

Executive Summary

Executive Summary stating the Offeror's understanding of the project. Include a list of anticipated risks and proposed mitigation strategies.

The Department of Public Health and Human Services (DPHHS) has embarked on the Montana Program for Automating and Transforming Healthcare (MPATH). This initiative will modernize the information technology (IT) systems that support Montana's health care programs and the DPHHS mission.

As one of the founding members of the Medicaid Technology Alliance, we appreciate your leadership and collaborative spirit. Your valuable work across the government and vendor community to share ideas, experiences, and lessons learned will help in achieving modularity and using open technologies in the most effective and cost efficient manner.

Optum Understands Your MPATH Vision and Goals

We seek clients whose mission aligns with ours and then work relentlessly toward mutual success. Your vision for MPATH program is a perfect fit with our strategic market approach. You can count on us to bring the extensive health and human services (HHS) experience needed to help you meet your goal to increase access to health care and improve treatment outcomes.

DPHHS Leadership

We appreciate your leadership and spirit of collaboration as we work to make the health system work better for everyone.

We have monitored your planning activities closely for more than two years. Optum appreciates the opportunities to support your patient centered medical home (PCMH) and population health quality measures projects. Through these projects, we have worked with professionals at multiple levels of the DPHHS organization, engaged directly with your PCMH provider community, and gained valuable domain experience with your technical and data environments.

After carefully reviewing your Provider Services Module RFP and supporting documentation, we propose our solution, the Optum Provider Services solution. It will provide the right combination of proven commercial-off-the-shelf (COTS) technology, services, and expertise. Our solution will manage the provider enrollment process efficiently and reliably to reduce the administrative burden on both the State's providers and DPHHS workers.

Optum Understands Your Innovative Procurement Approach

We understand your approach to leveraging NASPO ValuePoint. This will expedite the procurement and contracting process while still providing the flexibility to account for the specific needs of future participating states.

This multi-state approach also aligns well with our business-process-as-a-service (BPaaS) model, which generates efficiencies and cost savings. It provides economies of scale by leveraging a centralized call center, single code-based multi-tenant technology platform, and shared infrastructure. Our BPaaS model is a full approach that we use across our commercial and government engagements. It includes the people, processes, and technology for a comprehensive, end-to-end provider services solution.

Partnering with Montana's Providers to Deliver Value

You continue to advance primary care and reward value through implementation of the Comprehensive Primary Care Plus (CPC+) program. We know that the State's providers play a crucial role in the success of your health care transformation goals. It is essential that we work together to form a collaborative partnership with your providers.

In addition to our work with your PCMH providers, we met with the Montana Medical Association and Montana Hospital Association to gather their perspective on current processes. This included soliciting feedback on the types of tools they would find beneficial and opportunities for improvement. The requirements in your RFP align with the feedback we received.

We will demonstrate that we are a partner who understands your policy goals, health care environment, and the business of Medicaid. Optum will use this knowledge to apply technology to improve efficiencies enabling you and your providers to focus on what is most important—improving the health of the Montanans you serve.

Company Overview

Optum is a leading health services and innovation company with a mission to help people live healthier lives, while making the complex health system work better for everyone. With more than 130,000 people worldwide, we collaborate with all participants in health care, connecting them with a shared focus on creating a healthier world. Hospitals, doctors, pharmacies, employers, health plans, government agencies, and life sciences companies rely on Optum to help solve their challenges and meet the growing needs of the people and communities they serve. Figure 1 illustrates the markets we serve and the scale at which we operate.

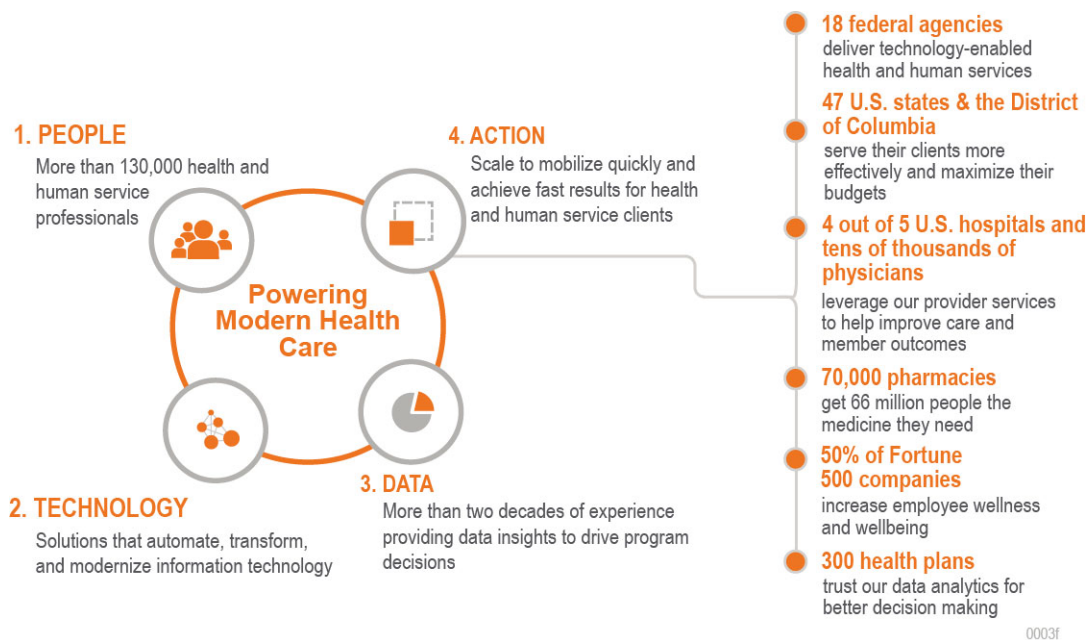


Figure 1: Powering Modern Health Care.

Our extensive capabilities span the entire health care industry delivering intelligent, integrated solutions that modernize the health system and improve efficiencies.

Many states know us from our years of work with numerous states in data warehousing and analytics, behavioral health management, pharmacy administration, and clinical management. Fewer are aware of our extensive back-office work where we support hundreds of health plans

including 26 Medicaid plans. This work includes critical business services, such as contact center, provider enrollment, and provider management. For example, we:

- Currently manage more than 3.3 million Medicaid providers
- Process more than 45 billion provider management data records annually
- Handle more than 280 million calls through our virtual contact center every year
- Move more than \$100 billion in payments from payers to providers, for nearly 460 million payments annually

Optum has substantial experience enrolling, screening, credentialing, and managing providers of all types. We support every Medicaid category of aid, every benefit type, in every provider setting. We support base Medicaid populations, expansion members, waiver programs, and children's health programs. We use the same core technologies and business capabilities that we propose for your Provider Services module.

Please see Proposal Section 4, Offeror Qualifications, for additional detail on our qualifications and capabilities.

Optum Provider Services

Optum Provider Services is a Medicaid Information Technology Architecture (MITA)-aligned end-to-end provider management solution that integrates proven COTS technology with supporting business services. Our modular, integrated BPaaS model provides the people, processes, and technology to manage the entire provider management lifecycle.

Figure 2 illustrates the technology and service components of our provider services solution. Together, these components meet all Base, Option A, and Option B requirements. Because our solution is modular, we can align, price, and offer these capabilities consistent with the three scopes of work outlined in the RFP.



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Figure 2: A Turnkey, End-to-End Provider Management Solution.

The Optum Provider Services solution includes the people, processes, and technology to support your provider enrollment and maintenance activities to provide a quality user experience.

Optum Provider Services includes the following components.

Provider Enrollment and Self-Service Portal: Our provider portal guides providers through enrollment and submission step by step and offers self-service capabilities, such as the following:

- Claims inquiry and status
- Claims submission, including the ability to embed our clinical editing solution for enhanced claim editing
- Member eligibility

- Claims-based medical history
- Secure upload, view, and download of files
- Online provider appeal request
- Online chat
- Online education and training materials
- Ability to submit, view, and print Remittance Advices
- Ability to send and receive messages securely between Optum, DPHHS, and providers

Portal Database: This database stores portal information and is the source of truth for all information that feeds into the solution's workflow management system data store.

Workflow Management System: Integral to verification and credentialing, this system routes specific provider enrollment documentation and applications to work queues for completion or review.

Remote Mail Office (RMO): Our mailroom capabilities include Optical Character Recognition scanning for paper enrollment documentation intake and manual data input.

Enterprise Content Management (ECM): ECM is the electronic data repository used to scan paper documentation and store the subsequent images. The system integrates with the workflow management tool and provides indexing capabilities for basic and advanced documentation searches. The Optum Provider Services ECM will integrate with the State's ECM.

Provider Service Center: The call center will support the provider services and telephony systems. Our contact center staff will support both live and interactive voice recognition (IVR) calls for all provider services areas. Frontline customer service representatives (CSRs) and provider enrollment and credentialing specialists will work with your Medicaid providers to answer their questions and resolve their issues in a timely, efficient manner.

Additional Option B Services: We will deliver the full range of the provider-based services required, which include provider site visits, comprehensive training on the portal, and financial information collection and entry.

The Optum Provider Services solution will serve as an important self-service gateway and support system for your provider community and will help you streamline and improve your providers' experience.

Approach to Implementation

We offer a proven approach to implementation, based on our Optum Delivery Model on industry standards. It incorporates best practices developed over 20 years of successful delivery of projects similar in size and scope as your Provider Services module.

Features of the Optum Delivery Model include:

- It closely follows the early delivery strategy of high-quality services while gradually building the features and value provided to users. Users gain access to the information

Benefit

Our reliable provider services will enable you to focus on your Medicaid program management instead of administrative programmatic details.

and features they need as they become available, rather than waiting for an all-or-nothing delivery in a single release.

- It uses an iterative development model to shorten development cycles and provide opportunities for early stakeholder feedback, delivering value quickly and frequently to users.
- It leverages Agile practices that expose flaws faster and reduces waste by following a continuous improvement cycle for development. We implement discrete, collaborative gate reviews for each release with specific criteria required before the release moves into the next phase.

Implementation Timeline

Assuming a June 1, 2018, start date, we commit to a seven-month implementation period. We will support you through to successful certification. We propose a certification lead who has in-depth understanding of and experience with the most current Medicaid Enterprise Certification Toolkit (MECT), Medicaid Certification Lifecycle (MELC), and the latest version MECT 2.2.

We have the capability, capacity, and experience to meet these timelines. Our proposed timeline supports multiple parallel work streams while incorporating collaborative gate reviews. Moving to the next phase only happens when well-defined criteria are met leading to a streamlined and successful certification process.

Your Trusted Partner

With Optum, you will have a long-term partner with a profound understanding of the provider enrollment and management process. We have more than 3.3 million Medicaid providers under management today, along with extensive experience managing provider networks across the public and private sectors. We will not only meet your RFP requirements, but we will also bring unique insight and innovation to your Medicaid program.

Risk and Mitigation

Managing Change to Minimize Provider Abrasion

Managing change to eliminate potential disruption to your providers and state staff is important. We understand your business and the challenges you face in implementing complex health care programs and modernizing your enterprise while providing consistent, quality support to your Medicaid providers.

Regular communication to manage expectations is the key to mitigating potential provider abrasion. We currently provide regular training to your provider community through our support of your PCMH program. We will leverage our local experience and relationships to tailor an effective outreach and training program. The Optum Provider Services solution provides multi-channel communication, including fax, email, and online chat and producing and sending bulletins and other collateral. We will use these methods to communicate system changes, updates, and other important information to providers.

Managing Multi-Vendor/Multi-Stakeholder in Complex Health

The most difficult challenge of modularity is project governance to mitigate the impact of third-party dependencies in a multi-vendor/multi-stakeholder environment. In this regard, Optum is recognized for setting the standard for success.

During the troubled HealthCare.gov project in October 2013, CMS asked Optum to take over as general contractor and technical systems integrator. The DHHS-OIG report stated, “A key decision by CMS during this time was to hire QSSI (an Optum company) as technical systems integrator to serve as an advisor in coordinating technical tasks and resources. By all accounts, this action led to greater coordination between and among contractors and CMS technical staff, and enabled project leaders to more quickly and clearly identify and correct problems and allot resources.”

Optum created a badge-less environment and a culture where anyone could report bad news anytime, regardless of employer or job rank. We used many techniques to unite the team to move together and end unproductive finger pointing and defensiveness.

It will be critical that we work cooperatively with your chosen system integrator (SI) and other module providers. We currently work cooperatively with your Medicaid Management Information System (MMIS) provider and have valuable DPHHS domain experience that we will use to accelerate implementation. With our demonstrated successful track record in a multi-vendor environment, we have the expertise to help see your Provider Services module through to success.