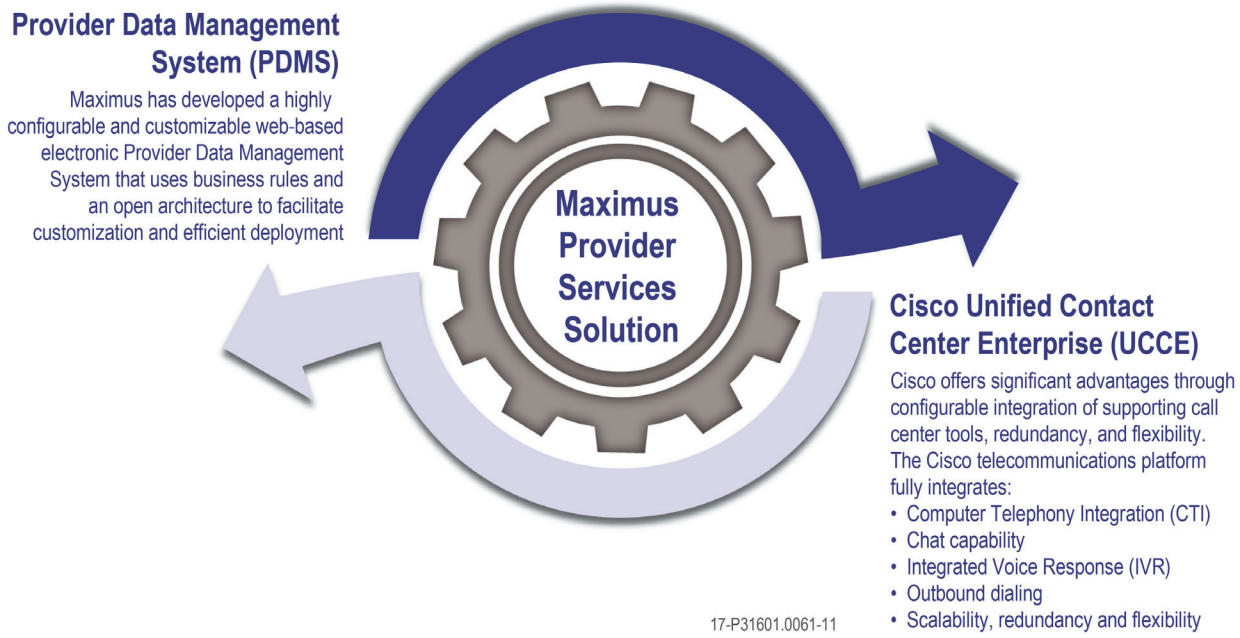
- Achieves full compliance with 42 CFR Part 455 Subpart E and meets the specific business objectives listed in RFP Section 3.9-High Level Scope of Work and Section 3.10-Detailed Scope of Work.
- Satisfies all elements of both the Medicaid Information Technology Architecture (MITA) 3.0 Provider Data Management Business Process and the elements of the MITA 3.0 Eligibility and Enrollment Management Business Process.
- Increases automation and communication between agencies to access data timely and appropriately, removing the need for the volumes of paper that currently move between sites.
- Provides software, data and interoperable interfaces enabled through the partitioning of functions into discrete, scalable and reusable components.
- Provides configurable business rules, workflow and other features.

Option A Services

For states that desire the additional provider self-service portal components included as part of Option A, Maximus will add these additional functions as an integrated component of our Provider Services system solution. The Maximus Provider Services solution is built on a technology platform that is Service-Oriented Architecture (SOA)-based and includes an open interface framework that supports Enterprise Service Bus (ESB) communications. By connecting with other systems and data partners within the Medicaid Enterprise, we are able to support a provider web portal with the self-service options in Option A including:

- **Self-Service Member Eligibility Inquiry**, a set of web services (or legacy integrations) allowing a two-way interface to support both 270/271 transactions with the eligibility system partner. Our solution allows providers to obtain member eligibility by searching using different required and optional parameters directly from the web portal.
- **Self-Service Claims Status Inquiry**, a set of web services (or legacy integrations) enabling claims status inquiry. Different search criteria are available for providers to identify claims. The web portal allows providers to enter claim, provider or service information to initiate the inquiry request (276) and sends it to the source system. As a search is initiated, our system receives the claim status response (277) and enables the provider to view claim status details directly from the web portal. Our solution has options to print member claim information.
- **Self-Service Warrant and Remittance Advice Inquiry**, system functions that enable authenticated billing providers to receive electronic remittance advice from the online portal as well as inquire on warrant and remittance advice information and status. Through a set of web services providers will have inquiry functions on the web portal that will enable them to search by date ranges, their providers and other criteria. Once the information is received, providers will be able to view the information online or download it.
- **Self-Service Claims Based Medical History**, a set of functions that enable providers to access Claims Based Medical History for a particular member. We anticipate using the Claim Status Inquiry transaction requests as the basis for receiving the details of the member's entire medical history available. We will customize the user interface to enable providers to limit the amount of history based on certain parameters including dates of service, procedure codes and other key fields.
- **View, Upload and Download HIPAA Compliant Healthcare Transactions**, system functions to utilize batch processes to initiate and receive large volumes of transactions allowing providers functions directly from the web portal to upload, view or download information. Maximus will provide Volume Serial Number (VSN) for each file that is uploaded by the user. This Electronic Data Interchange (EDI) file will then be transferred to the appropriate partner system using web service transactions (or legacy integrations) that they can use to consume the transaction and data. Several response transactions will be required. One to verify the transactions were received with or without error and then the response transactions that need to be provided on the self-service portal with options that allow transactions to be viewed or downloaded.
- **Self-Service Online Provider Appeal Request**, integration of online functions with existing appeals processes for denied or terminated providers. Additional functions to enable appeal transactions to be created for other business interactions such as claims denial. We will either create new workflows to handle the various types of appeals or integrate the provider requests into existing appeals processes and systems. Integrations will be based on how the state handles appeals processes and what systems must be included in the process.
- **Self-Service PCCM Member Inquiry**, a set of online functions that enables providers that carry Primary Care Case Management (PCCM) caseloads the ability to view their entire caseload or subsets of the caseload based on search criteria that are available thru the online portal.
- **Self-Service Online Claims Entry**, a set of data entry functions that use built-in libraries to take data entered by the user to build HIPAA-compliant EDI 837 claims transactions which are sent to the legacy MMIS or claims processing vendor. The user interface validates that data entered conform to the transaction for the correct EDI version that is supported by the State. The interface generates receiving acknowledgements and provides validation details in a user-friendly manner.

Exhibit O-3: Maximus Provider Services Solution



Option B Services

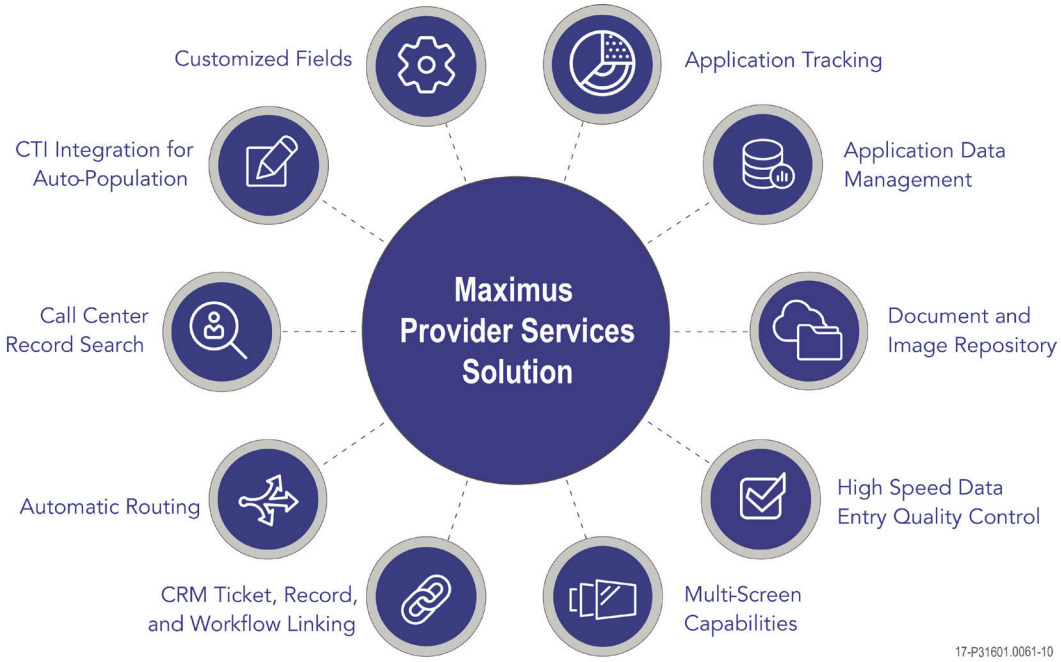
Maximus manages provider data and enrollment services for more than 200,000 Medicaid Providers. We are fully prepared to assist the efforts of participating states implementing and maintaining enhanced Medicaid provider screening and enrollment requirements mandated by the Affordable Care Act. As demonstrated in Exhibit O-3: Maximus Provider Services Solution, the foundation of our approach is our proprietary, custom-designed and fully compliant solution.

Our solution combines our highly configurable and customizable web-based system with Cisco Unified Contact Center Enterprise to provide a solution that exceeds performance expectations.

Elements of our approach to performing Option B services include:

- **Provider Site Visits**. As part of the Provider screening workflow, Maximus Operations conduct unannounced site visits, pre-enrollment and post-enrollment, to all moderate, high risk, new, and re-enrolling providers submitting applications. Our Site Visit Specialist will be equipped with a Microsoft Surface Pro Tablet to allow completions of site visit checklists, take photographs, and upload completed material to the provider record, via a secure and paperless environment.
- **Documentation and Training Materials**. Our solution includes a reference page for users to access current and historical provider claims manuals, as well as training materials that show all new changes or enhancements and detail information on how to complete a provider application or navigate the Maximus Provider Services System.
- **Customer Relationship Management**. As part of our commitment to the delivering exceptional service to the states participating in this procurement, Maximus will extend its established and highly configurable Provider Services solution to provide full Customer Relationship Management (CRM) functionality. Using our solution, we provide comprehensive collection and tracking in support of day-to-day operations. Exhibit O-4: Maximus Provider Services Solution provides an overview of our solution feature sets

Exhibit O-4: MAXIMUS Provider Services Solution



Our solution includes features designed to offer a full range of support to the Montana Department of Public Health and Human Services (DPHHS) Provider screening and enrollment program.

- **Provider Call Center**, Maximus supports nearly 100 health and human services contact centers throughout the United States. Our shared operations environment supports over 2,000 agents across all U.S. time zones, allowing us to meet the volume demands, capability requirements, and financial data entry requirements of this contract. Our call centers leverage our Cisco UCCE platforms and integrated technology solutions to support designated projects.

  We understand the importance of not only meeting performance requirements, but also providing high-quality call center services. Our call centers provide Quality Assurance / Quality Control (QA/QC) staff, trained and experienced supervisors to support staff based on defined rations, and the necessary training environment to ensure our Customer Service Representatives (CSRs) are prepared to respond to the full spectrum of questions regarding the provider enrollment and verification process, including the financial enrollment process into the State financial system.
- **Interactive Voice Response System**, the Maximus Provider Services solution is fully integrated with our Cisco Enterprise IVR/Automated Call Distribution (ACD) telephony system, which includes a toll-free number, outbound dialer, voicemail, call and screen recording for quality monitoring, and the automated customer satisfaction survey. This infrastructure is hosted in our premier Maximus data centers in Englewood, Colorado, and Culpeper, Virginia, and includes significant back up and redundancy to prevent technical slowdowns or outages.
- **Qualified Staff**, we have developed a dynamic staffing model to meet the Option B requirements which allows us meet and exceed operational performance requirements. Our CSRs will be fully trained in all steps of the Provider screening and enrollment workflow, from application receipt to post-enrollment site visits. Our dedicated Capacity Planner and Workforce Management Analyst will update this model continuously to optimize staffing levels and balance capacity in the call center.
- **Financial Information Management**, Maximus will work with participating states to resolve all Tax Identification Number (TIN) Mismatch Reports using state-provided reports in concert with data captured in our PDM solution, as well as other ancillary reference sources, as required. Leveraging mutually agreed upon procedures, we will contact providers who have been identified as having discrepancies, collect the most accurate, current financial information, and enter all corrections in the state systems.
- **Interfaces**, Maximus will work with the state to create a custom extract with state identified data elements. The extract will be sent to the state's data warehouse using secure FTP or other file transfer protocols supported by the agency.

How to Order Services from Maximus

- Contact Paula Wales with Maximus at 303.285.7136.
- Prepare a Statement of Work (SOW) consisting of the documents below in compliance with the Terms and Conditions of this Master Agreement and submit to Maximus:
  1. A Participating Entity's Participating Addendum ("PA");
  2. The State of Montana Agreement titled, "Contract between the Montana Department of Public Health and Human Services and Maximus," subject to the order of precedence in subsection 24.9 of the agreement.
- These documents shall be read to be consistent and complementary. Any conflict among these documents shall be resolved by giving priority to these documents in the order listed above. Contractor terms and conditions that apply to this Master Agreement are only those that are expressly accepted by Montana and must be in writing and attached to this Master Agreement as an Appendix or Attachment.
- Upon selection of Maximus, begin SOW and pricing negotiations.
- With both parties in agreement, submit a purchase order that includes our Contract Number: 18091790020.

Maximus Contact Information

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