3.10.3 Certification

The Contractor must work with DPHHS and other contractors as necessary to ensure that all solutions provided by the Contractor meet requirements specified in the Mechanized Claims Processing and Information Retrieval Systems (90/10) Final Rule (CMS 2392-F) and relevant federal certification requirements as described in the most current version of the MECT Toolkit available at https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/mect.html.

The Contractor will be responsible for providing and maintaining a solution that meets all applicable checklist items in the most current version of the Medicaid Enterprise Certification Toolkit (MECT), and supporting the review and validation of those items by the Department, IV&V Contractor, and CMS. The Contractor must become knowledgeable of all MECT-related items associated with the solution offered. The MECT Mapping document, found as Attachment D, contains the most current version of the MECT checklist items applicable to the Contractor's scope of work, mapped to the associated business requirements.

The Contractor must provide staff and other resources to support and to participate in MECT milestone reviews and other Certification activities that occur before, during and after implementation of the proposed solution(s). The Offeror must describe their approach to meet each of the Certification requirements defined in Attachment F, Requirements Matrix.

Our certification team has a broad experience and extensive understanding of the MITA 3.0. The team also has experience with the latest MECT v2.2 regulations released July 31, 2017.

At the start of the contract, we will work proactively with you, the IV&V vendor, and other contractors to plan, prepare, and support each CMS Certification Milestone review to achieve certification for the Optum Provider Services solution. We are currently helping other States understand the use of the new checklists and process. System certification readiness activities will occur during all stages of the implementation. This is a key differentiator in our approach to managing the certification process.

Our proposed certification lead, [redacted]

Our certification team will schedule an initial meeting with the DPHHS and the IV&V vendor to capture key events for each Milestone Review in the Certification Plan and review the DED for the Certification Plan. The DED will describe the support roles, completion of the checklists, and the delivery of the required project documentation or artifacts for each CMS Milestone Review. The certification team will be available to support the DPHHS and the IV&V vendor in routine status and CMS meetings. The team will inform the Provider Services module team about certification events throughout implementation.

Optum will work with you and the IV&V vendor to prepare for each phase of the Medicaid Enterprise Certification Lifecycle (MECL). We will provide the necessary documentation or artifacts as outlined in the RFP and CMS Certification regulations. The following table shows support activities and artifacts Optum will provide for each Milestone Review:

Optum Support Activities and Artifacts for Milestone Reviews
Review 1: Phase 1 MECL Project Initiation and Planning
• Confirm Optum checklist assignments as outlined in Attachment D MECT Mapping • Assist the IV&V with writing the summarization response for each checklist • Seek approval of the Certification Plan • Provide revised RTM • Assist the DPHHS and IV&V in preparing presentations for CMS • Optum SME available during CMS Review to respond to the DPHHS or CMS requests
Review 2: Phase 2 MECL Requirements Design/Development Optum Preparation & Phase 3 MECL – Integration Test & Integration (Note: Phase 2 and 3 MECLs are combined for CMS Milestone Review 2)
• Develop certification log of all required documentation and artifacts for milestone review • Create detailed responses to checklists • Conduct Walkthroughs of Checklist responses with the IV&V • Attend meetings with other State vendors as requested for co-shared checklist responses • Assist IV&V with quarterly reports to CMS • Provide updated RTM • Provide Detail & Summary Level Test Case Feature, User Stories, Capabilities and Test Approval Forms • Provide Final Contract Deliverables and Approval Signature Forms • Assist the DPHHS with preparation of CMS presentation • Support the DPHHS and IV&V during CMS review • Document and resolve action items, questions and/or issues from Milestone Review
Review 3: Phase 4 MECL Operations & Maintenance: Review 3 Support (6 Months Data with 1 – 12 months Post Go Live)
• Update certification log detailing all documentation and artifacts required for certification • Update and deliver final Checklists • Deliver project contract deliverables and approval signature pages • Provide master list of reports and 6 six months of production reports • Provide master list of letters and 6 six months of production letters • Provide List of Defects, Total, Closed, Open, and turnaround time to complete during UAT • Update Technical Diagram • Provide System Documentation • Provide User and Operations Procedure Manuals • Assist the DPHHS and IV&V with preparation of Milestone Review 3 • Document and resolve action items, questions and/or issues from Milestone Review • SME support for Milestone Review 3 as needed • Set up war room at corporate location in support of final milestone review

Addressing certification early in the project will make certain that project stakeholders keep CMS requirements in mind during each stage of the project. Development, documentation, testing, training, and operational plans should reflect an awareness of certification requirements.

System certification activities will conclude when the State achieves CMS certification and we have resolved all questions or issues identified during the certification review process.

Applicable Requirements Compliance

We understand you will proceed through a modular system certification of MPATH. We will provide continued support for our certified solution, making sure it remains functional throughout the process.

We understand the need for the DPHHS to achieve system certification to in order to receive maximum matching FFP, dating back to day one of the start of the Operations Phase in accordance with the following:

- The final rule in the Mechanized Claims Processing and Information Retrieval System (90/10) effective January 2016
- The State Medicaid Director Letters (SMDL) and the release of the revised MECT version 2.1.1 in November 2016
- The release of MECT version 2.2 on July 31, 2017

Our solution will comply with State policies while adopting the CMS modular certification regulations.

Checklist Compliance

We are experienced in working with the new certification checklists. In conjunction with the certification regulation publications, we participated in committee meetings with state and CMS representatives concerning modular certification methodology. We deciphered the MITA and MMIS checklists and built them into our model checklist library. This library includes Optum thought leadership around service-based certification best practices for a modular certification delivery.

Optum will use the Option B checklists as outlined in RFP Attachment D for this engagement. We will support certification by the following:

- Producing required project-related documentation
- Maintaining the RTM for each CMS milestone review
- Gathering artifacts such as operations manuals and test results
- Developing complete checklist inventory, descriptions, and required attachments applicable to federal- and State-specific system review criteria in place for each business objective
- Helping the DPHHS prepare for meetings with the CMS certification team
- Resolving any findings or issues CMS uncovers during the CMS review

MECT Knowledge

Our team has a thorough working understanding of the MECT and how it is applied to the assessment of modernization solutions and associated applications. The Optum Provider Services solution will meet all applicable checklist items in the most current version of the MECT.

Certification Staff and Resources

We will provide staff and other resources to support and participate in MECT milestone reviews and other certification activities that occur before, during, and after implementation of our solution. At contract award, our Certification Lead [redacted] will schedule an initial meeting with the DPHHS and the IV&V vendor to form an alliance with the DPHHS regarding certification

expectations. [redacted] will plan ongoing meeting schedules throughout the timeline of certification for the DPHHS.

We will follow the required CMS MELC approach to support the DPHHS during the certification milestone review cycles. We will provide continued support through the final post go-live review with CMS. We will update the agreed-upon responsibilities in the certification section of the PWP for timeline tracking. Our certification lead will propose avenues, business methods, and best practices for you to consider in preparing for each certification milestone review.

The DPHHS and the IV&V vendor will lead the certification process for the State. As a contracted vendor to the DPHHS, Optum staff will be responsible for supporting the DPHHS and providing the necessary project artifacts as required for each CMS milestone review.

We will support you and the IV&V vendor in completing the checklists. This will include describing how our solution meets the checklist system review criteria, which is required to achieve successful CMS certification. Activities we will perform to demonstrate our solution's alignment with the checklists include the following:

- Develop and format checklist templates (determined by the DPHHS)
- Partner with the DPHHS and IV&V vendor to complete checklist summarization
- Complete assigned checklists for milestone reviews
- Describe the system and business functionality to meet the checklist requirement and attach items such as the necessary screen prints, letters, and reports to demonstrate functionality
- Describe the CMS Seven Standards and Conditions as applicable to checklists:
  - Modularity Standard
  - MITA Condition
  - Industry Standards Condition
  - Leverage Condition
  - Business Results Condition
  - Reporting Condition
  - Interoperability Condition
- Update assigned checklists showing progress for milestone reviews
- Finalize checklists and attach items such as user interfaces, artifacts, reports, and letters detailing production information following PHI guidelines for final milestone review, contract deliverables, approvals, implementation phase approvals, test outcomes, and requirements traceability

Our experience and record of success will benefit and contribute to the DPHHS meeting each CMS milestone review to receive official CMS federal certification for FFP back to day one of system operations.

In the remainder of this section, we describe how we will meet each of the Certification requirements defined in Attachment F, Requirements Matrix.

CERT01 The Contractor shall develop a Certification Crosswalk that describes how the Contractor's deliverables and other documentation align with federal certification requirements and MECT milestone reviews.

We will develop an RTM mapping the RFP requirements to our solution, MITA, capabilities, features, user stories, test cases, testing results, and certification checklists. The RTM serves as a Certification Crosswalk.

As part of the RTM, we will indicate when a requirement relationship is tied to a contract deliverable and when other required business documentation is related to a requirement. Optum will develop a master matrix noting contract deliverables and artifacts required for a given milestone review. We will update this master matrix frequently to reflect the latest information before each milestone review. We will cross-reference items reported on this matrix to our project document repository and other applicable applications. This approach will enable us to organize and maintain required documentation and artifacts from the start of implementation.

CERT02 The Contractor shall complete quarterly and milestone updates of the CMS Certification Checklists as requested by the State.

We will complete quarterly and milestone updates of the CMS certification checklists as requested by the DPHHS and the IV&V vendor. We will also maintain an updated version of the RTM.

CERT03 The Contractor shall validate the system against the CMS Certification Checklists

We will develop an RTM using the checklists (Option B) addressed in RFP Attachment D. Before the project begins, we will prepare the first RTM mapping of the RFP requirements, Attachment D CMS checklists, and MITA to our solution. We will also document the capabilities, features, user stories, test cases, test results, defects, retests, and date of completion for initial testing. As we migrate through the implementation stages, we will update the RTM to reflect outcomes of the test phases.

CERT04 The Contractor shall contribute to the quarterly IV&V certification reports.

From the start of the contract, our certification lead will build a partnership with the DPHHS and the IV&V and participate in certification and CMS meetings as requested. As directed by the DPHHS or the IV&V, we will supply the necessary information and support the IV&V to complete the quarterly certification reports.

CERT05 The Contractor shall provide staff resources to support MECT milestone review and certification activities including participating in planning activities, meetings and other activities as required by CMS.

Optum has a team that will support the certification lead throughout the life of certification for the DPHHS and the IV&V. We will provide the staff required to support MECT milestone review and certification activities. These activities will include planning activities, meetings, and other tasks required by CMS.

CERT06 The Contractor shall assist the Agency in preparing certification artifacts, evidence and presentation materials, e.g., Requirements/ user stories and/or use cases for functional and non-functional requirements, data, business, capacity/performance, security/privacy/HIPAA compliance, usability, maintainability, interface, 508 compliance, disaster recovery, traceability to test plans or test cases.

Along with the implementation phases, we will oversee certification and help you prepare all required certification artifacts, evidence, and presentation materials. We will manage, plan for readiness, and prepare the necessary project documentation and artifacts required for certification to support the DPHHS based on best practices. From the start of the project, we will mirror the organization of the State's document repository. We will structure it to archive, track, and report critical contract deliverables, documents, and artifacts required for certification. This

unique and proven approach will verify the contract deliverables and artifacts are available to support the DPHHS and the IV&V vendor during the CMS milestone reviews.

CERT07 The Contractor shall participate and support as needed in CMS certifications of the other modules

Optum will support the DPHHS and the IV&V vendor by participating in meetings and checklist preparations for CMS milestone reviews of other solution modules on request.

CERT08 The Contractor shall expeditiously correct, all required remediation activities related to certification findings on a schedule to be approved by CMS and the State.

In support of the CMS milestone reviews, we will establish a conference call number and have staff available to respond quickly to requests. The certification lead and necessary Optum SMEs will be on-site for each milestone review. If we must complete remediation activities because of certification findings, we will complete them according to the schedule that CMS and the State approve.

CERT09 The Contractor shall use appropriate testing, configuration and change control procedures for all changes made to the solution during the certification process.

For each CMS milestone review, Optum will maintain a list of items requested by the DPHHS or CMS. We will track them through closure to report average turnaround times for completions of requests. If an item is identified during CMS Certification Milestone Reviews that requires additions or changes to existing configurations, we will follow our standard change control process, configuration procedures, and project testing protocols. We will work with you to determine the assignment for the release schedule.

CERT10 The Contractor shall update system, user, and training documentation as necessary to support the certification process and to reflect changes that have been made to the solution during the certification process.

We will update system, user, and training documentation as required to support each CMS Certification milestone review. Throughout the certification process, we will provide transparent reporting and ongoing dialogue with you to verify that the system, user, and training certification documentation is updated to reflect solution changes made during the process. Solution documentation will be readily accessible for review by you and the CMS certifying officials through our document repository.

CERT11 The Contractor shall ensure system CMS Certification through correct design, implementation, documentation and certification support.

Optum will follow the RFP requirements for each phase of the SaaS delivery model to deploy correct configuration, testing, release scheduling, documentation, training, and implementation. This work will be in parallel with supporting the DPHHS and the IV&V vendor in the CMS Certification Milestone Reviews.

Our solution was designed and developed in consideration of the MECT checklist requirements. We can demonstrate this throughout the project using the Certification Crosswalk.

From project kick-off to project completion, our team regularly evaluates the requirements necessary for certification. This includes the routine types of risks due to data issues, requirements interpretation, implementation challenges, timing of efforts, documentation requirements, and newly discovered items such as changed CMS requirements that may occur during the course of the project. Any time a risk is identified, we will communicate the risk and a recommended remediation to the project stakeholders and follow up with status and findings throughout the project lifecycle. If MITA updates are released, we will evaluate these for impact on our solution, and if required, a recommendation will be made.

Working with our state partners, we have successfully supported the achievement of CMS certification on time in every implementation where certification was required. Based on lessons learned from our experience, we recommend:

- Establishing early and frequent interactions with CMS, including exploring the opportunity for a pilot certification approach with gate reviews and deliverables tailored to support a services-based approach
- Establishing the Certification Readiness Plan at project inception and managing readiness activities as a parallel work stream with other elements of the delivery lifecycle
- Conducting orientation and refresher training for the Agency and our team throughout implementation to familiarize and refresh the project team with the certification process and requirements

CERT12 The Contractor shall coordinate with the State to develop CMS Certification Checklist documentation for each MECT Checklist requirement.

We will work with the DPHHS and the IV&V vendor to develop and finalize the required CMS certification checklist responses. We will also develop and finalize the associated artifacts required to complete the checklist and project documentation required for each CMS Certification Milestone Review.

CERT14 The Contractor shall populate the certification document repository, as each required item/artifact is completed and approved.

Optum will maintain a project document repository dedicated to project documentation and artifacts. The repository will be available at the beginning of the project and throughout the life of the project. We will organize documents and artifacts in the repository in support of the CMS certification milestone reviews. We will work with you to establish a process for routing project documents, deliverables and other Optum work products to and from our document repository to your document repository.

CERT16 The Contractor shall present at milestone reviews and other certification meetings as directed by the State.

Optum will work closely with the DPHHS and the IV&V vendor in preparation for each CMS Milestone Review. We will meet regularly with the DPHHS and the IV&V vendor from the start of the project and continue the certification communication throughout. Upon the DPHHS' request, the Optum certification lead will be available to attend meetings with CMS and plan to be on-site at the DPHHS' request. Our project management, business, and technical SMEs will be on-site, along with our certification lead for each milestone review.

3.10.4 Operations, Maintenance, and Configuration

The Contractor shall provide Operations support, Maintenance, and ongoing Configuration of the provided Solution(s) throughout the life of the Contract. This includes providing Operations support as described in the scope of work as well as providing Maintenance and Enhancements to the provided Solution(s). The Contractor will follow project management and system development processes throughout the life of the Contract.

We designed our solution with operations in mind. Our team of subject matter experts (SMEs), with years of Medicaid expertise, designed the operational requirements for our service offering. The same SMEs then worked with our partners to construct a technology solution developed to complement our operational design. The result is our operationally focused solution that will perform your business functions quickly and accurately while maximizing automation in line with the MITA maturity measurements.

Our solution uses COTS-based applications that we operate successfully for many of our public-sector health care engagements as well for health care payers. These applications are not custom coded to meet a particular customer's needs. Rather, the source code remains consistent across the solution and across customers to facilitate easier and more rapid configuration changes. By applying these COTS solutions on more than 200 similar commercial and government sponsored projects, we successfully process more than 45 billion provider management data records annually and more than 50 million claims transactions per month. We also enable the secure delivery of health claims and clinical information for more than one in seven Americans.

Through our vetted COTS applications, experienced staff, and stringent operational processes, we will provide the DPHHS with the operations and maintenance support, enhancements, and configuration for the life of the contract.

3.10.4.1 Maintenance and System Enhancements

Throughout the life of the contract there are two distinct classifications of work that all MPATH Module Contractors will perform maintenance and system enhancements.

Maintenance

DPHHS defines maintenance for each MPATH module as follows:

1. Making configuration updates as requested by DPHHS. Configuration includes changes to table values, parameters, codes, and business logic, including hardcoded business logic.
2. Correcting deficiencies (defects) found in the solution(s) based on detailed requirements described in the scope of work and published design specifications.
3. Correcting deficiencies (defects) found in the solution(s) based on a failure to meet the detailed requirements in completed enhancement, configuration or maintenance requests.
4. Conducting research requested by DPHHS or required to support the Department. For example:
   a. System behavior and results
   b. New healthcare initiatives
   c. Best practices research across states and industry
   d. Impacts of new State and federal legislation
5. Performing mass adjustments or mass changes as requested by DPHHS or required to support Montana Healthcare Programs (for example, errors in pricing, eligibility, cost share, and financial code assignments, TPL discovery, and provider reimbursement changes).
6. Performing regular maintenance as needed by DPHHS required to support Montana Healthcare Programs. Examples of maintenance include but are not limited to:
   a. Performance optimization.
   b. Database management.
   c. Software, hardware, and tools (e.g., patches, upgrades, and replacement).
   d. Interface, report, and correspondence changes.
   e. Making corrections or changes to maintain the integrity of the system or the data within it (e.g., backing out changes, correcting duplicate records, cleansing corrupt data, adding security measures, adding redundancy).
7. Using appropriate testing, configuration, and change control procedures.
8. Updating system, user, and training documentation and online help to reflect changes that have been made to the solution.
9. Performing the activities above to maintain customizations implemented as part of an approved enhancement.
10. Perform incremental integration services via configuration. Incremental integration services should be included in the DDI costs.

If incremental integration can be handled using configuration, the integration will fall under the definition of maintenance, if the incremental integration requires system development and testing efforts the integration will fall under the definition of enhancement.

All maintenance activities will be performed at no additional cost to the State in the Contractor's response. The Contractor will be required, at no additional cost, to add resources necessary to complete all activities by the required due date. Maintenance activities and any associated hours will not be applied to the system enhancement hourly pool.

We manage our operational services using repeatable and proven practices. One of the tenets of our overall approach to service excellence is working together with all stakeholders in the overall service operations, in a structured and consistent manner. We strengthen our operations maintenance and system enhancements services by providing you with an operations team that

has the experience, expertise, and qualifications to maintain and configure our solution to meet your needs. We will provide highly efficient operational services for the life of the contract.

We adhere to a rigorous configuration management process that verifies that configuration information is accurate and up-to-date. Configuration management is critical to the change control procedures, and we test every change for deficiencies, and support correction of defects in our SOW requirements. As part of maintenance activities, all system, user, and training documentation will be updated to reflect configuration changes, as your program needs change. These materials will be available to State users and providers through our provider portal as applicable for their access level.

With our experienced staff, researching and analyzing best practices and new initiatives is second nature to us. Our staff constantly reviews and assesses regulatory health care legislation in order to provide you with the best support for the Montana Healthcare Programs.

System Enhancements

DPHHS defines systems enhancements as follows:

1. System enhancements exclude any activities defined in "Maintenance" above.
2. New features or functionality that fall outside the scope of all RFP requirements, Offeror's RFP response, the contract, or agreements of any supplemental negotiations.

The State must approve both the design and level of effort prior to the start of development or configuration for system enhancements. DPHHS must approve any changes to the design or level of effort that occur after the original approval. The level of effort billed cannot exceed the level of effort approved by DPHHS. The level of effort incurred to complete an enhancement will be applied to the System Enhancement Pool once the enhancement is implemented and approved by the Department. If the level of effort exceeds the System Enhancement Pool hours remaining, the Department may choose to utilize hours from the next Contract operations year or have the Contractor invoice the Department for the balance at the rates defined in Attachment G, Provider Pricing Schedules, Schedule E – Resource Hourly Rates.

The Contractor must provide an estimate of any impact to annual operations cost, for the enhancement during the operations phase of the Contract if applicable. Reimbursements for any additional operations costs must be addressed in a contract amendment.

System Enhancement Pool

DPHHS recognizes that enhancements to the solution may be required periodically throughout the life of the contract to meet mandated Federal or State rules or regulations or to provide increased efficiency in operations or promote cost savings. The Contractor will add resources as necessary to complete enhancements by the required due date.

System Enhancement Pool for DDI Base Scope of Work

The Contractor will provide 1,500 system enhancement pool hours for the duration of the DDI phase of the contract. The cost of these 1,500 system enhancement pool hours are included in the offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort.

The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one-month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

System Enhancement Pool for DDI Option A Scope of Work

The Contractor will provide 500 system enhancement pool hours for the duration of the DDI phase of the contract for the Option A Scope of Work. The cost of these 500 system enhancement pool hours are included in the offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort.

The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one-month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

System Enhancement Pool for DDI Option B Scope of Work

The Contractor will provide 250 system enhancement pool hours for the duration of the DDI phase of the contract for the Option B Scope of Work. The cost of these 250 system enhancement pool hours are included in the offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort.

The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one-month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system

enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

System Enhancement Pool for Operations Base Scope of Work

The Contractor will provide 500 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 500 system enhancement pool hours are included in the Offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort.

Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D – Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G, Provider Pricing, Schedule D – Enhancement Pool Hours.

System Enhancement Pool for Operations Option A Scope of Work

The Contractor will provide 100 system enhancement pool hours during the Operations phase per operations year for the Option A Scope of Work. The cost of these annual 100 system enhancement pool hours are included in the Offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort.

Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D – Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G, Provider Pricing, Schedule D – Enhancement Pool Hours.

System Enhancement Pool for Operations Option B Scope of Work

The Contractor will provide 100 system enhancement pool hours during the Operations phase per operations year for the Option B Scope of Work. The cost of these annual 100 system enhancement pool hours are included in the Offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort.

Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D – Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G, Provider Pricing, Schedule D – Enhancement Pool Hours.

The Offeror must describe their approach to meet each of the detailed Operations, Maintenance, and Configuration requirements defined in Attachment F, Requirements Matrix.

As the State's Provider Services module moves from the Implementation Phase into operations, the need for system configuration, changes, and enhancements will continue. Various sources may trigger changes in configuration— primarily Federal and State policy mandates, industry standards organizations, and the DPHHS program and policy changes. We will address your needs using the defined enhancement pool hours for the base scope of work for DDI, Option A, Option B, and operations.

In the remainder of this section, we provide our response to Operations, Maintenance, and Configuration requirements listed in Attachment F, Requirement Matrix.

OMC01 The Contractor shall cooperate and assist the Department in responding to all law enforcement, federal and State audit and review requests. The Contractor shall provide audit support including, random sample generation, data extracts, hard-copy documents, and provide any requested data or information.

We have successful experience preparing for, and participating in, various audits from external entities. These include audits from federal and state government agencies, and various internal entities.

Audit preparation requires continuous, planned activities to provide the appropriate documentation, artifacts, and information pertinent to the specified audit scope including random sample generation, data extracts, hard-copy documents, and any requested data. Planning and executing these preparation activities reduces the audit time, allowing more time to respond to findings. These preparation activities include:

- Performing risk management activities resulting in a known security posture
- Performing change management and change control activities and maintaining related artifacts
- Updating associated security and architectural documentation as changes are approved and implemented
- Completing continuous threat and vulnerability management with associated artifacts
- Capturing known security gaps with a current Plan of Action and Milestones (POA&M)
- Completing semiannual entitlement reviews of users' privileges and maintaining related results and artifacts
- Performing ongoing application security reviews and maintaining associated artifacts
- Performing penetration tests and maintaining related results and artifacts when applicable

We have a dedicated Audit, Risk Management, and Compliance (ARC) group who manages our participation in security audits. ARC is segmented into teams that include SMEs with experience and knowledge of the different regulatory audit requirements and their periodic changes. These teams include:

- **IT Audit Coordination:** Responsible for managing the IT portion of regulatory and customer audits, as well as providing IT support for customer audits
- **IT Regulatory Requirements:** Responsible for reviewing potential regulatory risks impacting information technology
- **Operations:** Responsible for managing and facilitating IT application and platform audits for Sarbanes-Oxley (SOX), SSAE No. 16, Module Audit Rule (MAR), Financial Statement Audits (STAT), and Federal Deposit Insurance Corporation Improvement Act (FDICIA)
- **Program Compliance:** Responsible for developing communication and relationships with key business contacts related to audit activities, remediation, reporting, metrics, and other special programs
- **Controls Compliance:** Responsible for managing and coordinating controls compliance activity across the IT enterprise and assisting with compliance integration of new policies and standards

Our ARC teams' knowledge and experience significantly affect the success and timeliness of security audits. We are successful at minimizing the impact on our clients' staff and operations while increasing the effectiveness and results of each audit.

The information collected from these assessments is sensitive; therefore, we appropriately protect and store it within our secure environment.

OMC02 The Contractor shall support the disaster recovery activities that will provide timely failover and create relevant documented policies and procedures to implement a recovery.

Optum recognizes that planning for disaster recovery is essential to mitigating risk for our customers and overall business. Our proposed solution includes designing and implementing the appropriate disaster recovery infrastructure capability. It also includes creating the supporting recovery documentation (i.e., disaster recovery plan, critical contact lists, application recovery scripts, and validation procedures), and exercising the disaster recovery solution.

Disaster Recovery Prevention and Protection

We based our approach to disaster recovery on two fundamentals: prevention and protection. A focus on balancing the combination of disaster prevention and protection results in reducing both the probability and impact of a disaster. We eliminate or reduce disaster risk in critical areas and then plan for the most probable disaster scenarios. While disaster recovery handles the complete failure of a data center, incident management processes account for solving high priority events outside a disaster scenario.

Prevention – Eliminating Risk

Our risk reduction strategy includes focusing on items that would assist in preventing a disaster from affecting operations. We invest in creating an effective combination of people, process, and technology in a proven production method resulting in a stable, scalable environment for our applications to perform at operational excellence. This investment creates the prevention that is fundamental to the disaster recovery program. Figure 3.55 shows our disaster recovery program components.

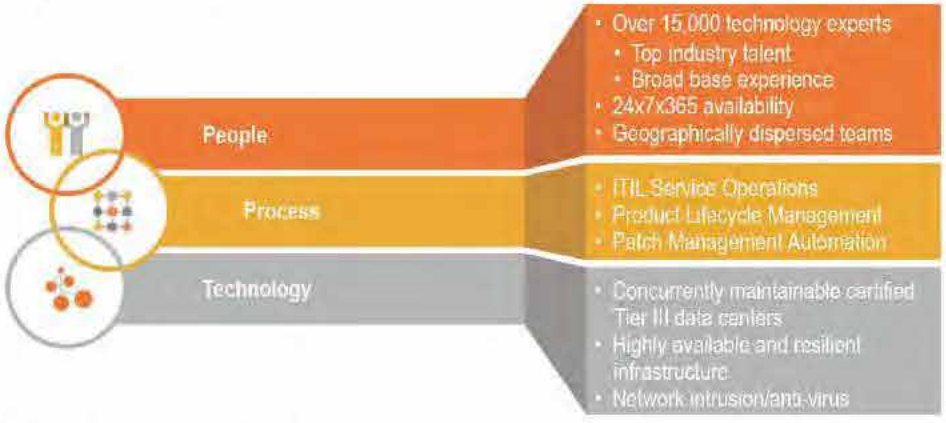


Figure 3.55: Disaster Recovery Program Components.
We bring together the appropriate mix of people, process, and technology components to support the reliable and consistent operation of our hosted solutions.

People

We maintain a team of more than 15,000 IT professionals responsible for computing hardware, software, and communications. Optum recruits and develops exceptional talent within our industry, as IT skills are central to our success. Our geographically dispersed technical staff collaborates virtually. This allows us to hire and retain the best people regardless of their location. We can provide continuous operations from hundreds of cities through these strategic virtual teams. Our system operations team has on-call rotations, providing access to technical staff at any time of the day or night.

Process

Optum has established formal best practice processes that reduce the likelihood of unexpected infrastructure occurrences. We use an Information Technology Infrastructure Library (ITIL)-based service delivery model to govern our operations reducing the risk of unplanned situations. By adhering to ITIL practices, a large component of our disaster prevention strategy is consistently following our change management process and eliminating changes that could affect availability. Our Product Lifecycle Management (PLM) processes make sure that deployed versions of software are within the general available support provided by our vendors. This reduces infrastructure variability and promotes standards and stability. Our patch management automation further safeguards the availability and stability of our core applications.

Technology

Optum leverages a number of technologies to reduce the probability of unexpected conditions affecting services. Our concurrently maintainable Tier III-rated data centers adhere to Uptime Institute® standards for operational sustainability. The operational sustainability design verifies that practices and procedures are in place to avoid preventable errors. Our highly available and resilient core infrastructure maintains superior service levels and recovers quickly from a degraded state. In addition, Optum uses the most current anti-virus software to prevent network intrusions that could potentially lead to disaster events.

Protection – Planning for Probable Scenarios

While our focus is on preventing disasters, we also recognize there is always potential for disasters to occur. We developed strategies to protect the business should there be an unforeseen event. We base our disaster recovery practices on anticipating and planning for the common types of disasters and designing solutions to address them. Disaster protection addresses recovery from the most probable disaster scenarios to complete data center loss.

Our primary disaster recovery strategy involves identifying critical business processes and transitioning these critical applications, data, and supporting infrastructure to an alternate location in a timely manner, thereby reducing the impact of an event to our business clients. Applications are typically hosted in multiple data centers using technology that synchronizes data and application code to allow automated rapid failover in a disaster scenario.

Additional disaster recovery strategies include the following:

- Optum's data centers operate in a lights-out mode for up to three days without additional fuel. Our vendors have guaranteed fuel delivery within four hours. With fuel deliveries, generators can provide power indefinitely.

- Duplicative operational and data backup restoration methods, including using high-performance disk-to-disk copy and virtual tape at the recovery site, make sure applications and data are recoverable.
- Annual refresh and testing of disaster recovery plans for critical applications improve the probability of timely and successful failover in the event of a disaster.
- By continuously reviewing metrics in the form of KPIs, we maintain the health of the Disaster Recovery Program.

Protection technologies include the failover of production processing to geographically dispersed sites and the use of data replication approaches. Our core infrastructure is designed with high availability and resiliency. Storage and server virtualization increases the portability of host systems through consolidation and replication, allowing them to fail to an alternate site quickly, reliably, and in large numbers. These capabilities combine to help achieve the objective of resuming operation with limited to no data loss or disruption to stakeholders.

OMC03 The Contractor shall conduct an annual test of the Disaster Recovery and Business Continuity Plan and submit the Disaster Recover/Business Continuity Test Report that includes the outcome, corrective action plan, and revisions, if any, to the Department.

Optum will conduct an annual test of the Disaster Recovery and Business Continuity Plan. We routinely simulate disaster scenarios on an annual basis to prepare staff for their role during the disaster. Technology can synchronize applications and data; however, having staff members prepared to act confidently and calmly during an event is a major component of reducing the time between identifying an incident and determining that it will become a disaster to fully validating application functionality in an alternate location.

We deploy a wide variety of technology solutions and leverages several methods to test and validate recovery capabilities. Our standard offering is a tabletop exercise that walks all participants through a simulated disaster. Our disaster recovery team plans, conducts, evaluates, and manages disaster recovery simulation exercises. During this simulation, contacts, call trees, and disaster recovery plan documents are validated. We conduct a detailed review of all infrastructure dependencies, application dependencies, and recovery and validation procedures. Topics covered during simulation include:

- Training on disaster recovery processes
  - Why we exercise and different types of exercises
  - Exercise objectives
  - Disaster recovery policy, procedures, and philosophy
  - Plan assumptions, types of possible events, disaster declaration, and statistics
  - Restoration documentation
  - Communications encountered during and after an event
  - Individual and departmental responsibilities
- Simulation and scenario walk-through
  - Open bridge line and triage hypothetical reported issues
  - Page participants to appropriate executive, application and infrastructure bridges
  - Obtain copies of the Optum Disaster Recovery and Business Continuity Plan

- Validate contacts and call tree
- Notify vendors per critical vendor information
- Review infrastructure requirements and application dependencies
- Review the recovery and validation procedures making sure steps are clear, concise, and executable

We will submit the DPHHS Disaster Recover/Business Continuity Test Report that outlines the results of each annual test of the Disaster Recovery and Business Continuity Plan. This will include test results, any identified risks, and a corrective action plan, as well as any revisions to policies and procedures that are a necessary result of such tests.

OMC04 The Contractor shall provide Operations support, Maintenance, and ongoing Configuration of the provided Solution(s) throughout the life of the Contract. This includes providing Operations support as described in the scope of work as well as providing Maintenance and Enhancements to the provided Solution(s). The Contractor will follow project management and system development processes throughout the life of the Contract.

The Agency defines maintenance for each module as follows:

Our operational project management and activities conform to ITIL standards. We based the elements of maintenance on the IEEE standard for software maintenance (IEEE Standard 1219-1993). Optum delivers this consistent ITIL service delivery as part of our operations, maintenance, and configuration support for the life of the contract. Figure 3.56 shows the components of our Service Delivery Model.



Figure 3.56: Optum Service Delivery Model.
Optum fully leverages the ITIL concepts to improve outcomes through standardized IT operations.

Optum provides a dedicated staff that focuses on availability and stability to meet or exceed SLAs, concentrated issue prevention, and root-cause analysis for incidents and problems. Our success in supporting applications is driven by the following:

- Our defect prevention program includes formal system operating controls, uses our unique stability program, adheres to a stringent release management process, and evaluates application preparedness for provider revalidation and enrollment, reducing production defects and creating stability.
- Key service operations facilitate managing business risks, prevent or reduce service disruptions, and provide methods for handling service disruptions when they occur.
- Additional ITIL processes continuously improve applications and optimize cost.

Where appropriate, we support these processes by various levels of automation.

Defect Prevention

Our defect prevention methods include proactive monitoring and predictive analysis. We also employ a rigorous change control management process to identify potential areas of impact and create stability in the production environment.

System Operating Controls

Our system operating controls include access management that restricts which users can access specific systems, who can make system changes and when, and who is allowed to approve system access and system changes. Optum uses the principle of least privilege to protect views, restrict queries, prevent modification, and secure tables, columns, and rows. These system operating controls undergo audits for compliance regularly. We designed them to safeguard day-to-day operations and govern our processes for preventing defects.

In accordance with Optum policy, access to information technology systems may only be granted based on documented business justification and approval by management. Users are granted the minimum necessary access allowing them to perform their job responsibilities.

Enterprise Stability Program

Established in 2009, the Optum Enterprise Stability Program helps improve our most critical applications and infrastructure. This program improves the stability, scalability, and survivability through metrics, reporting, targeted project remediation efforts, and enforcing ongoing operations best practices.

Release Management

Release management maintains the integrity of the live environment. It makes certain the environment is protected and the correct components are released. Software development teams hand off new application versions to ongoing production support using a mature release management process. We minimize incidents by requiring participation throughout the coding lifecycle using an effective gatekeeper process.

Enrollment

Optum prepares for revalidation and enrollment to increase application stability during peak periods. Our process includes readiness assessment and remediation, stringent change management, and proactive monitoring.

Defect Prevention Results

The unique programs described above reduce defects and improve reliability of our hosted applications. Year after year, Optum works continuously to reduce application downtime and risk while maintaining the ability to introduce changes that improve applications.

Key Service Operations

Optum-hosted solutions include the following key service operations.

Event Management

Optum uses automated monitoring tools to identify any potential issues with infrastructure or applications. Alerts from these monitoring tools are grouped into events that are evaluated by required parties to determine if action is required. When these events indicate the incident may cause downtime, our Technology Command Center analysts may create a dedicated war room to remediate identified issues.

Incident Management

Our incident management process helps us proactively address issues and where necessary restore normal operations as quickly as possible. Our commercial service desk supports the incident management process by triaging incoming incidents from users 24 hours a day, seven days a week. Our integrated knowledge database provides the analysts with all the information

they need to properly record, triage and either correct or escalate any user issues. They also monitor the overall incident traffic looking for patterns that may indicate a pervasive issue and act as the gateway to our Technology Command Center.

The Technology Command Center team is also available at all times and manages all high priority incidents. They receive these from the commercial service desk as well through automated monitoring alerts. When an issue is identified, analysts start a war room bridge and page the necessary resources to investigate. The Command Center analyst drives the call until restoration of service is achieved.

Problem Management

Problem management at Optum is a standardized approach to identifying temporary solutions to incidents and determining the detailed root cause of related incidents that are grouped together into problem records to prevent future similar incidents. Prioritization of problem tickets is related to the number of associated incidents. Proactive problem tickets may be created to perform break-fix activities for issues that have yet to cause an incident.

Change Management

Optum has the experience, methods, tools, and techniques to manage the potential risk of changes preventing downtime that can reduce the stability and integrity of the environment. Any change to deliverables, software, or hardware is subject to the change management process. Our change management approach also defines the change promotion process, addressing the promotion of changes through the various system environments.

Our change process is audited over a dozen times each year by numerous parties. These parties include government organizations, independent customer audits, audits for SOX, SAS 70, and General Computing Controls compliance as well as our own internal teams.

Configuration Management

Configuration management identifies, maintains, and verifies information on IT assets and configurations related to a specific customer or service. Up-to-date information is stored on each Configuration Item (CI). CIs include hardware, software, databases, applications, services, and the relationships between CIs. The Change Management Database (CMDB) is the system for storing and maintaining information on each CI such as version, location, and relationships between components.

Configuration management is critical to the change management process. The CMDB allows us to automatically assess the risk of each change by analyzing relationships between all CIs and the CIs involved in the proposed change. All secondary upstream and downstream relationships between CIs are evaluated by the system to determine the overall impact of a proposed change. The CMDB flags conflicts where multiple changes impact the same CI at the same time creating a high-risk situation. This level of automation reduces the likelihood of introducing new issues improving overall application stability.

Performance Management

Fundamental to our success in deploying applications and infrastructure is our testing process. Dedicated test environments are required as part of every solution to facilitate performance management. The testing environment allows the running of performance tests with production-like data and workload. A real-world testing simulation improves the probability of a smooth go live with superior system responsiveness.

Performance testing determines the scalability of individual components and enables identification and correction of defects prior to production. Optum verifies application health through comprehensive performance testing including extensive testing prior to initial go live and for each incremental release.

Availability Management

Our availability management methodology helps us make sure that impacts to the end user experience are measured using Vital Business Functions (VBFs) rather than calculating server outages only. VBFs describe critical functions customers need and the impact of each function on the business. For example, the inability for users to log in is more critical than users losing access to a specific report. This method also accounts for system response time issues affecting user experience even if all servers are available. In addition, availability management focuses on the reduction of both planned and unplanned downtime, including maintenance windows.

Capacity Management

Our dedicated Enterprise Capacity Management team works to evaluate, predict, and recommend updates to resource capacity to meet future business needs with minimum infrastructure cost. Optum manages capacity by evaluating infrastructure to determine when components are fully utilized without reaching a break point. This specialized team monitors and forecasts capacity by aggregating and analyzing information using vendor supplied and in-house developed tools to determine appropriate hardware needed to proactively meet forecasted computing needs. The Capacity Management team evaluates the application at several tiers including the Web, application, and database. A separate capacity forecast is created for each individual tier to cost-effectively supply capacity meeting business needs.

Additional Operational Support Capabilities

In addition to our emphasis on ITIL operations, we provide the following additional capabilities to deliver seamlessly integrated services.

Service Level Management

Optum provides industry leading customizable SLAs. Our support readiness team reviews each solution requirement to determine how we will track and report on our success in delivering the specific SLA. We partner with each customer to establish service levels that support business requirements.

Disaster Recovery and Business Continuity

Optum leverages geographically dispersed resilient operations and data centers to perform critical business functions to minimize any single points of failure. Disaster recovery plans are updated as changes occur, but no less than annually.

We designed and structured our business continuity to respond to disaster events, restore critical business processes, and resume normal business operations in a prioritized manner. Our focus is on planning for the worst-case scenarios so that we can react quickly and efficiently. These worst-case scenarios cover impacts from all types of disasters, both natural and man-made. Some of the business continuity strategies we may include are geographically dispersed operating locations, telecommuting expertise, varying work shifts, providing alternate space, and off-loading critical tasks to staff at available sites.

Security Management

As a health care services provider, Optum has the experience to meet security and compliance controls required by HIPAA, FISMA, MARS-E, HITECH, PCI, NIST 800-53, CMS Acceptable Risk Safeguards, and HITRUST for hosted and developed solutions.

Through policies, standards, and guidelines, Optum employs technical and physical processes, infrastructure, and software to protect resiliency, transactions, and availability of data processed, stored, and transmitted by Optum solutions. Isolation techniques protect virtual, logical, and physical technologies along with encryption of data at rest and in transit, active monitoring of software vulnerabilities and strong authentication controls at the application and service level.

Stringent security regulations are met without burdening the consumer through controls that we designed based on a layered SOA model and the associated threats to each layer. Security controls are distributed across the environment to prevent unauthorized opportunistic access. Additionally, the control environment supports technology and service interoperability resulting in reduced technology sprawl and lower cost of ownership for control maintenance while maintaining compliance posture.

Product Lifecycle Management

Our PLM provides a proactive, structured process for upgrading operating systems and other infrastructure related hardware and software products. The process helps us make sure that deployed versions are supported by the vendors and, when required, are current with versions supported and in general use. This process also communicates the earliest vendor notification when a version's support will be discontinued.

In certain cases, an application residing on a specific operating system may limit the ability of that operating system to be upgraded to a current version. The PLM process help us make sure that this incompatibility issue is regularly monitored to determine if the operating system can be brought to the current supported version.

PLM provides multiple benefits including reducing infrastructure variability and promoting standards and application stability. PLM assures the latest version is installed to reduce the risk of a security breach. PLM also promotes using the most up-to-date software versions that are installed, reducing maintenance costs and verifying the version in use is supported by vendors.

Standardization of Processes and Tools

Optum has the scale and resources to build out best-in-class processes and tools to implement and maintain operational environments. These efficient standardized processes assist in providing a consistent high-quality output. Optum invests significant resources in researching and upgrading to better tools and techniques to facilitate rapid change balancing standardization with innovation. By continuously investigating new tools and techniques, we can reduce cost, improve delivery times, and add new capabilities and features to our hosted environments.

4. Making configuration updates as requested by the State. Configuration includes changes to table values, parameters, codes, and business logic, including hardcoded business logic.

Establishing an efficient, easy-to-access system will require a change to your current environment. We will work with you during Start-Up and Transition to review the current change and configuration management procedures and determine the necessary updates, processes, and procedures that need to be made. Figure 3.57 illustrates the interaction between the Optum configuration management and change control processes.

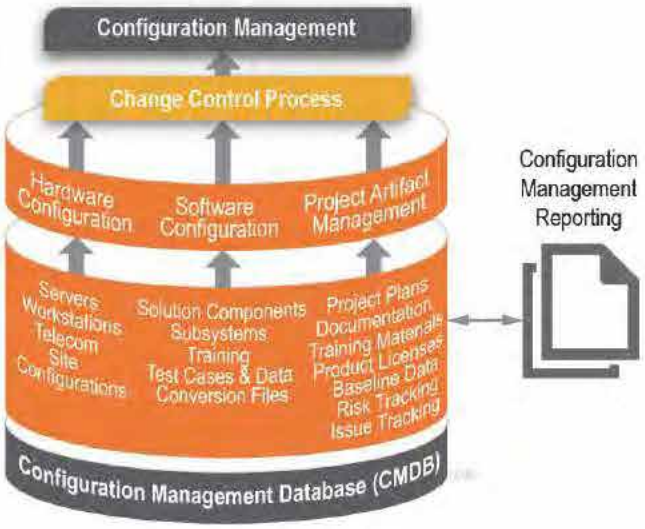


Figure 3.57: Optum Configuration Management and Change Control.
Optum brings a comprehensive and proven configuration management and change control process to the Optum Provider Services solution maintenance and operations work.

Configuration or changes to system software, application software and system hardware will be subject to the approved change management processes.

To comply with system modification requirements, our joint approach will include:

- Tracking and reporting operational and technical full-time employee (FTE) allocation for each change
- Providing a detailed cost breakdown for any change or enhancement request
- Starting and conducting walkthroughs with you of system changes that are ready to move into the production environment
- Presenting a thorough explanation of test cases and results, including a discussion of how the system change affects the programs
- Providing test results of approved changes before production
- Establishing and maintaining the processes and procedures for managing changes, including your review, prioritization and approval of work
- Conducting detailed requirements analysis for system changes, including recommendations for alternate approaches to meet your needs
- Coordinating your review and approval of all documentation for system changes within the predefined time frame
- Maintaining the documentation used to develop, enhance and modify our solution

We will coordinate changes and configuration updates with appropriate stakeholder groups to communicate any impacts in a timely manner before deployment.

5. Correcting deficiencies (defects) found in the solution(s) based on detailed requirements described in the scope of work and published design specifications.

Defect information, priority level, and impact ratings will enable us to prioritize defects for resolution. After we address defects, we will re-test the affected functionality to confirm

successful resolution. On-demand reporting for defect analysis will include information such as defect status, age of defects, and defects by assigned resource. Defect reports will show the assignment and status. Details will include a test scenario where the defect was encountered, test stage during which the defect was encountered, screen captures taken during test scenario, and resolution information. We will include defect reporting in our regular project status reporting.

6. Correcting deficiencies (defects) found in the solution(s) based on a failure to meet the detailed requirements in completed enhancement, configuration or maintenance requests.

We will manage defects to a closed status or mitigate them with the project team. We will consider defect severity when assessing production readiness and defining entry and exit criteria.

Our defect prevention measures help to reduce the number of defects introduced into the production environment, which results in higher overall stability. This enables you to realize the value and benefits we offer as you deliver services to your departments and users. Our service management activities target cost optimization and continual service improvement. They include such things as audit support, maturity models, disaster recovery, and standardizing processes and tools.

7. Conducting research requested by the State or required to support the Department. For example:

   a. System behavior and results

   b. New healthcare initiatives

   c. Best practices research across states and industry

   d. Impacts of new State and federal legislation

We will perform research and provide documentation for the State. Examples of research to support the system or the Department include system behavior and results, new health care initiatives, best practices research across states, and industry and Impacts of new State and federal legislation.

Our staff serves on an advisory committee for health care topics to oversee new health care initiatives. This panel of experts that can provide valuable industry insight into potential forthcoming policy changes across the industry.

8. Performing mass adjustments or mass changes as requested by the State or required to support the State's healthcare programs (for example, errors in pricing, eligibility, cost share, and financial code assignments, TPL discovery, and provider reimbursement changes).

The nature of the Medicaid program often results in enrollment, pricing, eligibility, policy, or payment changes that must be retroactively applied. When this happens, the need may arise to make mass adjustments within the solution that contain the affected member, provider, service, or rate information. This can apply to changes in member enrollment, benefit plan, or eligibility, modification to provider rates, or amended reference file rates. The mass adjustment may increase, decrease, or not change the payments.

When we receive the notification or identify the need to make a mass adjustment within the solution, we will forward the request and supporting documentation to you within the agreed timeframe based on the critical nature of the update. The adjustment impact report will include a mass adjustment form. This form will include the date of submission to you, the reason for the mass adjustment, the number of entries that will be affected, the resulting dollar impact, and a recommended adjustment run date.

If you require a priority situation, we will work with you to determine the most expedient time frame to run the adjustment. Approved adjustments will be available for your online review in the solution and the agreed time frame based on the critical nature of the update.

9. Performing regular maintenance as needed by the State required to support the State's healthcare programs. Examples of maintenance include but are not limited to:

a. Performance optimization.

b. Database management.

c. Software, hardware, and tools (e.g., patches, upgrades, and replacement).

d. Interface, report, and correspondence changes.

e. Making corrections or changes to maintain the integrity of the system or the data within it (e.g., backing out changes, correcting duplicate records, cleansing corrupt data, adding security measures, adding redundancy).

We will provide the necessary support, maintenance, and documentation required for the Optum Provider Services solution environments. Optum performs periodic maintenance on application components to reduce the probability of production problems and incidents. Figure 3.58 provides a snapshot of the activities our routine maintenance services will support.



Figure 3.58: Optum Routine Maintenance Services.

Our comprehensive approach to maintenance makes sure that the appropriate controls are in place to maintain a stable, efficient production environment, but also focuses on a disciplined approach to implementing changes to each environment.

Our routine maintenance services involve more than just a traditional, basic maintenance and operations approach to maintaining the production environment. As we partner with you to transform your existing platform to a person-centric model that delivers desired outcomes, we will focus our attention on your business needs, and drive together to your desired business outcome. Within our routine maintenance services (reflected in the figure above), we provide activities that include performance management and optimization, database management, application maintenance of our solution, reporting, and changes.

Performance Management

Our Performance Management approach is to provide a modular COTS-based system that can grow as your business grows and is flexible for easy modifications as necessary to support your business. We understand your business needs, and our model will help you achieve that goal.

At Optum, performance management and optimization are performed by tuning experts who evaluate code to determine ways in which the development team can improve the application's performance through a structured recommendation approach. These recommendations are delivered as Detailed Tuning Recommendations (DTRs) as shown in Figure 3.59. The most important objective of any DTR analysis is to replace intuitive decision making with fact-based decision-making.

Tuning teams search for unusual trends in consumption to locate possible improvement opportunities. Each opportunity is documented and moves through a structured review process. This process selects the code changes that will have the greatest performance and financial impact on the application. Governance helps us make sure tuners and application owners and business owners agree prior to code changes.

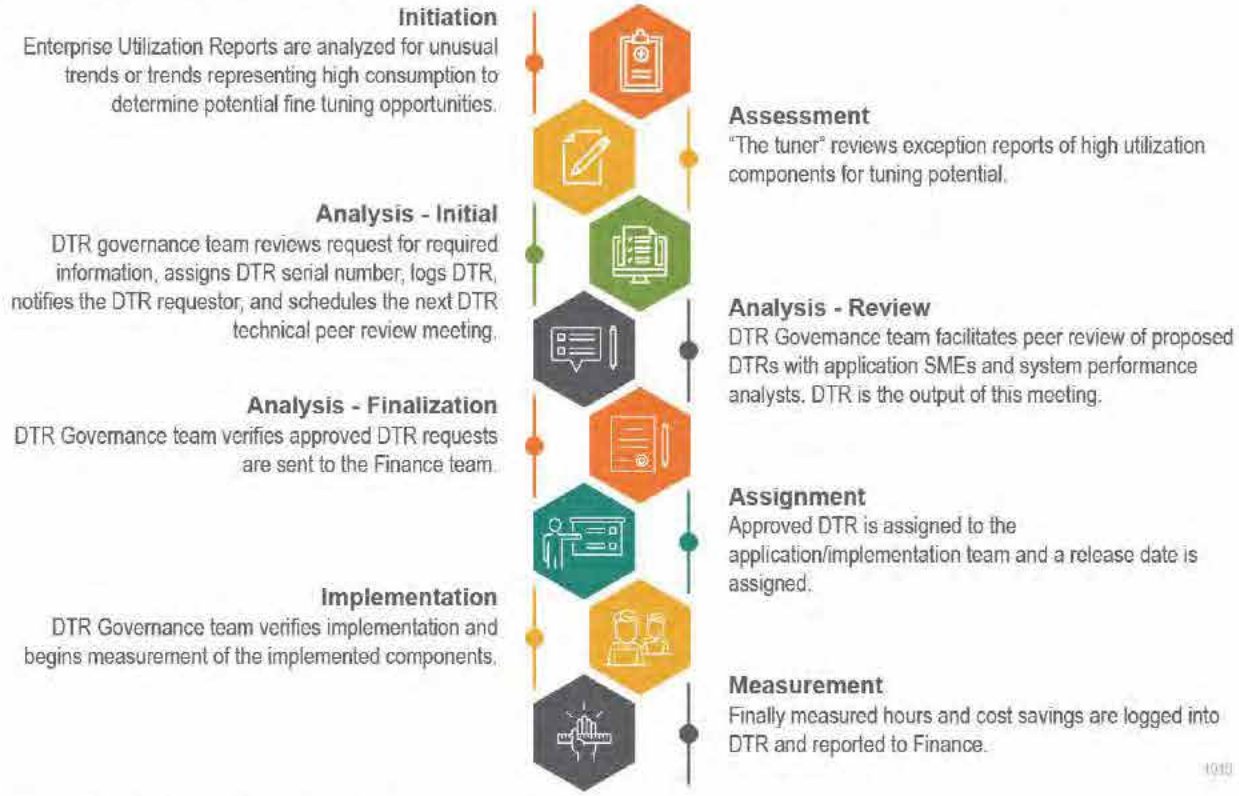


Figure 3.59: DTR Process Flow at Optum.
Optum leverages a performance management system called DTR.

Performance Testing helps us make sure that performance, availability, and stability objectives are met for systems and applications. Performance testing is typically done for new applications, application or infrastructure changes, troubleshooting, or hardware/software comparison and evaluation. Our automated tools simulate high volumes of users, within a dedicated and robust load farm. Support for application protocols includes HTTP/HTML, Web Services, Mobile, Database/ODBC, Citrix, RTE, and Video Streaming. Optum has a dedicated internet connection

with 400MB/1GB burst for testing internet applications. Our performance management tools are fully integrated facilitating comprehensive reporting and analysis.

Enterprise Performance Testing works with customers to identify goals, script requirements, and scenarios. Test scripts are developed based on documented workflows that are either critical to the business or are used most frequently by end users. Performance test engineers execute tests based on test scenarios designed with the customer's SMEs. Additionally, reports are provided after each test to assist with in-depth analysis and comparison between tests. Performance test benefits include:

- Reducing infrastructure costs by sizing components correctly
- Increasing application stability
  - Baselining infrastructure and application performance prior to releases, upgrades, or changes
  - Determining if applications and infrastructure can support the expected level of users and transaction volumes
  - Testing application performance to plan for unexpected increases in usage volume
  - Identifying failover issues and application resiliency under load
- Improved user experience
  - Assuring user experience remains unchanged and stable under stressful conditions, such as failures with architecture or dependent services
  - Identifying bottlenecks, performance issues, and opportunities for tuning

Multiple test types supported include load, stress, failover, and endurance testing. Load testing allows customers to determine how the application will behave under peak user volumes. Stress testing pushes the application to above expected user volume and can help identify a break point. Failover testing determines application resiliency. Testing for extended durations helps identify underlying issues, such as memory leaks that may not be noticeable until the application has been under load for several hours.

Database Management

Our database administrators (DBAs) are responsible for routine maintenance of the Database Management Systems (DBMS) within the application stack. This includes DBMS used for enterprise repositories, application transaction databases, metadata repositories, and departmental or tool-based databases. During the software development lifecycle (SDLC), DBAs will assist with database design and modeling. As part of a production release, the DBAs will help with SQL code review and analyze the SQL performance reports from the non-production environments. They will also help with database backup and recovery operations. Finally, they will manage the database server patch and upgrade process for all environments.

Application and Maintenance Support

Our application and maintenance support focus on foundational principles for the production application. These include:

- **Incident management**: We focus primarily on restoring normal service levels as quickly as possible and minimizing adverse impact on the business. The incident management processes rely on incident prioritization, determined by business impact and urgency, to verify close alignment with your needs.

- **Problem management**: We identify the root cause of incidents and begin corrective actions to fully remediate the underlying cause of incidents. Problem management helps minimize future service interruptions and prevent their impact.
- **Service requests**: We fulfill service requests as per your specified requirements and the status of the requests is reported accurately. Our entire workflow helps streamline service request management across business processes to verify process efficiency and system availability.

Change and Release Management

Our detailed Change Management Plan protects the integrity and performance of systems while providing a process to analyze and execute approved changes. Optum employs a formal change control process that has been developed over decades of experience.

Optum will capture all changes performed to a live or production environment in a change ticket in your IT Service Management System. We often work these changes through an established Change Advisory Board (CAB) process. Figure 3.60 shows typical change types that we have used in previous engagements.

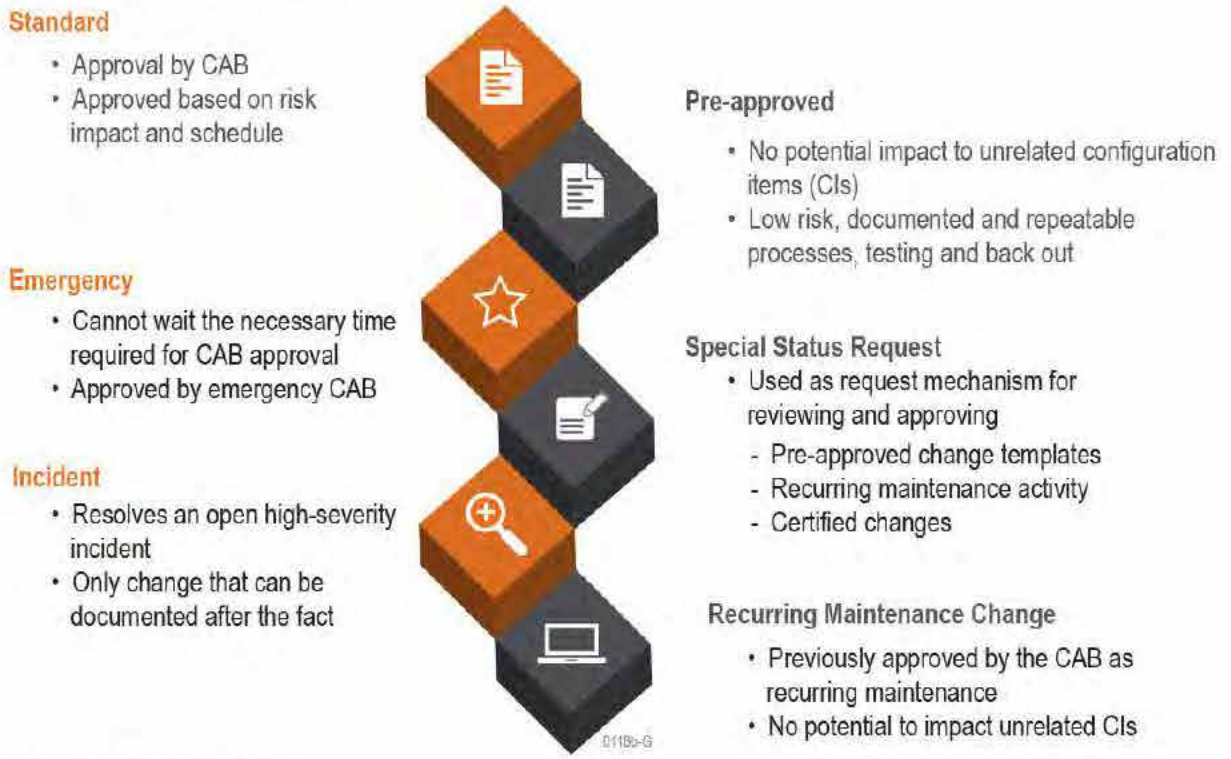


Figure 3.60: Types of Changes.
As defined in our Change Control Plan, changes are categorized into one of six types.

Standard Changes

Standard changes require approval by change approvers or a CAB before implementing them. The impact, risk, the Forward Schedule of Change (FSC), and other factors will determine the necessary approval. The objective of the FSC is to inform stakeholders of the upcoming changes, which will be implemented in the next period and beyond.

Pre-Approved Changes

Pre-approved changes are changes that are repeatable and that require approval only from the change owner. The pre-approved change list maintains a record of all pre-approved changes. These changes have no potential impact to unrelated configuration items. They are low risk and have documented and repeatable processes for implementation, testing, and back-out.

Incident Changes

Incident changes are necessary to resolve an open high-severity incident. Incident changes are the only changes that can be documented after they occur.

Emergency Changes

Emergency changes are those that cannot wait the necessary time required for approval by the change approvers or a scheduled CAB. As discussed previously, these changes will require the approval of an emergency CAB.

Optum follows five key phases for the emergency maintenance process as shown in Figure 3.61.

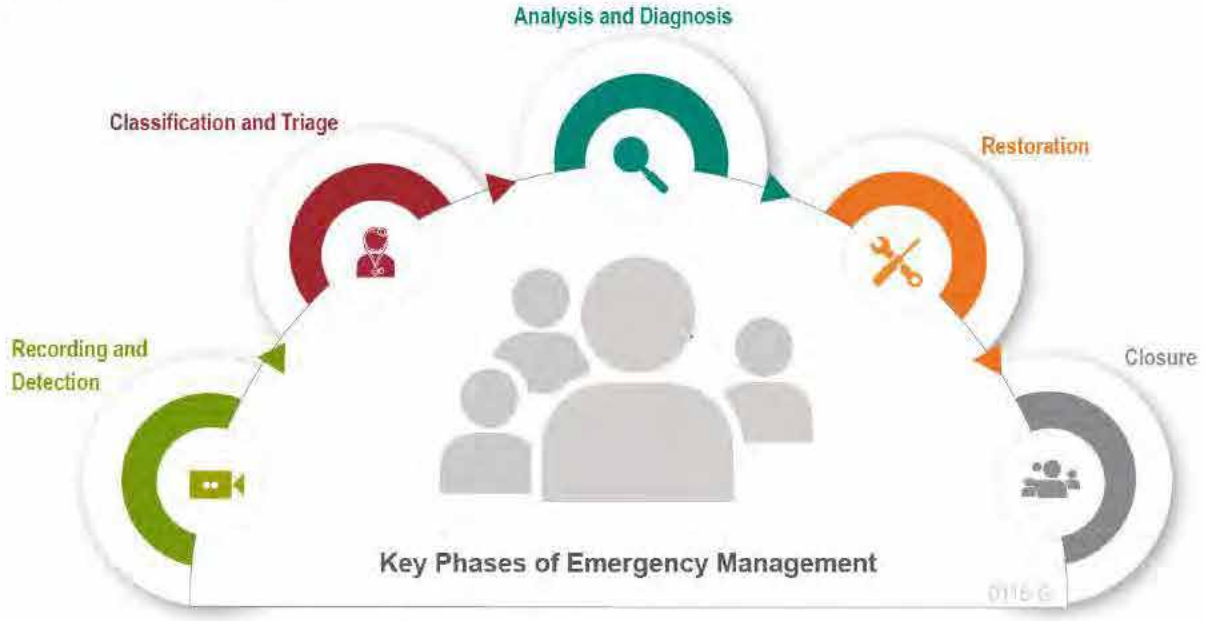


Figure 3.61: Key Phases of the Emergency Maintenance Process.
Optum will manage and complete the event per business imperatives for emergency maintenance events.

Special Status Request Changes

We use special status request changes as a request mechanism for selected change management purposes. The purposes include reviewing and approving pre-approved change templates, recurring maintenance activity, and certified changes.

Recurring Maintenance Changes

Recurring maintenance changes are the execution of an activity previously approved by the CAB as recurring maintenance. They are routine scheduled changes with no potential to affect unrelated CIs. They must have documented and repeatable processes for implementation, validation, and back-out.

Because changes to the applications or environment may affect availability, our change management process governs hardware maintenance and software releases. We evaluate changes for potential impact and risk where a higher level of risk requires additional approvals.

Major application changes and upgrades will be bundled into specific planned releases. Lead-time notification for maintenance windows requiring downtime will be mutually agreed upon with the DPHHS.

Additional small releases may be implemented outside of the normal release cycle as required. In the most urgent situations, the emergency changes process can be used to implement high-priority changes, which cannot wait for the next release cycle. These changes require the approval of an executive and an emergency CAB. Certain high-priority changes can use the normal change process still not waiting for the next release cycle.

Many routine modifications, such as new workflow rules, use our flexible configuration engine. These workflows or other routine modifications may not require a change ticket or may use the pre-approved change process. Regulatory and legislative changes are treated with the highest priority and can be implemented using any of the change management approaches—standard, emergency, or pre-approved.

10. Using appropriate testing, configuration, and change control procedures.

Test management safeguards quality in every implementation through standard and proven processes and tools that enable requirements traceability, requirements validation, test case management, and defect management. Test management also enables ongoing continuous improvement and management of quality. Our maintenance and operations implementation efforts will identify and develop required integration testing of each component. The resulting tests will incorporate into automated regression testing that we will use through the life of the contract. This will provide rapid testing of changes in benefit plans, pricing, ICD codes or rate tables, configurations, modification pool items, or change requests as well as product releases and defect remediation efforts. Our automated regression test capability will also provide continuous improvement and rapid implementation of state and federal regulatory changes.

During maintenance and operations implementation of a change, enhancement, or configuration, we will define any necessary test cases using traced requirements and enter them into a test management tool that meets the Department's requirements. We will conduct test case execution and defect reporting using a report from the applicable test management tool with a standard set of metrics. We will develop and deliver these reports as agreed upon with the DPHHS. Our test summaries will provide an overview of all applicable testing. At the completion of integration testing, automated regression scripts and test cases will be updated. We will use these tests throughout the life of the contract, including for future changes and enhancements.

Optum has the experience, methods, tools, and techniques to manage the potential risk of changes preventing downtime, which can reduce the stability and integrity of the environment. Any change to deliverables, software, or hardware is subject to the change management process. Our change management approach also defines the method in which changes are implemented and tested in lower environments. It then promotes them to production environments.

All change activity to our IT environment, applications and infrastructure is tracked and managed through our Change Management process. This process requires the Change Owner to properly document all activity related to the change including pre-implementation tests, implementation, validation, and back-out plans. The risk of each change is assessed

automatically by two primary factors. First, our configuration management database determines how the proposed change could potentially affect other components in the system. Second, historical change performance data is used to determine the likelihood of an unplanned impact occurring because of the proposed change. This risk then drives the level of scrutiny and approval required before the change can be implemented from departmental level review to the executive Change Approval Board. Optum works with the DPHHS on prioritizing resources to reduce the number of formal change requests.

The change management process is typically established in a project management plan (PMP) that defines the procedures for addressing proposed changes to scope, schedule, resources, and deliverables as well as detailing the procedures for addressing system and technical changes. Optum follows a documented change approval process that aligns with Figure 3.62. Custom change processes may be created in conjunction with the DPHHS to meet specific needs.

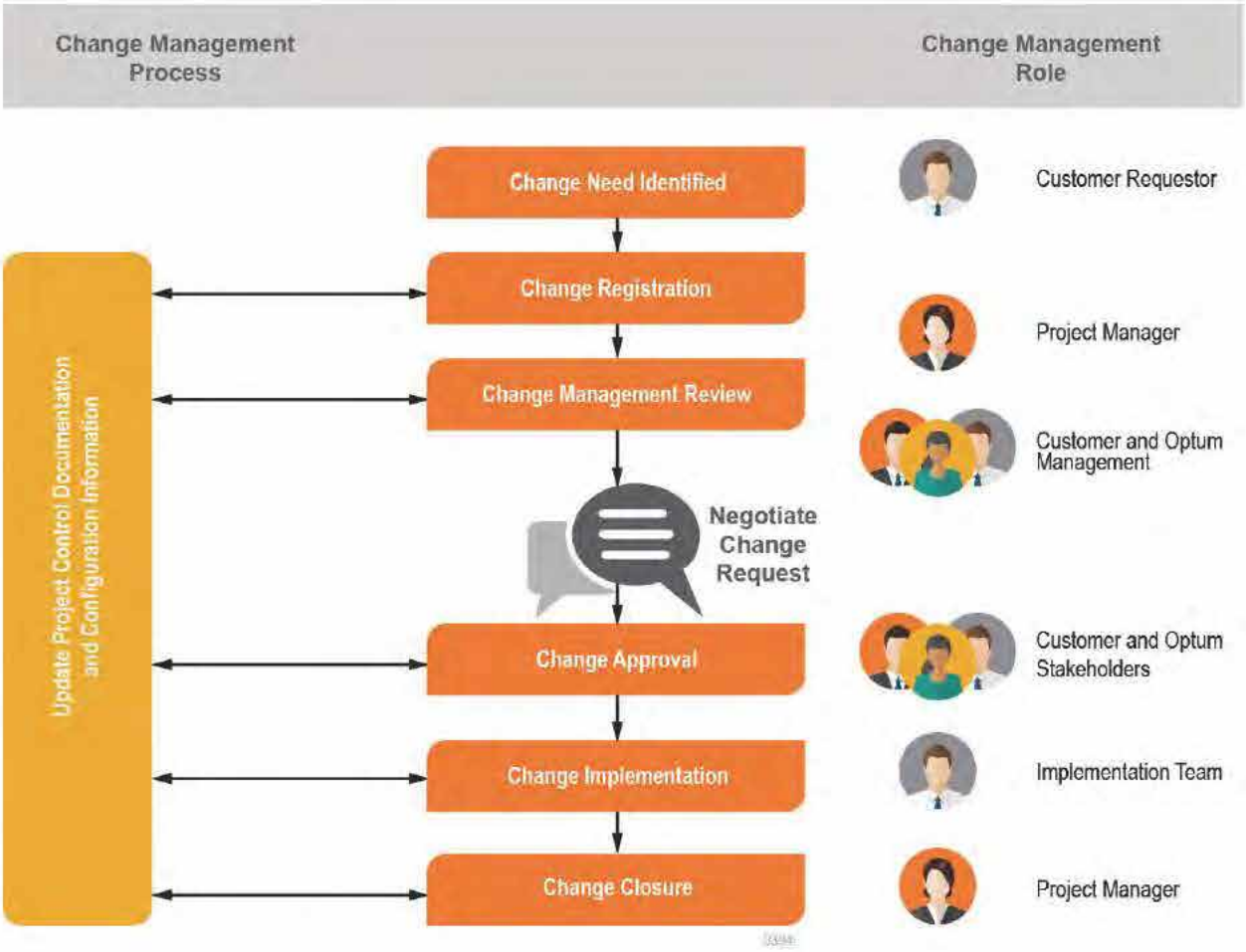


Figure 3.62: Change Management Process.
Our Change Management process improves stability, reduces risk, and facilitates issue remediation caused by change.

Optum uses the Change Management process to plan for upgrades and changes while measuring potential risk to existing business operations. The process is used to define the change, assess change effects, identify, and engage involved parties; define and track appropriate approvals; schedule the change; notify affected parties of the upcoming change;

and communicate the results of the change after it is implemented. Change records are also one of the first points of reference used by the Technology Command Center to determine the potential cause of a high-priority incident.

Our change process is audited over a dozen times each year by numerous parties. These include government organizations, independent customer audits, audits for SOX, SAS 70, and General Computing Controls compliance as well as our own internal teams.

Using a quality management tool, we will manage defects identified throughout maintenance and operations aligning with defined quality assurance and quality control activities. All defects will also be presented to the DPHHS. We will rate defects for impact and priority. We will catalog defects with the following detailed information:

- Defect identifier
- Description of the issue
- Priority level
- Defect status (e.g., new, open, re-opened, re-test, fixed, pending closure, and closed)
- Owner
- Proposed resolution and implementation schedule
- Requirement associated to defect
- Age of the defect (this is not entered, but is tracked)

11. Updating system, user, and training documentation and online help to reflect changes that have been made to the solution.

We will create or update all software, system, and operational documentation no later than 10 business days from date of change. Our comprehensive list of documents in Maintenance and Operations will include:

- Interfaces and operating controls
- Known errors and solutions
- Routine tasks, frequency, and special instructions
- Emergency maintenance approval procedures
- Business process flow, including detailed diagrams of business functions performed by the solution
- Environment-related documents, including details of development, test, production, stage environments
- Database architecture, including data model and data dictionary
- System access
- Component context and interaction diagrams
- User screens
- Screen images with business purpose
- Field names, uses, and value ranges

- Function keys and escape codes
- Error messages and recovery
- Batch jobs, including job flow diagrams with IDs, timing, triggers, dependencies, and precedence

12. Performing the activities above to maintain customizations implemented as part of an approved enhancement.

Optum has extensive experience in applying non-disruptive customizations and changes to health care solutions. For decades, we have applied changes to our critical health care systems using processes and procedures that minimize or eliminate disruption to existing operations and preserve the integrity of existing COTS products.

We will address customized components of the solution in two ways. Our primary activity is assessing the identified gaps fit for inclusion in the solution. If we determine the customization will benefit all clients, we will include the functionality in our solution. If it is not fit for inclusion, we will continue our assessment. We analyze the need for customization, and define requirements with an estimated the level of effort. Each level of effort includes the design, development/configuration, testing, and implementation.

13. Perform incremental integration services to retrofit previously implemented modules to accommodate integration with modules in the design, configuration and build phase. Incremental integration services should be included in the DDI costs.

We leverage our industry experience to help you evolve your environment to strengthen integration participation in your programs. Optum will provide maintenance services and implement continuous, incremental integration environment support. We recognize that previously implemented modules will need to be retrofitted to accommodate integration. Related costs will be included within the DDI costs for design, configuration, and build.

OMC05 The Contractor shall provide a notification web page that displays when the system is unavailable for scheduled maintenance or unscheduled outages.

The Optum Provider Services solution includes a notification Web page that informs users the site is currently unavailable. This page will display automatically when monitoring detects there is an unplanned outage to the site. Optum can also implement this notification page manually during scheduled maintenance activities.

OMC06 The Contractor shall have processes in place to restrict access when inappropriate system access or misuse is detected.

Optum understands the responsibility we have to protect confidential and proprietary information and to maintain availability and integrity of information systems and assets. This commitment is integral to the relationships we have with our clients and vendors. We protect client data using technical and physical controls, including:

- Qualified security personnel continuously guard our data centers, using sophisticated surveillance technologies.
- Firewalls with proper port/IP restrictions are in place between the Internet and the de-militarized zone (DMZ) as well as the various platform zones.
- Secure Service Gateways protect Web channel protocols.
- Non-production servers (e.g., development, test, staging) are separate from production servers. Production data is not stored on non-production servers and vice versa.

- We restrict access to data and servers to authorized users based on roles. Infrastructure is hardened per regulatory requirements, customer contractual agreements, and industry standards.

We scan logs regularly to identify unauthorized or inappropriate access in accordance with our information security procedures and industry best practices. We investigate anomalies discovered using additional information captured in our logs for forensic purposes. All log information will be available to the DPHHS upon request.

When inappropriate system access or misuse is detected, our maintenance and operations team will make sure a trouble ticket is opened to track the incident. It will restrict the access per the system documentation in the time frame dictated by the incident severity.

OMC07 The Contractor shall test and implement all production ready patches, upgrades, and releases for all software, firmware and operating systems in a timely manner, in coordination with other modules.

We will analyze the need for software modification, changes, and enhancements. This will include conducting analysis of each area that is affected by a change. Change-related requirements will be reviewed and analyzed by the appropriate senior programmer analyst. We will define detailed application specific system requirements and application interface specifications that support the projects requirements.

We will document application specific system requirements in the system requirements and Requirements Traceability Matrix (RTM). The RTM will include both traceability to application specific system requirements and business requirements. The application team will define application-specific requirements in the project requirements document, the solution summary document, and the business requirements traceability matrix. In addition to defining application-specific system requirements, we will assess whether the project in the release meets the criteria for maintenance and operations support.

At this time, Optum will present the DPHHS with a proposed recommendation and implementation schedule. All activities performed during this phase will be properly documented, including the details of the change, the scope of impact, and the proposed process and estimates. We developed a detailed requirement request form to streamline documentation and communication of this information.

We will obtain your approval before deploying any changes to the business functionality to production. The following outlines our release management process.

Release Management - Software Releases

Software releases require systematic controls for new versions. Optum has a comprehensive set of processes to support this requirement including:

- Release management
- Gatekeeper process
- Release Entry Framework (REF)

Release Management

The Optum release management process controls and supports all the associated tasks and artifacts necessary for release planning, release execution and control, and release closure. Figure 3.63 shows the flow of our release management process. Although these activities and their artifacts are not code development, they are critical to the proper guidance and management of the code delivery process.

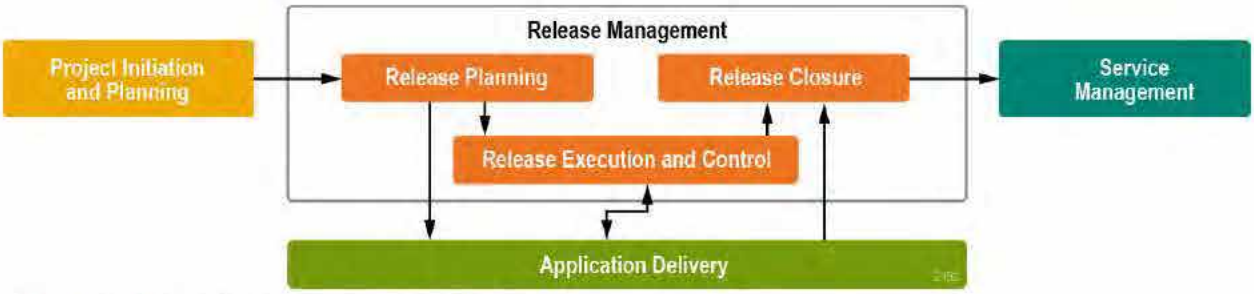


Figure 3.63: Release Management Process Diagram.
This process provides tight integration and controls for each phase.

The main phases of our release management process include release planning, release execution and control, and release closure.

Release Planning

The Release Planning phase initiates the release management function and continues through Detailed Design. Within the Release Plan, the release's scope and structure, management, execution, and control plans are defined. The process is tailored to the specifics of the release, and sign-off is obtained from the appropriate stakeholders.

Release Planning articulates the objectives of the release and documents how these objectives will be accomplished. As set forth in the Release Plan, the objectives will be formally reviewed for feasibility and acceptability with stakeholders. Figure 3.64 is a flow diagram of our Release Planning process.



Figure 3.64: Release Planning Process Diagram.
Optum defines a repeatable process for effective Release planning.

Our Release Plan is a living document with its own lifecycle. It is the single controlling source for all subsequent lifecycle phases. The original draft of the Release Plan may undergo significant changes up until the end of Detailed Design of the Enhancements/Release components. When Detailed Design is completed, the appropriate stakeholders will the Release Plan and establish the baseline. Subsequent changes to the Release Plan must go through the Change Management Process. When the Release Plan is approved, it serves as the basis for all Release activities. The plan is particularly focused on Release Execution and Control activities.

System releases are required to maintain their milestone schedule dates. The dates provide management with critical status and planning information to assist with resource management.

The major tasks within Release Planning include:

- Initiate release
- Define scope and structure

- Define management plans
- Define execution and control plans
- Tailor process
- Compile and review release plan

Release Execution and Control

The Release Execution and Control phase includes the management activities for the Release. The management activities execute and monitor the release tasks and artifacts as defined during Release Planning. Figure 3.65 is a diagram of our Release Execution and Control phase.



Figure 3.65: Release Execution and Control.
Our release execution and control phase provides multi-layered management to reduce risk and provide more control.

This phase includes the following tasks.

Risk Management

Our Risk Management process helps identify and minimize possible problems within the release by analyzing, tracking, and managing potential risks. We define risks as potential events derived from what-if analyses, and we identify the degree of exposure to negative events and their probable consequences. We work with our customers to define and implement a Release Risk Log, which we maintain and manage throughout the release delivery process. We will perform the following activities within Risk Management:

- **Identify risks:** We will identify risks and categorize under cost, resource, schedule, technical, performance, operational, or support risk.
- **Analyze risks:** We will analyze and categorize risks as technology, requirements, resource, skills, dependency, or environment.
- **Plan risk response:** We will determine the approach that will be taken, the actions that will be executed, and the team member responsible for executing that approach.
- **Execute risk response:** We will perform the activities according to the Risk Response Plan.
- **Monitor risks:** We will monitor risks that are remediated for potential re-occurrence.
- **Report risk status:** We will provide periodic updates to appropriate stakeholders.

Issue Management

The objective of the Issue Management process is to provide a systematic approach to identify, analyze, resolve, and report issues that threaten the ability to meet the release objectives as

defined in the Release Plan. Optum defines an issue as an existing problem that, if not addressed, may affect schedule, quality, cost, direction, or other aspects of a release.

We work with customers to define and implement a Release Issue Log, which we maintain and manage throughout the release delivery process. We perform the following activities within Issue Management:

- **Identify issues:** We will determine and document situations that might affect the release. We will then further categorize the issue under technology, resource, skills, business, environment, or dependency issue.
- **Analyze issues:** We will analyze and categorize the issue as critical, high, medium, or low.
- **Plan issue resolution:** We will evaluate options that can be taken, determine the best course of action, and assign responsibility for executing those actions.
- **Resolve issues:** We will execute the action plan to completion in coordination with other teams and other relevant stakeholders.
- **Report issue status:** We will provide periodic updates and information about the issues to appropriate stakeholders.

Quality Management

Our objective with quality management is to create high-quality artifacts, following approved processes within the appropriate time frame for all phases of lifecycle of a release.

We will provide quality management by implementing the following steps:

- **Proactive monitoring:** Our release managers will proactively monitor all release activities using a Self-Assessment Checklist.
- **QA reviews:** We will conduct QA reviews to assess compliance with the processes and verify quality artifacts are produced and delivered on time.

Communications Management

Effective communication management is critical when evaluating the quality of the release activities and artifacts. Communicating release metrics and taking corrective action as necessary provides increased effectiveness and productivity for each release.

Optum works with customers to implement a Release Metrics Package that will detail all release communications. The following activities will be involved within communication management:

- **Plan release metrics:** We will review standard metrics, identify additional metrics, establish baseline, and set metric goals.
- **Gather release metrics:** We will collect, organize and verify metrics.
- **Analyze release metrics:** We will compare metrics with baseline and goals, analyze and explain variances, and take corrective actions.
- **Execute Communication Plan:** We will execute the Communication Plan at the appropriate time.

Release Change Management

The Optum release change management process provides the framework for managing proposed changes to scope, schedule, resources, or baselined artifacts for a release. All

changes to the baselined scope are identified, controlled, consistently handled, and traced throughout the development lifecycle. The following activities are included in release change management:

- **Configuration management:** We will establish an artifact library and manage baseline status.
- **Identify change request:** We will identify and document change request as needed.
- **Validate change request:** We will set up periodic release change management review and review all change requests with appropriate stakeholders.
- **Perform Impact analysis:** We will determine the overall impact (if any) of the change request on level of effort, duration, and cost.
- **Evaluate change request impact:** We will review the impact analysis, establishing a cost versus benefits and determine to accept, defer, or reject the change request.
- **Communication:** We will communicate change request decisions to all affected team members and appropriate stakeholders.
- **Complete change request:** We will update all baselined artifacts in a synchronized fashion for baseline integrity.
- **Monitoring:** We will monitor change requests and updates.

Release Closure

Our Release Closure phase concludes the release management and delivery functions as well as archives all release artifacts. The purpose of Release Closure it to shut down the release, complete release activities, evaluate the release, and conduct the final closure meeting with the customer. This process results in the creation and signoff of the Release Closure Memo. Figure 3.66 is a diagram of our Release Closure process.



Figure 3.66: Release Closure Process.
Release closure concludes the release management and delivery functions and archives all release artifacts.

Tasks we will perform for this phase include:

- Release completion
- Close release

Approach

The Optum Gatekeeper process controls software releases moved to Production.

Gatekeeper Process

Optum controls new version of software releases moved to production with the Gatekeeper process. Through this process, maintenance and operations application managers agree that deployments to production are of high quality. This process also forces the remediation of non-compliant issues when a change moves into production without fully meeting the readiness criteria.

The gatekeeper process helps:

- Decrease deployment fallout (i.e., post-production issues)

- Reduce and prevent high-impact quality issue
- Broadly communicate knowledge of the impending change
- Enhancement teams spend less time on post-implementation support issues allowing them to move to their next release sooner

Using the Gatekeeper Review checklist, we confirm that:

- File controls exist for new files or changes to existing files.
- New batch jobs as well as internal and external file transfers conform to standards.
- Security scans have been performed with no critical identified issues.
- System testing has been completed, and all critical defects have been resolved.
- UAT has been completed, and all critical defects have been resolved.
- Integration testing has been completed, and all critical defects have been resolved.
- Regression testing has been completed, and all critical defects have been resolved.
- Performance testing has been completed, and performance results are within expected parameters.
- A release deployment plan has been created, tasks are complete, and a go/no-go meeting has been conducted.
- A detailed back-out plan has been established and attached to the change ticket

Release Entry Framework

Optum supports software releases for changes moved to production with a REF process. This process prevents reoccurrence of known issues by making sure application developers receive user feedback about the performance of developed applications. For each phase of the development lifecycle, REF provides processes and checklists to verify proper support and consistent communication of new changes.

Planning Phase

During this phase, the team plans, schedules, and assigns leadership and participation resources for the REF processes. The enhancement release coordinator delivers the Release Plan to the support team. The project manager and enhancement lead complete a capacity forecast on a periodic basis. Team members also develop a knowledge transfer plan.

Designing Phase

During this phase, a pilot delivers ongoing input and feedback. The track manager determines the impact the new code will have on the release, including (without limitation), users, volume, processing time, and business criticality. Static and dynamic code analysis and security scans occur prior to deployment. The team defines knowledge transfer requirements and deliverables, reviews batch and end-to-end control reports for each interface and file feed (both inbound and outbound), and reviews error-handling processes. Leaked defect and post-production defect processes are established. If applicable, the first intended use date and any vital business functions are identified and updated. Test results are reviewed and working processes are confirmed. The team uses knowledge from prior experience to verify quality product delivery and seamless knowledge transfer.

Testing Phase

During this phase, the team reviews the following test results: functionality, errors, abnormal ends (abends), performance, stress, and volume. The team holds test planning and status meetings to share test results, knowledge, and experience.

Deployment Phase

During this phase, a formal knowledge transfer occurs, requirements are validated, approval expressed, and the final gatekeeper checklist is reviewed. This includes the following:

- All responsible parties review deployment considerations
- Consumer-centric testing is filed
- Pre-deployment REF checkpoint must pass including:
  - Zero critical defects
  - 85 percent or more test cases pass
  - Service level target met
- Validate testing requirements pass:
  - UAT
  - Load/stress testing
  - Performance testing
  - Cross-application testing
- Validate requirements are defined and met, including:
  - File inventory control
  - Response time
  - Volume
  - Peak
  - Batch window
  - Security
- Validate deployment plan tasks, including:
  - Checkout
  - Put jobs on hold
  - Run scripts
  - Create a production problem ticket for leaked defects

Post-Implementation Phase

During this phase, the track manager, enhancement lead, and State stakeholders attend the post-deployment meetings to review the leaked and post-production defects status. It also serves as a forum to discuss encountered issues. Ticket tracking confirms the team is working on defects. The track manager oversees ticket assignment. If post-deployment work is needed and if the team has the capacity, the team will complete the work to prevent ongoing issues

during future enhancement releases. Timelines are coordinated for defect resolution and decide on an appropriate release within the agreed-upon, post-deployment support period. Overall status is reported to the project manager and the application manager.

Optum will update the operating manual and system documentation to support new software versions. Operating manuals provide the guidelines for operating procedures and SLRs for newer versions. System documentation is updated to reflect the change or addition of new functionality introduced.

Transition and training confirm that all support groups are trained in the change or addition of new functionality introduced with the new software version.

OMC12 The Contractor shall notify the appropriate user community, as defined by the State, of system events (e.g., major system changes and system outages).

Innovation is one of our core values at Optum illustrated by our CommunicationForce technology leveraged in our engagement with the DPHHS, illustrated in Figure 3.67.

CommunicationForce is a suite of industry-leading COTS products. We have optimized and streamlined this technology to enhance all communications and reporting between Optum and our clients.

[redacted]

[redacted]

Operational Metrics, SLAs, and Incident Communication

CommunicationForce creates visual reports and communication data points as well as historical trends for all the metrics that are measured. Figures 3.78 and 3.79 provide examples of reports that can be produced to help visualize the status of project components.

[redacted]



Communicating High Priority Incidents

Effective communication during a high-priority incident is critical for informing and assuring key stakeholders on the progress of resolution activities. Optum developed a subscription-based portal used as the primary means for sending notifications to the DPHHS IT and business partners about high-priority incidents with business impact and planned change activity for business and IT services. All correspondence is stored in a single repository and linked to the service management ticket tracking record. Key features offered by the portal communication tool are illustrated in Figure 3.70.

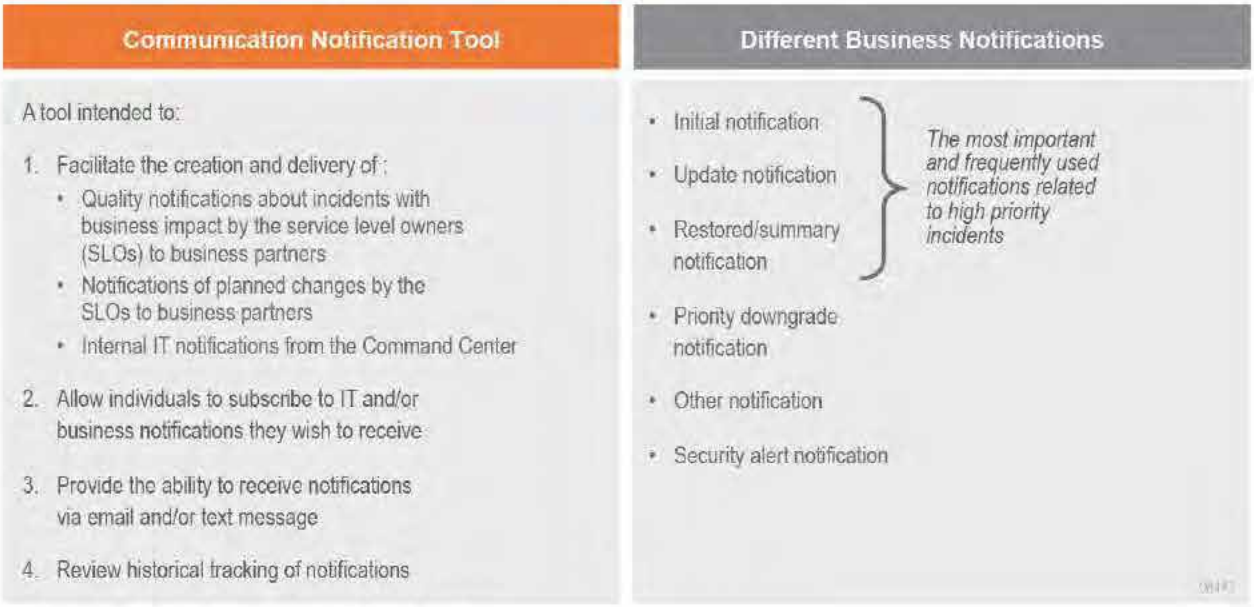


Figure 3.70: Communication notification tool.
Notifications distributed across the DPHHS enterprise during high priority incidents.

OMC15 The module Contractor shall provide help desk services to provide level 0 (customer self-service) level 1(basic support), level 2 (moderate support) that includes as appropriate, escalation to the State and level 3 (technical/integration) support related to the functionality of the module's scope of work. Level 1 help desk is the first point of contact and is responsible for logging the issue and, if possible, assisting the user.

The Optum Contact Center (OCC) is the first point of contact on any Optum Provider Services portal issue. It delivers a high-touch customer experience. Our OCC analysts are familiar with whom our clients are and what to provide them. We maintain ownership of incidents from open to close. Our dedicated staff focuses on availability and stability to meet or exceed SLAs.

Optum provides full user support through the OCC for critical business/client needs. We provide tiered, toll-free telephone support where experienced and qualified technicians will respond by phone to address all calls in accordance with the importance and criticality of the incident being reported. Response times are defined and agreed upon with clients. Our integrated knowledge management system provides the analysts with all the information they need to properly record, triage, and either correct or escalate any user issues. We provide secure, client-specific access through a Web portal where clients can access incident information recorded in our ticket management system. Optum resolves customer issues using a tiered service model:

- **Level 1** – Frontline support/basic support (minor issues)
- **Level 2** – Specialized technical support
- **Level 3** – SME support

Our Level 1 triage support team will serve as the primary point of contact for questions and incidents.

For Low Priority incidents, Optum Level 1 support will pick up incidents from the ticketing system and triage them. If the Level 1 support personnel cannot resolve the incident within the target resolution time, we will escalate the incident to the Level 2 support team for resolution. The Level 2 support team will handle the incident or inquiry through a service ticket or escalated contact. They will troubleshoot the reported situation and provide solutions to resolve the

incident or satisfy the inquiry. This may be in the form of recommendations, workarounds, and administrative fixes or referring the incident to Level 3 support for resolution.

For high-priority incidents, our Level 1 help desk team will immediately engage our Level 2 support team and route the ticket to them for resolution. Level 2 support opens a teleconference bridge and pages Level 3 technical support to provide quick restoration of service. If the incident requires third party vendor support, our Level 2 support will engage them.

We will provide the Department a dedicated toll-free number to contact our Level 1 technical support directly for high-priority issues. The Level 1 support will follow appropriate escalation processes outlined in this section for resolution.

Reporting and Ticket Management

We classify incidents using impact and urgency, which determine the ticket priority as agreed upon with the DPHHS based on business needs. We classify and resolve incidents as emergency, high, and medium priority.

Emergency priority incidents: These incidents cause severe financial or productivity impacts, including Module Downtime. We will notify the Department within one hour of the initial deficiency, or within 15 minutes of becoming aware of the issue, whichever is earlier. We will provide our plan for resolution within two hours of the incident notification to the Department and resolve the incident within 24 hours of the incident notification to the Department.

High priority incidents: These incidents cause serious disruption to Operations and Services where there is no alternative or workaround. We will notify the Department within one hour of becoming aware of the issue. We will provide our plan for resolution within four hours of the incident notification to the Department and resolve within 36 hours of the incident notification to the Department.

Medium Priority Incidents: These incidents affect a small number of users, cause inconvenience, delay business, or prevent use of a fully supported Service. We will notify the Department within 24 hours of becoming aware of the issue.

Optum uses best-in-class support center workforce management tools and processes to make sure our support centers are adequately staffed to assure customer satisfaction with response times and call resolution.

OMC16 The Contractor shall provide online help for external and internal users.

Providers can reach out for help by activating live interactive chat, sending a secure message, or calling the OCC. These functions are accessible from the public side of the portal. This means the user can access help from anywhere on the portal with no need to log in.

OMC17 The Contractor shall provide 1,500 system enhancement pool hours for the duration of the DDI phase of the contract. The cost of these 1,500 system enhancement pool hours are included in the offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort.

The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

Optum will include 1,500 system enhancement pool hours for the duration of the DDI phase of the contract. The cost of these 1,500 system enhancement pool hours are included in our fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.

The unused system enhancement pool hours for DDI will be rolled over to the System Enhancement Pool for Operations, or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one-month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

OMC18 The Contractor shall notify the Department when updated reference materials (e.g., Requirements Matrices, Manuals, System Documentation, System Design Documentation, User Documentation, Business Rules Catalog, and Training Materials) are available for review.

Our strategy for document management services focuses on assisting the Department to seamlessly facilitate the maintenance and management of documentation (including training materials). We maintain a document library that contains project documentation required for operating and maintaining our solution. We will notify the Department when material is updated. Our document library:

- Uses software transfers documents to the Department, making project documentation available to the State
- Maintains version control
- Facilitates notification options when documents change
- Maintains a library table of contents
- Maintains a library index to help simplify searches
- Uses a standard approach that allows a complete historical trail of project progress and completed action items

OMC19 The Contractor shall provide 24x7 access to the Department for all reference materials (e.g., Requirements Matrices, Manuals, System Documentation, System Design Documentation, User Documentation, Business Rules Catalog, and Training Materials).

The Department will have access to all solution and project reference materials 24 hours a day, seven days a week. We will establish and maintain a project document library, or repository, which will be dedicated solely to project documentation and related information. This document library will be accessible through the portal. It will follow processes developed by Optum and be based on best industry standards, including:

- Version control

- Standard naming conventions
- Document review and delivery
- Document tracking
- Project history and archiving
- Risk and Issue management
- CMS tracking aspects
- Artifacts relating to key SDLC activities and milestones
- Artifacts relating to your Organizational Change Management structure and other key governance activities

The repository will include the following features:

- Standardized layout
- Role-based access controls establishing security while enabling authorized users access to view, edit, create comments, and approve documentation
- Workflows streamlining the internal review and approval process increasing both efficiency and accountability
- Metadata search capabilities that standardize filing and dramatically increase search output affecting tracking, reporting, and delivery times
- Quick and straightforward templates and customization for end-user productivity
- Other design elements to enable easy transfer of all documents to the Department

OMC21 The Contractor will provide 500 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 500 system enhancement pool hours are included in the Offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort.

Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.

The implementation of your new solution will occur in a rapidly changing Medicaid enterprise environment, especially in light of the proposed changes by the new administration. In the course of serving 300 health plans and 115 million empowered individuals nationwide, we can adapt quickly to the changes in the health care landscape to comply with new or revised regulations and laws. As a multi-tenant, multi-vendor solution, we routinely incorporate upgrades to the COTS applications included in the solution.

To accommodate ongoing changes and emerging requirements, we have included 500 hours in the Operations Phase system enhancement pools per year. Our team will work with you to determine the work assigned to this pool and any changes that revise or replace the Affordable Care Act (ACA) or interfaces to support new vendors. When identified, we will work with you and other affected parties to complete the work and implement the change. The cost of these

annual 500 system enhancement pool hours are included in our fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.

The unused system enhancement pool hours for each year of operations can be rolled forward to the next operations year, or the number of system enhancement pool hours can be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one-month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.

3.10.5 Key Personnel and Resources

The Offeror must provide key personnel to be assigned to the DDI and Certification phases of the project. At a minimum, key personnel shall include a Project Manager, Contract Manager, Testing Lead, Integration Lead and a Certification Lead. DPHHS will review and approve all key personnel.

The Offeror shall provide key personnel for the Operations, Maintenance and Configuration phase of the Project. At a minimum, key personnel shall include a Project Manager , Technical Manager and a Contract Manager. The Offeror must identify other key personnel for the Operations, Maintenance and Configuration phase of the project. DPHHS will review and approve all key personnel.

For all phases of the Project, the Offeror's Project Manager will be required to perform work at the Primary Project location (Helena, Montana)unless approved by DPHHS to work remote. Other Offeror staff working remotely, must be available to work in Helena, Montana at the Department's request for functions necessary to support the scope of work (e.g., risk review meetings, root cause analysis sessions, integration planning, release planning, operational readiness reviews, UAT, implementation, and production deployment). For any work performed at a location other than the Helena, Montana, the Offeror must identify the specific location (city, state, country), describe the type of work to be performed, and the percent of the total hours for that type of work at that location.

The Offeror must propose a staffing approach to meet each of the requirements detailed in Attachment F, Requirements Matrix.

The cornerstone of a successful project is having the right people with the best skills and experience working side-by-side with you. We understand the organizational structure and resources required to support a project of this size and complexity. We developed our staffing approach through knowledge gained and lessons learned delivering enterprise IT and modernization solutions to commercial and state government clients for more than 20 years. Because of our staffing expertise, we have delivered our state projects on budget, on time, and within client expectations.

Commitment

Many of our clients are long-term partners; some for more than 20 years. They rely on us for our Medicaid program experience, operational efficiency, and commitment to the providers and members they serve.

We will size our project staff to provide the best level of efficiency, while continuing to provide excellent customer service for you. At Optum, we take customer satisfaction seriously. Our Net Promoter Score (NPS) score last year was 63.7, which places us among NPS stars, such as Amazon and Apple. It places us much higher than the business-to-business average score of 24. NPS is a cross-industry standard for measuring customer satisfaction and loyalty. As a leading indicator of growth, the NPS ties our company achievements to the quality of our customer relationships. Our staff members share this commitment to strong customer relationships. They will demonstrate it in their work with you.

The management and organizational structure we propose will drive success in meeting your requirements during all phases of the project. We have assembled a team of dynamic

individuals with comprehensive knowledge of Medicaid, the health care industry, provider enrollment, credentialing, and reporting. They understand Optum is more than a vendor or a technology provider: we will work with you as a long-term partner you can trust. Our staff members will be responsive to your business needs as those needs change over time. They will work with you to provide an Optum Provider Services solution thats support your Medicaid modernization effort and helps you better serve your providers.

The team we propose for the Optum Provider Services solution shares our cultural values of integrity, compassion, relationships, innovation and performance, which align with the values we see in your mission. Figure 3.71 describes our Optum cultural values, which are the foundation of our ability to support team and your stakeholders effectively.



Figure 3.71: Optum Cultural Values.
Our core values drive the high levels of confidence and engagement our customers have in us.

Key Personnel for the DDI and Certification Phases

We are prepared to commit our most accomplished leadership team to the Provider Services module. Our proposed team has the appropriate combination of expertise and versatility to adapt and respond to your requests and needs. As your business partners, they will continuously look for ways to improve our quality of service. They will work with you to create efficiencies, control costs, and deliver a successful implementation on time and within budget.

- **Project Manager** [redacted]
- **Contract Manager** [redacted]

- **Testing Lead** [redacted]
- **Integration Lead** [redacted]
- **Certification Lead** [redacted]

Our key personnel have dedicated their careers to HHS projects all over the country. Our proposed leadership team has developed an acute understanding through their work and life experiences of what the Optum Provider Services solution requires to be successful. They share an unwavering commitment to the project and the providers who will benefit.

Key Personnel for Operations, Maintenance, and Configuration Phase

During the Operations, Maintenance and Configuration Phase, [redacted] and [redacted] will continue leading the project to facilitate continuity between phases. [redacted] will serve as the technical manager during this phase, offering an additional level of leadership continuity to minimize project risk. Figure 3.72 shows the organization for our solution.

[redacted]

[redacted] will perform up to 100 percent of work on-site in Helena. Optum staff working remotely will be available to work on-site in Helena, Montana, as needed to support the scope of work (e.g., risk review meetings, root-cause analysis sessions, integration planning, release planning, operational readiness reviews, UAT, implementation, and production deployment).

We have more than 300 office locations in the United States. The primary locations to perform necessary work and services in support of the Optum Provider Services solution will be Helena, Montana; Eden Prairie, Minnesota; and Santa Ana, California. We will leverage resources and facilities, as needed, to maximize the expertise, resources, and capabilities required to provide a solution incorporating value and continuous improvement.

In the remainder of this section, we include our response to each of the Attachment F Key Personnel and Resources requirements.

KR01 The Contractor can use off-shore and near-shore resources. However, offshore or near shore resources cannot develop security controls. The Contractor shall advise the Department when work is being completed by offshore or near shore resources. The Contractor shall ensure that all Contractor practices and procedures, including but not limited to secure coding practices are used by all resources.

We understand we can use offshore and nearshore resources. Part of our success in delivering on-time implementations has been engaging experienced onshore teams of individuals. We continuously evaluate the effectiveness of our resources and their value to client projects. We do not plan to use offshore or nearshore resources to support the Optum Provider Services solution. If we determine later that these types of resources could benefit the project, we will advise you of our recommendations and work with you to determine the best way to engage them. We understand these resources cannot develop security controls. We will make certain our project personnel and resources follow Optum practices and procedures, including secure coding practices.

KR02 The Contractor, and any of its subcontractors, shall work cooperatively with module Contractors and Department staff to ensure the success of the program.

Optum and our subcontractor, SourceHOV, will work cooperatively with module contractors and the DPHHS staff. Close collaboration will enable us to meet the challenges of the project within the context of the overall multi-vendor environment. MPATH represents a large initiative with multiple components, each with its own set of goals and objectives. In addition to the unique requirements and objectives of the Provider Services module, the RFP outlines a clear vision for your overall Medicaid modernization effort. Using this vision as our guide, we will work in partnership with you, your stakeholders, and other module contractors to achieve your common objectives for the Medicaid enterprise.

We have more than two decades of experience delivering complex implementations for our customers, many of which have involved multiple vendors and stakeholders. Because we understand the challenges of multi-vendor coordination, we have adapted our project management processes to include best practices for these exact situations. We will work with you to follow a coordinated approach that includes regular communication and collaboration with the Department, key stakeholders, SourceHOV, and other module contractors. We will document the communication strategy for the project in the Communication Plan that we will develop and maintain for our solution.

KR03 The Contractor shall help prevent project delays and address them if they occur. This includes assurances that sufficient resources and knowledgeable, experienced staff are available to meet the required project schedule.

We will help prevent project delays and address them if they occur. If delays occur, we will work with you to bring the project back on schedule. Remedies may include one or more of the following:

- Corrective action plan to address project delay issues
- Additional resources to expedite delayed activities
- Overtime or weekend work
- Other means that the DPHHS and Optum agree are necessary

Transparency

We implement a no-surprises approach to project delivery by reporting status and progress in detail and often to multiple layers of key project stakeholders.

Our preliminary Project Work Plan (PWP) has a built-in buffer with extra time to address project delays, if needed. We will review and update the plan weekly to identify any tasks that have fallen behind schedule, started late, or not begun as planned.

Throughout the project, we will monitor any variation in the project activities schedule against the baseline PWP. The PWP will provide critical path analysis so that all parties understand the essential tasks to achieving milestone dates. Tracking the critical path will keep us aware of important deadlines and help us identify potential slippage of tasks that would affect key activities. Our schedule management approach includes processes for handling potential hazards to the schedule, including developing mitigation strategies as needed.

Status reports will help us provide transparency in our project delivery progress for you and your key stakeholders. Early in the project, we will meet with you to define project performance reporting requirements, including project status reporting and project activity tracking objectives. During the weekly status meetings, we will review our progress against the plan. This will include any slipped or slipping tasks, risks and issues, mitigation plans, and changes needed to the PWP or project approach.

Our project status reports will include PWP information, such as the following:

- List of tasks/milestones completed this reporting period
- List of tasks/milestones scheduled to start during the coming reporting period
- List of tasks/milestones not completed as scheduled
- List of tasks not started as scheduled
- Planned corrective actions for tasks not on schedule and status of assigned corrective actions

Our project management and reporting approach will allow us to identify any slippage in the PWP as early as possible. We will develop and implement corrective actions, as needed, to bring the project back on schedule.

We will provide sufficient resources and knowledgeable, experienced staff to meet the required project schedule. Our monthly status report to the DPHHS will identify any staffing issues or changes in the Resource Allocation Matrix. It will also describe our plan for bringing resources back in line with project requirements. Our project manager, [redacted], will be responsible for maintaining the appropriate staffing levels for project resources.

KR04 The Contractor shall provide sufficient personnel to administer and execute required project activities, including approvals, during development, implementation, and operations.

We will provide sufficient personnel to administer and execute required project activities, including approvals, during development, implementation, and operations. As a leading provider of health care-related professional services for federal and state departments and agencies, we have a record of accomplishment that demonstrates our ability to recruit, hire, and retain employees with the skills and talent necessary to meet and exceed the DPHHS requirements. We have human capital professionals dedicated to employee services throughout the United States. We position our teams strategically to meet the staffing requirements of each customer engagement. Additionally, we have a strong employee referral program. Leveraging our more than 130,000 employees provides an ongoing source of high-quality staff.

Our recruiting and staffing process is ongoing and interactive. Working with our project teams, our corporate recruiters first identify qualified candidates from the Optum team resource pool to meet or exceed the DPHHS requirements. We also actively solicit prospective candidates from a variety of sources, including universities, job fairs and summer intern programs, people leaving the military, advertising media, United States Employment Service offices, community organizations, professional associations, employee referrals, search firms, employment websites and employment agencies. Our external website provides the public information on open positions.

We serve government agencies across 47 states and the District of Columbia, more than half of all Fortune 500 companies, and approximately 300 commercial health plans. For each project, we can recruit, hire, and retain employees with the skills and talent required to fulfill client requirements. We will make sure we maintain the appropriate, qualified staff to perform our duties under this contract. We will provide adequate staff to meet the required project schedule as described in our response to RFP Requirement KR03.

KR06 The Contractor shall provide key personnel that at a minimum include the Project Manager, the Contract Manager, the Testing Lead, Integration Lead and a Certification Lead during the DDI and Certification Phases of the Program. Key personnel shall not hold more than one key role unless otherwise approved by the Department. The Department will review and approve all key personnel.

The first step toward a successful implementation is a strong management team. For this project, we will bring together a management team that collectively has decades of information technology, health care, and Medicaid experience. Our key personnel for the DDI and Certification Phases of the project are:

- Project Manager [redacted]
- Contract Manager [redacted]
- Testing Lead [redacted]
- Integration Lead [redacted]
- Certification Lead [redacted]

Our key personnel will not hold more than one key role unless otherwise approved by the Department. We acknowledge and agree that the Department will review and approve all key personnel.

KR07 Key personnel described in the proposal shall become named resources on the project and are subject to the following requirements:

a. Key personnel shall not be transferred or removed without prior approval of the Department.

b. The Department will approve key personnel assigned to the Contract.

c. The Department reserves the right to request removal of any Contractor staff or subcontractor staff, if applicable, assigned to the project, and the Contractor shall comply with any such request immediately.

d. If a vacancy occurs in a key role, the Contractor shall fill the position in compliance with identified SLAs.

We acknowledge and understand that our key personnel described in the proposal will become named resources on the project and are subject to the following requirements:

- We will not transfer or remove key personnel without prior approval of the Department.
- The Department will approve all key personnel assigned to the Contract. We will provide key personnel resumes and make key personnel available to the State for an interview.
- We acknowledge and agree that the Department reserves the right to request removal of any Optum or subcontractor staff, if applicable, assigned to the project, and that we will comply with any such request immediately.

If a vacancy occurs in a key role, we will fill the position in compliance with identified SLAs.

KR08 The Contractor must designate a Project Manager to represent and oversee the day-to-day activities of the project. This individual shall serve as the Department's primary point of contact for matters relating to the project and serve as a liaison for certification, collaborating with other contractors, and stakeholders.

We propose [redacted] as our project manager for the Optum Provider Services solution. [redacted] will serve as the Department's primary point of contact for the project and will oversee the day-to-day project activities. [redacted] will serve as liaison for certification, collaborating with other contractors, and stakeholders.

KR09 The Contractor's Project Manager must meet the following qualifications including:

a. A minimum of seven (7) years' project management experience managing projects of similar size and scope, preferably in Medicaid or the healthcare industry. This experience must include relevant experience within the last three (3) years from the release date of the RFP.

b. Project Management experience should include each phase of the system development life cycle.

c. Be a certified project manager through the Project Management Institute (PMI).

[redacted] exceeds the qualifications for project manager as the following experience summary demonstrates:

- [redacted]

KR10 The Contractor must designate an Integration Lead to manage the design, configuration/build, integration, defect management, and implementation of the Contractor's scope of work.

We propose [redacted] as our integration lead for the Optum Provider Services solution. He will manage the design, configuration/build, integration, defect management, and implementation of the project scope of work during the DDI and Certification Phases of the project. During the Operations, Maintenance, and Configuration Phase of the project, [redacted] will serve as the technical manager. In this role, he will have overall responsibility for the technical design and maintenance of the Optum Provider Services solution. This will include coordinating technical resources within the delivery team.

KR11 The Contractor's Integration Lead must meet the following qualifications including:

a. Minimum of five (5) years leading system design and integration projects, including the technical design and implementation of projects similar in size and scope to this project.

b. Experience must involve directing multi-discipline technical teams producing integration solutions (e.g., Service Oriented Architecture, network, hardware and software).

c. A Bachelor's Degree in Information Systems Engineering, Computer Science, or a related field is preferred.

[redacted] exceeds the qualifications for integration lead and has the experience and skills to serve as technical lead, as the following experience summary demonstrates:

- [redacted]

[redacted]

KR12 The Contractor must designate a Testing Lead to coordinate all testing activities.

We propose [redacted] as the testing lead to coordinate and manage testing activities for the Optum Provider Services solution.

KR13 The Contractor's Testing Lead must meet the following qualifications including:

a. Minimum of three (3) years experience leading testing activities for a project similar in size and scope to this project.

b. In-depth understanding of the testing lifecycle and all artifacts required to successfully validate the system.

[redacted] exceeds the qualifications for testing lead as the following experience summary demonstrates:

[redacted]

KR14 The Contractor must designate a Contract Manager to be the single point of contact for matters concerning the Contractor's performance under the Contract. This person shall have the authority to make decisions that are binding to the Contract, shall be responsible for timely completion of the project, and shall be responsible for meeting all contractual obligations.

We propose [redacted] as the contract manager for the Optum Provider Services solution. He will serve as your point of contact for our performance under the contract. [redacted] will

have the authority to make decisions that are binding to the contract. He will be responsible for the timely completion of the project and meeting contractual obligations.

KR15 The Contractor's Contract Manager must have a minimum of five (5) years' contract management experience managing related services with similar budgets, preferably in Medicaid or the healthcare industry and for a project similar in size and scope to this project.

[redacted] exceeds the qualifications for contract manager as the following experience summary demonstrates:

- [redacted]
- [redacted]
- [redacted]

KR16 The Contractor shall submit two (2) references for each of the key personnel being proposed for the project. Each reference should depict relevant and current experience for work completed no more than seven (7) years prior to the date of this RFP.

We provide detailed resumes and references meeting your requirements for each key personnel in Response to Section 4.2.3 Resumes, beginning on page 4-14.

KR17 The Contractor must demonstrate that it can commit an adequate level of technical and human resources sufficient to complete the project within the required time frame and to meet the quality requirements outlined in this RFP. Furthermore, the level of technical and human resources which the Contractor agrees to commit to the project at the time of proposal must be maintained throughout the life of the project at a necessary level to complete the scope of work.

Our success on the Provider Services module will rely on our ability to effectively mobilize the right team of skilled technical and business professionals. We will commit the appropriate level of technical and human resources required to complete the project within the required time frame and to meet the quality requirements outlined in the RFP. We will also maintain the level of technical and human resources we are proposing throughout the life of the project to make sure we complete the scope of work according to your requirements and expectations. We position our teams strategically to meet the staffing requirements of each engagement. Our experience implementing and managing projects of similar size and scope will enable us to acquire and maintain the resources required to consistently deliver results during each project phase.

KR18 The Contractor's staff shall have sufficient experience appropriate for their role.

Our staff will have sufficient experience appropriate for their roles in the Optum Provider Services solution. We have assembled a management team of project leaders with substantial experience working on large-scale HHS projects. They have long-term experience that is

directly transferable to their proposed project roles, which will reduce risk for the DPHHS. They will not have a learning curve because they already know how to meet your needs and those of your providers and stakeholders. Our proposed personnel have extensive experience configuring solutions that align with the MITA Framework and CMS' Seven Conditions and Standards. Our key personnel also have demonstrated abilities in identifying and hiring experienced staff to build and develop high-performing teams.

KR19 The Contractor must supply a Personnel Background Check Attestation (written documentation) of a favorable background check for Contractor personnel who might reasonably be expected to access sensitive and confidential member data contained in any system accessed during the course of the Contract. The Department may request the removal of staff for disqualifying offenses. Contractor must describe their process for performing background checks for non-US citizens or Green Card holders.

We will provide a written Personnel Background Check Attestation of a favorable background check for any of our personnel who may need to access sensitive and confidential member data contained in any system during the course of the contract. One of the steps in our recruiting and vetting process is qualification verification and background checks. We verify the approved applicant's qualifications and conduct an independent third-party background investigation. We conduct the following pre-employment searches on all candidates who receive a conditional offer of employment:

- Social Security number (SSN) verification
- Criminal records check (federal, state, and county)
- Exclusions from participation in government contracts or government health care programs
- Search of a federal database for known terrorists
- Education verification
- Employment verification

In addition, candidates for some types of jobs may also be subject to the following types of checks, depending on the requirements of the position:

- Professional license verification
- Certification verification
- Department of Motor Vehicles (DMV) check
- Civil litigation records check

Optum also performs pre-employment drug testing on all individuals who have received a conditional offer of employment.

We do not schedule candidates to work client contracts until we complete the background investigation. Our Corporate Security Office maintains a database of new hires subjected to a pre-employment background investigation. This database is checked as part of the prescreening process for our employees scheduled to perform on the client contract. Additionally, our background check policy requires all employees to complete an annual background check successfully. A consumer-reporting agency performs this check, and reports felony level offenses. This policy reassures our customers that Optum staff members assigned to their projects pass both initial and ongoing background checks.

We will submit a report to you with an attestation that all staff assigned to work on your project has successfully passed the minimum background check requirements previously noted. Optum acknowledges, understands, and agrees that you reserve the right to disqualify any employees or subcontractors if you determine their background check results are inconsistent with the performance or security requirements set forth in the Contract.

We perform the same type of background checks on all U.S.-based employees, Including non-U.S. citizens and Green Card holders.

KR20 The Contractor's Project Manager shall be required to perform work on-site at the State's primary project location (e.g., city, state), unless approved by the Department to work remotely..

For all phases of the project, Project Manager [redacted] will perform work on-site in Helena, Montana, at the State's primary project location, unless he receives the DPHHS approval to work off-site. [redacted] will perform up to 100 percent of his work on-site in Helena.

KR21 The Contractor's staff shall be available Monday through Friday as early as 7:00 AM MST and as late as 6:00 PM in the time zone of the participating State.

Our staff will be available Monday through Friday as early as 7 a.m. MST and as late as 6 p.m. in the time zone of the participating State.

KR22 For any work performed at a location other than the primary Project site, the Contractor must identify the specific location (city, state, country), describe the type of work to be performed, and the percent of the total hours for that type of work at that location.

Optum will identify the location of any work performed at a location other than Helena, Montana, or the State's primary project site. The following table identifies the locations for any work performed at a location other than Helena, Montana.

Location	Type of Work	Percent of Total Hours
Minneapolis, Minnesota	Quality Assurance and Contract Management	30%
Santa Ana, California	Configuration and Custom Development	30%

KR23 The Contractor's staff working remotely, must be available to work in the State's primary project location at the Department's' request for functions necessary to support the scope of work (e.g., risk review meetings, root cause analysis sessions, integration planning, release planning, operational readiness reviews, UAT, implementation, and production deployment).

We place high value on recruiting and retaining the best and the brightest employees for each job function. For some roles, it is our policy to allow employees to work from home as long as this does not compromise the project or the security of your data. Optum staff that work remotely will be available to work in the State's primary project location as needed to support the project scope of work. The Department will make requests for on-site presence through our project manager, [redacted]. He will make sure the appropriate staff works on-site at the Department's request as needed.

KR24 In the event that key personnel resign or are terminated, the Contractor shall provide the Department with immediate notice of the vacancy and an action plan for backfilling the position until a replacement is found and approved by the Department. A key personnel position must not be vacant for more than fourteen (14) consecutive days. The Contractor may not fill vacant key personnel positions with other existing key personnel without approval

by the Department. The Department will also have the authority to approve proposed replacements of key personnel by the Contractor.

Staff retention is an important element of every Optum project. We recognize that retaining staff and reducing turnover will enable you to keep the staff with the most knowledge and experience working on the project. In the event of a key personnel resignation or termination, we will notify you immediately of the vacancy and our action plan for filling it until we find a replacement you approve. We acknowledge that a key personnel position will not be vacant for more than 14 consecutive days. We will not fill vacant key personnel positions with other existing key personnel without your advance approval. We will provide you with resumes of qualified replacement candidates for your review and approval. Replacement personnel will not begin work on the Provider Services module without your advance approval.

We have human capital professionals dedicated to employee services throughout the United States. Working with our human capital professionals, we will hire replacement staff as needed, whose education, experience, and background meet contract requirements. We will prioritize qualified talent in the Helena area based on recommendations from our local staff and local staffing organizations. Our typical attrition rate is low because we employ strategies to retain qualified staff.

KR25 The Contractor's key personnel and/or management replacement must meet the minimum qualifications for the position . The Contractor shall provide a detailed resume for a proposed key personnel and/or management replacement. Replacements are subject to Department approval prior to any assignment.

The proposed key personnel we name in this proposal response meet or exceed the minimum qualifications for their positions. Any key personnel or management replacements we propose in the future will also meet the minimum qualifications for their respective positions. We will submit detailed resumes of qualified candidates to you for review and approval before we assign any personnel or replacement personnel to the project. We will make the candidates available for you to interview and approve as needed.

KR26 The Contractor shall provide the appropriate level of knowledge transfer/training to Contractor staff.

Optum will provide the appropriate level of knowledge transfer and training to our project staff. Our commitment to excellence in staffing extends to our attention to detail in training and development. We provide many types of employee training that will help our staff members successfully perform their duties on the Provider Services module. This includes new hire training, ongoing system and business knowledge training, training for staff transitioning to new roles or phases, project management training, certification training, and mandatory annual training on topics such as privacy and security. We will provide project staff with the tools, resources, and mentors required to perform at advanced levels throughout the life of the project. Our employee training will give the DPHHS knowledgeable and effective project support.

KR28 The Contractor must designate a Certification Lead to coordinate all certification activities.

We propose [redacted] as our certification lead to coordinate certification activities for the project.

KR29 The Contractor's Certification Lead must meet the following qualifications including:

a. Minimum of three (3) years experience certifying systems against industry standards for projects similar in size and scope to this project.

b. In-depth understanding of the most current MECT certification lifecycle required to successfully validate the system.

[redacted] exceeds the qualifications for certification lead as the following experience summary demonstrates:

[redacted]

KR30 The Contractor shall provide key personnel that at a minimum includes a Project Manager Contract Manager and a Technical Manager for the Operations, Maintenance and Configuration phase of the project. Key personnel shall not hold more than one key role unless otherwise approved by the Department. The Contractor must identify other key personnel for the Operations, Maintenance and Configuration phase of the project. The Department will review and approve all key personnel.

[redacted] will continue working in their roles as contact manager and project manager from the DDI and Certification Phases into the Operations, Maintenance, and Configuration Phase. [redacted] will work during the DDI and Certification as integration lead, transitioning to technical manager during Operations, Maintenance, and Configuration. They will make sure the transition between phases occurs without issue. Our project team will manage and maintain the Optum Provider Services solution with a focus on quality, customer service, and cost containment. They will provide consistent, uninterrupted service to your users and providers. We will routinely implement efficiency improvements to the operational procedures so that your solution is updated quickly with your business requirements as they evolve. Our key personnel will not hold more than one key role unless otherwise approved by the Department.

3.10.5.1 Resource Allocation Schedules

Offerors must complete the Resource Allocation Schedules provided in Attachment H, Resource Allocation Schedules. These schedules serve as the representation of Offeror's plan for staffing the project by resource type. Offeror should include additional information as necessary to explain the Offeror's resource allocation. If the Offeror

has one or more subcontractors, the Offeror must submit a Schedule A and Schedule B with a comprehensive total for all FTE and hours representing the effort of the prime contractor and all subcontractor work in total. In addition, a separate Schedule A and Schedule B for each contractor (prime contractor and subcontractor) must be submitted.

Table 3.10.5.1 Resource Allocation Schedules (These schedules are provided in Attachment H, Resource Allocation Schedules).

List of Resource Allocation Schedules	
Schedule	**Title**
Schedule A	Number of Full Time Equivalent
Schedule B	Number of Hours

All schedules must be completed in full at the time of submittal. The resource types listed in the schedule are not exhaustive, nor should the Contractor assume that DPHHS is requesting resources from each category. Use any resource type listed above and/or add resource types necessary to successfully deliver the scope of work.

Schedule A: This schedule details the number of full time equivalents the Offeror plans to allocate to the project by phase and by resource type.

Schedule B: This schedule details the number of resource hours the Offeror plans to allocate to the project by phase and by resource type.

We have completed the resource allocations schedules you require and provided them with our proposal response in Attachment H.

3.10.6 Project Closeout and Turnover

At least twelve months prior to the end of the contract, the Contractor will provide an initial turnover plan to detail how the Contractor will manage the completion and closure of all work for the Contract and deliver project artifacts, including deliverables, data, and anything needed to operate and maintain the integrity of the Montana Healthcare Programs and systems.

To guide our turnover process, we will provide an initial Turnover Plan at least 12 months prior to the end of the contract. We will submit the plan using our agreed-upon deliverables management process.

We have found the best way to prepare for a complex project turnover is to begin early and review routinely. As part of our change management process, we will collect lessons learned to review and apply as we plan for contract turnover, incorporating them into the Turnover Plan as needed. We monitor for turnover impacts throughout the term of our contract, keeping your success at the forefront of our focus.

Low-risk

Optum delivers a low-risk turnover solu ion:

- We plan and prepare for turnover throughout the life of the contract.
- We use lessons learned and best practices to develop turnover processes.
- We insert quality checkpoints into the turnover process so that inventories and artifacts are complete and correct prior to transition.

For example, when our Medicaid Decision Support System contract with the State of California was nearing an end in 2014, in preparation for turnover, we identified an information gap between our help desk and user training. We fine-tuned the information sharing process and colocated our trainer with the help desk team to form a closed-loop knowledge transfer process. We documented this process improvement and incorporated it into our Turnover Plan to help gain efficiencies during project turnover. Optum won the re-compete, and, our turnover preparation provided ongoing benefits. The efforts we began to improve information sharing helped us maintain ongoing, open communications with stakeholders during the follow-on contract. We included these lessons learned in our standard turnover methodology, which will

benefit the DPHHS. This approach will help us close transition and knowledge transfer gaps and prepare the successor contractor for sustaining the solution.

The Turnover Plan will guide and document our turnover activities as we monitor for turnover impacts throughout the term of our contract. During project planning, our project manager will work closely with your staff to determine the format and content for the Turnover Plan that supports your project goals and objectives. We will work with you to inventory the artifacts that must be transferred. We will maintain and update this plan to address new components and advancing methodologies related to knowledge transfer and data extraction. In addition, we will add documentation and other work products to the Turnover Plan as we identify them. These documents will support a successful transition of Turnover Plan artifacts.

During turnover planning, we will conduct a quality control review of the artifact list for completeness and validate that modifications and change history are included. We will also review, update, and document in the Turnover Plan all deliverable requirements and associated responsibility matrix.

After receiving notification from the DPHHS to begin turnover activities, we will update the Turnover Plan with any new or pertinent details. We will also update our IMS to reflect any changes not captured in previous iterations. When we receive your approval, we will begin executing the plan.

The Turnover Plan will include the following:

- Turnover strategy and approach
- Turnover schedule
- Turnover roles and responsibilities for the DPHHS, Optum, and successor vendor
- Resource plan for turnover and steady state
- Approach to completion and closure of contract work, including tasks and subtasks
- Incomplete tasks (e.g., system defects, modifications or enhancements, mass adjustments, reference updates, configuration requests)
- Inbound/outbound data feed
- Data migration strategy for application data
- Data migration and turnover acceptance criteria
- Format the DPHHS requires for the data and documentation (e.g., by provider unique ID and provider name)
- Baseline of existing target performance standards and program metrics developed with the DPHHS
- Process for reviewing and transferring project artifacts, such as data and deliverables
- State-specific deliverables and other materials to turnover
- Project management and quality assurance checkpoints, authorities, and entrance and exit criteria

Experience

Our extensive experience provides our customers with skilled professionals who have learned lessons from prior engagements. This will benefit the Provider Services Module Project as we leverage proven experiences of the past rather than reinventing the wheel. This experience will result in the following:

- Reduced risk with a higher likelihood of success
- Fewer unexpected changes
- Positive experience for providers and members

- Updated operational tasks and procedures during turnover
- Description of our coordination activities during turnover to facilitate continued system and services for the DPHHS
- Knowledge transfer approaches and activities
- Readiness walkthrough process
- Licenses and fee arrangements for software and methodologies that may be continued
- Mechanisms to document completion and the DPHHS approval of turnover activities
- Quality checkpoints and milestones
- Payment milestones during turnover and acceptance criteria for each payment milestone
- Post-transfer assistance after the transfer of duties is complete

Figure 3.73 shows an example of the table of contents from a recent Turnover Plan for another contract.

Table of Contents

1. Turnover Plan Overview
2. Turnover Management Team
2.1. Turnover Management Team
2.2. Roles, Responsibilities, and Deliverables
3. Turnover Approach
3.1. Optum, Successor Vendor and State role, and responsibilities
3.2. Entrance criteria
3.3. Knowledge transfer methodology and activities
3.4. Data extraction process and deliverables
3.5. Review and approval of State-specific artifacts
3.6. Exit criteria
4. Comprehensive Turnover Documentation
4.1. State-specific documentation inventory
4.2. Master inventory records
5. Turnover Project Work Plan
6. Monthly Progress Meetings
7. Current Production Data and Files
APPENDIX
Stakeholder Contact List
Deliverable List & Schedule
Integrated Master Schedule

SAMPLE

Figure 3.73: Sample Turnover Plan Table of Contents.
We will tailor our Turnover Plan to the DPHHS-specific turnover requirements.

The Turnover Plan will specify the milestones to which the DPHHS and Optum jointly agree. As agreements are made, we will update the Turnover Plan and the corresponding IMS accordingly. Optum will establish a work product for each milestone for the DPHHS to review and jointly agree with us on acceptance criteria. We will define these work products within the Turnover Plan.

Our Turnover Team

During the Turnover Phase, our leadership team will include our project manager and contract manager. Our contract manager will serve as the turnover manager. The staff reporting to the contract manager will shift specific resources from operations to support our turnover activities.

Our contract manager will continue to coordinate project activities and personnel to maintain continuity of operations through this transition period. Our team will work with the DPHHS to make sure the Optum Provider Services solution continues to meet expectations throughout the transition. Working with you and the successor contractor, we will secure an orderly and controlled hand-off of required deliverables and work products for the Provider Services module.

Turnover Timeline and Work Plan

Figure 3.74 provides a high-level turnover timeline, as described in our PWO, which illustrates when turnover activities will occur.

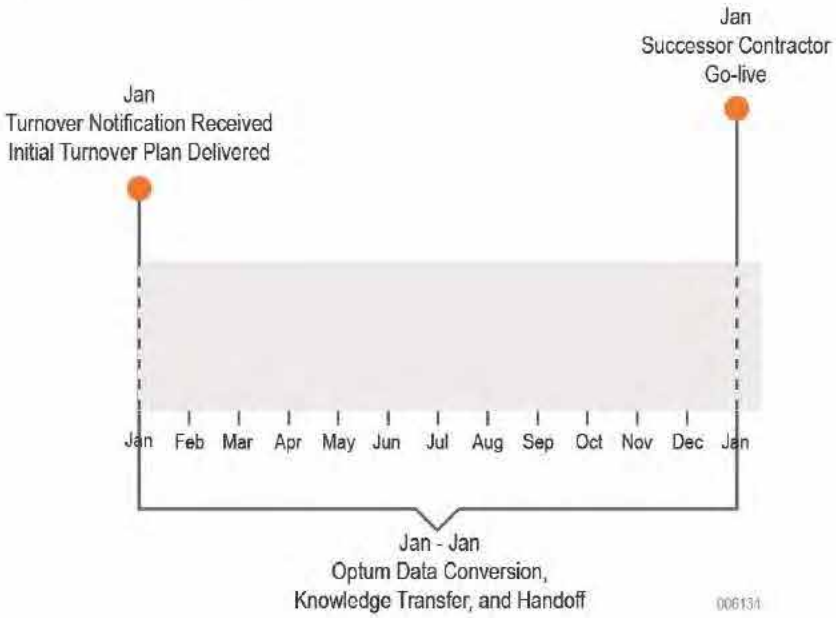


Figure 3.74: Sample Timeline of Turnover Activities.
Our turnover and post-turnover timeline will support a seamless transition to a new contractor.

The PWP will reflect the tasks and activities documented in the Turnover Plan. It addresses the following:

- Data extraction turnover tasks and activities
- Documentation activities pertaining to files, interfaces, and workflows, if and to the extent to which these items were specifically prepared and used exclusively by the DPHHS
- Deliverables and other materials to turn over, as applicable

- Milestones for turnover planning, execution, and approval activities
- Milestones and deliverables to successfully turn over all works in progress, project services, and documentation to the DPHHS or the successor contractor
- Resource requirements

The primary deliverable of this phase is the Turnover Plan. Deliverables will arise out of this plan, which DPHHS, Optum, and the successor contractor will identify. As these deliverables are identified and their specific formats agreed upon, we will include them in subsequent versions of the Turnover Plan.

Best Practice

Throughout the Turnover Phase, we will follow the same project management processes we used during the previous phases of the project.

Deliverables in this phase will require clear and concise acceptance criteria to verify a smooth transition from Optum to the successor contractor. The DPHHS will need to seek agreement from all parties on deliverable acceptance criteria. A deliverable will be considered achieved when we have met the acceptance criteria.

As part of our approach to transferring project artifacts, we will embed multiple quality checkpoints. They will help us confirm that we perform turnover and transfer activities according to your quality goals and targets.

The PMP and its sub-plans will apply, as will our regular reporting approach. We will monitor, track, and report on turnover progress using the mechanisms employed during implementation and operations. This will include monitoring the Turnover Integrated Master Schedule (IMS) for variances and reporting those variances.

Turnover Communications

Experience

Optum is knowledgeable and experienced implementing and transitioning SaaS-based products.

We transfer:

- Knowledge, data
- Associated documents/files
- Benefit configuration documenta ion
- Custom-developed products and work products developed exclusively for DPHHS

We do not transfer:

- System hardware
- System software
- System licenses

The transition to a successor (whether the DPHHS or a new contractor) should be as seamless and transparent as possible. It is in all parties' best interest to provide uninterrupted service to the State's providers.

Open and frequent communications are key to the effective knowledge transfer from one contractor to another. As part of our turnover process, we establish communications based on lessons learned from our transition-in experience. During turnover communications planning, we focus on effective knowledge transfer through a combination of meetings, interfaces, and reporting across Optum, the DPHHS, and the new contractor.

We also understand the importance of sustaining high-quality customer service while one vendor exits and a new one assumes operations. When we find ourselves on the turnover end of this situation, we provide the same high level of support to the successor contractor, as we desire when we are in that position.

We accomplish a culture of collaboration through regular and appropriate communications in an open-door environment. Our turnover communication planning focuses on the interactions and reporting necessary to coordinate planning and turnover execution across the DPHHS, Optum,

and the successor contractor. Our overall Turnover Plan will include a communications management process based on input from you and other stakeholders.

Previous project turnovers have taught us the importance of defining the format, frequency, content, and participants necessary to support enhanced communications during this phase. Our Turnover Plan will include these activities and align with the turnover project schedule.

Our Turnover Strategy

Our primary strategy for the Turnover Phase of the Provider Services module is to remain fully engaged, conducting the transition with minimal impact to you and the provider community our solution serves. Most importantly, we will help you continue to achieve your objectives as we assist the successor contractor during the transition.

Benefit

Our turnover strategy reduces risk:

- We will provide a full account of the benefits and plans that are configured in the Optum Provider Services solu ion.
- This will enable the successor contractor to quickly configure your new solution.

As we begin to plan contract turnover, we will consider how to best facilitate the DPHHS ability to maintain uninterrupted, high quality services to Medicaid providers. We will control transition risk by incorporating realism into the turnover planning process, rather than assuming the best possible outcome will always occur. Our turnover strategy focuses on the following:

- Providing ongoing operational transparency and reporting to demonstrate our continued commitment to meeting performance requirements and SLAs
- Proactively collaborating with the DPHHS and the successor contractor to transfer knowledge and documentation
- Easing risk to the State by working collaboratively with the DPHHS and the successor contractor

Turnover responsibilities will vary depending on the nature and depth of activities Optum is requested to perform. Turnover from our MITA-aligned, SaaS-based model will differ from a traditional turnover because no hardware or software is transferred—only knowledge, data, and associated documents/files are transferred.

Best Practices

Optum delivers a high quality turnover solution using best prac ices:

- We prepare a thorough Turnover Plan with collaboration from DPHHS and the successor contractor.
- Turnover activities are guided by our turnover manager, who will be knowledgeable in the Optum Provider Services solution, DPHHS turnover requirements, and the Optum turnover approach.
- We consistently apply change management and quality processes to provide consistency and stability throughout turnover.

A key differentiator between our SaaS solution turnover and a traditional system turnover is that we will not transfer a physical system to the State or the new contractor. We will transfer custom-developed products and works in progress, developed for your exclusive use with the contract system enhancement pool hours, along with any associated documentation. To support this type of turnover, we will focus our knowledge transfer efforts on the requisite data extracts and their use. This makes turnover smaller in scope and much simpler. No longer is it necessary to compile complex turnover packages containing multiple layers of SDLC documentation, user manuals, and plans/procedures.

Instead, the primary turnover activity we will execute will be data extraction and preparation. We will engage with you and the new contractor to determine the data needed and will agree upon a standardized format in which to deliver these extracts. The result is a faster, simpler turnover process. We will subject these data extracts to our rigorous quality assurance

processes. We will also support you by providing systems management and operations support services to the new contractor during the run-out period, as required by the State.

Designed with Change in Mind

Inherent in the design of our solution is the capability for a streamlined transition to a new service provider, either completely or in part. This flexible transition capability is from the modular, loosely coupled design upon which we built our solution. We applied MITA principles and the CMS Seven Conditions and Standards to the base architecture. Our MITA-enabled architecture will give you the flexibility to select the enterprise components to migrate to a new service provider and timing. This makes the execution of turnover simpler because it can be accomplished incrementally to fit within your business objectives.

The architectural approach of our solution, our extensive repositories of operational and non-systems data, plus our commitment to you as your trusted Provider Services module contractor will minimize operations risk if the Turnover Plan is used. We will work with you and any successor contractor to provide a smooth and streamlined transition while continuing to deliver an uninterrupted level of service to your constituents.

Escalation of Turnover Issues

We will establish an escalation procedure to address any gaps discovered during the Turnover Phase. This procedure will expeditiously address and resolve identified issues in conjunction with the DPHHS and in a manner consistent with the State-approved project governance approach. We will define these escalation procedures within the communications management process included in the Turnover Plan. By their nature, events such as these are generally unforeseen and may require expansion of turnover scope. The System Enhancement Pool may be used to assist in issue closure.

Transition activities will be dependent upon the nature of the solution or services, which may include but is not limited to:

- State Owned and hosted
- State Owned and Contractor hosted
- State Leased software and State-hosted
- State Leased software hosted by a third party
- Software as a Services (SaaS)

The Contractor must demonstrate that all contractual requirements have been met, transition operational tasks to a new Contractor and/or DPHHS completed, and provide lessons learned from the project prior to the end of the contract term. The Offeror must describe their approach to meet each of the Project Closeout and Turnover requirements defined in Attachment F, Requirements Matrix.

As part of our turnover activities, we will demonstrate that we have met all contractual requirements and transitioned operational activities to the new contractor or the DPHHS.

As part of the turnover process, Optum will perform the following:

- Knowledge transfer
- Extraction of data owned by the DPHHS
- Migration of any work in progress
- Documentation transfer required for the proper business operations procedures or operation or maintenance of any solution components subject to turnover

- Post-transfer technical assistance

We offer a SaaS solution that leverages an Optum provisioned and shared hardware infrastructure supporting provider enrollment and related activities. As a result, the turnover process will exclude the de-installation, shipment, transfer of title, and the physical transfer of the hardware platform comprising the solution to the DPHHS. We will retain the title to our solution hardware at the end of the contract.

Similarly, given the SaaS model, we will exclude the software components of the solution from the turnover process. Our solution software includes both software tools that are licensed to and used only by Optum, and the COTS-based software used by Optum and the DPHHS during the term of our contract. Consistent with a SaaS model, Optum will retain the software licenses and ownership, and no transfer of these licenses will occur during the Turnover Phase. Your license to use software associated with Optum Provider Services solution will end at contract expiration.

Upon successful completion of the turnover activities that are within our contract scope, we will discontinue our maintenance and operations services and support for the hardware, software, and data within our solution. We describe the transfer of the DPHHS-owned data and associated items that fall within the scope of Optum turnover in further detail in the remainder of this section.

Knowledge Transfer

Our turnover strategy implements a structured knowledge transfer methodology for you and the successor contractor as the receiving parties. This will incorporate lessons we learned associated with your business processes and community stakeholders.

Even with a COTS-based SaaS solution, a knowledge transfer program needs to be practical and must accommodate the busy schedule of project turnover activities. We will work closely with you and the successor contractor to identify the knowledge transfer method to be used, based on what is most effective for specific situations. Typical delivery mechanisms for knowledge transfer include the following:

- **Ad hoc:** Informal knowledge transfer as our team responds to on-the-spot, unplanned questions
- **Meetings:** Formal discussions used for knowledge transfer to groups
- **Walkthroughs:** Walking step-by-step through a project artifact, sharing in-depth operational knowledge
- **Documentation:** Creation and hand-off of formal and informal project artifacts, sharing detailed information on the program maintenance, policies and procedures, reports, and so forth
- **Shadowing and reverse shadowing:** This phase begins with Optum establishing the buddy system with the successor vendor. This approach will lay the foundation for knowledge transfer, shadowing, and the preparation for the Turnover Phase (reverse shadow). We will provide the necessary resources for a smooth turnover, including a Staff Transition Plan. During the Turnover and Training Phase, we will work with the successor vendor to complete the following tasks:
  - **Connectivity and software installation:** We will help the successor vendor to install all software and tools. In addition, we will provide infrastructure configuration details to our successor.

- **Access management:** We will give the successor vendor access to artifacts and digital asset repositories beginning with non-production environments.
- **Establish buddy system:** We will assign a SME to each successor vendor staff member as needed.

This is also a learn-by-doing phase of the transition. The successor vendor will shadow our team and participate in performing project tasks. We have found that this hands-on approach helps fill any gaps in knowledge for the successor vendor. The successor vendor will also learn process workflows, how components interact, and where to find additional information if needed.

Our approach to knowledge transfer focuses on transitioning information to the incoming team in the most effective and efficient manner. Our goal is to achieve timely and comprehensive results in support of your objectives.

Data Extraction

A key turnover activity is data extraction and preparation. We will engage with you and the new contractor to determine the data needed and will agree upon a standardized format in which to deliver these extracts. We will subject these data extracts to our rigorous quality assurance processes.

Work in Progress Migration

We will establish a comprehensive inventory of work in progress when notified of your turnover decision. During the Turnover Phase, we will update the inventory as needed to verify the conversion or migration of all work in progress.

Documentation Transfer

While turnover of a COTS-based SaaS solution is more streamlined than a proprietary system, we will develop processes engineered to effectively transition the DPHHS-owned business materials to you or to the successor contractor. This will provide a comprehensive picture and history of the solution operations. We will build on the inventory of operations and maintenance project artifacts created during implementation, including any subsequent changes during the Operations, Maintenance, and Configuration Phase. The artifacts inventory will include:

- Business rules traceability matrix, including change history
- Project meeting minutes
- Corrective action tracking reports, including a list of outstanding and unresolved issues
- Correspondence, performance metrics, and operations reports
- State-specific policies and procedures

As we prepare for turnover, we will review this inventory with you and adapt it to create a comprehensive turnover inventory.

We will work with you to finalize the inventory and schedule the collection and transfer of these artifacts according to the Turnover Plan and associated schedule. In addition, we will collect cumulative and detailed data that includes a list of the artifacts being turned over, the tasks required to accomplish the turnover and transfer, task ownership, scheduled and actual dates for completion, issues, risks, accomplishments, and comments and notes.

Post-transfer Support

Before beginning the post-transfer support phase (before the transfer of duties completion date), Optum will work with the DPHHS and the successor contractor to review the turnover artifacts identified in the Turnover Plan. We will verify that the artifacts have been thoroughly documented and successfully transferred in a timely manner. Additionally, we will confirm that appropriate users and stakeholders have received training addressing content, usability, and retrieval from the project document repository.

In the remainder of this section, we include our response to each of the Attachment F Project Closeout and Turnover requirements.

PTO01 The Contractor shall provide a turnover approach and the services required for the transition of operations, services and module components.

We approach turnover in a manner similar to implementation, through methodical planning, execution, knowledge sharing, and documentation. As we move through the project phases, we will continually refine and improve our SaaS solution and related processes. We will update project documentation to reflect approved changes and remain current to the solution baseline. In this manner, we incorporate process improvements and lessons learned into the Turnover Plan. If the DPHHS issues direction to us to initiate turnover, we will perform the following:

- Execute a comprehensive and controlled transition
- Conduct an orderly turnover process and work cooperatively with the DPHHS and the successor contractor by establishing a Joint Operating Agreement
- Safeguard minimal disruption of processing and interactions with providers, or the DPHHS operations by developing a turnover-specific communications plan in collaboration with the successor contractor

Our approach to turning over SaaS artifacts begins with detailed planning and incorporates project management quality checkpoints and milestones. Figure 3.75 illustrates our turnover methodology.

[redacted]

[redacted]

PTO02 At least six (6) months prior to the final Contract year (including option years that have been exercised) and at least six (6) months prior to the end of any contract extension(s), the Contractor shall provide the following:

a. An updated Turnover Plan.

b. Complete and update system and user documentation.

c. Statement of the resources that would be required by the Department or another contractor to fully take over solution, technical, and business functions outlined in the Contract(s). This includes quantity and types of resources and volume of tasks to support the scope of work.

d. Operational tasks and procedures as necessary to support ongoing operations of the solution.

e. Lessons learned report.

f. List of incomplete tasks, such as system defects, modifications or enhancements, mass adjustments, reference updates, and configuration requests.

g. A detailed description of the services that would be required by another Contractor to fully take over system, technical, and business functions outlined in the Contract.

The Department reserves the right to request this information at any time throughout the Contract.

Optum will provide the following deliverables and information at least six months prior to contract end, including exercised option years, and at least six months prior to the end of contract extensions.

Updated Turnover Plan

We understand your need for consistent and uninterrupted service to your stakeholders during the Turnover Phase of the project. Sustaining high-quality customer service while one contractor exits and a new contractor transitions in is important. During turnover, we will provide the same high level of support to you and the successor contractor, as we would expect in the same position. We plan and prepare for turnover early and throughout the project lifecycle, establishing annual Turnover Plan reviews, and staffing a turnover team. Our turnover team will implement and manage the Turnover Plan, as well as confirm that documentation is updated to the current baseline. We will use the Turnover IMS to execute against the plan and monitor to confirm that we meet contract requirements.

Advantage

By identifying support required by DPHHS and third parties, Optum reduces the risk of a problematic turnover. Early in the turnover planning, we identify the tasks, dependencies and deliverables most at risk for slippage and engage affected stakeholders to mitigate the risk of a missed deliverable. Our approach enables us to proactively streamline required activities and communications during this critical phase.

System and User Documentation

We will provide system and user documentation for our solution. The documentation will describe how the DPHHS and other stakeholders use the solution and how the DPHHS operates and manages the system. The documentation will help the successor contractor to take over system, technical, and business functions described in the contract without disrupting operations or the user experience.

Communication Plan

Open and frequent communication is critical during the Turnover Phase. As part of turnover, we will continue this approach by maintaining our previously described Communication Plan. Continuity of operations for you is of utmost importance. To prepare adequately for this, we will keep existing communication channels open and forge new channels as needed to facilitate collaboration.

During the Turnover Phase, we will anticipate the types and levels of turnover support from the DPHHS and other stakeholders.

Department Support

To support continuity of operations and minimize risk relative to the transfer of duties, we anticipate that you will continue to lead and support program management activities throughout the Turnover Phase. These activities include:

- Conducting duties associated with the DPHHS management goals and general management strategy
- Assigning sufficient the DPHHS resources to accomplish the defined scope of work
- Leading project governance and escalation processes
- Leading risk, issue, and opportunity management processes

Specific tasks and expectations relative to the DPHHS interaction with the successor contractor include:

- Establishing the contract with the successor contractor, including requirements for the start of work and any supporting hardware, software, and infrastructure necessary to support the turnover effort
- Setting expectations with the successor contractor relative to the standard file formats Optum will provide as part of the data extraction tasks during this phase

Third-party Support

To support successful transfer of responsibilities to the successor contractor, we anticipate that third parties will support all activities requested of them and participate in meetings and deliverable reviews when requested. Throughout the Turnover Phase, these activities may include:

- Contribution to turnover planning
- Contribution to developing the IMS, as needed
- Participation in turnover meetings, as needed
- Participation in Turnover Phase knowledge transfer
- Contribution to status reporting content and status meeting participation, as needed
- Participation in joint walkthroughs of deliverables

We will identify a complete list of the DPHHS and third-party support requirements in the Turnover Plan developed during the implementation and in the associated Turnover IMS. Our IMS identifies tasks for which we expect the DPHHS participation, along with the task duration and level of effort in hours. As turnover planning commences, we will add detail and work with you to update tasks that require the DPHHS and third-party involvement.

In addition to status meetings, we will work with you to schedule or participate in other turnover meetings as needed to conduct planning, knowledge transfer, or other turnover activities. The agenda we prepare for each meeting will address any newly identified stakeholder-specific needs, new or updated information on identified risks or issues, and recommended resolutions. We will also support turnover meetings scheduled by you or the successor contractor in which

our participation is required. For Optum-hosted turnover meetings, we will assign a scribe who will create and distribute written meeting minutes following the meetings.

Operational Tasks and Procedures

We will provide operational tasks and procedures documentation for the Optum Provider Services solution. The documentation will describe how the DPHHS or the successor vendor can operate and maintain our solution during steady state.

Lessons Learned Report

As previously mentioned, we will collect lessons learned to review and apply as we plan for contract turnover. We will incorporate these lessons learned into the Turnover Plan. We will also submit them in a Lessons Learned Report to the DPHHS. This approach will help us close transition and knowledge transfer gaps and prepare the successor contractor for maintaining the solution.

List of Incomplete Tasks

We will list any incomplete tasks in the Training Plan. Incomplete tasks can include system defects, modifications or enhancements, mass adjustments, reference updates, or configuration requests.

Description of Services

The Training Plan will include a detailed description of the services a successor vendor would need to complete to fully take over system, technical, and business functions described in the contract.

PTO03 The Contractor shall provide a Monthly Turnover Report reflecting transition activities during the turnover period.

The Optum turnover manager will generate a Monthly Turnover Report reflecting transition activities during turnover. The manager will schedule and participate in status meetings to discuss turnover progress, resolving any issues with the DPHHS and the successor contractor. We will post these reports to the project repository for viewing by project stakeholders.

Our Monthly Turnover Report will include:

- An executive summary summarizing turnover status
- List of activities completed during the reporting period
- Status of turnover tasks, milestones, and deliverables, as tracked against the turnover work plan
- Planned corrective actions for activities not on schedule
- Activities in progress
- Risks, issues, and opportunities that must be addressed
- Issues resolved during the reporting period

Figure 3.76 shows a sample turnover status report.



We will conduct joint status review meetings among project and operations staff, according to the schedule in the Turnover Plan. These meetings will occur on a frequency agreed upon by the DPHHS and Optum.

PTO04 The Contractor shall provide operational procedures that describe how maintenance is performed for the solution.

We will transfer documentation and operational procedures that describe how the successor contractor will perform maintenance on the Optum Provider Services solution. The procedures will help the DPHHS maintain continuity of operations and minimize disruptions during the transition-out period.

PTO05 The Contractor shall cooperate with the successor contractor while providing all required turnover services. This will include meeting with the successor and devising work schedules that are agreeable for both the Department and the successor contractor.

We will cooperate with the successor contractor while providing turnover services. Our defined communication management process and turnover methodology will help us establish collaborative and transparent communications with the successor contractor as we conduct meetings, develop work schedules, and agree on turnover activities that the successor vendor and the DPHHS will approve. Our turnover manager will facilitate ongoing communications across the DPHHS, the successor contractor, and the Optum team.

PTO06 The Contractor must transfer solution and services documentation and all data requested by the State to the State.

As we described earlier in this section, within Our Turnover Strategy, we will transfer solution and services documentation and data the DPHHS requests as part of our turnover activities. The Turnover Plan will describe the process for reviewing and transferring artifacts, including documentation and data. For the data, we will work with and the new contractor to determine the data needed and will agree upon a standardized format in which to deliver these extracts. We will subject these data extracts to our rigorous quality assurance processes.

PTO07 The Contractor shall deliver a Turnover Results Report that documents completion of each step of the Turnover Plan.

As part of our Turnover activities, we will develop and deliver a Turnover Results Report to the DPHHS that describes each step we completed in the Turnover Plan.

3.10.7 Project Deliverables and Documentation

The documentation deliverables outlined in Table 3.10.7 have been identified for this scope of work. DPHHS will review deliverable requirements and make changes to required deliverables based on Commercial-Off-the-Shelf (COTS)/Software-as-a-Service(SaaS) versus non-COTS/Non-SaaS software. For each documentation deliverable the Contractor shall follow the guidelines outlined in the Documentation Standards in the Procurement Library. The Contractor will submit documents that meet the specific deliverable acceptance criteria as outlined in the Deliverable Expectation Document for the specific deliverable. All deliverables must be approved by DPHHS. Project artifacts and information will be shared on the CMS Reuse Repository. The Offeror must describe their approach to meet each of the Documentation requirements defined in Attachment F, Requirements Matrix.

We provide comprehensive identification and tracking of project deliverables as part of our standard processes and procedures. We will develop and submit all required documentation deliverables to the DPHHS for approval and meet project milestones defined in RFP Table 3.10.7 for the project scope of work. For each deliverable, we will follow the guidelines described in the Documentation Standards in the Procurement Library. Upon contract award, we will work with you to review and update this deliverables list before baselining it within our PWP. We understand the project artifacts and information will be shared on the CMS Reuse Repository.

Optum has a no-surprises approach to producing deliverables documentation. We will begin by developing a Deliverable Expectations Document (DED) to make sure the planned format and content meets your requirements and expectations. Instead of submitting the DED to you, we will schedule a joint walkthrough meeting to review the DED and make real-time updates based on your feedback. We have found this approach is the most effective way to obtain DED approval so we can move quickly to developing the draft deliverable.

Benefits

Joint deliverable walkthroughs will enable Optum to:

- Provide clarity in content and format
- Address issues before development
- Incorporate DPHHS feedback before formal submission

We follow a disciplined approach to developing deliverables and documentation. We will create a draft deliverable or tailor one we have used successfully on similar projects to accelerate deliverable development. We will modify the draft to meet your specific requirements, peer-review it to verify quality, and schedule a joint walkthrough meeting with you. During the meeting, we will walk through the draft and incorporate your feedback during the meeting instead of afterward. This approach will give you and your stakeholders direct input into the changes as we make them. Joint walkthroughs will also help us make sure you and your stakeholders are familiar and comfortable with the deliverable content before we submit it to you. We will work with you to finalize and submit the deliverable to a formal deliverable review

and approval process. We will submit documents for your review that meet the specific deliverable acceptance criteria as defined in the DED for the specific deliverable.

We understand the deliverable review process will take your time and attention and that your staff and stakeholders have other demands on their time. With this in mind, we have built a review and approval cycle that provides you the time to carefully review deliverables. Our process includes a two-cycle 7/3/3 approach. This means that we will give the DPHHS seven business days to review the first submission of a deliverable. After that review, the DPHHS will provide Optum with written comments identifying any updates or revisions. We will then have up to three business days to complete our revisions and submit an updated deliverable. With the second submission, the DPHHS will have three business days to confirm the updates and approve the document.

We expect that you will be able approve the deliverable at the conclusion of the second review cycle. If you do not approve a deliverable within two review cycles, we will work with you to escalate any issues and determine the dates for resubmission and review. Because we developed our deliverable process with a focus on open communication and frequent walkthroughs, we expect that escalations of this type will be minimal. Our goal is to get deliverables right the first time.

We will provide continuous operational reporting to the DPHHS. This will include status reports, meeting minutes, and other special reports as requested when we build the deliverables, perform the tasks, and present the final deliverables for acceptance.

The following sections describe our approach for meeting each of the deliverable and documentation requirements defined in RFP Attachment F, Requirements Matrix.

Table 3.10.7 Documentation Deliverables

Deliverable	Delivery and Update Frequency	Requirement Number	Deliverables Expectations Document Required?
Project Management Plan	As scheduled in approved PWP, updates as necessary	PMT18	Yes
Project Work Plan	Project initiation, updates as approved.	PMT19	Yes
Communication Plan	As scheduled in approved PWP, updates as necessary	DOC15	Yes
Quality Management Plan	As scheduled in approved PWP, updates as necessary	DOC16	Yes
Risk Management Plan	As scheduled in approved PWP, updates as necessary	DOC38	Yes
Issue Management Plan	As scheduled in approved PWP, updates as necessary	DOC40	Yes
Change Management Plan	As scheduled in approved PWP, updates as necessary	DOC18	Yes
Defect Management Plan	As scheduled in approved PWP, updates as necessary	DOC22	Yes
Staffing Plan	As scheduled in approved PWP, updates as necessary	DOC24	Yes

Deliverable	Delivery and Update Frequency	Requirement Number	Deliverables Expectations Document Required?
Data Management, Conversion, and Migration Plan	As scheduled in approved PWP, updates as necessary	DOC03	Yes
Application, Configuration, and Maintenance Plan	As scheduled in approved PWP, updates as necessary	DOC04	Yes
User Interface Style Guide	As scheduled in approved PWP, updates as necessary	DOC46	Yes
User Documentation	Project initiation, updates as necessary	DOC07	Yes
Operations Procedure Manual	As scheduled in approved PWP, updates as necessary	DOC42	Yes
Business Continuity and Disaster Recovery Plan	As scheduled in approved PWP, Annually	DOC08, DOC09, DOC10	Yes
Operations, Maintenance and Configuration Plan	As scheduled in approved PWP, updates as necessary	DOC12	Yes
Turnover Plan	12 months prior to final Contract year	DOC37	Yes
Updated Turnover Plan	6 months prior to final Contract year	PTO02	No
Technical Documentation	Project initiation, updates as necessary	DOC19	Yes
System Design Documentation	As scheduled in approved PWP, updates as necessary	DOC14	Yes
System Documentation	Project initiation, updates as necessary	DOC29	Yes
Master Test Plan	As scheduled in approved PWP, updates as necessary	DOC26	Yes
Training Plan	As scheduled in approved PWP, updates as necessary	DOC27	Yes
System Test Plan	As scheduled in approved PWP, updates as necessary	DOC28	Yes
Module Implementation Plan	As scheduled in approved PWP, updates as necessary	DOC13	Yes
Solution Architecture Document	As scheduled in approved PWP, updates as necessary	DOC21	Yes
Attachment - L-Technology Matrix	Upon initial proposal, Annually	DOC44	No
Turnover Results Report	Upon completion of turnover activities	PTO07	Yes
Monthly Status Report*	Monthly	PMT17	No
System Security Plan	As scheduled in approved PWP, updates as necessary	DOC01	Yes

Deliverable	Delivery and Update Frequency	Requirement Number	Deliverables Expectations Document Required?
CMS Information Security Program Plan of Action and Milestones (POA&M)	Conditional upon security risk assessment findings	SEC55	No
Risk Assessments	Annually and As Needed	SEC11	Yes
Requirements Traceability Matrix (RTM)	As scheduled in approved PWP, updates as necessary	RQM06	Yes
CMS Certification Checklists	As scheduled in approved PWP, updates as necessary	CERT02	Yes
Certification Plan	As scheduled in approved PWP, updates as necessary	DOC02	Yes
Operational Readiness Review Checklist	As scheduled in approved PWP date	IA06	Yes
Operation Readiness Test Results	As scheduled in approved PWP date	IA04	Yes
Penetration Test Report	Annual and 6 months prior to implementation	SEC15	Yes
Performance Test Results	As scheduled in approved PWP, updates as necessary	TEST04	Yes
System Test Results	As scheduled in approved PWP, updates as necessary	TEST04	Yes
Parallel Test Results	As scheduled in approved PWP, updates as necessary	TEST04	Yes
Regression Test Results	As scheduled in approved PWP, updates as necessary	TEST04	Yes
Integration Test Results	As scheduled in approved PWP, updates as necessary	TEST04	Yes
Disaster Recovery/Business Continuity Test Report	Annual	OMC03	Yes
Monthly Turnover Report	Monthly, during Turnover Period	PTO03	Yes
Subcontractor Usage Report	Annual	SUB05	Yes
System Enhancement Pool Report	Monthly	PMT29	Yes
Business Rules Catalog	Project initiation, procurement of each MPATH module and updates as necessary	BR03	Yes
Certification Crosswalk	As scheduled in approved PWP, updates as necessary	CERT01	Yes
Personnel	As necessary	KR19	No

Deliverable	Delivery and Update Frequency	Requirement Number	Deliverables Expectations Document Required?
Background Check Attestation*			
Interface Control Documents (ICD)	As scheduled in approved PWP, updates as necessary	INR07	Yes
Deliverable Review and Acceptance Process	Project initiation, updates as necessary	PMT15	Yes
Data Dictionary	As scheduled in approved PWP, updates as necessary	DM11	Yes
Conceptual Data Model	As scheduled in approved PWP, updates as necessary	DM55	Yes
Implementation Letter	As scheduled in approved PWP	IA01	No
Security Audit Report	Annually on September 30	SEC22	No
Service Organization Control (SOC) 1 Type II Reports	Annually	SEC73	No

DOC01 The Contractor shall develop, execute, maintain and deliver for the State's approval, a System Security Plan (SSP) that will document the current level of security controls within the module scope of work that protects the confidentiality, integrity and availability (CIA) of the solution and its information. This is a living document and will be updated no less than annually and when new vulnerabilities are identified and mitigated and when additional functionality and/or components are implemented. The System Security Plan must be approved before any State data is transferred or entered into the solution. The State must approve all revisions of the System Security Plan. If the Contractor's solution is hosted by the State, the State will provide supporting information to the Contractor to complete the SSP.

The SSP must address the following topics:

- Adherence to the State's requirements outlined in the "Security and Privacy Controls Requirements" document, included in the Procurement Library;
- Compliance with the Centers for Medicare and Medicaid Services (CMS) Acceptable Risk Safeguards (ARS) to assess CIA and NIST SP 800-53 Rev 4 at a "moderate" control level;
- Data center physical security;
- Network segmentation, access controls, and forensics;
- Perimeter security;
- Application security and data sensitivity classification, including Protected Health Information (PHI) and Personally Identifiable Information (PII);
- End-point protections such as multiple redundant firewalls and host-based intrusion detection systems;
- Identification and prevention of the use of prohibited functions, ports, protocols, and services;
- Network, firewall, server and other security-related configurations and changes;
- Intrusion detection and prevention;
- Network scanning tools;
- Host hardening;
- Internet filtering;

- Remote access;
- Encryption of data at rest and in transit;
- User authentication and directory services;
- Interfaces and exchange of data with external entities;
- System penetration testing;
- Management of operating system and security patches;
- Anti-Virus and malware detection and email gateways;
- Assessment and testing of system and code modifications; and
- Allowable internal and external communication protocols.
- Compliance with the Federal Risk and Authorization Management Program (FedRAMP) Certification, FedRAMP Risk Assessment that indicates compliance or documented NIST 800-53 rev 4 at a "moderate" system risk assessment designation for Contractor hosted solutions;
- Compliance with Statement on Standards for Attestation Engagements (SSAE-16) SOC 1 Type 2;
- Compliance with Statement on Standards for Attestation Engagements (SSAE-16) SOC 2 Type 2.

Optum will develop, submit for approval, execute, and maintain a System Security Plan (SSP) to protect the Confidentiality, Integrity, and Availability (CIA) of the State's data. We will update it annually. We will also update it when new vulnerabilities are identified and mitigated and when we implement additional functionality and/or components. Optum will receive your approval on the plan before transferring or entering data into the Optum Provider Services solution.

We design and implement our security and privacy controls without burdening the consumer or service provider through a layered SOA model, addressing associated threats to each layer. We distribute security controls across the environment to prevent unauthorized, opportunistic access.

The SSP will define the State's information system boundary. This system boundary will include a description of the information system, all technologies, user roles with access privileges, architecture diagrams, system interconnections, and system categorization.

The security controls included in the SSP will be the moderate baseline security controls from CMS ARS based on NIST 800-53. Each of these security controls will have an associated implementation statement describing how the safeguard has been met. Where applicable, the implementation statement will describe how each technology within the State's system boundary complies with CMS ARS, thus providing the ability to cross-reference to specific design requirements.

Based on the implementation statements, we will develop test cases to assess, review, and evaluate the implementation status of each control. An organizationally separate Audit and Compliance team will develop, perform, and capture these test cases in a Security Test and Evaluation (ST&E) plan. We will capture the results of the ST&E in a SAR. Any findings resulting in a control being determined to be partially implemented or not implemented will result in a POA&M. We will track POA&Ms through the remediation and mitigation processes to make sure the Optum Provider Services solution complies with the control requirements.

DOC02 The Contractor shall develop and maintain a Certification Plan that defines the contractor's approach to CMS certification. It must describe the processes and procedures that will be used to manage Certification requirements. The Certification Plan must comply with the most current MECT process to ensure the system will meet all certification requirements.

We will develop, submit for approval, and maintain a Certification Plan that defines our CMS certification approach and the processes and procedures we will use to manage certification requirements. The plan will comply with the most current MECT process to validate the system will meet all certification requirements. We have a thorough working understanding of MECT and how it is applied to the assessment of modernization solutions and associated applications. The Optum Provider Services solution will meet all applicable checklist items in the most current version of the MECT.

We will work with you and your other contractors to plan and achieve CMS certification for the Optum Provider Services solution. System certification readiness activities will occur during all stages of the Implementation Phase. The requirements for a successful certification are a key topic we will introduce during project kickoff. From initiation through close, we will conduct certification activities that include the following:

- Certification planning
- Documentation creating
- Artifact gathering
- Support for the CMS certification team
- Resolution of issues and findings from the system certification
- Repair of system and operations defects discovered as part of the system certification process

Addressing certification early in the project will make certain project stakeholders keep CMS requirements in mind during each stage of the project. Development, documentation, training, and operational plans should reflect an awareness of certification requirements. System certification activities will conclude when the State achieves CMS certification and we have resolved all defects identified during the certification process.

We understand you will proceed through a modular system certification of MPATH. We will provide continued support for the certified Optum Provider Services solution, making sure it remains functional throughout the process. For our solution, we will use a COTS design and a SaaS delivery model that leverage technical and business processes to meet your RFP requirements. Our solution will comply with State policies while adopting the CMS modular certification regulations.

Optum is experienced in working with the new certification checklists. In conjunction with the certification regulation publications, we participated in committee meetings with State and CMS representatives concerning certification modular methodology. We will use the Option B checklists as outlined in RFP Attachment D for this engagement.

We are currently helping several states understand and use the new checklists and process. We will support certification for the Optum Provider Services solution by the following:

- Producing required project-related documentation
- Maintaining the RTM for each CMS milestone review
- Gathering artifacts such as operations manuals and test results

- Developing complete checklist inventory, descriptions, and required attachments applicable to federal- and state-specific system review criteria in place for each business objective
- Helping the DPHHS prepare for meetings with the CMS certification team
- Resolving any findings or issues CMS uncovers during the CMS review

DOC03 The Contractor shall develop, submit, and maintain a Data Management, Conversion and Migration Plan to include the following:

a. A data management strategy that will support integration, optimization, quality, stewardship, standards, and governance of data.

b. description of appropriate skill sets, processes, technologies/tools, and any naming conventions followed.

c. Approach to conversion, cleansing and migration.

d. Approach to risk management for data conversion effort.

e. Approach for testing migration or converted data;

f. Approach to reporting the number of records successfully converted vs. errors or exceptions.

g. Approach for cleansing data to prepare it for loading to the proposed solution that is refined as necessary.

h. Approach to resolving data conversion errors and issues.

i. Approach for supporting the Department validation of converted data.

j. Tasks, timelines, and responsible parties for all conversion and migration tasks.

k. Entrance and exit criteria for each phase of the effort.

We will develop, submit for approval, and maintain a Data Management, Conversion, and Migration Plan for the Provider Services module. At minimum, it will describe the information listed in this requirement.

The plan will describe how our approach to data conversion will leverage people, process, and technology to execute a data management and conversion strategy for the project. The plan will describe topics, such as how we will provide a data element-to-data element mapping and convert the values from the legacy system to our solution.

The process of converting data from a legacy application to the Optum Provider Services solution will require careful analysis and planning. We will follow strict and efficient project execution to confirm that we meet project deadlines. Additionally, the approach must be flexible and accommodate situations where testing does not progress as planned and fails to produce desired results.

We will follow the Data Management, Conversion, and Migration Plan and begin data conversion activities as early as possible. This approach will help us make certain we allow enough time to complete all conversion and data migration activities according to the project schedule. We will also leverage lessons learned in prior projects to facilitate the migration, conversion, and data management activities for the DPHHS.

DOC04 Prior to beginning design and configuration/build activities, the Contractor must develop and submit to the State an Application Configuration and Maintenance Plan that describes the Contractor's approach to applications configuration and enhancements including:

a. Approach to conducting design sessions or walkthroughs.

b. Approach to conducting sprints or iterations.

c. Configuration management.

d. Schedule of major and minor releases.

e. Tasks, timelines, and responsible parties for design and configure/build tasks.

f. Approach to system enhancements

g. Programming and coding standards

The plan must be maintained through the system implementation. Revisions must be approved by the State.

Optum will develop and submit for review a Configuration and Maintenance Plan for the Provider Services module. At minimum, it will describe the information you list in this requirement.

We designed the Optum Provider Services solution to be configurable for our customers' unique business requirements. The solution accommodates custom coding while preserving the integrity of the core software. This will enable us to apply upgrades and new releases as if no custom code existed. Both configurability and extensibility are critical competencies of COTS and SaaS in supporting your provider services requirements. Without configurability and extensibility, a project becomes a traditional, custom one-of-a-kind MMIS system development effort instead of a configured service implementation the State is seeking.

The Configuration and Maintenance Plan for the Provider Services module will describe how we will conduct configuration management throughout the life of the project. This will include documentation on managing configuration, roles, and responsibilities; making configuration item changes; and communicating configuration management-related information to project stakeholders. Without a documented Configuration and Maintenance Plan, configuration items may be missed, incomplete, or unnecessary work completed because of a lack of version and document control.

DOC46 The Contractor shall provide a User Interface Style Guide or equivalent document defining the design standards for user interfaces. The User Interface Style Guide must demonstrate how the solution meets the most current MECT user interface requirements including:

a. User ability to customize or make adjustments (e.g. language support, font size) to portal presentation.

b. Users utilizing scripting languages and/or assistive technology have the ability to access the information, field elements, and functionality required for electronic form or page completion and submission including directions and cues.

c. User Interface organization so documents are readable without requiring an associated style sheet. completion and submission of forms, to display content or create interface elements.

d. User Interfaces identifying row and column headers for data tables.

e. User Interfaces informing users when a timed response is required and given sufficient time to indicate more time is required.

f. User Interfaces providing a method that permits users to skip repetitive navigation links.

g. User Interfaces provide text titles for frames to facilitate frame identification and navigation.

h. User Interfaces use markup to associate data cells and row/header cells for data tables that have two or more logical levels of row or column headers.

We will provide the DPHHS with a User Interface Style guide defining the interfaces of our solution. At minimum, it will describe how the solution meets current MECT user interface requirements, including the ones listed in this requirement.

The guide will provide day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives relating to the provider portal. It will describe how our solution complies with the MITA Seven Conditions and Standards for certification in key areas, such as the following:

- Consistent screen images/navigation ease
- Single sign-on user access
- Automatic user authentication support
- Preventing unauthorized access to electronic protected health information (ePHI) in transit over an electronic communications network
- 508 compliance for provider screen images
- Automatic session lock after 15 minutes of inactivity that requires the user to reestablish access by following identification and authentication procedures
- User disabled after three consecutive invalid login attempts

DOC07 The Contractor shall provide during the initiation phase of the project and maintained throughout the project user documentation.

The State requires User Documentation for use by a novice business user to understand the automated system or application from a business function perspective. The Contractor shall provide comprehensive, well-organized user documentation. The Contractor's User Documentation shall include at a minimum:

- Written in a procedural step-by-step format. (Instructions for sequential functions must follow the flow of actual activity).
- Manuals that helps users understand the purpose and operation of the module/module component(s) for each business process/major program/functional area.
- Acronyms used in user instructions must be identified and must be consistent with windows, screens, reports, and the data element dictionary.

- Cover system navigation, online help, and policies and procedures.
- The documentation must be available on-line and provide an on-line search capability with context-sensitive help.
- Provide the ability to produce a PDF version upon request
- Use version control to retain historical versions of documentation and revisions must be clearly identified.
- User documentation must be written and organized so that novice users can learn from reading the documentation how to access the on-line windows/screens, read reports, and perform all other user functions.
- User manuals must contain a table of contents and an index.
- Definitions of codes used in various Sections of a user manual must be consistent.
- Descriptions of error messages for all fields incurring edits must be presented and the necessary steps to correct such errors must be provided.
- Abbreviations must be consistent throughout the documentation.
- Each user manual must contain a Section describing all reports generated within the subsystem, which includes the following:

14. A narrative description of each report.
15. The purpose of the report.
16. Definition of all fields in the report, including detailed explanations of calculations used to create all data and explanations of all subtotals and totals.
17. Definitions of all user-defined, report-specific code descriptions; and a copy of representative; and pages of each report.

- Instructions for requesting reports or other outputs must be presented with examples of input documents and/or screens.
- Instructions for making on-line updates must clearly depict which data and files are being changed.

Optum will develop, submit for review, and maintain user documentation for the Provider Services module. At minimum, it will describe the information listed in this requirement.

The user documentation will explain how a business user new to the solution will interact with the automated system or application from a business perspective. The documentation will assume a basic level of familiarity with software systems, the health care industry, and Medicaid. We will develop user documentation that incorporates easy to use, step-by-step instructions that enables users to understand key concepts and instructions. We will use an appropriate number of graphical elements and screen shots, as needed, to illustrate important points in the documentation and help users understand the documentation.

As a standard Optum practice, our release management process requires us to update user documentation and the operations procedure manual after every implementation. We will report and share updated versions of the user documentation and operations procedure manual with the DPHHS in the agreed-upon format and location within 10 business days of the implementation.

DOC08 The Contractor shall develop and maintain annually, a Business Continuity and Disaster Recovery Plan that must be in place before any Department data is transferred or entered into the solution. The Plan must contain procedures for data backup, restoration, and emergency mode operations in the event of:

a. Hardware or Software Failures;

b. Human Error;

c. Natural Disaster; and/or

d. Other unforeseeable emergencies.

The Business Continuity and Disaster Recovery Plan must be approved by the Department.

We will develop, submit for review and approval, and maintain a Business Continuity and Disaster Recovery (DR) Plan for the Provider Services module. At a minimum, it will describe the information listed in this requirement.

For a system as critical to the Optum Provider Services solution, a comprehensive Business Continuity and Disaster Recovery Plan is a necessity. The plan will provide an overview of the disaster recovery program managed by Optum. This document will define, at a high level, the disaster recovery structure, processes, and roles and responsibilities for the solution infrastructure.

Our approach to DR is based on two fundamentals: prevention and protection. Our focus on balancing disaster prevention with protection helps us reduce both the probability and impact of a disaster. We first eliminate or reduce disaster risk in critical areas and then we plan for the most probable disaster scenarios. While disaster recovery handles the complete failure of a data center, our incident management processes help us account for solving high-priority events outside of a disaster scenario. DR at Optum minimizes the risk and impact to the customer from the occurrence of disaster events and focuses on the ability for hosted solutions to survive an event. Following the DR and Business Continuity Plan for the Provider Services module will help us prevent and protect the solution from a disaster event.

DOC09 The Contractor's Business Continuity portion of the plan must include the following:
a. Identification of the core business processes involved in the production solution. For each core business process include:

1) Identification of potential failures for the process;

2) Risk analysis;

3) Impact analysis; and

4) Definition of minimum acceptable levels of service/output.

b. Definition of triggers for activating contingency plans.

c. Procedures for activating any special teams for business continuity.

d. A plan for recovery of business functions, units, processes, human resources, and technology infrastructure.

e. Communication protocols and process for restoring operations in a timely manner.

The Business Continuity section of our Business Continuity and DR Plan will describe the information listed in this requirement, at a minimum, for core business processes in our production solution.

Business continuity addresses backup and recovery from the probable disaster scenarios and a worst-case scenario. We use various backup and recovery strategies that align to the critical components of our solution. Based on this criticality, we will recover, resume, and validate the solution components following the predefined Recovery Time Objective (RTO).

We will work with the DPHHS to review the existing Business Continuity and DR Plan, and then finalize the business continuity and resumption recommendations for the Optum Provider Services solution. Examples include:

- Designing operational backups to use high performance disk-to-disk primary copy with virtual off-site second copy tape
- Using metrics in the form of KPIs to derive the health of the business continuity and resumption program

We plan periodic execution of the disaster recovery failover during the maintenance downtime or part of a maintenance release. Failover testing includes running the application entirely in the secondary site, along with the failover of the database to the standby copy. At the conclusion of the failover test, we return the application and database to the original state. These and other activities described in the Business Continuity section of our Business Continuity and DR Plan will help us plan for business continuity for our solution if a disaster occurs.

DOC10 The Contractor's Disaster Recovery portion of the plan must address, at a minimum:

a. Retention and storage of backup files and software;

b. Hardware backup for critical solution components;

c. Facility backup;

d. Backup for any telecommunications links and networks;

e. Backup procedures and support to accommodate the loss of any online communications;

f. A detailed file backup plan, procedures, and schedules, including rotation to an off-site storage facility.

g. The off-site storage facility must provide security of the data stored there, including protections against unauthorized access or disclosure of the information, fire, sabotage, and environmental considerations.

h. An enumeration of the prioritized order of restoration for Contractor's proposed solution.

i. Provide a short-term uninterruptible power supply to facilitate an orderly shutdown of the information system in the event of a primary power source loss.

The disaster recovery section of our Business Continuity and DR Plan will describe the information listed in this requirement, at a minimum.

Disaster recovery planning is essential to mitigating risk for our customers and overall business. Our solutions include designing and implementing the appropriate DR infrastructure capability, as well as creating the supporting recovery documentation (e.g., DR Plan, critical contact lists, application recovery scripts, and validation procedures), and exercising the DR solution.

We leverage geographically dispersed resilient operations and data centers to perform critical business functions to minimize any single points of failure. Disaster recovery plans are refreshed as changes occur, but no less than annually.

While our focus is on preventing disasters, we also recognize there is always potential for disasters to occur. We developed strategies to protect the business if an unforeseen event does occur. Disaster recovery at Optum is based on anticipating and planning for the common types of disasters and designing solutions to address them. Disaster protection addresses recovery from the most probable disaster scenarios to complete data center loss.

Our primary DR strategy involves identifying critical business processes and transitioning these critical applications, data, and supporting infrastructure to an alternate location in a timely manner, thereby reducing the impact of an event to our business clients. Applications are typically hosted in multiple data centers using technology that synchronizes data and application code for automated rapid failover in a disaster scenario.

DOC11 The Contractor shall update all project documentation (e.g., system design documentation, user and training documentation) as necessary throughout all phases of the project.

We will update all project documentation (e.g., user documentation, training documentation), as needed, throughout all phases of the project. We will provide deliverables or documentation, as defined in the PWP and approved by the DPHHS. The following table shows the project documentation deliverables specified in the RFP that we will provide and update during all project phases.

Deliverable	Delivery and Update Frequency
Project Management Plan	As scheduled in approved PWP, updates as necessary
Project Work Plan	Project initiation, updates as approved
Communication Plan	As scheduled in approved PWP, updates as necessary
Quality Management Plan	As scheduled in approved PWP, updates as necessary
Risk Management Plan	As scheduled in approved PWP, updates as necessary
Issue Management Plan	As scheduled in approved PWP, updates as necessary
Change Management Plan	As scheduled in approved PWP, updates as necessary
Defect Management Plan	As scheduled in approved PWP, updates as necessary
Staffing Plan	As scheduled in approved PWP, updates as necessary
Data Management, Conversion, and Migration Plan	As scheduled in approved PWP, updates as necessary
Application, Configuration, and Maintenance Plan	As scheduled in approved PWP, updates as necessary
User Interface Style Guide	As scheduled in approved PWP, updates as necessary
User Documentation	Project initiation, updates as necessary
Operations Procedure Manual	As scheduled in approved PWP, updates as necessary
Business Continuity and Disaster Recovery Plan	As scheduled in approved PWP, updates annually
Operations, Maintenance and Configuration Plan	As scheduled in approved PWP, updates as necessary
Turnover Plan	12 months prior to Contract end
Updated Turnover Plan	6 months prior to Contract end
Technical Documentation	Project initiation, updates as necessary
System Documentation	Project initiation, updates as necessary
Master Test Plan	As scheduled in approved PWP, updates as necessary
Training Plan	As scheduled in approved PWP, updates as necessary
System Test Plan	As scheduled in approved PWP, updates as necessary
Module Implementation Plan	As scheduled in approved PWP, updates as necessary
Solution Architecture Document	As scheduled in approved PWP, updates as necessary
Attachment L – Technology Matrix	Upon initial proposal, updates annually
Turnover Results Report	Upon completion of turnover activities

Deliverable	Delivery and Update Frequency
Monthly Status Report	Monthly
System Security Plan	As scheduled in approved PWP, updates as necessary
CMS Information Security Program Plan of Action and Milestones	Conditional upon security risk assessment findings
Risk Assessments	Annually and as needed
Requirements Traceability Matrix	As scheduled in approved PWP, updates as necessary
CMS Certification Checklists	As scheduled in approved PWP, updates as necessary
Certification Plan	As scheduled in approved PWP, updates as necessary
Operational Readiness Review Checklist	As scheduled in approved PWP date
Operation Readiness Test Results	As scheduled in approved PWP date
Penetration Test Report	Annually and 6 months prior to implementation
Performance Test Results	As scheduled in approved PWP, updates as necessary
System Test Results	As scheduled in approved PWP, updates as necessary
Parallel Test Results	As scheduled in approved PWP, updates as necessary
Regression Test Results	As scheduled in approved PWP, updates as necessary
Integration Test Results	As scheduled in approved PWP, updates as necessary
Disaster Recovery/Business Continuity Test Report	Annually
Monthly Turnover Report	Monthly, during Turnover Period
Subcontractor Usage Report	Annually
System Enhancement Pool Report	Monthly
Business Rules Catalog	Project initiation, procurement of each MPATH module and updates as necessary
Certification Crosswalk	As scheduled in approved PWP, updates as necessary
Personnel Background Check Attestation	As necessary
Interface Control Documents	As scheduled in approved PWP, updates as necessary
Deliverable Review and Acceptance Process	Project initiation, updates as necessary
Data Dictionary	As scheduled in approved PWP, updates as necessary
Conceptual Data Model	As scheduled in approved PWP, updates as necessary
Security Audit Report	Annually on September 30
Service Organizational Control 1 Type II Reports	Annually
Implementation Letter	As scheduled in approved PWP

DOC12 The Contractor shall provide and maintain an Operations, Maintenance and Configuration Plan for the Department's approval that describes post-implementation processes for areas such as:

a. Architecture/hosting operations.

b. Monitoring daily operations performance.

c. Performing routine maintenance.

d. Maintaining user documentation.

e. Online help approach and documentation, as appropriate.

f. Configuration and change management.

g. Approach to enhancements and other new requirements.

h. Maintaining system documentation.

i. Maintaining training documentation.

j. Archiving requirements.

k. Tasks, timelines, and responsible parties for design and configure/build tasks.

l. Reporting status against relevant Service Level Agreements (SLAs)

m. Schedule of major and minor releases.

The Department must review and approve all revisions of the Operations, Maintenance and Configuration Plan.

We will develop, submit for review and approval, and maintain an Operations, Maintenance, and Configuration for the Provider Services module. At a minimum, it will describe the information listed in this requirement.

The manual will describe post-implementation processes that are critical for operations, such as hosting and architecture operations, monitoring daily performance, and providing routine maintenance. It will describe the functions for technical, application, and IT operations, along with other related operational business processes required to manage the solution effectively.

DOC13 The Contractor shall develop a Module Implementation Plan in conjunction with the State that describes, at a minimum:

a. The rollout approach, including phased implementation, if necessary.

b. Overall integration approach

c. Approach to continuous integration of other modules or data from other data providing entities.

d. The proposed implementation schedule.

e. The rollback strategy.

f. Communication and Contractor support procedures.

g. Contractor and State roles and responsibilities.

h. Operational Readiness Checklist(s) that defines, in advance, the go/no-go decision, and all aspects of Contractor, solution, and State readiness.

i. All critical tasks that are required for cutover.

j. Post cutover monitoring.

k. The onsite and offsite user support provided by the Contractor and State during the initial solution implementation.

l. Solution acceptance procedures.

m. Tools and processes to ensure overall quality.

n. Describe post implementation production deployment process and activities.

We will develop, submit for approval, and maintain a Module Implementation Plan for the Provider Services module. At minimum, it will describe the information listed in this requirement.

As a leader in information and technology-enabled health and business services, we offer the DPHHS our extensive experience implementing products and services to various government and private clients. These successful implementations give Optum a strategic advantage by knowing which strategies work best in a given situation. The Optum Provider Services solution will leverage this extensive knowledge, lessons learned, templates, and other tools and artifacts to deliver an implementation plan that is grounded in reality, incorporates effective planning, and delivers prudent execution.

Throughout our implementation plans, we include proven communication protocols that are integral to our successful, on-time delivery culture. Optum develops a big picture strategic goal that clearly defines the objectives and critical tactics for success. Furthermore, we develop each communication plan iteratively based on the needs of each client's implementation plan and that aligns with each client's identified stakeholder communication channels. This well-constructed communication provides a platform to disseminate accurate communication and reinforce a culture to help provide a successful Provider Services module implementation.

In concert with best practices set forth by the PMI, ITIL v.3, and other industry leaders, we plan and execute our product implementation with the DPHHS and the DPHHS stakeholders' experience foremost in mind. Verifying that customer business objectives are met at the desired, agreed-upon timeline, our solution provides an implementation approach that is rapid, business-focused, and broadly adaptive.

Pursuant to our overall implementation and project management strategies and in compliance with the Attachment F – Requirements Matrix, Optum will produce an implementation plan and release schedule that supports the deadlines approved by the DPHHS.

DOC14 The State defines System Design Document (SDD) as documentation that describes how the functional and nonfunctional requirements recorded in the Requirements Response Matrix transform into more technical system

design specifications from which the system is configured and built. The SDD documents the high-level system design and the low-level detailed design specifications.

The SDD describes design goals and considerations, provides a high-level overview of the system architecture, and describes the data design associated with the system, as well as the human-machine interface and operational scenarios. The high-level system design is further decomposed into low-level detailed design specifications for each system component, including hardware, internal communications, software, system integrity controls, and external interfaces.

The SDD documents and tracks the necessary information required to effectively define architecture and system design in order to give the development team guidance on the architecture of the system to be developed. Design documents are incrementally and iteratively updated during the system development life cycle and includes proprietary contractor material (this excludes proprietary information related to COTS products). Its intended audience is the project manager, project team, and development team. The Contractor shall provide and maintain system design documentation that includes at a minimum:

- A description of each component, their purpose, including basic functions and the business areas supported
- User stories/use cases
- User interface design
- Physical database design
- A module system diagram, including all components, identifying all business process diagrams, data flows, systems functions, and their associated data storage
- Configurations
- Job streams within each module, identifying programs, inputs and outputs, control, job stream flow, operating procedures, and error and recovery procedures.
- A network schematic showing all network components and technical security control
- Listing of the edits and audits applied to each input item and the corresponding error messages.
- Interface Control Documentation
- Narrative descriptions of each of the reports and an explanation of their use must be presented.
- Definition of all fields in reports, including a detailed explanation of all report item calculations.

Per CMS MECT Appendix B Required Artifacts List, this is not necessary for COTS products. Interface design documents, including APIs, are required over the SDD. Due to the SaaS nature of the solution, most requirements are proprietary and confidential. For these reasons, we will not produce a System Design Document or system design documentation for the project.

DOC15 The Contractor shall develop and maintain a Communication Plan. The purpose of the Communication Plan is to provide a description of the communication that will occur on the project and how it will be managed. This includes details about various types and means of communication, communication channels, communication flow within the organizational structure, escalation, guidelines for meetings, dissemination of knowledge, and communication effectiveness. The Communication Plan shall ensure that the communication approach addresses communication across multiple vendors. Effective communication is a key element for the success of the project.

We will develop, submit for approval, and maintain a Communication Plan for the Provider Services module. The plan will outline the processes, roles, and responsibilities for sharing information about key project progress, processes, events, documents, and milestones.

The Communication Management Plan will provide an overall framework for managing and coordinating communications between the DPHHS, Optum, and other project stakeholders. It will address communicators, audiences, messages, communication channels, feedback mechanisms, and message timing, and create a mapping between them. This framework will make sure we provide relevant, accurate, and consistent project information to the DPHHS and other stakeholders in a timely manner.

As part of the PMP, the Communication Management Plan is an evolving document that we will revise, when appropriate, throughout the project. This plan defines the communication requirements for the project and how/when to distribute the information. It supports the Stakeholder Management Plan in that it will help the project team manage stakeholder expectations and prevent unwarranted communications.

Effective communication is critical to the success of a project. For this reason, the Communication Management Plan is viewed as one of the key project management sub-plans. This plan will:

- Highlight the importance of effective communication and its impact on the execution of the project
- Identify mechanisms to deliver these key messages
- Establish a formalized structure to sustain communications over the long term

Communication Management Approach and Methodology

Clear, open, and honest communication is the basis of our approach to service and project management. Our organized, open, and transparent approach will help our teams quickly grasp, respond to, and/or mitigate potential project issues. In the current, rapidly evolving HHS environment, systems and organizations must align closely to provide quick and reliable support. In order to communicate accurate information to the correct entity, we must identify the audiences (stakeholders) associated with the Provider Services module.

We must define and categorize the recipients of project communications to understand how each stakeholder interacts with the Provider Services module and what information needs exist. The Communication Management Plan will enhance communication across the project, but not all audiences have the same information needs. The level of interaction with the project will vary from stakeholder to stakeholder. Understanding differences in audience information needs will enable our project team to develop targeted communication strategies and tactics.

The goal of the Communication Management Plan is to establish structured and effective communications with all project stakeholders. To accomplish this goal, we will target the plan to support the following key objectives:

- Provide accurate, appropriate, and consistent information about project status
- Provide relevant information to appropriate groups at the appropriate time
- Verify all stakeholders receive intended messages and consistent information
- Fulfillment of these objectives should:
  - Provide stakeholders with oversight responsibilities and the level of information they require
  - Provide internal project team governance stakeholders and the level of information they require to coordinate and manage the project
  - Facilitate stakeholder support and provide timely and accurate information that enables them to prepare for their roles in the implementation and support of the project
- Key principles that guide our approach to project communications:

- Communications will be clear, consistent, and concise, with verbiage free of jargon not understood by the stakeholders
- Communications may need to be delivered in various methods most likely to reach various stakeholder groups
- Communications should provide the right information at the right time to the right audience

We will assess and update the Communication Management Plan as needed.

To facilitate project success, we will rely on formal and regular communications to provide information and updates that participants need to accomplish their roles. Our account manager will deliver primary communication vehicles, such as the Weekly Project Status Reports, to the DPHHS during regularly scheduled review meetings. These reports will help project stakeholders further understand project progress, project health, items requiring their action, what their responsibilities are, project dependencies, and areas where the project is facing risks or challenges.

As with most project plans, updates, or changes may be required as the project progresses throughout its lifecycle or changes are approved. Required changes or updates include changes in personnel, scope, budget, or other reasons. Additionally, updates may be required as the project matures and additional requirements are needed. The Optum project manager will manage all proposed and approved changes to the Communication Management Plan. After a change is approved, our project manager will verify the plan, as well as update and distribute supporting documentation to the project team and stakeholders.

Reinforcing key messages is a vital part of the communications process. Selecting the right mechanisms to deliver these important messages on time creates a reliable network of communication to make sure there are various opportunities for stakeholders to receive information.

Two types of mechanisms are used to engage stakeholders: push and pull mechanisms. Push mechanisms are those that effectively push information to audiences. Pull mechanisms are those that pull information from stakeholders.

The project communications we describe in this section employ a combination of push and pull mechanisms to supply stakeholders with information while delivering forums for engagement and opportunities for feedback. The audience groups can break down in different ways: project team, internal stakeholders, and external stakeholders. Some participants may belong to many potential audience groups—some of which overlap and have different priorities. Communication and feedback channels fall into three broad categories: face-to-face, paper-based, and technology-based methods. Some are suitable for different audience groups and communication objectives.

Optum will make certain that communicators establish credibility and consistency with their intended audience. They will receive training to confirm message delivery/receipt and professionalism in communications.

When the communication event is a document, plan, or deliverable requiring the DPHHS review or approval, then the DPHHS and Optum will agree upon time frames for turnaround to meet project needs.

Informal Communications

Optum will routinely use email to communicate Provider Services module information to the DPHHS and project stakeholders. We will store copies of emails applicable to project information in the SharePoint Provider Services module repository.

Formal Communications

Our formal communication with Provider Services module stakeholders will include a variety of routes and methods. We will include a Communication Matrix in the Communication Plan that outlines our predefined formal communications for the project. We highlight the status meeting and status report in this section.

As noted previously, reinforcing key messages is a vital part of the communications process. Using the right tools to deliver important messages in a timely manner creates a consistent network of communication to make sure there are various opportunities for stakeholders to receive information.

The Communication Matrix is a tool that provides a holistic view of key communication mechanisms that we will use for the Provider Services module. It includes a description of the communication objective, the type of communication, frequency, audience, and owner of the communication. A well-defined communication matrix helps the respective the DPHHS or Optum manager quickly assess, manage, and adjust stakeholder communications. We will revise and refine the Communication Matrix during project initiation and tailor it to meet your preferences.

The following table shows a sample Communication Matrix.

Communication Event	Objective of Communication	Type of Communication	Frequency and Time of Meeting	Meeting Audience	Meeting Owner
Status Meeting	To review current project status and escalate any outstanding items	In person, WebEx, phone	Weekly Time: TBD	State and Optum leadership State and Optum managers Other vendors Other State-designated stakeholders	Optum account manager
Steering Committee	Review project status with executive stakeholders	In person, WebEx, phone	As requested Time: TBD	State and Optum leadership State and Optum managers	State
Change Advisory Board Meeting	Review change request form estimates, costs and implementation schedules; approve change request for implementation	In person, WebEx, phone	Weekly Time: TBD	State and Optum managers Other State-designated stakeholders	State

Communication Event	Objective of Communication	Type of Communication	Frequency and Time of Meeting	Meeting Audience	Meeting Owner
Issues, Risks, Actions, Assumptions, Decisions and Constraints (IRAAD-C) Review Meeting	To review Project IRAAD-C, including communication issues	In person, WebEx, phone	Weekly Time: TBD	State and Optum managers Other vendors Other State-designated stakeholders	Optum account manager
Pre-implementation Meeting	To review implementation readiness	In person, WebEx, phone	As needed Time: TBD	State and Optum managers State Business operations teams Other vendors Other State-designated stakeholders	Optum account manager
Deployment Meeting	To review pre-deployment checklist and verify project is ready for deployment	In person, WebEx, phone	As needed Time: TBD	State and Optum managers Other vendors Other State-designated stakeholders	Optum account manager
Model Office Sessions	Configure and demonstrate the solution to confirm State requirements are met	In person, WebEx, phone	As needed Time: TBD	State SMEs and managers Optum business solution leads and SMEs	Optum project manager
Governance Meeting	Overall responsibility for governance of project management; Confirms separation of stakeholder management and project decision-making activities	In person, WebEx, phone	Weekly Time: TBD	State and Optum managers Other State-designated stakeholders	State Project Management Office (PMO)
Deliverable Walkthrough	Walk through draft deliverables to obtain feedback prior to formal submission	In person, WebEx, phone	As needed Time: TBD	State and Optum managers Other State-designated stakeholders	Optum project manager

Communication Event	Objective of Communication	Type of Communication	Frequency and Time of Meeting	Meeting Audience	Meeting Owner
Project Schedule	Review Work Plan, task and milestone status, critical path	State PMO Microsoft Project Web App (PWA)	Weekly Time: COB each Thursday	State and Optum managers Other vendors	Optum project manager
Operational Readiness Meeting	Confirm readiness of each component of the operational environment that will be affected by the implementation process, including the operational process, structure, culture, and infrastructure	In person, WebEx, phone	As needed Time: TBD	State and Optum leadership State and Optum managers	Optum project account manager/ operations manager
Certification Support Meetings	Support State and IV&V contractor to perform certification activities	In person, WebEx, phone	As needed Time: TBD	State and Optum managers Other vendors	Optum certification manager
Security and Compliance Meeting	Review security and compliance status for the project	In person, WebEx, phone	Monthly Time: TBD	State and Optum security managers	Optum information security manager
Project Status Report	To provide progress report of overall status of project delivery	State PMO PWA online status report template	Weekly Time: COB each Thursday	State and Optum leadership State and Optum managers Other State-designated stakeholders	Optum project manager
Meeting Minutes	Provide a high-level summary of items discussed/reviewed and decisions made during meetings	Email SharePoint repository of key project artifacts	As needed Time: TBD	State and Optum leadership State and Optum managers Other vendors Other State-designated stakeholders	Optum project manager
Reporting Dashboards	Monitor operational project activities	Online	N/A	State and Optum leadership State and Optum managers Other vendors	Optum

DOC16 The Contractor shall develop and maintain a Quality Management Plan. The Quality Management Plan identifies the quality standards for the project and how quality standards are measured. It includes the process steps and quality tools that will be used (e.g., templates, standards, and checklists).

We will develop, submit for approval, and maintain a Quality Management Plan for the Provider Services module. At a minimum, it will describe the quality standards for the solution, and the way we will measure them and use quality tools, such as templates, standards, and checklists.

The plan will describe our process for continually monitoring and verifying that established quality standards are met throughout the duration of the project. The Quality Management Plan documents the processes, evaluation steps, procedures, and tools that we will use to ascertain that project deliverables meet their stated requirements and that project management processes are consistently followed to maintain project quality, meeting or exceeding the DPHHS and stakeholder expectations.

We leverage quality best practices from PMBOK and standards from the International Standards Organization (ISO) for our work for government agencies. We will monitor routine quality assurance measures to make sure daily activities adhere to quality guidelines. Our quality processes cover the major processes as defined by the PMBOK principles of quality planning, quality assurance, and quality control, as Figure 3.77 illustrates.

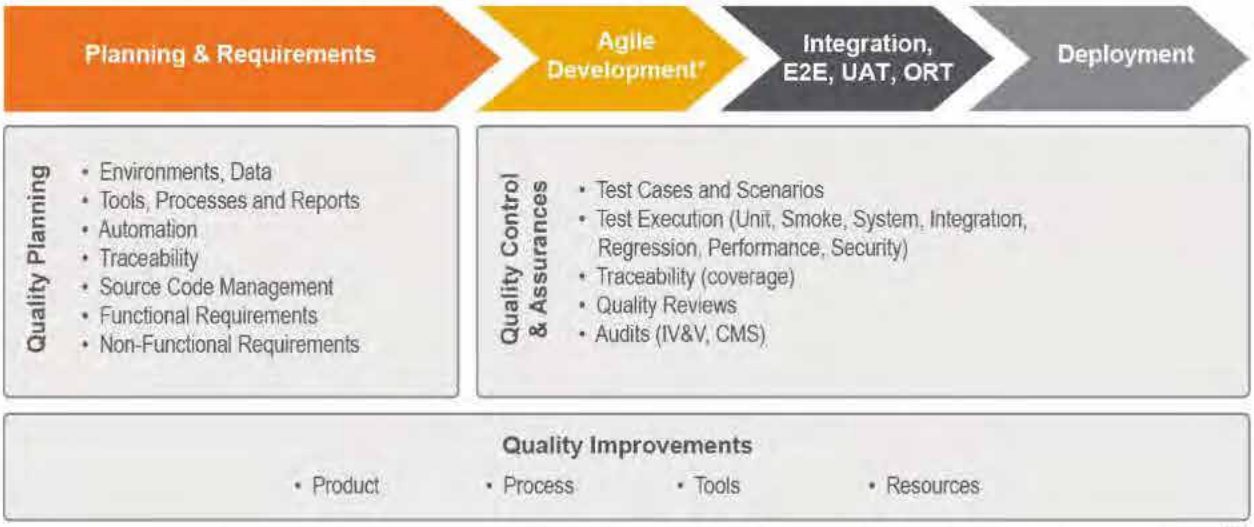


Figure 3.77: Optum Quality Processes.
We will focus on key activities, tools, and skills that enable these processes throughout the engagement with the DPHHS.

We will develop the Quality Management Plan during project initiation activities. Our project manager will present an updated Quality Management Plan for your review and approval. We will incorporate your feedback into the plan. The final Quality Management Plan will define the acceptable level of results (output) and describe how the project will achieve quality in its deliverables and work processes.

The Quality Management Plan will include controls and assurances.

Controls are procedures, tools, and reports we use during implementation to deliver quality. Requirements management practices, source code management practices, test management, and adherence to processes and standards are all examples of controls we will leverage.

Assurances are reports and reviews we conduct to further validate quality. Examples of assurances include code reviews, requirement traceability reports, and test case execution reports. Assurances also include result and error logs that support the Provider Services module business functions such as enrollment, disenrollment, eligibility, provider keys, and appeals and grievances.

Our policies and procedures will include every part of project implementation and operations. We will incorporate stakeholder feedback (e.g., customer surveys, provider feedback, and appeals data) into the Quality Management Plan. Our staff and other key stakeholders will also provide input into our project management and operations. Optum project team members will follow and comply with the processes, procedures and standards outlined in the plan.

DOC18 The Contractor shall develop and maintain a Change Management Plan. The Change Management Plan must include the following elements.

a. Tools to support change management

b. Change management process steps

c. Escalation process

d. Training

e. Roles and Responsibilities

We will develop, submit for approval, and maintain a Change Management Plan for the Provider Services module. At minimum, it will describe the information listed in this requirement.

The Change Management Plan will provide an overall framework for managing and coordinating change requests to the Provider Services module in an organized manner. This plan will:

- Define the change control process in detail
- Discuss how the DPHHS and Optum will work together to initiate, track, prioritize, and authorize change requests
- Describe the tools we will use to track and communicate change requests
- Address the method for documenting various types of change requests from the project sources authorized to request change
- Outline the notifications and authorizations required before a change will be placed in production

Our objective for change control is simple—to effectively manage and control project scope and as a result, contain project costs and schedule.

DOC19 The Contractor shall provide and maintain Technical Documentation including written description of module component(s) design, function and architecture that will provide guidance to system developers. Additionally, the Contractor must include a detailed list of all environments, each environments' IT technologies including software, middleware, hardware, utility applications, development tools, testing tools, and provides detailed information on the programming languages and protocols used.

We will develop, submit for approval, and maintain technical documentation for the Provider Services module. We use a highly structured and rigorous SDLC process to develop and implement new functionality in our solution. As part of this process, we create specific artifacts to document the system, the solution components, integration points, functional requirements, and technical documentation.

The technical documentation we develop will describe module component design, function, and architecture, information system developers require to complete their day-to-day tasks. The

documentation will provide a detailed list of all environments, including the IT for each environment. This technology will include software, middleware, hardware, utility applications, development tools, and testing tools. The documentation will also describe the programming languages and protocols used for the Provider Services module.

We will archive the technical documentation artifacts in the project repository that we will establish for the Provider Services module. We will follow our agreed-upon procedures to make these artifacts available to the DPHHS and authorized users as needed.

DOC21 The Contractor shall provide a Solution Architecture Document. The Solution Architecture Document includes a technical explanation of all aspects of the solution including detailed architectural diagrams, data flows, component specifications, SaaS, COTS products and hosting environment details. The document will include architectural tradeoffs using the Architecture Tradeoff Analysis Method (ATAM) method or other suitable method for evaluating the proposed platform architecture relative to the enterprise goals to identify risks that would inhibit the achievement of Agency's business goals.

We will develop, submit for approval, and maintain a Solution Architecture Document for the Provider Services module. At minimum, it will describe the information listed in this requirement. We developed our architecture to align with MITA v3.0, Seven Conditions and Standards, and the ITIL specifications for a services-based architecture. Our solution is built on top of OIL, our SOA-based integration service. OIL provides the infrastructure and services foundation of our architectural approach.

This approach allows us to bring together proven COTS applications with our own commercial product suite to create tailored solutions based on customer needs. We then leverage this combination with our advanced cloud computing resources (where we leverage cloud-based and non-cloud-based platforms as appropriate to the business function), project delivery expertise, automation tools, and operational excellence to support successful implementations and operations.

Key features of our solution architecture include the following:

- SOA
- Exposed Web Services
- Distributed processing model
- Component-based, N-tiered architecture
- Scalable architecture, vertically and horizontality
- Secure persistent messaging layer for increased security and isolation
- Platform independence; loosely coupled integration architecture
- Multi-tenant support; user flexibility and configurability

DOC22 The Contractor shall develop and maintain a Defect Management Plan that describes the process of submitting, monitoring and resolving defects. The plan will detail the following:

a. Approach and tools utilized to assign, identify, prioritize, track, resolve, and test system defects.

b. Approach to defect severity categorization using an industry standard methodology.

b. Approach to reporting and documenting defects.

c. Describe how the Contractor will work collaboratively with other State healthcare programs enterprise vendors.

d. Describe the defect management processes related to all test types and levels in the RFP (e.g., the relationship between defect resolution and the coordinated test case execution).

e. Describe the defect management processes after implementation.

We will develop, submit for approval, and maintain a Defect Management Plan for the Provider Services module. At minimum, it will describe the information listed in this requirement.

The plan will provide a framework for managing and coordinating defects that the DPHHS and Optum identify during the project. This plan will help us:

- Validate that we identify, evaluate, and assign issues for resolution
- Verify that we use the change control process for issues that affect project scope, costs, and/or schedule
- Confirm that we document and communicate issues appropriately to stakeholders in a timely manner

This plan follows project management best practices for managing risks and issues using tools, such as IRAAD.

DOC24 The Contractor shall submit and maintain a Staffing Plan as part of the Project Management Plan. The Staffing Plan must include:

a. Identify the roles and responsibilities by resource type throughout all phases of the contract, including identifying key and non-key personnel as well as FTE allocation for all personnel.

b. Staffing Levels (estimated by resource type by phase for the duration of the project) to be reported in the Resource Allocation Matrix.

c. Detail how the staffing levels shall achieve consistent, dependable service regardless of changes that may influence work volume.

d. Detail differentiated by Proposer staff, subcontractor staff, if applicable, and State project staff.

e. Identify total hours to be expended, per phase or effort, and for the entire project, by Proposer staff and by State project staff.

f. Tools and processes used to screen available staff and fill positions.

g. Expectations regarding onsite time for contractor resources

h. Process for temporarily and permanently replacing vacancies in key personnel and other manager/lead positions consistent with staffing SLAs.

We will develop, submit approval, and maintain a Staffing Plan for the Provider Services module. At minimum, it will describe the information listed in this requirement.

The plan describe our staffing approach, methodology, and tools we use to define, manage, verify, monitor, control, and report staff-related components of the Provider Services module. The approved staff management process verifies a defined, documented, repeatable, and measurable process exists for successful staff management.

The Staffing Plan defines the process we will use to staff the Provider Services module throughout the project lifecycle. This plan describes how Optum will staff the project and maintain compliance with all staffing requirements set forth in the RFP, addressing requirements regarding personnel, resources, and contractor staffing.

DOC26 The Contractor shall develop, submit and maintain a Master Test Plan that describes the Contractor's plan for all testing activities, processes, types and levels. Testing must be as automated and self-documenting as possible (e.g., continuous unit testing). At a minimum, the Master Test Plan must address the following:

a. Overall testing strategy for the following testing types: unit testing, system testing, integration testing, regressing testing, parallel testing, performance and load testing, manual and automated and/or scripted testing, disaster recovery and end-to-end integration testing of COTS products if any.

b. Approach to planning and preparing the test/staging environment

c. Approach to conducting each test level.

d. Approach for supporting UAT.

e. Approach for testing nonfunctional requirements.

f. Approach to test documentation (e.g., test cases, test scripts, test case matrices added as design progresses).

g. Approach to quality control/quality assurance.

h. Approach to bi-traceability to requirements and design.

i. Tools, techniques, and methods.

j. Reporting mechanisms, traceability and metrics.

k. Defects and defects resolution.

l. Entrance and exit criteria for each test level including alignment with industry standards.
m. Configuration management for each test level

n. Testing roles and responsibilities

o. Acceptance Criteria shall include but is not limited to; no high or critical defects in code released to production and production releases will not be promoted if more than 5% of requirements have an open defect

We will develop, submit for approval, and maintain a Master Test Plan for the Provider Services module. At minimum, it will describe the information listed in this requirement.

The Master Test Plan describes our approach, defines responsibilities, defines test deliverables, and describes status reporting procedures to be employed for the project testing phases. The Master Test Plan provides the framework used to plan and manage the testing effort for the DPHHS. Within this plan, we outline the scope, schedules, responsibilities, resources, issues, risks, and environment needs required to complete project testing.

The goal of testing is to deliver an Optum Provider Services solution that fully complies with your requirements. Our team understands the complexities of testing large-scale, enterprise Medicaid solutions. We have extensive experience converting and testing MMIS historical data, collaborating with managed care companies, and working in multi-vendor environments. We will use our experience, lessons learned, and proven processes to deliver a fully tested and operational solution.

Because we will implement the solution in a dynamic multi-vendor enterprise environment, close interaction with other parties, such as MPATH and the SI, will be an important element of testing. Our testing strategy focuses on communication and collaboration. It leverages all best practices and procedures to minimize risk and maximize quality. Our strategy combines our testing methodology and approach with frequent, open, and transparent communication. The State will benefit from our experience in delivering a system that meets your requirements.

We base our testing approach on our comprehensive, disciplined, and repeatable testing processes. Our complete set of testing processes described in this section will demonstrate that our solution fully meets the requirements defined in your RFP. We will implement a comprehensive testing program that is driven by the CMS Testing Framework and our Optum Delivery Model. Our model includes a proven testing methodology, which we have used on more than a dozen similar and successful state enterprise HHS implementations.

Optum will deliver a preliminary Master Test Strategy after completing requirements validation. We will work with you to determine the exact content and format of the plan, and we will review draft content in a joint walkthrough with you.

DOC27 The Contractor shall develop and submit a Training Plan that, at a minimum, addresses the following:

a. Summary of training approach that focuses on the train-the-trainer methodology, objectives, and desired outcomes.

b. Training needs analysis, including an assessment of the target audience and their knowledge and skills.

c. Recommendations on type and delivery approach based on training needs analysis.

d. Summary of proposed training materials and documentation in addition to hands-on training.

e. Approach to maintaining training documentation and accompanying materials.

f. Approach to providing training necessary to support new functionality and/or major software releases that materially change the user interaction.

g. Approach to processing for incorporating feedback to improve train the trainer effectiveness over the course of the Contract.

We will develop, submit approval, and maintain a Training Plan for the Provider Services module. At minimum, it will describe the information listed in this requirement.

To prepare for training, we will create an initial comprehensive Training Plan upon completion of the Design Phase. We will design the plan according to your requirements to facilitate user knowledge and use of the new solution, as well as conduct a joint walkthrough to review the draft plan and materials. Training materials will include the training curriculum we will follow to educate users. After the walkthrough, we will update or revise content based on your feedback and submit the plan to you for review and approval. After development and configuration, we will deliver a final version of the plan and training materials. We will maintain the Training Plan throughout the life of the project.

The Training Plan will clearly outline the training strategy and training schedule, serving as our roadmap for developing and implementing solution training. The plan will describe the delivery method, structure, timeline, and evaluation methods for training.

DOC28 The Contractor shall develop in collaboration with the Department, a System Test Plan that describes the Contractor's System Testing approach and includes at a minimum the following:

a. Test Coverage

b. Walkthroughs and Inspections

c. Test Data Considerations

d. Entrance Criteria

e. Exit Criteria

f. Configuration Management

g. Testing Documentation

h. Process Steps

i. Inputs to System Testing

j. Outputs for System Testing

k. Metrics

l. Pass/Fail Criteria

m. Suspension Criteria and Resumption requirements

n. Testing Deliverables

o. Testing activities

p. Resources, Roles and responsibilities

q. Testing Tools

r. Meetings and Communication

s. Acceptance Criteria shall include but is not limited to; no high or critical defects in code released to production and production releases will not be promoted if more than 5% of requirements have an open defect.

We will develop, submit approval, and maintain a System Test Plan for the Provider Services module. At minimum, it will describe the information listed in this requirement.

With a comprehensive and the DPHHS-approved Master Test Strategy and methodology in place, we will test our solution leveraging the appropriate environments needed for the engagement. Testing will occur in multiple phases to deliver a quality solution. We will incorporate these test phases early in the overall process, continuing throughout implementation, both pre- and post-go live. Each test phase will have its own entry and exit criteria. We will use disciplined, repeatable processes during the execution of testing. For each test phase, we will develop test cases based on the RTM to make certain the solution meets your requirements.

Figure 3.78 illustrates how our staged testing progression aligns with the implementation approach and SDLC.

[redacted]

At the conclusion of our internal solution-centered testing, the DPHHS acceptance testing, and joint operational readiness testing, we will produce formal test results deliverables for your review and approval. Successful completion of testing, resolution of any outstanding defects in accordance with RFP requirements, and your acceptance of test deliverables will serve as entry criteria to implementation of the Optum Provider Services solution into production.

DOC29 The Contractor shall provide during the initiation phase of the project and maintain throughout the project, system documentation that at a minimum includes:

- A description of each component, their purpose, including basic functions and the business areas supported
- User stories/use cases
- Screen layouts, report layouts, and other output definitions, including examples and content definitions
- Physical database design
- A module system diagram, including all components, identifying all business process diagrams, data flows, systems functions, and their associated data storage
- Configurations
- Job streams within each module, identifying programs, inputs and outputs, control, job stream flow, operating procedures, and error and recovery procedures.
- A network schematic showing all network components and technical security control
- Listing of the edits and audits applied to each input item and the corresponding error messages.
- As applicable, listing and description of all control reports
- Interface Control Documents
- Narrative descriptions of each of the reports and an explanation of their use must be presented.
- Definition of all fields in reports, including a detailed explanation of all report item calculations.
- Operations Procedure Manual
- Data Dictionary

We will develop, submit for approval, and maintain system documentation for the Provider Services module. At minimum, it will describe the information listed in this requirement.

Leveraging our proven SDLC process, we will deploy rigorous standards for developing system documentation during the initiation phase of the project and maintaining the documentation throughout the project. We will store all documents associated with a release in our project

repository. This includes artifacts, such as the solution outline, software architecture documents, technical design documents, test plans, data structures, entity relationship diagrams, deployment processes (DevOps strategy documents), release implementation plan, and user manuals.

The system documentation will contain the DPHHS program specifics, such as operating system and program language details. Our project repository is used as part of all our implementations and our application development teams use them to manage SDLC delivery documents. It verifies that all artifacts are reviewed and approved by our development and delivery teams before code deployment into production. In addition, it acts as the single repository for release artifacts for system audit.

DOC37 At least twelve (12) months before the start of the final Contract year (including option years that have been exercised) the Contractor shall provide, a Turnover Plan to the Department. The Plan will include:

a. Proposed approach to turnover.

b. Tasks and subtasks for turnover.

c. Schedule for turnover.

d. Updated operational tasks and procedures during turnover.

e. Description of vendor coordination activities that will occur during the turnover task and implementation of the activities to ensure continued system and services as deemed necessary by the Department.

f. List of incomplete tasks, such as system defects, modifications or enhancements, mass adjustments, reference updates, and configuration requests.

g. A detailed description of the services that would be required by another Contractor to fully take over system, technical, and business functions outlined in the Contract. The description shall also include an estimate of the number and type of personnel required to support the technical platform and supporting services.

h, The data and documentation shall be organized in a format required by the State (e.g., by provider unique ID and provider name).

We will develop, submit for approval, and maintain a Turnover Plan for the Provider Services module. At minimum, it will describe the information listed in this requirement. To guide our turnover process, we will provide an initial Turnover Plan at least 12 months prior to contract end. We will submit the plan using our agreed-upon deliverables management process. We will provide an updated Turnover Plan at least six months prior to contract end.

The best way to prepare for a complex project turnover is to begin early and review routinely. As part of our change management process, we will collect lessons learned to review and apply as we plan for contract turnover, incorporating them into the Turnover Plan as needed. This approach will help us close transition and knowledge transfer gaps and prepare the successor contractor for sustaining the solution. The Turnover Plan will guide and document our turnover activities as we monitor for turnover impacts throughout the term of our contract.

During project planning, our project manager will work closely with your staff to determine the format and content for the Turnover Plan that supports your project goals and objectives. We will work with you to inventory the artifacts that must be transferred. We will maintain and update this plan to address new SaaS components and advancing methodologies related to knowledge transfer and data extraction. We will add documentation and other work products to the Turnover Plan as we identify them. These documents will support a successful transition of Turnover Plan artifacts.

During turnover planning, we will conduct a quality control review of the artifact list for completeness and validate that modifications and change history are included. We will also

review, update, and document in the Turnover Plan all deliverable requirements and associated responsibility matrix.

Upon receiving notification from the DPHHS to begin turnover activities, we will update the Turnover Plan with any new or pertinent details. We will also update our IMS to reflect any changes not captured in previous iterations. When we receive your approval, we will begin executing the plan.

The Turnover Plan will include the following:

- Turnover strategy and approach
- Turnover schedule
- Turnover roles and responsibilities for the DPHHS, Optum, and successor vendor
- Resource plan for turnover and steady state
- Approach to completion and closure of contract work, including tasks and subtasks
- Incomplete tasks (e.g., system defects, modifications or enhancements, mass adjustments, reference updates, configuration requests)
- Inbound/outbound data feed
- Data migration strategy for application data
- Data migration and turnover acceptance criteria
- Format the DPHHS requires for the data and documentation (e.g., by provider unique ID and provider name)
- Baseline of existing target performance standards and program metrics developed with the DPHHS
- Process for reviewing and transferring project artifacts, such as data and deliverables
- State-specific deliverables and other materials to be turned over
- Project management and quality assurance checkpoints, authorities, and entrance and exit criteria
- Updated operational tasks and procedures during turnover
- Description of our coordination activities during turnover to facilitate continued system and services for the DPHHS
- Knowledge transfer approaches and activities
- Readiness walkthrough process
- Licenses and fee arrangements for software and methodologies that may be continued
- Mechanisms to document completion and the DPHHS approval of turnover activities
- Quality checkpoints and milestones
- Payment milestones during turnover and acceptance criteria for each payment milestone
- Post-transfer assistance after the transfer of duties is complete

DOC38 The Risk Management portion of the Project Management Plan must describe at a minimum:

a. Proactive identification and analysis of risks before they become issues.

b. Development of risk avoidance, transfer, mitigation or management strategies.

c. Approach to monitoring, communicating, reporting of risk status including procedures for documenting, resolving, and reporting issues and risks identified by the Contractor, the Department or other project contractors.

d. Approach to root cause analysis.

e. The appropriate methods, tools, and techniques for active and ongoing identification and assessment of project risks.

f. Describe how risks will be quantified and qualified.

We will develop, submit approval, and maintain a Risk Management Plan for the Provider Services module. At minimum, it will describe the information listed in this requirement.

We will document and address risks identified during the course of the project and resolve or mitigate them without compromising the success of the project. By using sound risk management techniques, the project team can identify potential problems and issues and provide for contingencies. Risk management addresses the following:

- **Risk:** A threat to project success
- **Risk Probability:** Percent chance that a risk will materialize as a real problem
- **Risk Impact:** The potential effects of a risk on the project, characterized in terms of cost, schedule, and performance
- **Risk avoidance:** Actions to remove a risk (probability = 0)
- **Risk mitigation:** Actions to reduce the risk probability or the risk impact
- **Risk exposure:** The probability times the cost impact
- **Risk contingency:** Actions to resolve the problems when a risk materializes

We will develop, deliver, and maintain a Risk Management Plan for your review and approval. It will define the risk assessment and risk management process for the Provider Services module. We will use it to identify and manage project risk. Figure 3.79 depicts the sequence of tasks included in our risk management process.

[redacted]

DOC40 The Issues Management Plan portion of the Project Management Plan must describe at a minimum:

a. Approach to issue management.

b. Issue management process steps including:

- Approach to prioritizing, tracking, escalating, communicating, reporting issues
- Approach to documenting, reporting, and resolving issues identified by the Contractor, the Department or other module contractors.
- Approach to impact analysis.

c. Tools, and techniques for active and ongoing identification and monitoring of project issues.

d. Roles and responsibilities.

e. Describe how issues will be quantified and qualified.

We will develop, submit for review and approval, and maintain a PMP for the Provider Services module. At minimum, it will describe the information listed in this requirement.

The PMP will provide a framework for managing and coordinating issues that the DPHHS and Optum identify during the project. This plan will help us:

- Validate that we identify, evaluate, and assign issues for resolution
- Verify that we use the change control process for issues that affect project scope, costs, and/or schedule

- Confirm that we document and communicate issues appropriately to stakeholders in a timely manner

This plan will follow project management best practices for managing risks and issues using tools, such as the IRAAD.

DOC41 The Contractor shall provide a Deliverable Expectations Document (DED) for each deliverable that describes the purpose, content, applicable MECT minimum required content and industry standards (e.g., PMI, IEEE/ISO, CMS XLC) that are satisfied for each Deliverable. Each DED is a deliverable.

We will submit a DED for each contract deliverable for the Provider Services module. The DED will describe the purpose, content, applicable MECT minimum required content, and industry standards (e.g., PMI, IEEE/ISO, CMS XLC) the deliverable satisfies. The DED will also include the following information:

- Deliverable title
- Deliverable number
- Frequency
- Draft submission due
- Final submission due
- Approval required
- Distribution
- Date submitted

We will develop and submit required deliverables as defined in the DED and the Project Work Plan. Upon contract award, we will work with you to review and confirm the list of required deliverables. We will establish and maintain a project repository that will facilitate the review and approval process for deliverables, including DEDs. The DEDs will help us confirm, in advance, that every deliverable we submit for your review and approval will meet your requirements and expectations.

DOC42 The Contractor shall develop a comprehensive Operations Procedure Manual which shall provide guidelines for the operation and use of the module and/or module component(s). At minimum the Operations Procedure Manual shall contain policies, processes and workflows for the module and/or module component(s).

We will develop, submit for review and approval, and maintain Operations Procedure Manual for the Provider Services module. At a minimum, it will describe the information you list in this requirement.

As part of the Optum Provider Services solution, we have developed business workflow process models, module user guides, and detailed desk-level procedures/job aids that provide operational guidelines for component utilization. These user-friendly materials are step-by-step visual aids. They are broken out by component and supporting system to detail operational processes end-to-end. We combine these materials to provide a comprehensive operational procedure manual for use during the project. During the implementation phase of the project, we will work collaboratively with you to review these resources. We will make certain State policy and procedures are integrated, emphasized, and ready for operational training and use following your approval.

DOC44 The Contractor shall maintain Attachment L- Technology Matrix, and deliver annually for the Department for review.

We have completed RFP Attachment L – Technology Matrix and have included it as an attachment to our Cost Proposal. As the technology we use for the Provider Services module changes, we will update Attachment L. We will maintain the matrix ongoing and submit it to the DPHHS annually using an agreed-upon delivery method.

3.10.8 Performance Standards

Performance standards for phases of the project are defined in Attachment F – Requirements Matrix. Performance standards as well as associated liquidated damages for unmet standards are defined in Attachment J, Service Level Agreements Requirements. The Offeror must describe their approach to meet the Performance Standards requirements defined in Attachment F, Requirements Matrix and Attachment J, Service Level

In this section, we provide our acknowledgement and agreement for each of the performance standards defined in RFP Attachment F, and the associated liquidated damages for unmet performance requirements defined in RFP Attachment J. We also provide our approach to meeting each of the performance standards defined in RFP Attachment F.

PRFM01 The Contractor shall develop a method for maintaining performance compliance with Service Level Agreements (SLA).

Our approach to achieving performance standards is an established management infrastructure that:

- Tightly manages the core processes that matter most to the DPHHS and may affect the provider community
- Measures and reports on aspects of operations beyond the DPHHS stated SLAs
- Builds quality into our processes to maintain attention to effective operations rather than corrective actions

We have successfully implemented this approach for multiple state government clients, and we will tailor these procedures and strategies to meet your requirements. We built our proven processes, tools, and best practices with a focus on quality and lessons learned from previous engagements. Figure 3.80 shows the Performance Management Framework we use to achieve performance standards.

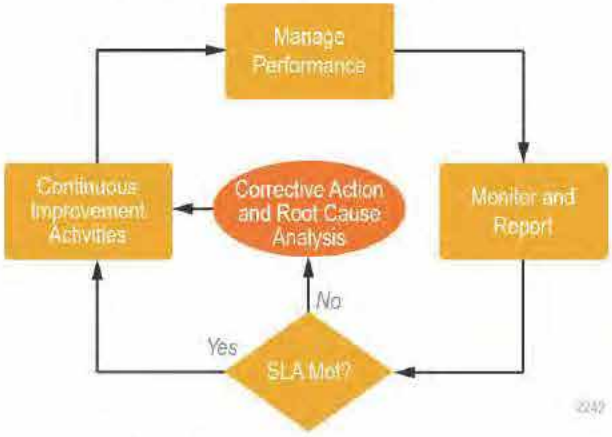


Figure 3.80: Performance Management Framework.
Our proven Performance Management Framework helps us deliver quality solutions to our state clients.

Our Performance Management Framework focuses on three key activities:

- **Manage performance:** We use a layered approach to managing performance that begins and ends with strong leadership. We hold our leaders accountable for achieving performance goals. They work closely with our quality management team and operational executives to monitor performance, identify opportunities, and develop improvement strategies.
- **Monitor results and report:** Our approach to monitoring and reporting performance starts with developing systems and procedures that proactively measure performance, adhere to controls, and identify potential issues. If we validate that an issue affects a performance standard, we follow a corrective action process that our quality management team, responsible supervisor, and leadership manage.
- **Continuously improve:** Our operational leadership team continually meets with our quality team to identify potential risks and issues requiring root cause analysis. We vet potential risks for new preventative controls and examine identified issues for root cause and performance improvement projects.

We will base our SLA measures on the following:

- The SLA requirements and performance standards the DPHHS defined in RFP Attachment J
- Our response in this section describing how we propose measuring and reporting our performance against such SLA requirements (the agreed upon SLAs)

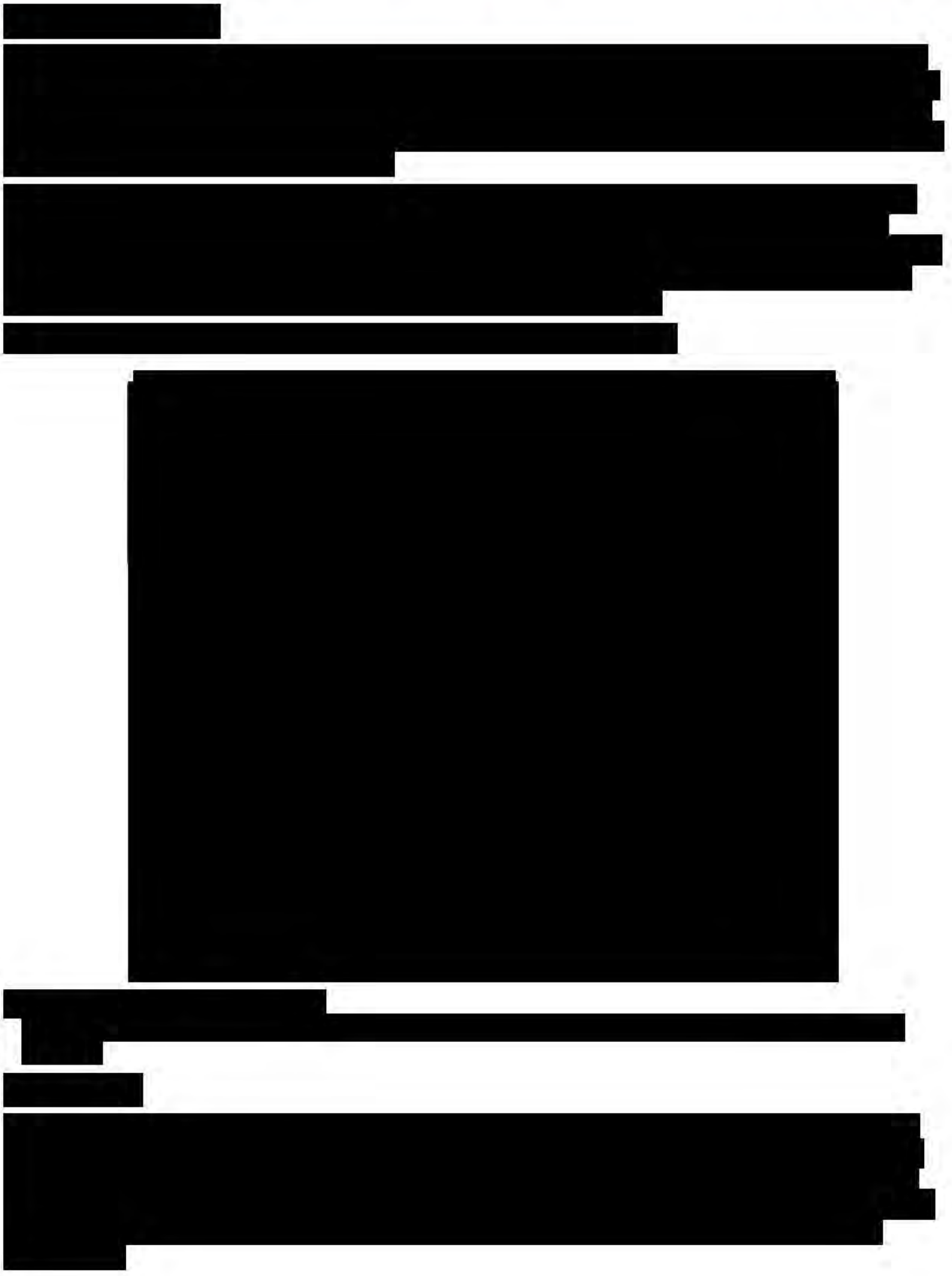
Our project management team will also collect performance measures required to effectively control project activities and verify that our performance complies with the agreed upon SLAs. We will report on the Agreed upon SLAs and identify any issues that arise during the reporting period that affects performance, including, without limitation, the results of our root cause analysis. The latter is extremely important in the context of the DPHHS multi-stakeholder environment where there may be many causes for the failure to meet an Agreed Upon SLA.

In those instances where Optum is the sole or only one of many contributing causes for the failure to meet an agreed upon SLA, if elected by the DPHHS, Optum would be liable either entirely or only proportionately for the associated liquidated damage consistent with the State of Montana MCA 28-1-211 implied covenant of good faith and fair dealing. In those instances where Optum is not the cause for the failure to meet an agreed upon SLA, no liquidated damages would be assessed against Optum consistent with the DPHHS response to Optum's exception request to Contract Section 24.25, noting that a contractor is not responsible for performance failure due to actions outside the Contractor's reasonable control.

After our careful review of the RFP requirements and the performance standards, we are confident we can meet all of them. Furthermore, we also have inherent quality tools and controls built in to effectively manage the DPHHS-defined SLAs. These tools and controls, as outlined in our Quality Management Plan, form the infrastructure we will use to meet your performance objectives.

PRFM04 The Contractor shall meet Service Level Agreements and integrate tools for monitoring system and component performance and create the necessary reports or supply a dashboard to support SLAs.

[redacted]



[redacted]



PRFM05 The system shall track performance measures for each SLA requirement using predefined and ad hoc reporting methods

[redacted]



[redacted]

SLA Attachment J

In the following section, we discuss our statement of agreement with the applicable SLAs and associated remedies, along with certain clarifications.

SLA01	Contractor must meet the due date for Acceptance of each Deliverable, as indicated in the Work Plan (excludes Implementation Acceptance as defined in Performance Standard SLA67).
Liquidated Damages: $500.00 per Business Day from the Deliverable Acceptance date in the Work Plan until the date each Deliverable receives Acceptance from the Department.	
Optum agrees to this SLA. A central tenet of our strategy is to use industry standard tools and processes to drive quality, speed delivery, and provide transparency to our customers. Our methodology for the Provider Services module deliverables incorporates an integrated set of project management disciplines. This methodology will include reasonable adaptation to align with your IV&V Contractor. Our structured project governance framework includes project success and deliverable acceptance criteria. We have a no-surprises approach to producing deliverables. Optum provides comprehensive identification and tracking of project deliverables as part of our standard processes and procedures. Upon agreement of a deliverable due date, our Project Work Plan will include tasks for each contract deliverable. We will manage contract deliverables from their	

creation through final acceptance by the DPHHS. We will map the contract deliverables to our deliverable-tracking tool. Our PMO practices include a formal process to track and deliver contract deliverables. We will track deliverables using a SharePoint-based deliverable-tracking tool integrated into our Provider Services module document repository. The tool will enable us to follow contract deliverables from contract execution to final acceptance by the DPHHS.	
SLA02	Contractor shall ensure there are no more than two submissions of any Deliverable to gain Acceptance by the Department using the process defined in Section 7.3 of the Contract. A Deliverable that is not compliant with the Acceptance Criteria as defined in the applicable Deliverable Expectation Document (DED) will not gain Acceptance.
Liquidated Damages: $500.00 per submission per Deliverable requiring more than two submissions.	
Optum agrees to this SLA. We will continuously monitor and control the progress of project phases and releases. The delivery model and tools we select for this project will help us produce the metrics, schedules, and contract deliverables to demonstrate we are performing to the agreed-upon expectations. We are committed to facilitating transparency in the deliverable process and supporting the Department's project team to make sure each submission satisfies your requirements. We will leverage the weekly status meetings with the Department's project manager and team to discuss the status of each deliverable submission. Deliverable submissions will not resolve any new issues. The schedule for agreed-upon timeline may vary with each submission depending on the service or deliverable. The Deliverable Expectation Document may vary according to the agreed-upon timeline. Our goal is to achieve acceptance upon initial submission. We will address any necessary corrections to satisfy requirements according to the agreed-upon timeline.	
SLA03	Contractor shall distribute meeting agendas to invitees at least 24 hours before the start of a scheduled meeting involving project stakeholders. Scheduled meetings include any reoccurring project meetings, meetings identified in the Work Plan or any meeting requested by the Department with at least 48 hours' notice. Contractor shall distribute meeting minutes to meeting attendees within two business days of the scheduled meeting.
Liquidated Damages: $100.00 per occurrence of meeting agendas not being delivered at least 24 hours before the start of a scheduled meeting or meeting minutes not being delivered within two business days of the scheduled meeting.	
Optum agrees to this SLA. This aligns with our project management principles, and we will distribute meeting agendas to invitees at least 24 hours before the start of a scheduled meeting involving project stakeholders. We will also setup recurring meetings after reviewing the work plan with the DPHHS. We acknowledge the Department will provide us with at least 48 hours' notice. Optum will also distribute meeting minutes to meeting attendees within two business days of the scheduled meeting and store all minutes of meeting in the designated location.	
SLA05	Contractor's Key Personnel positions may not be vacant for more than 10 Business Days without a qualified substitute (temporary replacement). A qualified substitute must be in place no more than 10 Business Days after the separation date of the vacating resource. The definition of a qualified substitute is someone meeting the requirements of the RFP and Contract Section 4.
Liquidated damages: $500.00 per Business Day after 10 consecutive Business Days a Key Personnel position is vacant without a qualified substitute.	
Optum agrees to this SLA. Keeping key personnel with critical knowledge working on the Provider Services module will maintain continuity and provide stability throughout the life of the project. In the event of an absence of key personnel, we will provide a qualified substitute if the absence will last more than 10 business days. The qualified substitute will start in the replacement role no later than 10 business days after the separation date of the vacancy.	
SLA06	Contractor will have 60 calendar days from the vacancy date to fill a Key Personnel position with a permanent replacement (a position is considered vacant even with the substitute replacement serving in that role).
Liquidated Damages: $500.00 per Business Day after 60 calendar days a Key Personnel positions is vacant without a permanent replacement.	

Optum agrees to this SLA. We will position our team strategically to meet the staffing requirements for this engagement. If we experience a key personnel vacancy on the project, we will fill the position with a permanent replacement within 60 calendar days of the vacancy.	
SLA09	Contractor shall ensure that 100% of all critical Priority tickets, (Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments) are completed and Implemented by the Required Implementation Date.
Liquidated damages: $2,500 per calendar day per ticket past the Required Implementation Date for any critical Priority ticket without Acceptance from the Department.	
We affirm our agreement with the above SLA where the violation or lack of adherence relates to Optum's scope of work and is proximately caused by Optum and based on mutually agreed upon definitions of the terms: Critical Priority; Enhancements; Deficiencies; Maintenance; Research; Configuration; and, Mass Adjustments. We understand if the Contractor has concerns with a Required Implementation Date submitted by the Department, the Department and the Contractor will meet to discuss changes to the date. **Report Frequency** We will report on ticket statistics including resolution time of tickets by priority on a monthly basis through the Monthly SLA Report. **Report Measures** Our OCC will be the first point of contact for all calls, including those for user technical assistance. The call agent will triage the support call and create a help desk ticket. The agent will handle low priority items (Level 1 support). Our information technology team will route medium and high-priority items immediately to Level 2 support. We will capture all tickets for reporting purposes and compile the resolution information into the monthly report.	
SLA10	Contractor shall ensure that 80% of all high Priority tickets (Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments) are Implemented by the Required Implementation Date. Contractor shall ensure that 100% of all high Priority tickets (Enhancements, Defects, Maintenance, Research, Configuration and Mass Adjustments) are Implemented within five business days of the Required Implementation Date.
Liquidated damages: $1,000 per Business Day per ticket if either: more than 20% of high Priority tickets past the Required Implementation Date have not received Acceptance from the Department or any high Priority ticket more than five Business Days past the Required Implementation Date has not received Acceptance from the Department.	
We affirm our agreement with this SLA where the violation or lack of adherence relates to Optum's scope of work and is proximately caused by Optum and based on a mutually agreed-upon definition of the term High Priority. We understand if the Contractor has concerns with a Required Implementation Date submitted by the Department, the Department and the Contractor will meet to discuss changes to the date. **Report Frequency** We will report on ticket statistics including resolution time of tickets by priority on a monthly basis through the Monthly SLA Report. **Report Measures** Our OCC for technical assistance will triage the support call and create a help desk ticket. The agent will handle Low priority items (Level 1 support). Our information technology team will route Medium and High priority items to Level 2 support immediately. We will capture all tickets for reporting purposes and compile the resolution information into the monthly report.	
SLA11	Contractor shall ensure that 75% of all medium Priority tickets (Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments) are Implemented by the Required Implementation Date. Contractor shall ensure that 100% of all medium Priority tickets (Enhancements, Deficiencies, Maintenance, Research, Configuration and Mass Adjustments) are Implemented within 10 business days of the Required Implementation Date.
Liquidated damages: $500 per Business Day per ticket if either: more than 25% of medium Priority tickets are past the Required Implementation Date have not received Acceptance from the Department or and medium Priority ticket more than 10 business days past the Required Implementation Date has not received Acceptance from the Department.	
We affirm our agreement with this SLA where the violation or lack of adherence relates to Optum's scope of work and is proximately caused by Optum and based on a mutually agreed-upon definition of the term Medium priority. We	

understand if the Contractor has concerns with a Required Implementation Date submitted by the Department, the Department and the Contractor will meet to discuss changes to the date.

Report Frequency

We will report on ticket statistics including resolution time of tickets by priority monthly through the Monthly SLA Report.

Report Measures

Our OCC is the first point of contact for all calls, including those for user technical assistance. The call agent will triage the support call and create a help desk ticket. The agent will handle low priority items (Level 1 support). Our information technology team will route Medium and High priority items to Level 2 support immediately. We will capture all tickets for reporting purposes and compile the resolution information into the monthly report.

SLA12	Contractor shall ensure compliance with all licensing agreements, required to support the proposed Solution and Services. Compliance is defined as the maintenance of licenses and appropriate permitted usage.

Liquidated damages: The cost of the licenses or the damages assessed by the licensor whichever is greater.

Optum agrees to this SLA. We have a dedicated Enterprise Sourcing and Procurement (ES&P) team to handle compliance with licenses. This team will support the project team in validating compliance with all licenses.

Report Frequency

We will report on compliance status upon request.

Report Measures

During project initiation, the project team will request access to licenses. ES&P tracks and audits these requests. We will continuously audit projects to verify continuous compliance with all licenses.

SLA13	Contractor shall turn over any applicable Solution related licenses to the Department within 30 calendar days of the request.

Liquidated damages: The cost of the licenses if licenses are not turned over to the Department within 30 calendar days.

Optum agrees to this SLA and understands the nature of the request made by the Department will be driven primarily by federal requirements and may vary based on the nature of the licensing approach for the proposed solution.

Report Frequency

We will report on compliance status upon request.

Report Measures

We shall turn over any applicable solution related licenses to the DPHHS within 30 calendar days of receiving the request.

SLA14	Contractor shall thoroughly test the Solution and demonstrate proof of successful Contractor Testing for 100% of the Specifications defined for each Implementation. Contractor can demonstrate proof of successful Contractor Testing by providing Documentation such as system, integration or parallel test results or demonstration of the Specifications including Interfaces/APIs. All Specifications must be tested through the use of testing procedures, verification procedures and other testing methodologies identified in Contract Section 7, Section 3.10.2.6 of the RFP, and the associated testing requirements.

Liquidated damages: $5,000.00 per Implementation in which Contractor is not able to demonstrate that 100% of the Specifications have been met.

Optum agrees to this SLA. We will create a Test Summary Report (TSR) to provide a summary of all functional and non-functional testing we perform for a particular implementation. This will include testing such as System Integration Testing (SIT), UAT, Performance Testing, Security Testing, Parallel Testing, and any additional testing jointly agreed upon between the State and Optum.

The TSR will achieve the following objectives:

- Provide a snapshot of final test execution results for each type of testing

• Provide a defect summary, including leaked and non-leaked defects • Highlight risks and issues applicable to the release, including those that arise as a result of failures in testing, incomplete testing, and inappropriate test coverage; provide an assessment of their impact and a mitigation plan • Full requirement traceability that provides mapping between requirements, test cases, and defects	
SLA15	Contractor shall maintain environments as mutually agreed upon to perform System validation, integration testing, and Data migration to determine overall production readiness. Each environment must include all of the components to support the intended purpose of that environment. Any component not replicated in a designated environment must be disclosed to the Department and a written explanation as to why this will not affect the inherent use of the environment for its intended purpose.
Liquidated damages: $5,000.00 per environment per month in which Contractor does not maintain an environment as mutually agreed upon.	
Optum agrees to this SLA. We understand the need for extensive testing environments to enable and perform testing, data conversion, and system validation. We have delivered on this for customers as requested. **Report Frequency** We will report on compliance status each month. **Report Measures** We shall maintain environments as mutually agreed upon to perform system validation, integration testing, and data migration to determine overall production readiness. Our environments shall include all of the components to support the intended purpose of that environment. As the DPHHS has requested, we will provide a written explanation on any difference in the environments as compared to the product.	
SLA16	Contractor shall document all business rules applicable to the functioning of the Module and document any new or changed business rules within 10 Business Days of the implementation of a change.
Liquidated damages: $100.00 per day in which the rules does not match the current functionality of the Module or $100.00 per day beyond the Performance Standard to document a changed business rule.	
Optum agrees to this SLA. Our release management process dictates that we document business rules affecting any customer before that customer's implementation. **Report Frequency** We will report and share documentation of all business rules applicable for the functioning of the module bimonthly during the DDI Phase. After implementation and during the maintenance and Operations Phase, we will document all changes to business rules within 10 business days after every major release. **Report Measures** We will document all the business rules as applicable for the Provider Services module during the DDI Phase. At the end of Implementation, we will share the rules with the DPHHS for approval. After implementation and during maintenance and operations, we will document all changes within 10 business days after every major release and update the existing rules.	
SLA17	Contractor's Solution shall ensure 100% of all Data Interfaces identified for the Enterprise Service Bus (ESB) integration are managed and orchestrated by the ESB.
Liquidated damages: $5,000.00 per Data flow or Interface per month in which an Interface within the ESB integration scope of work is not orchestrated by the ESB.	
Optum agrees to this SLA. We built our Optum Provider Services solution platform on top of MuleSoft ESB so all interfaces are built using the ESB. **Report Frequency** Optum will report and share documentation of all interface details bimonthly during the DDI Phase. After implementation and during maintenance and operations, we will document all changes within 10 business days after every major release.	

Report Measures

We shall validate that 100 percent of the data interfaces identified for the ESB integration are managed and orchestrated by the Optum Integration Layer (OIL). This layer is our ESB built on top of a COTS product. We will make sure we build all changes on top of the ESB. After implementation and during maintenance and operations, we will document all changes to interfaces within 10 business days after every major release and update the existing rules.

SLA21	Contractor shall document all Configuration items applicable to the Solution and update Documentation within 10 Business Days of the Implementation of a change.

Liquidated Damages: $100.00 per Configuration item per day not documented or not updated within the 10 Business Day Performance Standard.

Optum agrees to this SLA. Our release management process dictates that we document all configuration items affecting any customer before that customer's implementation.

Report Frequency

We will report and share documentation of all configuration items applicable for the functioning of the module bimonthly during the DDI Phase. After implementation and during maintenance and operations, we will document all changes to configuration items within 10 business days after every major release.

Report Measures

We will document all of the configuration items as applicable for the Provider Services module during the DDI Phase. At the end of the DDI Phase, we will share the configuration items list with the DPHHS for approval. After implementation and during maintenance and operations, we will document all changes to configuration items within 10 business days after every major release and update the existing rules.

SLA22	Contractor shall ensure that the Data integrity error rate and routing errors of any transaction is less than .001%.

Liquidated Damages: $5,000.00 per month if error rate exceeds .001%.

Optum agrees to this SLA related to its specific scope of work.

Report Frequency

We will report performance related to this SLA monthly through the Monthly SLA Report.

Report Measures

We will follow our mature data quality and transaction processes to maintain data integrity for the Provider Services module. This will include executing end-to-end testing to verify system dependencies and data integrity are maintained across the entire solution. We will validate that the data integrity error rate and routing errors of any transaction is less than 0.001%.

SLA25	Contractor's Solution shall ensure Data received from real-time Interfaces will be accessible in the Module within three seconds at least 99% of the time; excluding batch interface updates. Performance is measured by a predefined sample measuring timestamp Data was received to the time the Data is available to query in the Module database or presented to the user via a Module user interface.

Liquidated Damages: $2,000.00 per month if user accessibility based on the sample is greater than three seconds for more than 1% of the sample.

Optum agrees to this SLA. During system implementation, we will test extensively to benchmark the system performance to meet or exceed the defined SLA.

The SLA evaluation will exclude performance issues that the State agrees are outside the direct control of Optum.

Report Frequency

We will report performance related to this SAL during the DDI Phase and on demand during maintenance and operations.

SLA26	Contractor's Solution response time for user-initiated functionality related to the Data store including simple queries shall not exceed three seconds and for complex queries whose output is greater than 10,000 rows shall not exceed 30 seconds. Performance is measured by a predefined sample measuring from the user initiating simple query until return of accurate output. Also predefined sample measuring from the user initiating a complex query until the return of accurate output.
Liquidated Damages: $1,000.00 per month if the average response time is greater than three seconds for simple queries or 30 seconds for complex queries for any of the predefined simple and complex queries.	
Optum agrees to this SLA. During system implementation, we will test extensively to benchmark the system performance to meet or exceed the defined SLA. The SLA evaluation will exclude performance issues that the State agrees are outside the direct control of Optum. **Report Frequency** We will report performance-related to this SLA during the DDI Phase and on demand during maintenance and operations.	
SLA27	Contractor's Solution shall accommodate a user interface response time of two seconds or less per discrete transaction.
Liquidated Damages: $1,000.00 per month if the average user interface response time is greater than two seconds.	
Optum agrees to this SLA. During system implementation, we will test extensively to benchmark the system performance to meet the defined SLA. The SLA evaluation will exclude performance issues that the State agrees are outside the direct control of Optum. **Report Frequency** We will report performance related to this SLA during the DDI Phase and on demand during maintenance and operations.	
SLA28	Contractor's Solution response time for adding, updating, or deleting Data from operational components shall not exceed three seconds per action. Performance is measured by a predefined sample measuring individually the adding, editing and deleting of Data. Measure from action to completion of process. Validate 1) appropriate action to Data was completed. 2) Review action history for timing.
Liquidated Damages: $1,000.00 per month if average response time is greater than three seconds per action.	
Optum agrees to this SLA. During system implementation, we will test extensively to benchmark the system performance to meet the defined SLA. The SLA evaluation will exclude performance issues that the State agrees are outside the direct control of Optum. **Report Frequency** We will report its performance related to this SLA during the DDI Phase and on demand, during maintenance and operations.	
SLA29	Contractor must ensure all of the required Interfaces for the Module operate in accordance with the Specifications, without degradation in performance.
Liquidated Damages: $10,000.00 per month if any of the required Interfaces fail this Performance Standard.	
Optum agrees to this SLA. During system implementation, we will test the interfaces extensively to benchmark the specifications to meet the defined SLA. The SLA evaluation will exclude performance issues that the State agrees are outside the direct control of Optum. **Report Frequency** We will report performance related to this SLA during the DDI Phase and on demand during maintenance and operations. **Report Measures**	

We will create interface control documents (ICDs) for each interface and review with them with the DPHHS to benchmark specifications and performance. The ICDs will become the requirements for System Integration Testing and Performance Testing. We will share the test results with the DPHHS for review and approval. After implementation, we will continue updating the ICDs as needed based on releases. We will follow an agreed-upon process to share updated ICDs and test results with the DPHHS.	
SLA31	Contractor must ensure all production reports will be available on line for review by the Department pursuant to the following schedule: A. Daily or Weekly Reports – by the end of the Business Day following the end of the reporting period. B. Monthly Reports – by the third Business Day following the end of the reporting period C. Quarterly or Annual reports – by the fifth Business Day following the end of the reporting period.
Liquidated Damages: $500.00 per day per report beyond the Performance Standard.	
Optum agrees to this SLA. **Report Frequency** We will report monthly against these specific performance standards. **Report Measures** We will make production reports available online for the DPHHS review. They will be accessible to authorized DPHHS users through the State portal. We will update them based on the processing cycle of the source data. Daily and weekly reports will be available through the portal by the end of the business day following the end of the reporting period. Monthly reports will be available by the third business day following the end of the reporting period and quarterly and annual reports by the fifth business day following the end of the reporting period.	
SLA33	Contractor shall ensure 99% of all responses from redundant site storage are received within 10 seconds.
Liquidated Damages: $1,000.00 per month if response time is greater than 10 seconds.	
We affirm our agreement with the above SLA based on a mutually agreed upon definition. We understand the term *redundant* in requirement SLA33 to mean data accessed from a backup (e.g., secondary) storage location. This requirement is not meant to imply a hot standby environment. This requirement specifically requires that, in the event the redundant site storage is used, the contractor's redundant site storage response time must be 10 seconds or less. **Report Frequency** We will report performance related to this SLA during the DDI Phase and on demand during maintenance and operations.	
SLA34	Contractor must, in the event of an unscheduled Module Downtime, restore Availability, using procedures approved in the Business Continuity and Disaster Recovery Plan within four hours from the start of the unscheduled Downtime.
Liquidated Damages: Department shall assess the liquidated damages as specified below for failure to meet the Performance Standard timeframe: $5,000/24 hour period 0 to 72 hours beyond Performance Standard $6,000/24 hour period 73 to 168 hours beyond Performance Standard $7,000/24 hour period > 169 hours beyond Performance Standard.	
Optum agrees to this SLA. In the event of an unscheduled Module downtime or lack of availability, we will restore the system, using procedures in the DPHHS-approved Business Continuity and DR Plan. We understand that the SLA requires us to restore availability within four hours. **Report Frequency** We will report the SLA performance annually.	
SLA35	Contractor shall provide an alternate business site if Contractor's primary business site becomes unsafe or inoperable. The alternate business site must be fully operational within

	two Business Days of the primary business site becoming unsafe or inoperable.
Liquidated Damages: $5,000.00 for each day the alternate business site is not available to support full business Operations for the Department within two business days of the primary business site becoming unsafe or inoperable.	
Optum agrees to this SLA. **Report Frequency** We will report on the execution of the Business Continuity and DR Plan as needed in the event of a declared disaster. **Report Measures** In the event the primary site becomes unavailable and/or the failover procedures cannot be successfully executed, we will execute the DPHHS-approved Business Continuity and DR Plan and convert to the backup site within two business days of notification by the DPHHS to do so. The DPHHS can monitor the failover process to validate the conversion to the backup site within the two-day window.	
SLA36	Contractor shall provide detailed Disaster Recovery Plan test results annually to the Department within 30 days of test completion
Liquidated Damages: $500.00 per day beyond the Performance Standard until the detailed Disaster Recovery Plan test results are delivered to the Department.	
Optum agrees to this SLA. **Report Frequency** We will provide our DR Plan test results annually, within 30 days of the test completion as specified. **Report Measures** We will coordinate with the DPHHS on conducting the annual Disaster Recovery demonstration according to the approved Business Continuity and DR Plan. We will provide the test results of the annual Disaster Recovery demonstration to the DPHHS for review and validation.	
SLA38	Contractor shall provide file restoration within six hours of Department request.
Liquidated Damages: $5,000.00 for each day or partial day the files are not available for use within six hours of the Department request.	
Optum agrees to this SLA. **Report Frequency** We will report on any file restoration requests and their results including time to restore on an as needed basis, with a summary provided annually. **Report Measures** We will coordinate and work with the DPHHS on file restoration requests. We will track performance after the DPHHS logs a ticket for file restoration.	
SLA39	Contractor shall request any planned Downtime due to scheduled upgrades or Maintenance, outside the normal Maintenance Window, to the Department five Business Days prior to Downtime. The Department must approve the planned Downtime.
Liquidated Damages: $1,000.00 per occurrence if the request for planned Downtime is made with less than a five Business Day notice to the Department.	
Optum agrees to this SLA. Optum will work with the DPHHS to create a scheduled downtime calendar for the Optum Provider Services solution. In the event that additional downtime is required, we will provide the DPHHS with notice at least, five business days prior to incurring the downtime. **Report Frequency** We will report the SLA monthly through the Monthly SLA Report.	

SLA40	Contractor shall notify the Department of any emergency Deficiencies, as defined by the Department causing severe financial or productivity impacts, including Module Downtime, within one hour of the initial Deficiency or within fifteen minutes of becoming aware of the issue, whichever is earlier. Contractor shall provide its plan for resolution within two hours of the notification of the Deficiency to the Department and resolve the Deficiency within 24 hours of the notification of the Deficiency to the Department.
Liquidated Damages: Department shall assess the liquidated damages as specified below for failure to meet the Performance Standard timeframe: $5,000/24 hour period 0 to 72 hours beyond Performance Standard $6,000/24 hour period 73 to 168 hours beyond Performance Standard $7,000/24 hour period > 169 hours beyond Performance Standard	
We affirm our agreement with the above SLA based on mutually agreed upon definitions of the terms: emergency Deficiency; Module Downtime; and, initial Deficiency. **Report Frequency** We shall report any emergency deficiencies and the actions taken in the monthly SLA report. **Report Measures** We shall notify the DPHHS of any emergency deficiencies, as defined by the Department, causing severe financial or productivity impacts, including Module downtime, within one hour of the initial deficiency or within 15 minutes of becoming aware of the issue, whichever is earlier. We shall provide our plan for resolution within two hours of the notification of the deficiency to the Department and resolve the deficiency within 24 hours of the notification of the deficiency to the DPHHS.	
SLA41	Contractor shall notify the Department of any Major Deficiencies, as defined by the Department, causing serious disruption to Operations and Services where there is no alternative or work around, within one hour of becoming aware of the issue. Contractor shall provide its plan for resolution within four hours of the notification of the Deficiency to the Department and resolve the Deficiency within 36 hours of the notification of the Deficiency to the Department.
Liquidated Damages: Department shall assess the liquidated damages as specified below for failure to meet the Performance Standard timeframe: $2,000/24 hour period 0 to 72 hours beyond Performance Standard $3,000/24 hour period 73 to 168 hours beyond Performance Standard $4,000/24 hour period > 169 hours beyond Performance Standard.	
We affirm our agreement with the above SLA based on a mutually agreed upon definition of the term Major Deficiencies. **Report Frequency** We shall report any major deficiencies experienced, and the corrective action taken in the monthly SLA report. **Report Measures** We shall notify the DPHHS of any major deficiencies, as defined by the Department, causing serious disruption to Operations and Services where there is no alternative or work around, within one hour of becoming aware of the issue. We shall provide our plan for resolution within four hours of the notification of the deficiency to the Department and resolve the deficiency within 36 hours of the notification of the deficiency to the Department.	
SLA42	Contractor shall notify the Department of any Moderate Deficiency, as defined by the Department, it identifies that affects a small number of users, causes inconvenience, or delays business or prevents use of a fully supported Service within 24 hours of becoming aware of the issue.
Liquidated Damages: $1,000.00 per instance the Department is not notified of a Moderate Deficiency within the Performance Standard timeframe.	
We affirm our agreement with the above SLA based on a mutually agreed upon definition of the term Moderate Deficiencies. **Report Frequency**	

Optum shall report any moderate deficiencies and the corrective actions taken in the monthly SLA report. **Report Measures** We shall notify the DPHHS of any moderate deficiency, as defined by the Department, we identify that affects a small number of users, causes inconvenience, or delays business or prevents use of a fully supported service within 24 hours of becoming aware of the issue.	
SLA44	Contractor shall work collaboratively with the Department to gather, analyze and report findings to the Office for Civil Rights (OCR) for any HIPAA or HITECH incident involving Contractor that affects a population of 500 members or more. Sufficient technical evaluation will be completed by the Contractor to verity the number of member potentially affected.
Liquidated Damages: All costs of mitigation (all Contractor and Department costs) plus $50,000.00 per occurrence for any HIPAA incident affecting 500 or more members that results from actions attributed to Contractor's performance of the Contract. In addition, Contractor will receive sanctions, if any, determined by the OCR and be responsible for mitigation costs and other associated costs such as call center costs, credit reporting, publications, and media centers.	
Optum agrees to this SLA. **Report Frequency** We will report the SLA on a monthly basis through the Monthly SLA Report. **Report Measures** We will keep the information assets you entrust to us under the same, if not more rigorous, security rules as we keep our own data. Safeguarding the PHI and PII of the communities you serve is critically important to Optum. We will apply advanced security principles and practices to protect that data. In the event of an incident, we will work closely with you to gather, analyze, and report findings to the Office for Civil Rights (OCR) for any HIPAA or HITECH incident involving us that affects 500 members or more. We will provide appropriate technical evaluation to verify the correct number of members potentially affected.	
SLA46	Contractor shall adhere to applicable State and Federal laws, rules, regulations, guidelines, policies, and procedures relating to information systems, information systems security and privacy, physical security, PHI confidentiality and privacy. Contractor must work with the Department to define and identify that the proposed Solutions or Services meet applicable compliance requirements If Contractor is out of compliance, a mitigation plan to regain compliance is due to the Department within 10 business days with mitigation and testing to be completed in the timeframe defined in the mitigation plan.
Liquidated Damages: Contractor will assume all liabilities including both the cost to remediate the System and bring it into compliance and the actual cost to the Department for the violation of applicable State and Federal laws, rules, regulations, guidelines, policies, and procedures relating to information systems, information systems security and privacy, physical security, PHI confidentiality and privacy, plus $1,000 a day until the Module is in compliance.	
Optum agrees to this SLA consistent with its exception and the State's amendment to allow Optum to work with the Department to define and identify that the proposed Solutions or Services meet applicable compliance requirements. **Report Frequency** We will report any findings from audits, and create a mitigation plan to address any findings as required by the DPHHS. **Report Measures** We take the potential exploitation of the health care system and associated data extremely seriously. Protecting your information systems, information systems security, physical security, PHI, PII, and member privacy and confidentiality is critically important to us. To counter this threat, we will employ a comprehensive strategy to protect our health care systems and data and those of our clients. We will follow all applicable State and federal laws, rules, regulations, guidelines, policies, and procedures relating to information systems, information systems security and privacy, physical security, PHI confidentiality and privacy. We will verify our solutions and services remain compliant. If we fall out of compliance, we will develop and submit a mitigation plan to the DPHHS within 10 business days for review and approval to regain compliance. We will perform mitigation and testing within the time frame defined in the mitigation plan.	
SLA47	Contractor shall prevent any user or system administrator from having a shared account.

Liquidated Damages: $1,000.00 per occurrence in which a shared account is identified.	
Optum agrees to this SLA. We have strict controls in place to prevent the sharing of accounts. **Report Frequency** While our company policies prohibit this practice, we will alert the DPHHS within a mutually agreed-upon time if an audit raises any issues in this area. **Report Measures** Under our Confidentiality and Non-Disclosure Policy, sharing user IDs or accounts is prohibited. Violators are subject to disciplinary action that may include termination and legal action. Our strict controls and audit and tracking systems can alert us to discrepancies in usage and trigger automated alerts.	
SLA48	Contractor shall have an acceptable documented risk mitigation plan submitted to the Department within 5 business days of risk identification for 100% of high or critical risks.. The Department will determine the level of criticality of risks.
Liquidated Damages: $1,000.00 per Business Day beyond the Performance Standard for high or critical risks without an approved risk mitigation plan.	
Optum agrees to this SLA. Our risk management strategy and processes start at the beginning of the project as the earlier risks can be identified. You have a better chance to address the risk or recover if the risk becomes a real issue. Our Risk Management Plan incorporates risk factors in areas such as technical, management, performance, resources, natural disasters, and security. The Risk Management Plan addresses both controllable risks, such as resources, systems, personnel risks, and uncontrollable risks, such as natural disasters. We cannot eliminate all risks, but mitigation and contingency plans will help lessen their impact if they occur. Key components of the Risk Management Plan include: • Identifying the preferred communication method for risk management activities • Evaluating the risk level • Potential cost/value of adverse outcome • Risk mitigation strategies and, if appropriate, action plans in the event of adverse action • Using metrics to determine the effectiveness of mitigation strategies • Identifying the responsible party for implementing mitigation strategies • Risk assessment and reduction tools • Risk management tools	
SLA50	Contractor shall conduct annual HIPAA and security training with Contractor staff. This training will also be part of the onboarding processes and the documentation will be consolidated and submitted annually to the Department.
Liquidated Damages: $1,000.00 per Contractor employee failing to receive annual HIPAA and security training per the documentation submitted to the Department.	
Optum agrees to this SLA. As a standard practice, we train employees and contractors on the importance and methods for safeguarding your information assets and the confidentiality of your private information. We will require all employees and contractors, including new hires, to take initial and annual training on HIPAA security requirements, protection of personal health information, and Optum ethics policies through our online Learning Management System. Following the training, participants must acknowledge their understanding and acceptance of our information security policies and agree to abide by them. We will report annually against the performance standards for which there are liquidated damages.	
SLA51	Contractor will ensure that Module Federal Certification is achieved retroactive to the first day of Operations and continued throughout the Operations Phase. The Contractor is responsible for meeting the Federal standards, conditions and business requirements, formally published by CMS on the date the RFP closes, necessary to ensure initial and continued federal Certification for the operation of the Module and Department to receive full Federal Financial Participation (FFP) and the Federal Medical Assistance Percentage (FMAP) funding. In addition, the Contractor is responsible for meeting any new or modified Federal standards necessary to ensure initial and continued federal Certification, provided that to the extent those standards or requirements are not outside the scope of the RFP and do not result in a

	material cost impact on Contractor, otherwise the Contractor shall only be required to meet them if and to the extent the parties agree to do so through the Change Order process. Contractor will provide all support requested by the Department during Certification and any recertification conducted by CMS and by the Department. The support will include assisting the Department and CMS in developing artifacts and evidence to support the Certification review. This includes developing the Certification presentation and participation in the Certification review.
Liquidated damages: Contractor must pay the Department the actual damages incurred by the Department related to the Module DDI and Certification, if CMS does not fully compensate the Department at the maximum allowable FFP rate and the FMAP for the Module as delivered by the Contractor. The actual damages are the difference between the total of the sums of monies actually received from CMS by the Department and the total of the sums of monies that could have been received by the Department at maximum allowable FFP and the FMAP rate.	
Optum agrees to this SLA consistent with its exceptions and the State's amendment to the extent the SLA applies to the certification of the functionality and components within the Provider Services Contractor's scope of work. Optum understands it will not be responsible for failures due to actions outside of our reasonable control as determined by the Department. We will perform certification readiness activities during all stages of implementation. Addressing certification early in the project will sure that project stakeholders keep CMS requirements in mind during each stage of the project. Development, documentation, testing, training, and operational plans will reflect an awareness of certification requirements. We will achieve federal certification of the Provider Services module, retroactive to the first day of operations and continued throughout the Operations Phase. We will meet any new or modified federal standards, conditions, or functional requirements necessary to validate initial and continued federal certification for the solution and to make sure the DPHHS receives full FFP and FMAP funding. We will fully support the Department during certification and any recertification as required and requested. This will include developing, providing, and maintaining artifacts and evidence to support certification. We will develop, deliver, and participate in presentations and activities during the certification review.	
SLA52	Contractor shall work cooperatively with all other contractors and offer timely support in integrating Solutions within the State's healthcare programs enterprise. Timely shall be defined as scheduling of a meeting within five business days, review of applicable documentation within five business days and scheduling of testing within five Business Days and ensuring the appropriate Contractor staff is participating. Days begin based on a request by the Department or another contractor.
Liquidated damages: $1,500.00 per request in which the Performance Standard is not met	
Optum agrees to this SLA. We understand that if the Contractor has concerns with a required implementation date submitted by the Department. The Department and the Contractor will meet to discuss changes to the date. A close partnership with you and your other contractors will be critical to the success of the project. As part of our project management activities, we will work with you at the beginning of the project to develop a Communication Plan to guide project communications. The plan will describe how we will work cooperatively with your contractors and offer timely support in integrating solutions within your health care programs enterprise. To meet your requirements, the plan will define timely as scheduling a meeting within five business days; reviewing applicable documentation within five business days; and scheduling testing within five business days while making sure we have the appropriate Optum staff participating. The days will begin based on a request from the Department or another contractor.	
SLA53	Contractor shall ensure that 99% of all Data converted is correctly mapped and usable by the scheduled completion date in the Work Plan.
Liquidated damages: $500.00 per day in which less than 99% of all Data converted is correctly mapped and usable beyond the scheduled completion date in the Work Plan.	
Optum agrees to this SLA. **Report Frequency** We will report and share updated data maps and test results during the data conversion process. **Report Measures** We will document all mapping of the DPHHS system fields and demonstrate before-and-after mapping to the DPHHS	

SMEs according to the dates defined in the PWP.	
SLA54	Contractor is required to maintain a Data dictionary, accessible electronically, that shall be updated within 10 Business Days of any change.
Liquidated damages: $100.00 per day in which the Data dictionary does not match current functionality of the Module.	
Optum agrees to this SLA. We will create and update a DPHHS-specific data dictionary as it applies to the Optum Provider Services solution and implement it for the DPHHS. **Report Frequency** We will report and share the updated data dictionary with the DPHHS after every major release or mutually agreed frequency. **Report Measures** We will document all applicable changes in the data dictionary after every implementation and share it with the DPHHS using the agreed-upon delivery method and location.	
SLA57	Contractor shall ensure accurate processing in accordance with the applicable Specifications of all electronic data interchange (EDI) transactions.
Liquidated damages: $1,000.00 per day in which the Performance Standard is not met.	
Optum agrees to this SLA. We will conduct thorough and extensive testing of EDI transactions during the DDI Phase. We use industry-standard tools to develop and test the EDI for the Optum Provider Services solution. **Report Frequency** We will report EDI performance statistics on the Monthly SLA report to the DPHHS.	
SLA60	Contractor shall maintain up to date System Design Documentation and System Documentation. Documentation shall be updated within 10 business days of the Implementation of a change.
Liquidated damages: $100.00 per document per day the Documentation does not match the functionality of the Module or $100.00 per day beyond the Performance Standard to document an applicable change.	
Optum agrees to this SLA. Our release management process dictates that we update System Design Documentation and System Documentation after every implementation. **Report Frequency** We will report and share updated System Design Documentation with the DPHHS within 10 business days of every major release. **Report Measures** We will document all applicable changes after every implementation in the System Design Documentation and System Documentation. We will share the documents with the DPHHS using the agreed-upon delivery method and location.	
SLA61	Contractor shall maintain up to date functional Documentation including both User Documentation and the Operations Procedures Manual. Documentation shall be updated within 10 business days of the Implementation of a change.
Liquidated damages: $100.00 per document per day the Documentation does not match the functionality of the Module or $100.00 per day beyond the Performance Standard to document an applicable change.	
Optum agrees to this SLA. As a practice, our release management process dictates that we update User Documentation and the Operations Procedures Manual after every implementation. **Report Frequency** Optum will report and share updated the User Documentation and Operations Procedures Manual with the DPHHS within 10 business days of every major release.	

Report Measures We will document all applicable changes after every implementation in the User Documentation and Operations Procedures Manual. We will share the document with the DPHHS within 10 business days of the implementation using the agreed-upon delivery method and location.	
SLA62	Contractor's Solution shall ensure access for the required number of concurrent users, according to the Specifications, necessary for the administration of the Department's business functions without limitation of user access and compliance with Performance Standards.
Liquidated Damages: $500.00 per day if the required number of concurrent users is not supported by Contractor's Solution.	
Optum agrees to this SLA. During the development of our proposal, we assumed appropriate peak concurrent users and average concurrent users. We built the Optum Provider Services solution to be scalable and support additional load as needed by our operations team or as requested by the DPHHS. **Report Frequency** We will report average and peak users monthly against the performance standards for which there are liquidated damages. **Report Measures** We can track peak and average users. We will share this information on a monthly report or as needed by the DPHHS.	
SLA63	Contractor shall perform patching and corrections related to security vulnerabilities of a critical nature within three Business Days and those of a major nature within 10 Business Days. The Department will determine the level of criticality in consultation with the Contractor.
Liquidated Damages: $5,000.00 per occurrence if the patch or correction is not Implemented within the Performance Standard timeframe.	
Optum agrees to this SLA. **Report Frequency** We report against the above patching and correction standards on a monthly basis. The statistics are included in the Monthly SLA Report. **Report Measures** We measure the three-day and 10-day portion of this performance standard from our confirmation that a vulnerability has been identified to the system or to the State's data and a patch is available (the Vulnerability Time). In these instances, we apply patches or appropriate mitigating controls within three business days to production environments for critical vulnerabilities and within 10 business days for major vulnerabilities. We measure the remediation plan portion of this performance standard from the date the patch is available. We assume an occurrence is tied to a specific vulnerability.	
SLA64	Subject to receiving the Department's approval as provided in contract Section 25.28, Contractor will provide a statement indicating approval by the Department for any publicity concerning the Contract, including, but not limited to, notices, information pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Contractor. The Department will provide Contractor with the applicable statement.
Liquidated Damages: $5,000 per public notice in which the Department's applicable statement was not used or the Department did not approve of the public notice.	
Optum agrees to this SLA. We will establish a trusted relationship with the Department and comply with all publicity requirements concerning the contract. On receiving the Department's approval as provided in contract Section 25.28, we will provide a statement to indicate we will seek and receive the Department's approval for any publicity concerning the Contract, including, but not limited to, notices, information pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Optum. We understand the Department will provide us with the applicable statement.	

SLA65	Damages may be assessed if Contractor fails to meet other contract and RFP requirements. The performance criteria will have a performance measure and scoring mechanism established in this Contract through negotiation with Contractor.
Liquidated Damages: Contractor will be assessed damages equal to $500 per day for each day that Contractor fails to meet Contract and RFP requirements without specified liquidated or actual damages.	
Optum agrees to this SLA to the extent performance criteria will have a performance measure and scoring mechanism established through negotiations. **Report Frequency** We will report performance related to this SLA as requested by the DPHHS. **Report Measures** We will meet contract and RFP requirements as defined in the final Contract with the DPHHS.	
SLA66	Contractor shall provide accurate responses to all Department Change Requests for Enhancements including proposed Solution and pool hours/cost within 10 days for low complexity projects, 20 days for medium complexity projects or 30 days for high complexity projects, from submission of a Department Change Request for an Enhancement. The Department will determine the level of complexity.
Liquidated damages: $200 per day for each day an acceptable Change Request for an Enhancement is not timely received by the Department from Contractor. "Acceptable" means that the Change Request for an Enhancement from Contractor includes Contractor's proposed Solution and associated pool hours/costs to comply with request made by the Department.	
Optum agrees to this SLA. We will work collaboratively with the Department to agree on the total enhancement hours and/or cost. We will report performance as requested by the DPHHS. We will use a systematic approach to managing application configuration and software changes throughout the project lifecycle. Change requests will follow a formal process to verify that they are logged, assigned a priority, tracked, and implemented in an efficient and effective manner. We will work with you to review each change request and recommend the best, timeliest, and most cost-effective approach to implementing the desired change. We will provide accurate responses to all Department change requests for enhancements, including proposed Optum Provider Services solution and system enhancement pool hours/cost. We will provide these responses within 10 days for low complexity projects, 20 days for medium complexity projects, or 30 days for high complexity projects, from submission of a Department change request for an enhancement. We understand the Department will determine the level of complexity.	
SLA67	Contractor must receive Implementation Acceptance from the Department for each scheduled Implementation no later than the Acceptance Date in the Work Plan.
Liquidated Damage: Department shall assess liquidated damages as noted below for each business day from the Acceptance Date in the Work Plan until the required scope for the Implementation is Operational in accordance with its applicable Specifications and receives Acceptance from the Department: $1000 per business day for the first 10 Business Days $2000 per Business Day for the next five Business Days $3000 per Business Day for the next five Business Days $4000 per Business Day for each Business Day thereafter	
Optum agrees to this SLA. We will work with the DPHHS to create a mutually agreeable Work Plan. We will collaborate with the State for implementation acceptance no later than the acceptance date in the Work Plan.	
SLA68	Contractor shall notify the Department within one hour following the identification of any potential or actual Security Incident, including any physical or system breach, any attack, or the introduction of any disabling device, related to the System. Contractor shall take corrective action to mitigate the potential or actual major or minor Security Incident within two hours following the identification of each potential or actual Security Incident.
Liquidated damages: $2,500 per Security Incident per day in which the Department is not notified by Contractor of an incident within one hour of identification or Contractor fails to take corrective action mitigation of the potential or actual Security Incident within two hours following the identification of each incident.	

Optum agrees to this SLA.

Report Frequency

We will report the SLA through the Monthly SLA Report.

Report Measures

The portion of the performance standard attributable to Optum will be measured according to the timing in the approved plan and its approved start date, subject to any mutually agreed-upon updates.

We will exclude from the definition of attempted Security Incidents, unsuccessful or inconsequential incidents, that do not represent a material threat to confidentiality, integrity, or availability of PHI, pings, and other broadcast attacks on Business Associate's firewall, scans, unsuccessful attempts to penetrate computer networks, port scan, unsuccessful log-on attempts, denials of service and any combination thereof, so long as no such incident results in unauthorized acquisition, access, use, or disclosure of PHI. We will measure the one-hour notification portion of this performance standard by measuring from our confirmation of a Security Incident. We will measure the remediation plan portion of this performance standard from the Confirmed Security Incident Time.

SLA69	Contractor shall provide a written report and assessment to the Department within 12 hours following the identification of any Security Incident detailing all actions taken concerning the incident, including the type of incident, the current status, and any potential impact(s).

Liquidated Damages: $1,000.00 per Security Incident per day in which Contractor fails to provide the Department with a detailed Security Incident report.

Optum agrees to this SLA.

Report Frequency

We will report the SLA on the Monthly SLA Report.

Report Measures

The portion of the performance standard attributable to Optum will be measured according to the timing in that approved plan and its approved start date, subject to any mutually agreed-upon updates.

Optum will measure the remediation plan portion of this performance standard from the Confirmed Security Incident Time.

We will exclude from the definition of attempted Security Incidents, unsuccessful or inconsequential incidents, that do not represent a material threat to confidentiality, integrity, or availability of PHI, pings, and other broadcast attacks on Business Associate's firewall, scans, unsuccessful attempts to penetrate computer networks, port scan, unsuccessful log-on attempts, denials of service and any combination thereof, so long as no such incident results in unauthorized acquisition, access, use or disclosure of PHI. Optum will measure the 12-hour notification portion of this performance standard from our confirmation that a Security Incident, has occurred.

SLA98	The Contractor's Solution shall ensure that the maximum amount of time between the initiation of a transaction and the confirmation receipt of the transaction by the Enterprise Service Bus (ESB) will not exceed two seconds.

Liquidated Damages: $5,000.00 per month if the average latency of ESB orchestrated transactions exceeds the Performance Standard.

We affirm our agreement with this SLA where the violation or lack of adherence relates to Optum's scope of work and is proximately caused by Optum.

Report Frequency

We will report monthly against the performance standards for which there are liquidated damages.

Report Measures

We will measure the two-second notification portion of this performance standard from initiation of the transaction at our administered system to the time taken to obtain a receipt from the ESB-administered system by the DPHHS. Optum will use specific software agents to measure and track this time.

Based on industry knowledge, there is a performance cost to the measurement of transactions. As such, Optum will develop a recommendation for performance testing, which balances the report requirements against performance requirements.

The portion of the performance standard attributable to Optum required to begin execution according to the DPHHS

approved plan will be measured per the timing in the approved plan and its approved start date, subject to any mutually agreed-upon updates.	
SLA101	Contractor's performance monitoring dashboard must have Availability 99% of the time, 24 hours a day, seven days a week, excluding Department approved planned Downtime. Availability is calculated as follows: Availability percentage = unplanned Downtime (Total Downtime-approved Downtime) divided by Total time (24X7).
Liquidated Damages: Department will assess as specified below, per hour for each hour, or portion thereof, if the performance monitoring dashboard fails to meet the 99% Availability Performance Standard. $1,000/hour 0 to 24 hours beyond the Performance Standard $2,000/hour 24 to 48 hours beyond the Performance Standard $3,000/hour > 48 hours beyond the Performance Standard	
Optum agrees to this SLA. The performance monitoring dashboard shall have Availability 99 percent of the time, 24 hours a day, seven days a week, excluding the DPHHS-approved planned downtime. We will share the maintenance schedule with the DPHHS for approval. **Report Frequency** We will report performance standards on the Monthly SLA Report. **Report Measures** We will maintain at least 99 percent system uptime with the exception of the DPHHS-approved maintenance time frames for production systems. For the applicable measurement period, availability is equal to number of Service Minutes minus Downtime Minutes, divided by Service Minutes during such measurement period, with the result expressed as a percentage. We will reduce planned downtime through monitoring and early detection or eliminate it with product lifecycle management or problem management.	
SLA102	Contractor's Solution must have Availability 99.5% of the time, 24 hours a day, seven days a week, excluding Department approved planned Downtime. Availability is calculated as follows: Availability percentage = unplanned Downtime (Total Downtime-approved Downtime) divided by Total time (24X7).
Liquidated Damages: Department will assess as specified below, per hour for each hour, or portion thereof, if any of Contractor's Solutions fails to meet the 99.5% Availability Performance Standard. $1,000/hour 0 to 24 hours beyond the Performance Standard $2,000/hour 24 to 48 hours beyond the Performance Standard $3,000/hour > 48 hours beyond the Performance Standard	
Optum agrees to this SLA. The Optum Provider Services solution shall have availability 99.5 percent of the time, 24 hours a day, seven days a week, excluding the DPHHS-approved planned downtime. We will share the maintenance schedule with the DPHHS for approval. **Report Frequency** We will report performance standards on the Monthly SLA Report. **Report Measures** We will maintain at least 99.5 percent system uptime, with the exception of the DPHHS-approved maintenance time frames for production systems. For the applicable measurement period, availability is equal to number of Service Minutes minus Downtime Minutes, divided by Service Minutes during such measurement period, with the result expressed as a percentage. We will reduce planned downtime through monitoring and early detection or eliminate it with product lifecycle management or problem management.	

3.10.9 Subcontractors

The highest scoring Offeror will be the Prime Contractor if a contract is awarded and shall be responsible, in total, including for all work of any subcontractors. Nothing contained within this document or any contract documents created as a result of any contract awards derived from this RFP shall create any contractual relationships between

any subcontractor and the State. The Offeror must describe their approach to meet the Subcontractor requirements defined in Attachment F, Requirements Matrix.

We acknowledge and agree that nothing within this document or any other contract documents created as a result of contract awards derived from the RFP will establish a contractual agreement between the subcontractor and the DPHHS.

As the prime contractor, Optum will hold ultimate accountability by the DPHHS for the success of the Provider Services module. Our solution supporting your statement of work is a flexible, COTS-based solution that adapts to your changing business needs. Our managed service approach includes engaging SourceHOV, our subcontractor partner, to provide the Remote Mail Office (RMO) support that will best meet your current and maturing needs.

Through a formal subcontractor agreement with SourceHOV, we will maintain project leadership and appropriate coordination of SourceHOV. To demonstrate this understanding and make sure that all parties are invested in the success of this project, we will incorporate necessary flow-down provisions in our subcontractor agreement.

We carefully selected SourceHOV as a trusted subcontractor because of our long-standing relationship and mutual business goal of providing superior business value to our customers. SourceHOV is a global company headquartered in Dallas, Texas, and provides mail and print services, as well as transaction processing services and enterprise information management in a cloud environment. The company offers its capabilities to the health care, public sector, financial services, insurance, and legal industries.

In the remainder of this section, we include our response to each of the Attachment F subcontractor requirements.

SUB01 The Contractor may use subcontractors for no more than forty percent (40%) of the scope of work included in the contract. The subcontractor 40% will be determined using the highest proportional value among the following factors: subcontract dollar value relative to the overall contract value, subcontractor FTE's relative to the total contract FTE's, subcontractor hours relative to the total contract hours. If the proposed solution to meet the core functional requirements (e.g., core product) is a commercially licensed COTS or SaaS product (e.g., the State will receive a commercially available license for the product), the specific product that satisfies this condition can be excluded from the 40% subcontractor calculation. In Attachment L - Technology Matrix, the vendor must include "Commercially Licensed" in the column titled "Other" for the specific line item. This exclusion does not apply to infrastructure software or software that supports the core product.

We acknowledge and agree that we may use subcontractors for no more than 40 percent of the scope of work for this project as determined by the DPHHS. We have completed Attachment L - Technology Matrix as directed and included in our proposal response.

SUB02 If the Contractor transfers resources required to fulfill the contract to a third party, the third party is considered a sub-contractor and the transfer will be subject to the 40% subcontractor limitation.

We acknowledge and agree that any transfer of resources to a third party to fulfill the contract indicates the third party is a subcontractor subject to the 40 percent subcontractor limitation.

SUB03 The Contractor shall list all subcontractors, if any, in the proposal.

Optum has identified one subcontractor that will provide services for the Provider Services module, SourceHOV LLC.

SUB04 The Contractor shall provide a detailed description of all work to be subcontracted to third parties.

SourceHOV will support our RMO for the Provider Services module, providing end-to-end mailroom services. This work will include retrieving the incoming paper mail from the current PO Box in Helena, Montana. The RMO will also prepare, scan, digitize, and index incoming

documents according to your requirements. SourceHOV will not access any Optum or State systems to complete this work.

SUB05 The Contractor must submit to the Department annually, a Subcontractor Usage Report on the use of subcontractors and certify that all subcontractors are in compliance with the employment practices mandated by federal and State statutes and regulations. The Subcontractor Usage Report must at a minimum contain the total subcontract dollar value, total subcontractor FTE's, total subcontractor hours.

We will submit a Subcontractor Usage Report to the DPHHS every year describing our use of subcontractors for the Provider Services module. It will contain information about our use of any subcontractors, such as the total subcontract dollar value, total subcontractor FTEs, and total subcontractor hours. The report will certify that any subcontractors we use comply with State and federal employment practices, statutes, and regulations.

SUB06 The subcontractor will be required to enter into a signed Business Associate Agreement (BAA) as a part of the contract, that is in compliance with the Privacy and Security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prior to start of work. The BAA is included in the contract template found in the Procurement Library

The subcontractor we propose, SourceHOV, for the Optum Provider Services solution will enter into a HIPAA-compliant signed BAA as part of their contract. We will also develop a detailed statement of work that outlines Provider Services module roles and responsibilities for Optum and SourceHOV. The SourceHOV project manager will be a direct report to the Optum project manager.

SUB07 The Contractor shall allow Department personnel direct access to all subcontractor or third-party personnel serving in critical roles on the project and shall not act as an intermediary between the Department and such parties for questions about the proposed solution or operation of the proposed solution. The Department reserves the right to discuss design, configuration, implementation, operation, routine maintenance, and enhancement of the proposed solution(s) directly with any subcontractors or third parties involved in performing work for the Department.

Department personnel will have direct access to SourceHOV personnel. Optum will not serve as an intermediary between them. We acknowledge and agree the Department reserves the right to discuss design, configuration, implementation, operation, routine maintenance, and enhancement of the Optum Provider Services solution directly with SourceHOV.

SUB08 The Department shall have the right to review and approve any subcontracts through the Contractor.

We acknowledge and agree the Department reserves the right to review and approve any subcontracts for the Optum Provider Services solution.

3.10.10 Enrollment

This section addresses provider enrollment requirements. The Provider Services module will support a web-based tool for providers to electronically enroll with Montana Healthcare Programs which includes an automated tool for screening activities that must be completed in accordance with State and federal statutes, policy, mandates as well as industry standards required for the Contractor's Scope of work. The Offeror must describe their approach to meet each of the Provider Enrollment requirements defined in Attachment F, Requirements Matrix.

The Optum Provider Services solution delivers a complete provider enrollment screening and credentialing system. It is an integrated, configurable Web-based electronic provider enrollment application, which is a component of the Optum Provider Services solution as shown in Figure 3.84. We designed the solution to comprehensively enroll, re-enroll, revalidate, and update provider information for your Montana Healthcare Program. The rules-based application enables you to modify enrollment requirements as established by State policy for prospective and current providers.

The enrollment application is driven by ACA Federal and State enrollment criteria, which instruct individual and organizational entities to disclose the necessary data elements and supporting documentation by provider type and specialty. The solution provides flexibility with open configuration and the ability to add or subtract criteria, supporting the ever-changing landscape of the nation's health care market.

[redacted]

Our solution integrates the business functionalities necessary to deliver ideal provider support. Using the core components, its integrated business model supports the provider enrollment activities as shown in Figure 3.85.

[redacted]

In the remainder of this section, we include our response to each of the Attachment F Provider Enrollment requirements.

ENR01 The Contractor's solution shall provide a unique submitter number for each billing service or submitter that transmits HIPAA X12 transactions with the State for single or multiple providers.

During the registration and testing process, each billing service provider or submitter of HIPAA X12 transactions is assigned a unique submitter number in the provider portal. The process for registering trading partners with Optum includes the following five steps:

1. Trading partner registers and receives an Optum ID.
2. Trading partner works with the communication gateway component of our system and Optum for file delivery.
3. Optum provisions new trading partner.

4. Optum works with trading partner for training/testing.
5. When testing is complete, the process is moved to production.

ENR02 The Contractor's solution shall receive provider applications through a web based provider self-service tool and on paper. The solution shall allow for the enrollment, re-enrollment, termination, recertification, or revalidation of providers and provide real-time notification to the providers of the receipt of the enrollment application.

The Optum Provider Services solution delivers a complete provider enrollment and screening system for future and current State Medicaid providers. In addition to the Web-based functionality for enrollment and revalidations shown in Figure 3.86, our solution also supports paper application submissions.

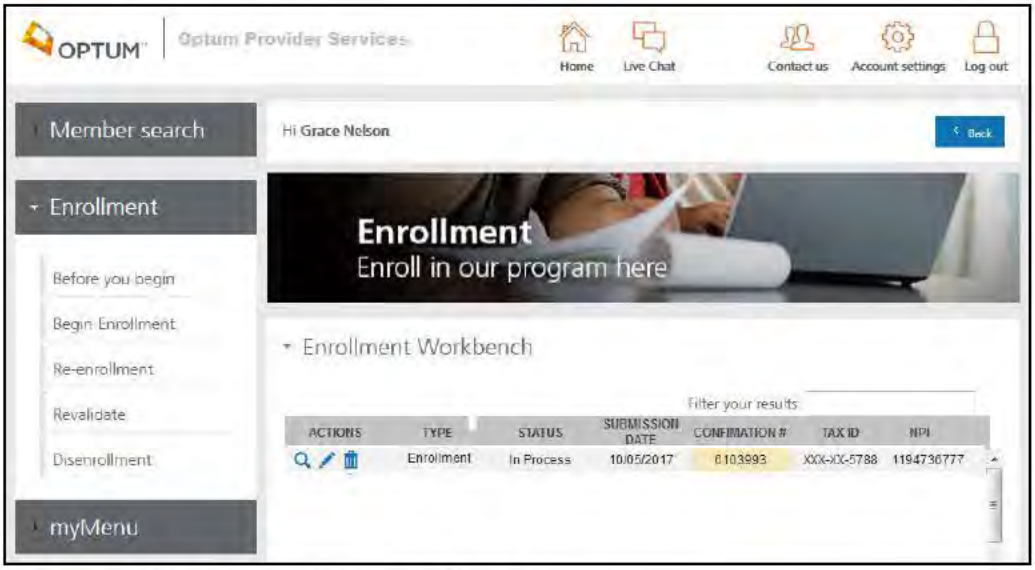
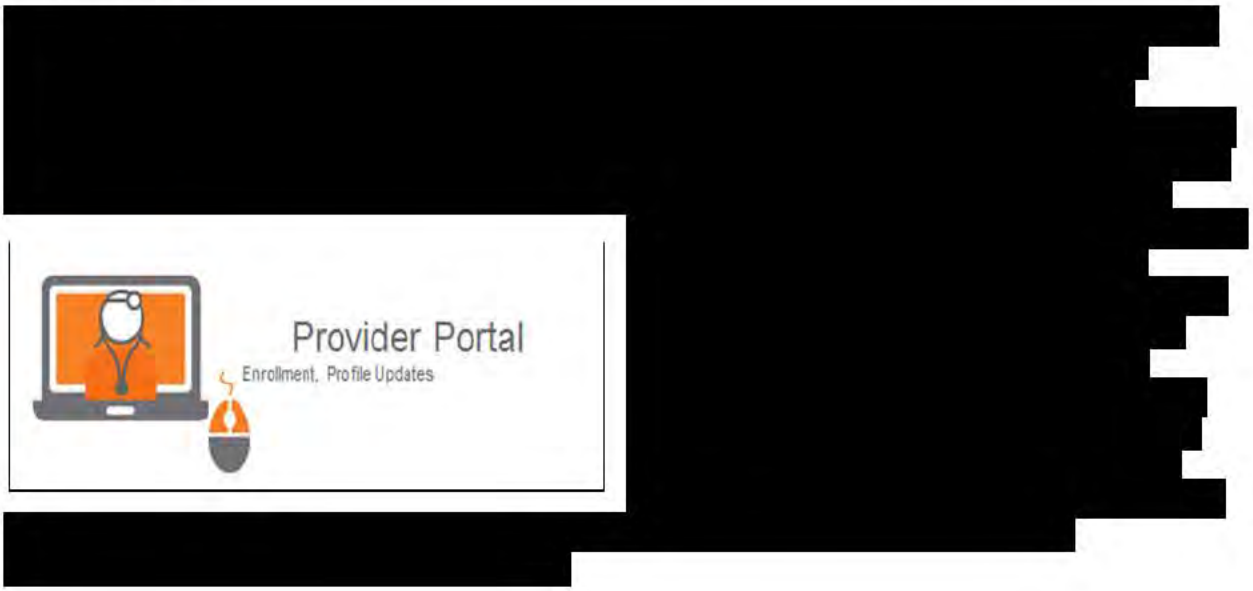


Figure 3.86: Optum Provider Services Solution Portal Home Page.
Using the secure provider portal, providers can enroll and submit revalidations, access program information, and check enrollment status.



The provider portal is the gateway that controls the flow of information needed to enroll providers into your Medicaid program. Providers completing the process online can start a new application; modify an existing application; disclose changes in organizational structure; or simply add new rendering or ordering, referring, and prescribing providers. For a new enrollment, providers or their delegated official must answer a set of configurable prescreening questions to validate they meet State policy and guidelines for all program provider types and specialties.

If the provider meets your program requirements, the provider portal completes one final check before allowing the continuation of enrollment. When providers enter their NPI, the system completes a real-time transaction against the National Plan and Provider Enumeration System (NPPES) database. This validates that the NPI is a current active status. [redacted]

Logging into the portal, the online application guides providers through each section of the enrollment process, collecting information based upon their provider type, specialty, and categorical risk level. At any point in the application process, the provider has the option to save and continue. This allows providers to complete the application at their own convenience. Other features of the provider portal include:

- PDF print friendly
- Ability to upload required documentation
- Ability to select multiple programs during the enrollment process
- Electronic signature for the provider agreement
- Auto email notification (e.g., application completion reminder email, submitted verification email)
- Ability to submit an application fee if the provider is categorized as moderate or high risk through the portal
- Ability to apply for a hardship waiver instead of the application fee
- Application archive or purge capabilities based on a configurable time frame
- Maintain and capture all affiliation information with effective date, affiliation type, and practice location
- Ability to accommodate multiple program requirements and criteria per program (Medicaid and CHIP)

When the enrollment [redacted]

[redacted]

Providers can check their enrollment status at any time on the provider portal. When the enrollment process is complete, the Optum Provider Services solution will notify the State-approved print vendor's system to generate a welcome letter. The letter is another method of notifying providers that they are considered active providers and to give them the effective date to use for billing.

ENR03 The Contractor's solution shall use automated screening and monitoring processes and tools to verify provider enrollment and eligibility based on Federal requirements contained in 42 CFR 455.436 (e.g., CMS data matching for provider screening and monitoring, Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS)).

Our solution checks all enrollments against the required federal and State databases upon initial enrollment, re-enrollment, reactivation, and revalidation. It validates the provider, owner, and managing employee information collected during the application process against the following data sources:

- Social Security Administration Death Master File,
- NPPES
- Office of Inspector General/List of Excluded Individuals/Entities (OIG/LEIE)
- Excluded Parties List (EPLS) now known as the System for Award Management (SAM)
- State Medicaid exclusion lists



Additionally, provider, owner, and managing employee information will be checked against OIG/LEIE and SAM no less than monthly. [redacted]

For enrollments classified as moderate or high risk, the workflow configuration places these enrollments in specified queues to verify completion of activities associated with such levels:

- Medicare participation check using the Provider Enrollment, Chain, and Ownership System (PECOS)
- Pre-site visit and post-site visit
- Fingerprint-based criminal background check

ENR04 The Contractor's solution shall allow entities enrolling as trading partners with the State's healthcare programs to select the HIPAA X12 transactions they choose to submit and receive.

We will configure our solution during the Implementation phase to collect information from providers wishing to enroll as a Trading Partner. The workflow will allow all Trading Partners to select the HIPAA X12 transactions to submit and receive. The Trading Partners will participate in testing with Optum before these transaction capabilities are moved into production.

ENR05 The Contractor's solution shall assign a unique provider ID for all providers including atypical providers, for use in transactions with the enterprise.

The Optum Provider Solution assigns a unique provider ID for all providers; the NPI is the primary identifier. The solution will also assign a unique provider ID to atypical providers who do not qualify to obtain an NPI. The solution can associate existing provider identifiers, such as legacy numbers or Medicaid ID numbers, to the provider's NPI and file.

ENR06 The Contractor's solution shall prompt users in the event of data entry errors, missing data or inconsistencies in the provider enrollment, maintenance, or revalidation process.

The Optum provider portal displays field-level validations that guide applicants throughout the online application process to complete and provide all necessary enrollment information. Providers have the ability to move between pages without entering the required fields allowing for the completion of other sections of the application at their own convenience. To guarantee the required information is obtained, the provider enrollment portal will not allow the applicant to submit the enrollment application until all required fields have been completed. Examples of field-level validations include the following:

- Address and ZIP code
- Numeric and alphanumeric data verification
- Pop-up error messages
- Configurable hover messages

We will configure hover messages to display your instructions throughout the application process to help applicants complete and make accurate submissions.

Figure 3.87 shows the provider portal's enrollment data prompts that guide the applicant through the process.

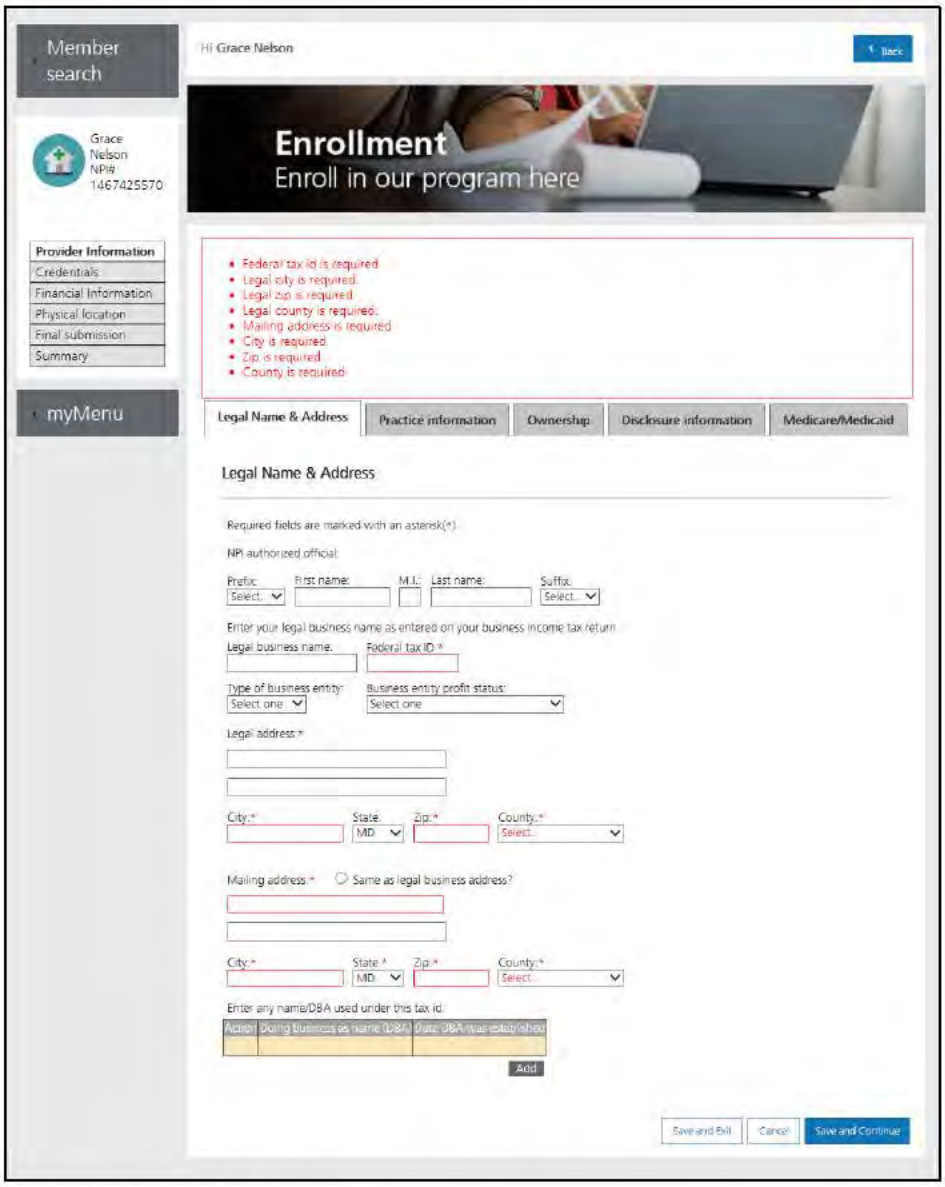


Figure 3.87: Provider Enrollment Data Prompts.
The provider portal's field level validations require providers to enter their information into the required data.

ENR07 The Contractor's solution shall allow enrolling providers to enroll in one or more program types (e.g., Care Management, waiver, CHIP, Standard Medicaid) using a single enrollment event.

As illustrated in Figure 3.88, the Optum provider portal is configurable, allowing you to define the programs in which providers may enroll. On the Practice Information page, providers can select a single program or multiple programs with a requested enrollment date. The provider can use this date when requesting a backdating exception for your consideration.

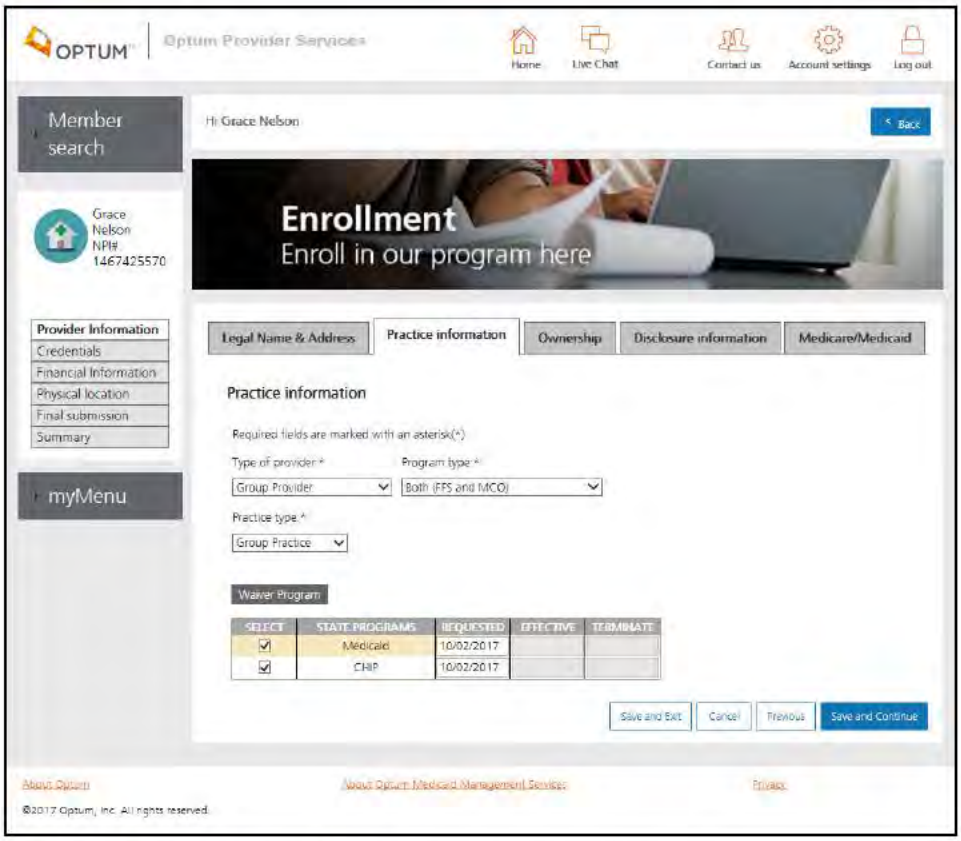


Figure 3.88: Provider Enrollment Program Selections.
The provider portals allow providers to select multiple programs during their enrollment.

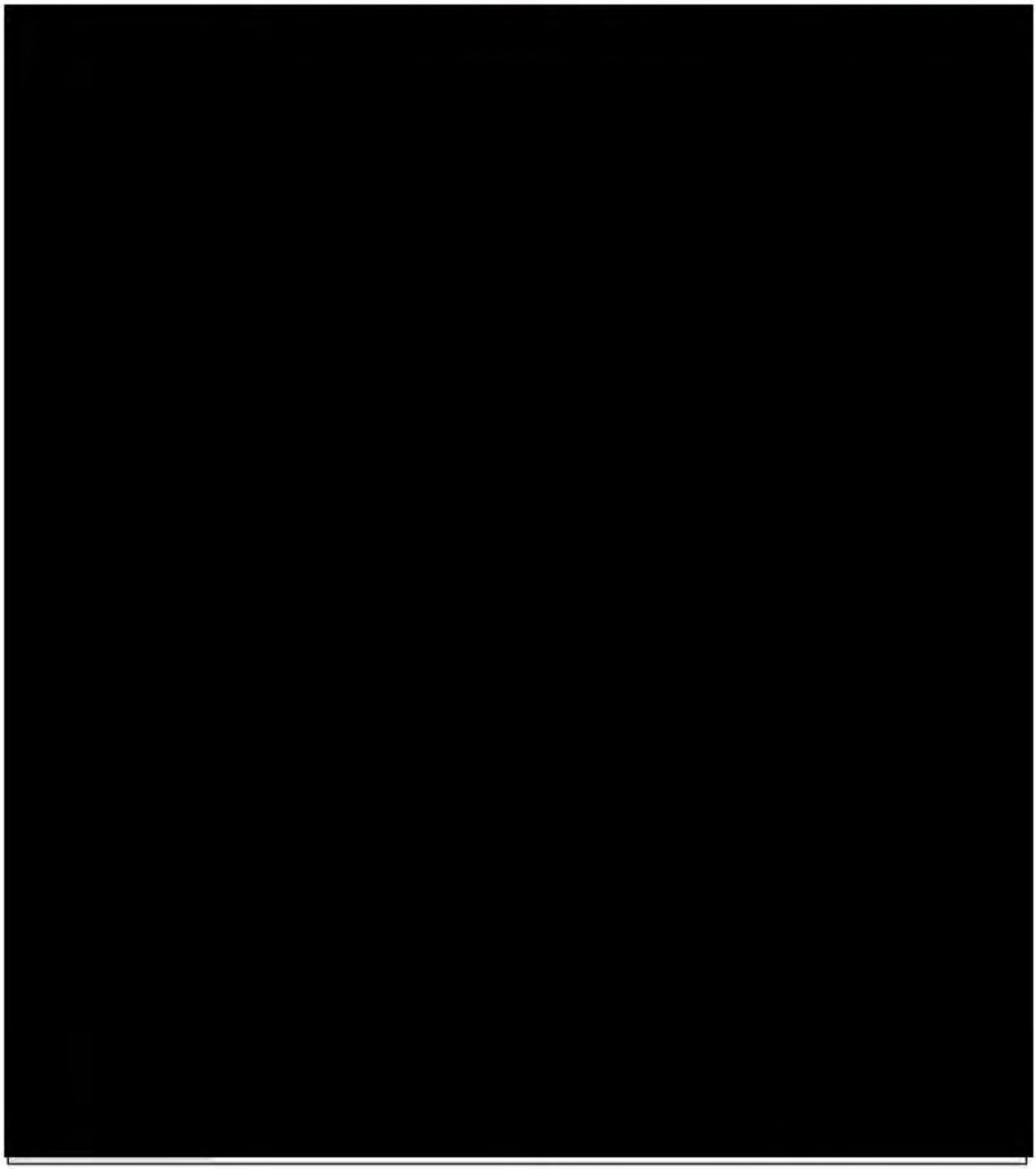
The provider portal offers a Waiver Program feature as shown in Figure 3.89. When selected, the provider has the ability to choose from a list of State waiver programs; download instructions, rules, and policies; and complete a waiver provider agreement. The provider can attach the completed and signed agreement to the online enrollment.



[redacted]

ENR08 The Contractor's solution shall have configurable business rules to suspend or restrict the enrollment of providers, trading partners or clinics affiliated with individuals debarred by State or Federal agencies, listed in Registries (e.g., Child Abuse, Elder/Adult Abuse, Sex Offender), or do not meet requirements specified by the State.

The configurable provider portal allows the State to define the necessary exclusion, sanction, and conviction questions the provider must disclose during the application process, as shown in Figure 3.90. You will have the ability to display and require criminal conviction attestations or other legal questions and background information of all defined parties outlined in 42 CFR 455 Subpart B. The portal is configured to capture the necessary information in order to identify those applicants who have been convicted of a criminal offense related to that person's involvement in any program under Montana Healthcare Programs. When the application is submitted, the identifying information is checked against the predefined data sources.



[redacted]

Results from these database checks provide the programs ability to suspend or restrict the enrollment of providers, trading partners, or clinics affiliated with individuals debarred by State and Federal agencies, listed in registries, or who do not meet State requirements for other reasons.

ENR09 For enrolling and actively enrolled providers electing to participate in specific programs, the Contractor's solution shall collect and maintain the supporting data (e.g., geographic locations, number of preferred assigned members, and capacity to accept additional members), present the program agreement/contract for review, and acceptance (i.e., digital signature).

The provider portal allows you to define and collect location and member preference information. As providers enroll, the portal enables the ability to capture multiple service locations and demographic information for each location as shown in Figure 3.91. The provider can input contact information, office hours, affiliated provider information, languages spoken at that location, and patient services. Member allocation and member acceptance information are captured on the Patient Services page.

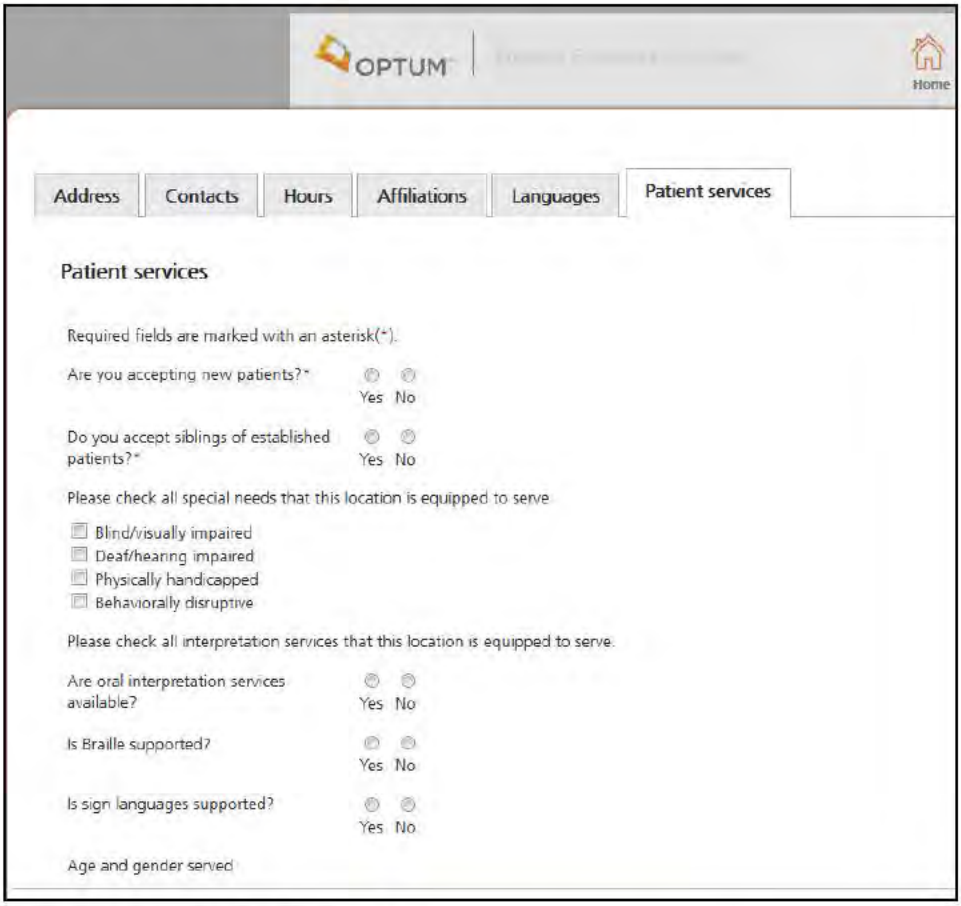


Figure 3.91: Provider Enrollment Patient Services Page.
The provider can enter each service location's information through the provider portal to record necessary enrollment information.

Figure 3.92 shows the Terms and Agreement page, which presents the State Medicaid provider agreement/contract for the applicant to review and electronically sign.

[redacted]

ENR10 The Contractor's solution shall be configurable to allow or prevent provider enrollment based on provider characteristics.

The provider portal employs processes to verify that only qualified providers have the ability to enroll in your Medicaid program. The configurable, rules-based provider management component will prescreen applicants to validate they meet State policy and guidelines for program enrollment. Sample questions we can configure for providers to answer in the provider portal include:

- Are you located within the state?
- Are you in a contiguous county or state (to comply with distance rules)?
- Are you an out-of-state provider enrolling so that you may perform a medically necessary emergency service?
- Are you an out-of-state provider enrolling to provide medical care for a child placed in foster care in your state or placed in a residential treatment center in your state?
- Are you an out-of-state provider and willing to accept in-state rates?
- Are you a provider/specialty currently included in a temporary moratorium?

Additionally, the portal can be configured based on provider types and specialties collecting program-specific information and documentation for your enrollment programs. This information includes licensure, endorsements, accreditations, board certification, W-9, certificate of need, and DEA certification. Figure 3.93 is an example of a provider criteria checklist in our workflow solution.

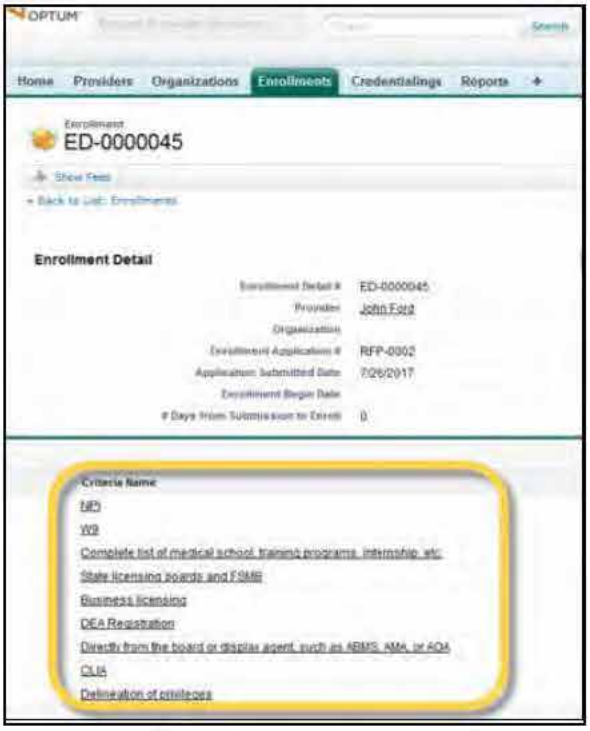


Figure 3.93: Workflow Tool Criteria Checklist Example.
The criteria checklists are configurable by provider type and specialty.

The configurable criteria checklists help credentialing specialists to verify, collect, and track the requirements for a completed enrollment. Workflow queues are specifically designed to account for the federal and State requirements outlined in 42 CFR Part 455, Subpart E - Provider Screening and Enrollment. We designed our solution to provide flexibility with open configuration and the ability to add or subtract criteria as your requirements change.

ENR11 The Contractor's solution shall prevent the creation of duplicate records during enrollment application submission.

During the initial data conversion process, we analyze provider data for extraneous end dates and duplicate files. If we identify extraneous end dates or duplicate files, we present the provider data for deletion. The Optum Provider Services solution includes business rules that identifies and validates provider NPIs or Medicaid provider IDs. These business rules prevent the reuse of these numbers.

ENR12 The Contractor's solution shall allow a provider to use a single enrollment application for multiple programs, specialties or service types.

Our solution offers the ability to use a single provider enrollment application for multiple programs, specialties, or service types. Figure 3.94 shows the Practice Information page options for provider to select FFS enrollment, Medicaid Managed Care Organization (MCO) enrollment, both FFS and MCO enrollment, and other programs.

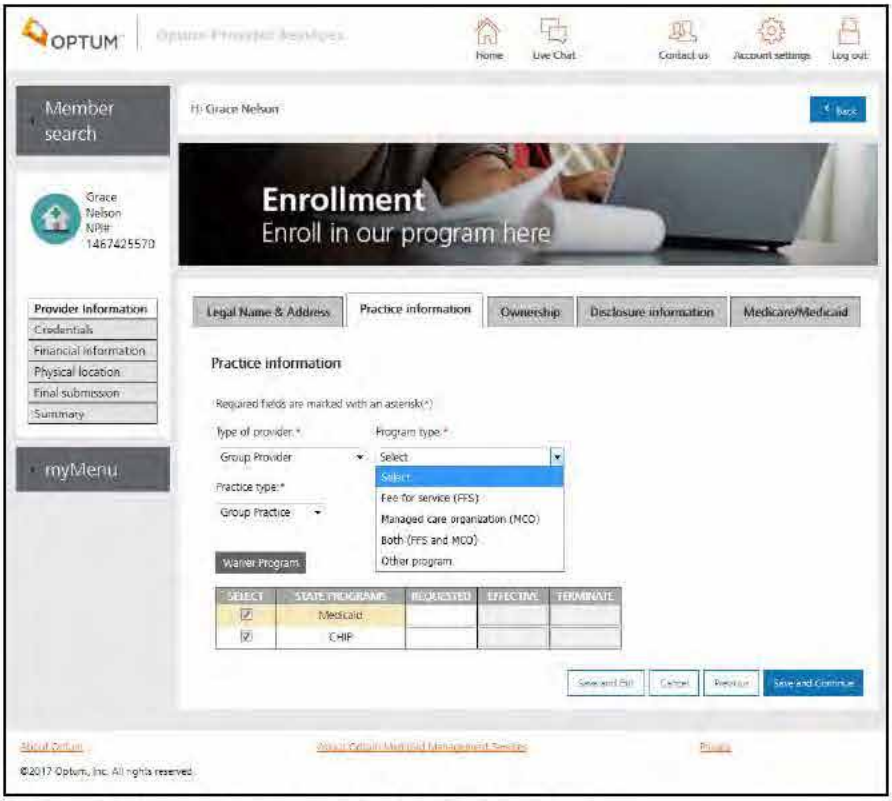


Figure 3.94: Single Provider Enrollment Application Covering Multiple Selections.
The provider portal allows providers to enroll in multiple programs, specialties, or service types.

Additionally, applicants define the provider or service type and specialty they are enrolling with for the State Medicaid, Waiver, or CHIP programs.

ENR13 The Contractor's solution shall allow a single provider to enroll multiple service locations

As shown in Figure 3.95, the provider portal Physical Location page offers the applicant the ability to add multiple service locations.

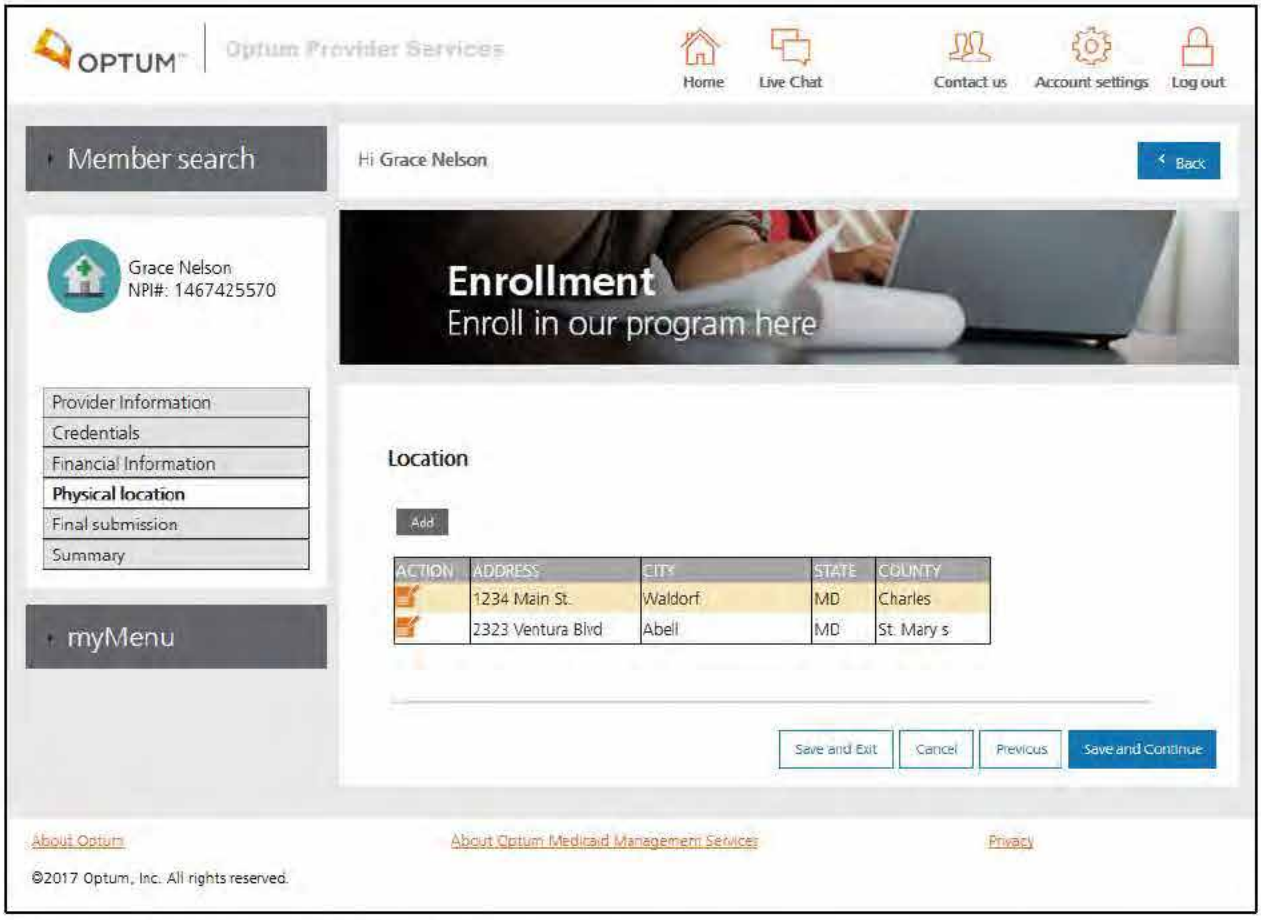


Figure 3.95: Provider Physical Location Page.
This page allows providers to disclose multiple service location addresses.

When the provider clicks the Add button, the Service Location Detail page displays, as seen in Figure 3.96. Each tab in the detail page collects identifying information per service location including:

- Address and managing employee information
- Contact information, such as phone, email, and fax numbers
- Office hours
- Affiliated providers working at each service location
- Languages available per service location
- Patient service information, such as accepting new patients, gender restrictions, and so forth

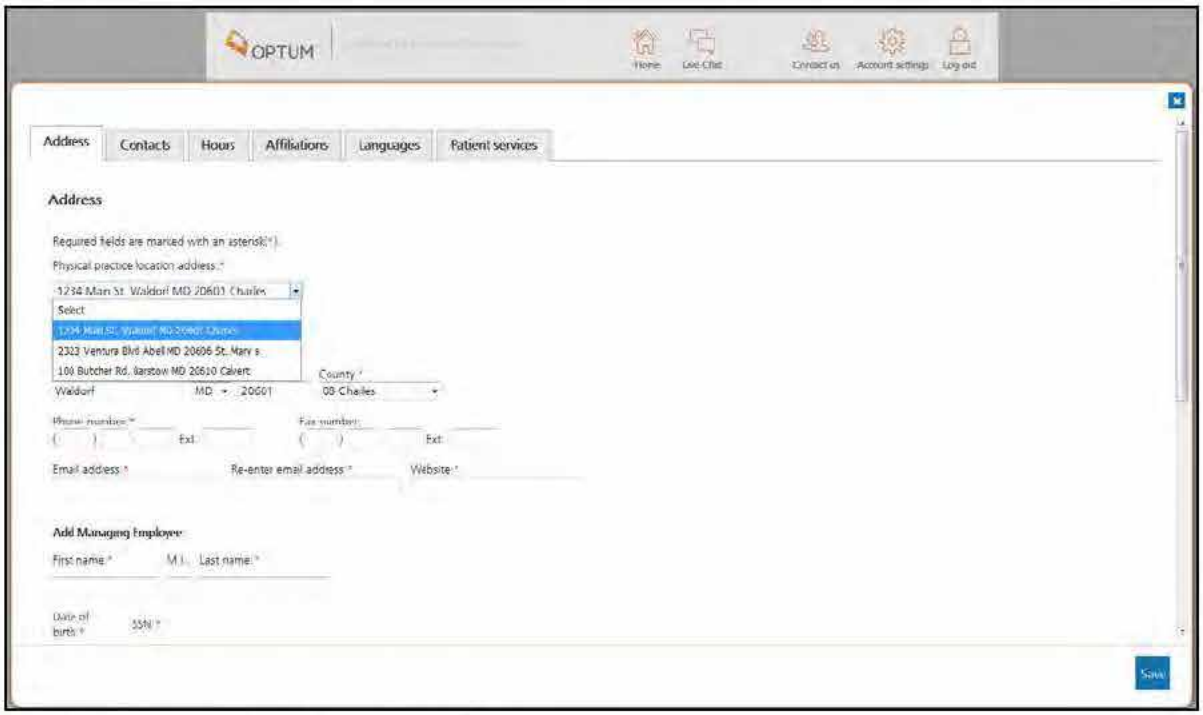


Figure 3.96: Provider Service Location Detail Page.
Providers can submit identifying information specific to each service location.

When the provider clicks the Save button, the detailed information is captured and the location information populates in the location grid on the Physical Location page. If providers need to edit their location information, they click the edit indicator on the action column to make any necessary changes.

ENR14 The Contractor's solution shall collect and maintain all information needed to complete provider enrollment in compliance with all State and federal policies and regulations.

Our solution will request licensure, certification, and board certification information based on provider type and specialty. This complements the workflow management tool queues that help us meet applicable federal and State requirements. The queues also include other activities outlined in 42 CFR Part 455 Subpart E - Provider Screening and Enrollment. The provider management component is flexible and easy to configure to remove implementation barriers when supporting new or changing requirements.

ENR15 The Contractor's solution shall determine provider eligibility in accordance with State and Federal policies and regulations.

We will enroll, re-enroll, and revalidate providers based on State and federal policies and regulations. The solution's configuration and quality assurance processes make certain our operational team enrolls providers using these regulations.

Optum supports the provider enrollment and screening activities you specify and those outlined in 42 CFR 455 Subpart E and Subpart B. The provider portal and workflow support the required data collection and screening activities for operations.

ENR16 The Contractor's solution shall provide the ability to accept and track provider enrollment fee information.

As shown in Figure 3.97, our solution enables providers to pay their enrollment fee for moderate and high-risk provider types. According to Federal rule, the portal also allows providers to

complete a hardship waiver form in lieu of the required application fee. Application fee verification is a required question for moderate and high-risk provider types who choose to enroll with Montana Medicaid.

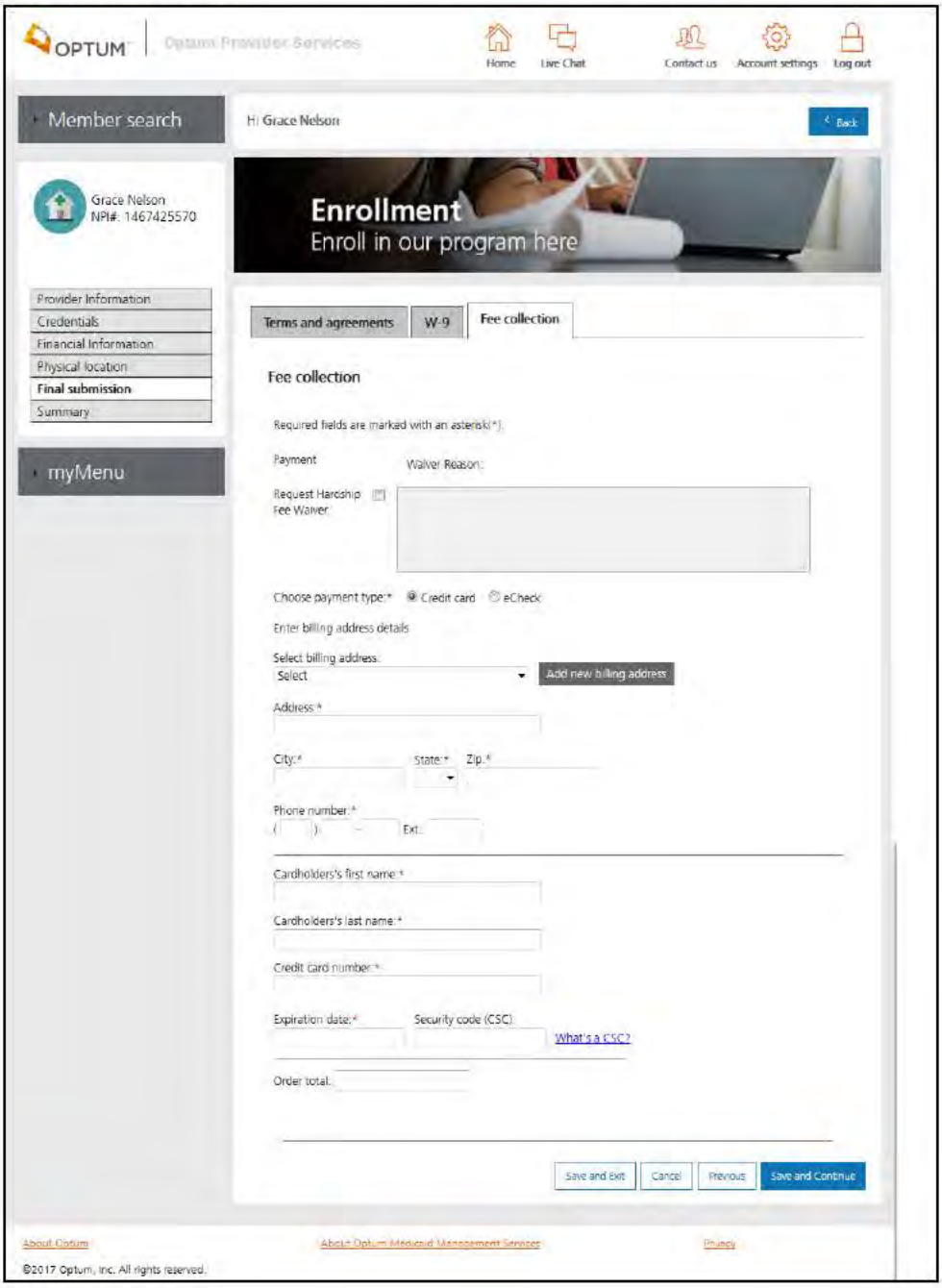


Figure 3.97: Fee Collection Page.
The provider has the ability to pay an application fee or request a hardship waiver.

During the enrollment process, we ask providers if they participate with Medicare or another state's Medicaid or CHIP program, and if they paid the application fee. If they answer in the affirmative, we will collect the documentation supporting their enrollment. We will also contact those states' provider enrollment brokers to verify that the information is accurate.

If a hardship waiver is requested on a submitted application, the credentialing specialist will route the application and supporting hardship waiver form to the workflow fee collection queue and State Medicaid Agency (SMA) portal for your review and determination. In the workflow component, the application will suspend, awaiting a response and direction from you and CMS as seen in Figure 3.98.

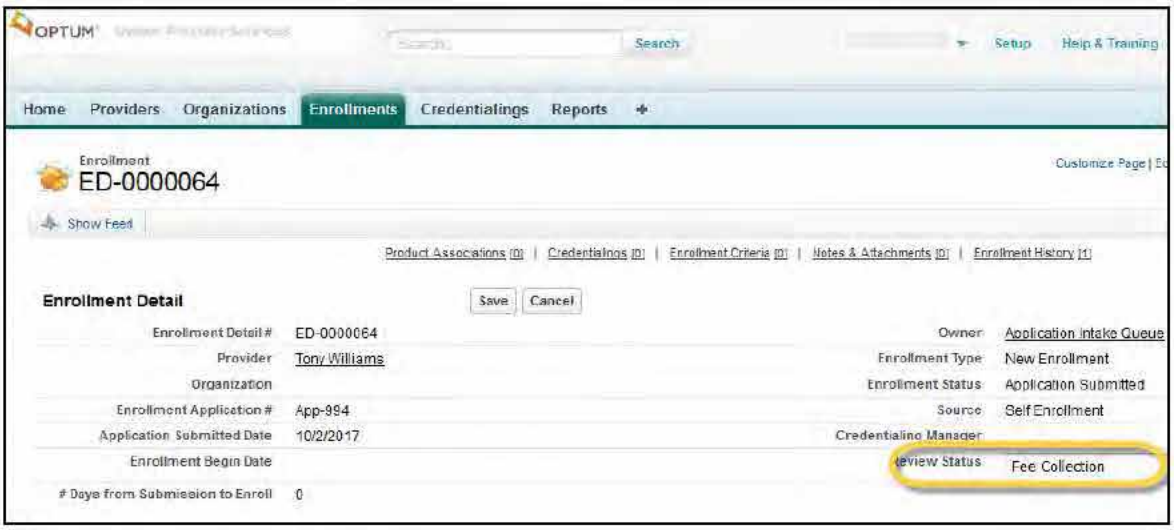
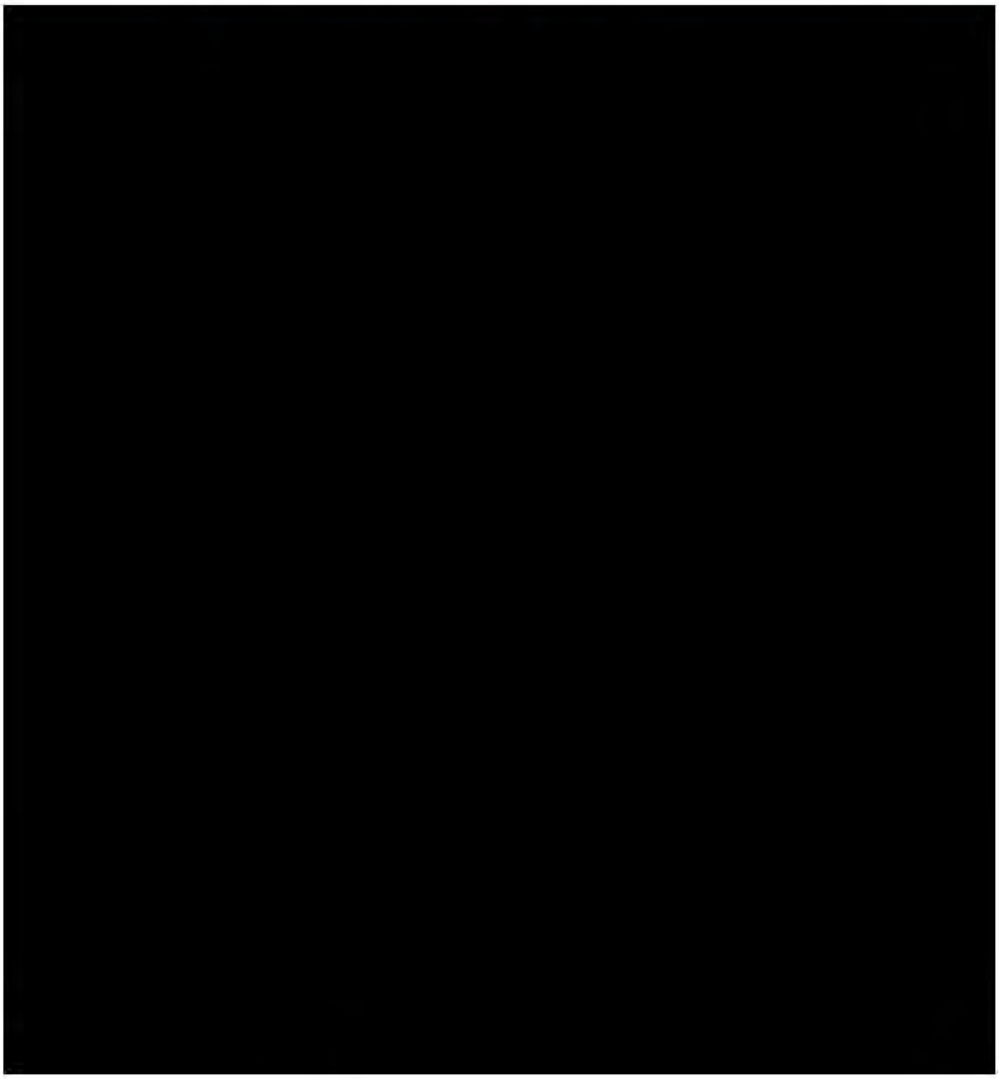


Figure 3.98: Workflow Enrollment Page.
If a hardship waiver has been requested, the application Review Status will denote Fee Collection.

During the review and credentialing process, we check moderate and high-risk provider types in PECOS for Medicare participation to verify if they already paid their enrollment fee. We will work with you to use your read-only access to the PECOS database for manual reviews. We will also work with you to obtain access to the monthly data extract files to automate and check enrollments by a batch file process.

ENR17 The Contractor's solution shall allow providers to view status of their enrollment online.

Providers have the ability to log in to their portal account and view their enrollment status. As shown in Figure 3.99, the provider's enrollment workbench displays the status of the submitted application.



[redacted]

The application status transmits to the portal as it moves through the workflow process. This allows the provider to check on enrollment submission. Examples of status indicators include:

- In process
- New
- Enrolled
- Credential check
- Disenrollment requested
- Submitted
- Inactive
- Approved

ENR18 The Contractor's solution shall support real-time edits allowing providers to submit corrections to applications as needed.

At any point during the online application process, providers can amend, save, retrieve, or resume their in-process applications. [redacted]

Before submission of the application, the provider portal displays a summary of the disclosed information and a list of required supporting documentation. To guarantee the required information is obtained, the portal will not allow the applicant to submit the application until all required fields have been completed. The provider can also choose to print and review the application before making the final attestation and signing the provider agreement. After application submission, the provider can print the completed application in PDF.

If a submitted application has already gone under review in the system, and a provider wants to make changes at that point, the provider will need to re-submit a corrected application, which will re-start the review process. Providers will be able to add affiliates to an application post submission and prior to application approval.

ENR19 The Contractor's solution shall be capable of suspending provider participation in specific programs while maintaining participation in other programs and initiate notification(s) to the provider, agency staff, and modules.

Our solution is capable of suspending a provider's participation in specific programs while the provider still participates in others. The Optum Provider Services solution will display program effective and termination dates for multiple programs and waivers. The portal can interface with the Medicaid claims processing system and display the provider/facilities contract termination date. [redacted]

ENR20 The Contractor's solution shall use automated screening and monitoring processes and tools to verify provider enrollment eligibility based on State regulations and policies (e.g., State licensing agencies, State exclusion lists, Provider Enrollment Chain and Ownership System (PECOS)).

We verify that provider enrollments are checked against the required federal and State databases upon initial enrollment, re-enrollment, reactivation, and revalidation. We validate a provider's information by searching the following databases that return possible findings in the solution's workflow component:

- LEIE
- SAM (formally known as the Excluded Parties List System [EPLS])
- Social Security Administration's Death Master File
- State Exclusion Lists
- NPPES
- PECOS (TIBCO)

At least monthly, we check the providers, owners, and managing employees against the LEIE and SAM.

ENR21 The system will be able to link to training modules within the enrollment process (e.g., contractors authorizing member and provider services).

We will provide users access to Web-based training or eLearning courses, which they can access anytime, anywhere over the Internet. These Web-based training resources will assist users in long-term learning, enabling them to participate in training remotely and independently. Our options include on-demand training in various self-directed formats, such as recorded webinars and training videos.

Optum uses a learning management system (LMS) to provide and maintain training materials and deliverables. We configure entry to the LMS so that authorized users can access their role-specific materials through a link on the provider portal.

From the LMS, authorized participants can enroll in training, dis-enroll from training, and complete their class evaluations. The LMS will track class participation and provide reports that show participation rates.

ENR22 The Contractor's solution shall support at a minimum, the following enrollment status designations or their equivalent: denied, terminated, suspended, provisionally accepted, accepted, in progress, pending, voluntarily terminated.

As shown in Figure 3.100, the Enrollment Workbench will reflect the queried providers' enrollment status. We will work with you to configure the page to display all your required status designations.

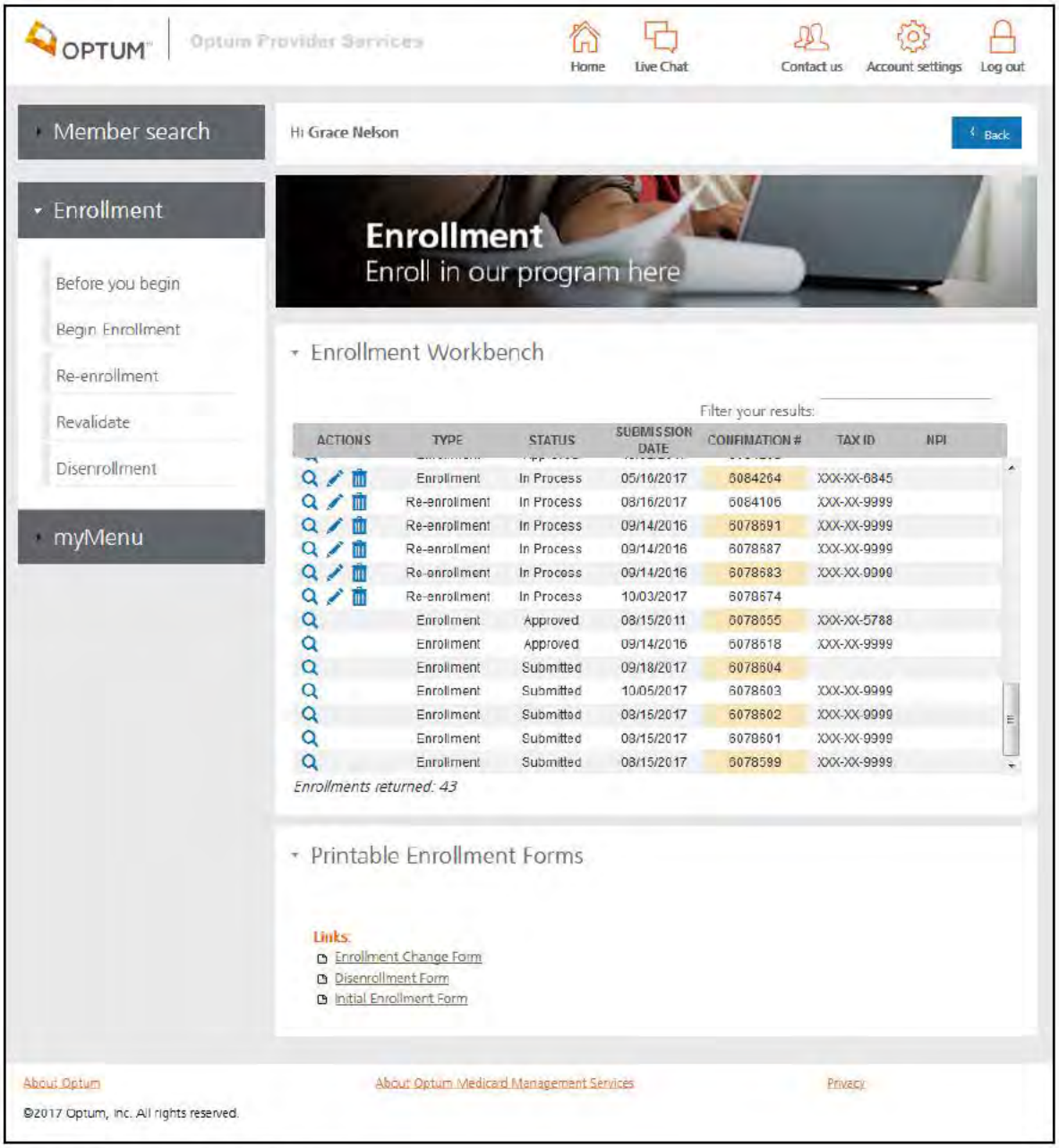


Figure 3.100: Enrollment Status Designations.
Authorized users can view provider enrollment application statuses at a glance.

ENR23 The Contractor's solution shall allow users to enroll retroactively in compliance with State policy, ACA and CMS standards.

As shown in Figure 3.101, the Optum Provider Services solution allows our credentialing specialists to specify the enrollment begin date. This feature allows us to enroll providers retroactively in compliance with State policy, ACA, and CMS Standards. During the Implementation Phase, we provide operational job aids and training materials to help employees apply effective dates appropriately.

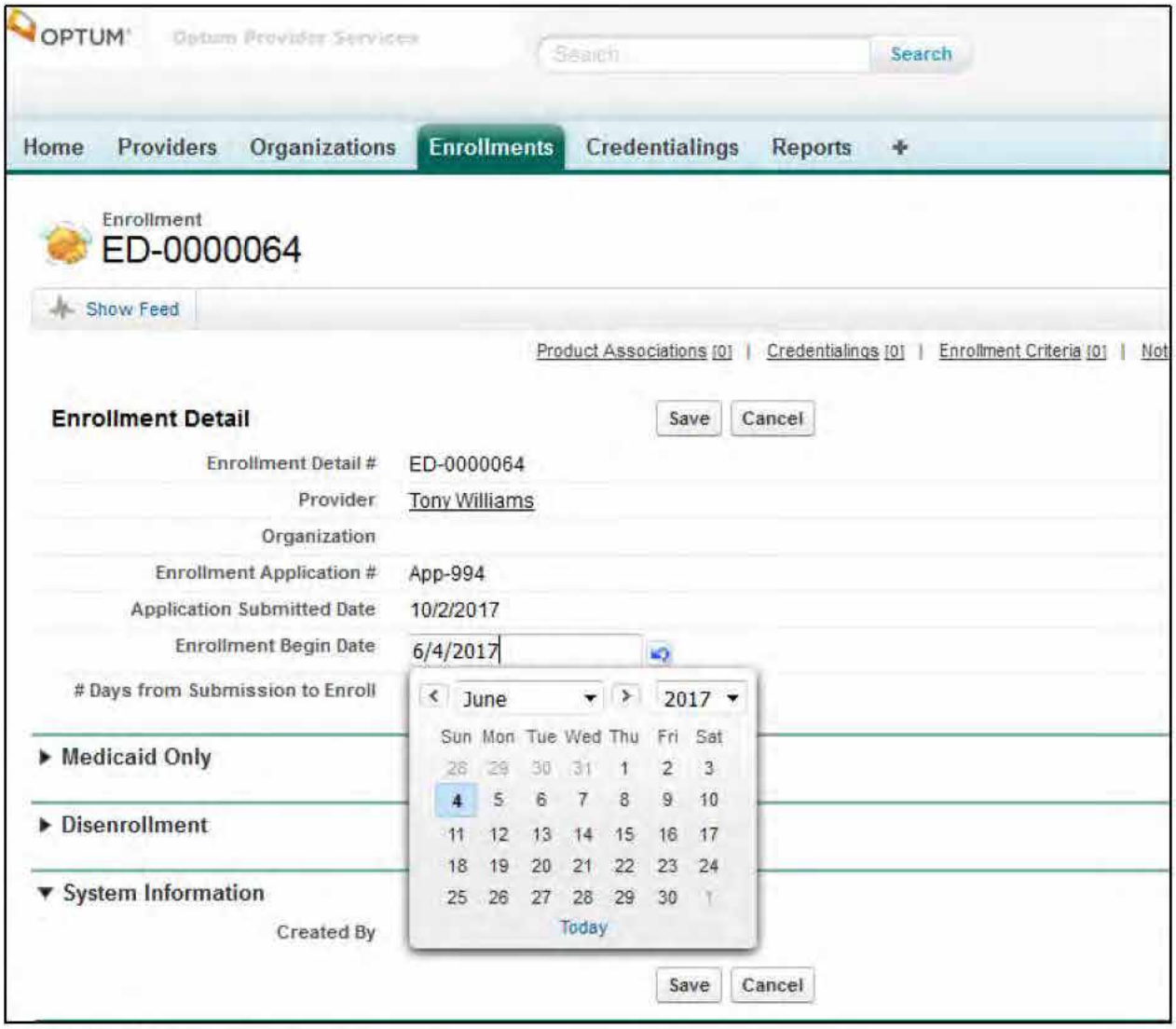


Figure 3.101: Retroactive Enrollment.
Optum credentialing representatives have the ability to define enrollment begin dates.

ENR24 The Contractor's solution shall maintain the provider's effective date to begin administering services as of the date the provider screening process is complete as the standard effective date unless otherwise overridden and specified by the State.

As shown in Figure 3.102, the solution has the ability to display program effective and termination dates. The provider's effective date to begin servicing Medicaid members will be the

date the provider screening process is complete. This standard will be used as the default effective date unless instructed or specified by the State.

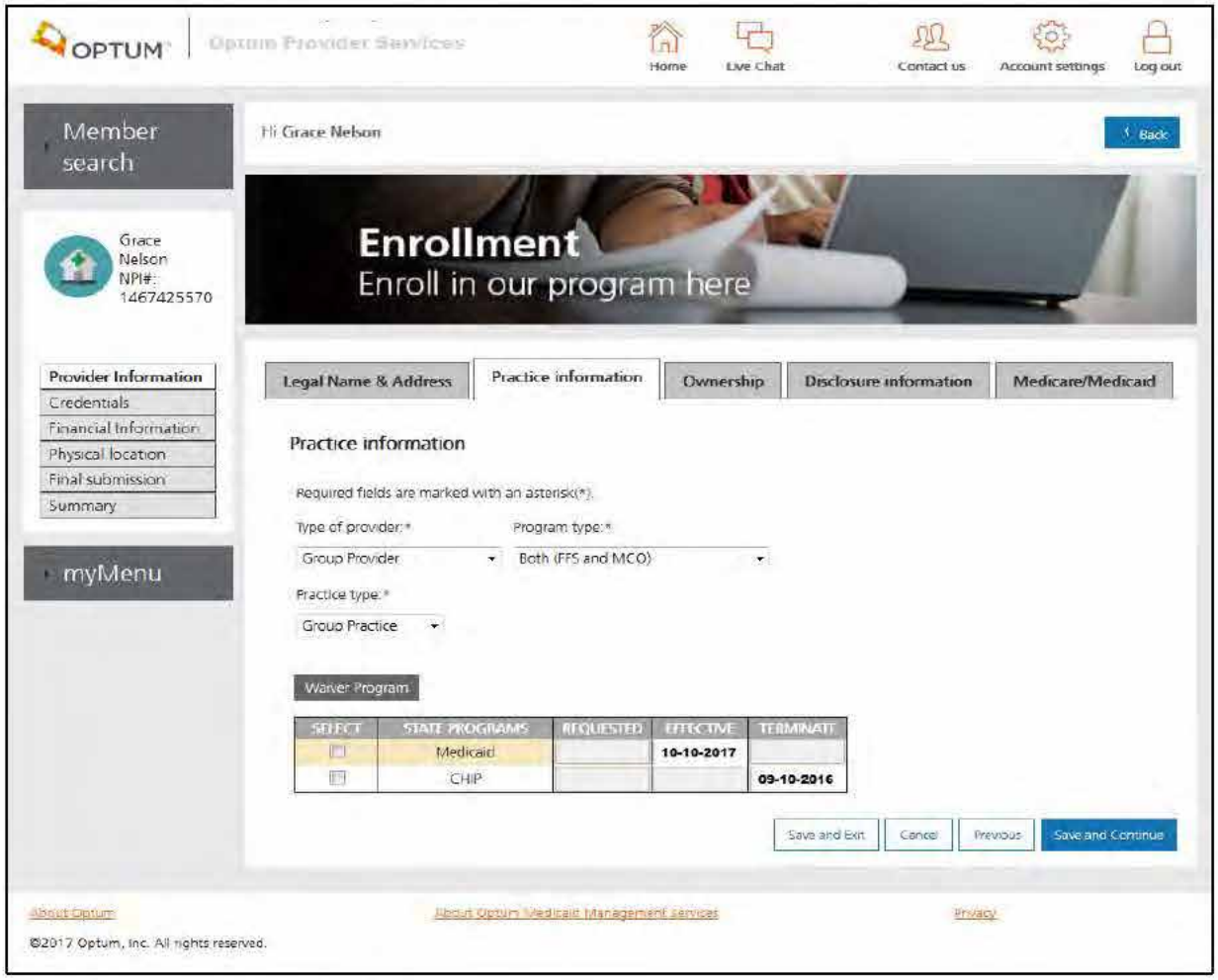


Figure 3.102: Provider Effective Date for Services.
The provider's program effective dates display on the Practice Information page.

ENR25 The Contractor's enrollment process shall be configurable to include trading partner enrollment within the overall provider enrollment business process.

We will configure the solution during the implementation phase to collect information from providers wishing to enroll as a trading partner. The workflow will also allow existing Trading Partners to identify as such during the enrollment process. All newly enrolled trading partners will have a unique submitter number.

ENR26 The Contractor's solution shall present conditionally required resource materials and training required in order to complete the enrollment business process.

Our solution can be configured to require the enrolling provider to review conditionally required resource materials and training information prior to starting the application. As shown in Figure 3.103 and Figure 3.104, all enrollment options in the enrollment menu can be disabled until the *Before you begin* link is clicked to review the required information.

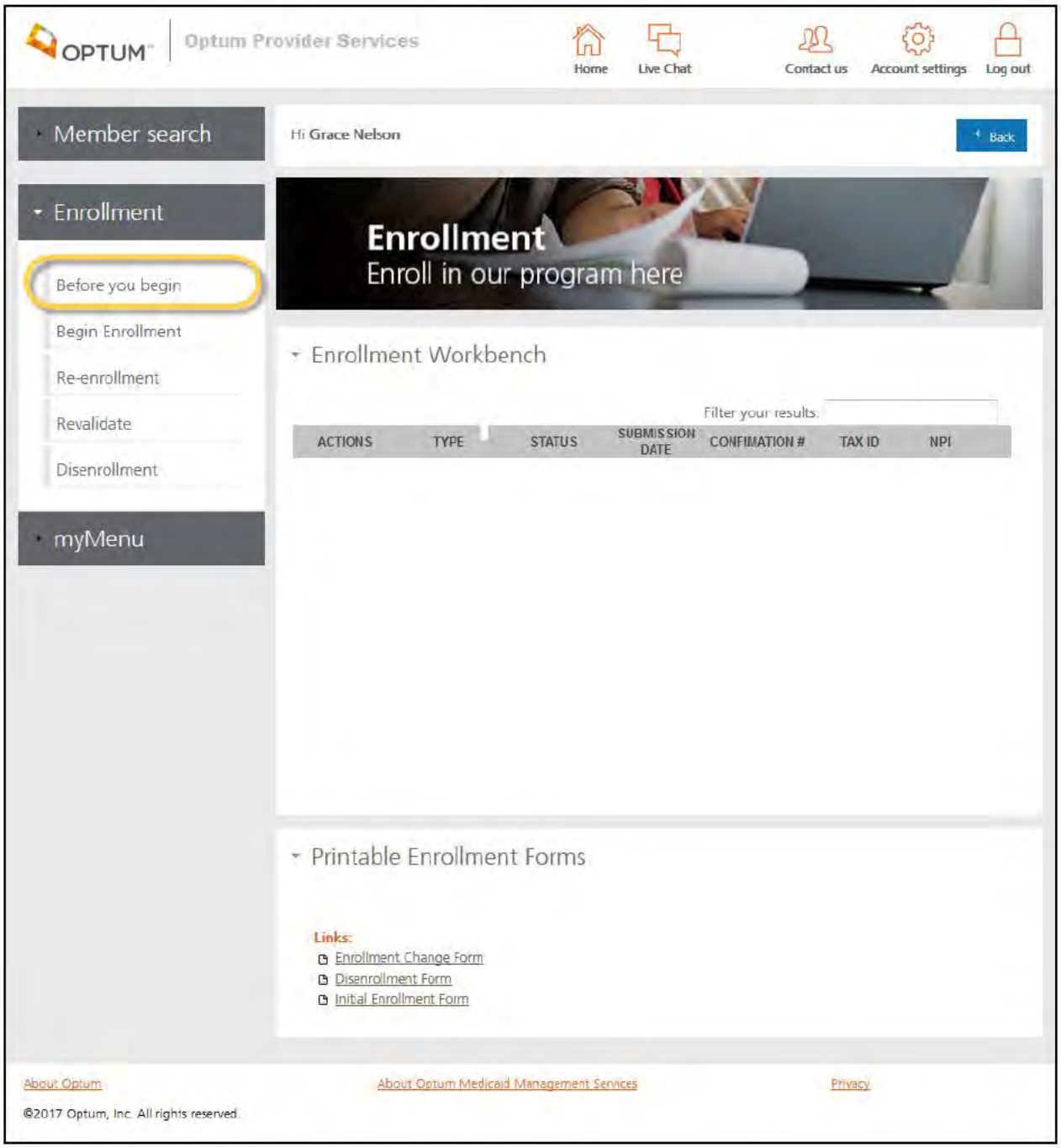


Figure 3.103: Conditionally Required Resource Materials and Training.
Providers can be guided to training and resource materials that must be reviewed prior to beginning the enrollment process by clicking Before you begin.

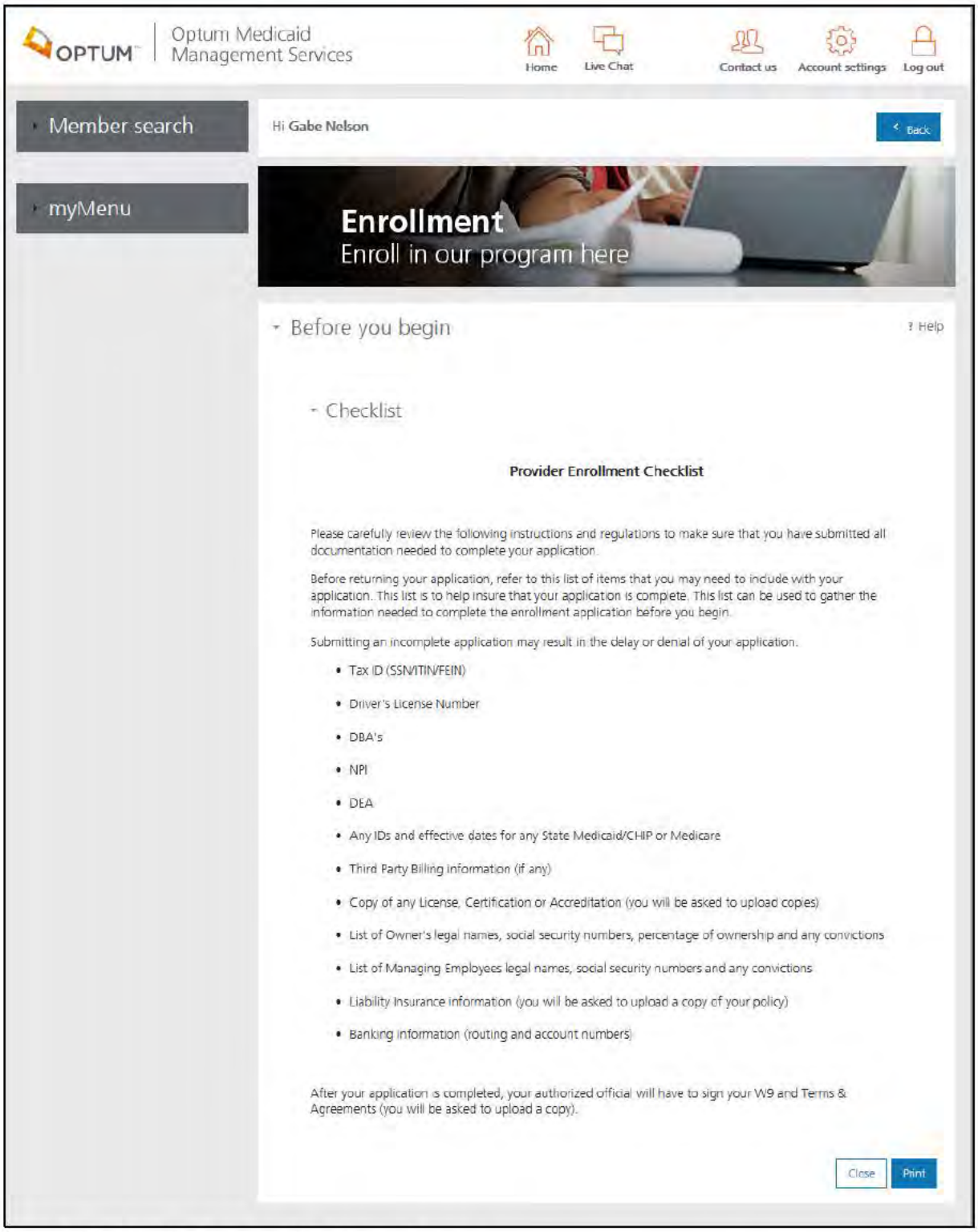


Figure 3.104: Checklist of Required Materials and Training

Instructions, lists of required materials and training needed display to assist providers before they begin the enrollment process.

3.10.11 Maintenance

This section addresses provider maintenance requirements. The Provider Services module must support provider maintenance activities for external and internal users that are founded on business process driven workflow automation principles. Maintenance activities include the collection, storage, maintenance of information. It also requires ongoing automated provider monitoring necessary to support Montana Healthcare Programs business objectives and must be compliant with federal and state statues, policies and mandates. The Offeror must describe their approach to meet each of the Provider Maintenance requirements defined in Attachment F, Requirements Matrix.

The Optum Provider Services solution employs a workflow management component that automates routing and task assignments, for provider maintenance activities, based on roles, queues, and priorities. These configurable workflows help us route work between different work groups or within work groups. Work group routing depends on the skill set needed to complete the work. We can quickly update workflow configurations in the provider management module.

[redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
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[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

PMNT01 The Contractor's solution shall have the capability to terminate inactive providers based on criteria determined by the department for either automatic termination or initiate a workflow for manual termination.

Automatic or manual terminations will be handled in our configurable business workflows within the workflow management component. The Optum Provider Services solution has the ability to produce an inactivity report and a workflow queue per your predetermined criteria to terminate inactive providers' Medicaid participation. [redacted]

PMNT02 The Contractor's solution shall collect and retain electronically all provider documentation (e.g., original application and copies of correspondence) for actively participating providers. For terminated providers, records shall be retained electronically according to record retention requirements (i.e.,7 years).

Documentation management is a critical function for state health care programs. We will retain the required documentation according to your record retention requirements. The Remote Mail Office (RMO) will manage inbound mail services through our partner, SourceHOV. We will use SourceHOV COTS software to provide integrated fax services. Because our enabling services team manages the document management, integrated through our core solution offering, the providers experience these capabilities as a single approach.

[redacted]

[redacted]

[redacted]

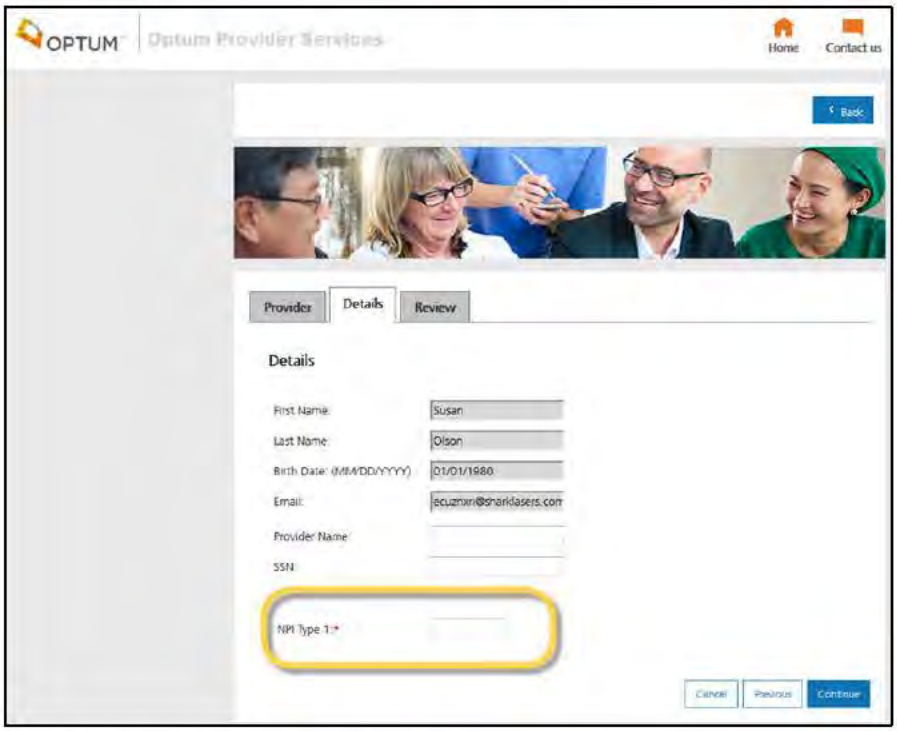


Figure 3.106: Optum ID Registration for NPI Type 1 Provider Type.
When providers register for their Optum ID, NPI is the key provider identifier and is a required field.

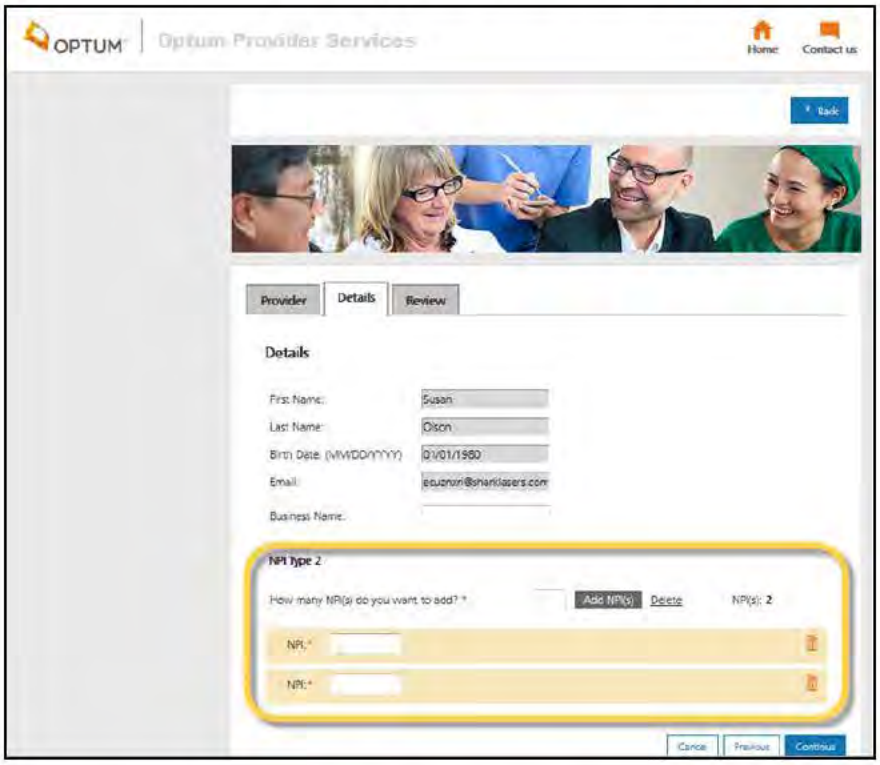


Figure 3.107: Optum ID Registration for NPI Type 2 Providers.
When providers register for their Optum ID, NPI is the key provider identifier.

[redacted]
National Plan and Provider Enumeration System
[redacted]

When registered, the provider's NPI will display on each page of the provider's maintenance applications within the portal as shown in Figure 3.108.

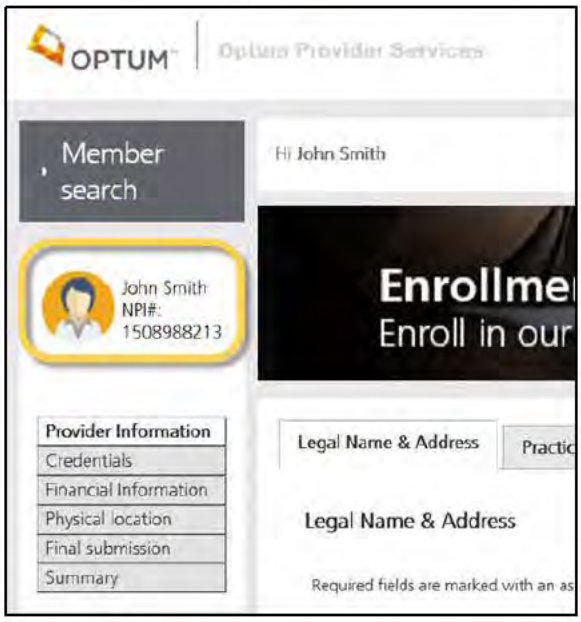


Figure 3.108: Provider NPI Information on Portal.
The provider NPI displays within the provider's online information.

PMNT04 The Contractor's solution shall record and display begin and end dates for specific provider enrollment and demographic data (e.g., license, eligibility period, physical address) and provide access to historical provider record information.

We will maintain your provider history in our provider management component. Our solution captures and maintains essential effective and term date qualifiers. These qualifiers document provider participation, credentialing, contract and payment information, and provider file enrollment changes. Figure 3.109 displays the effective and termination dates for the provider for each enrolled State program. The solution also captures key date qualifiers, such as license and board certification, along with the accreditation effective and termination dates. Provider history will include recorded changes to provider data.

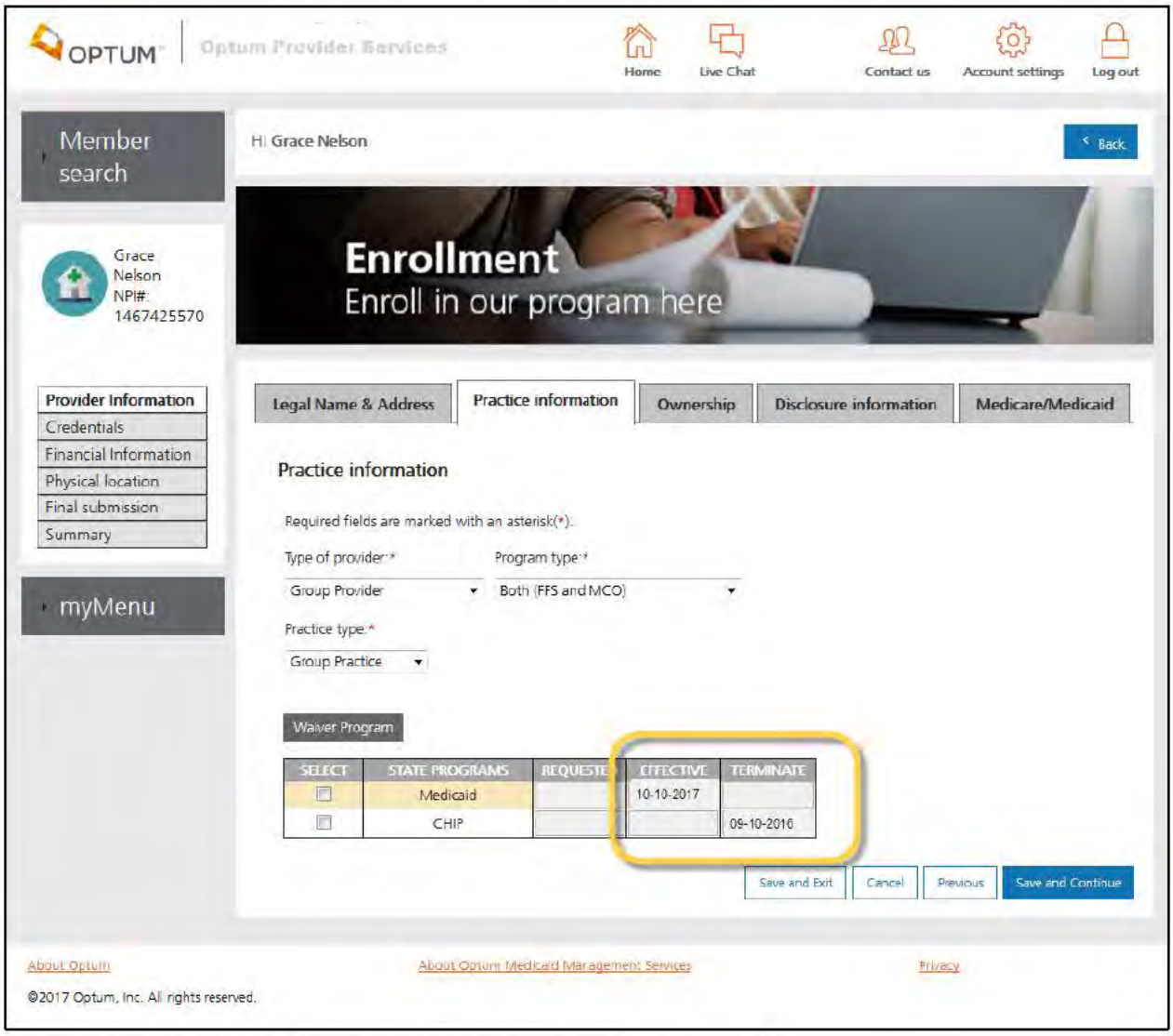


Figure 3.109: Begin and End Dates for Specific Enrollment and Demographic Data.
The system maintains begin and end dates for all time dimensioned data elements contained within the system.

PMNT05 The Contractor shall use a standardized format for provider names that differentiate between first name, middle name/initial, last name, and business or corporate names and allows flexible searches based on the provider name.

The configurable Optum provider portal captures required legal names as shown in Figure 3.110. We use a standardized format for provider names that differentiate first name, middle/initial, last name, and business or corporation names. It also captures the doing business as (DBA) name.

[redacted]

PMNT06 The Contractor's solution shall allow provider records to be associated and linked by tax identification number (TIN) and parent organizations.

Working through the credentialing process, we collect and store the tax identification number (TIN) for each provider along with the associated parent organization. Collecting and verifying the W-9 information is an enrollment step that helps us review disclosed tax information. We will store enrolled provider tax information by linking this data to the correct provider and corresponding NPI number.

PMNT08 The Contractor's solution shall allow for collection and maintenance of site visit, finger printing and background check information (e.g., the type of site visit (e.g., field representative, pre enrollment, program staff), date the site visit/ finger print/background check completed, reason and outcome if applicable).

As part of the enrollment workflow, applications with the CRL of two or three will route to the queue to complete the pre-and post-enrollment on-site visit. Completed site visit forms and detailed visit notes must be uploaded to the provider's file within the workflow component, and completion and end dates are notated for audit and maintenance purposes.

Additionally, applications with a CRL of three route to the queue to issue fingerprint-based/criminal background check notification. The enrollment application drops to this queue so we can notify providers of the fingerprint requirement, including submitting fingerprints using the State-approved fingerprint vendor and your rules pertaining to the process. Upon attaining results, the reason or outcome of the enrollment decision will be noted on the provider's file within the workflow component, and an enrollment determination will be made. All information, uploaded documentation, and results of validation checks will be available for historical purposes and archived with the completed application.

PMNT09 The Contractor's solution shall collect and maintain licensure information to include at a minimum, licensing state, license number, licensure begin and end dates.

As illustrated in Figure 3.111, the portal will capture and maintain licensure information for each enrolling provider.

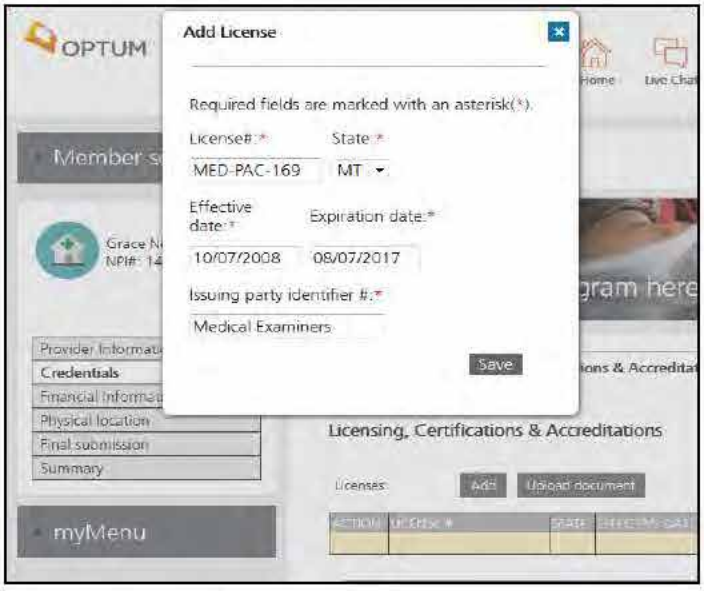


Figure 3.111: Capturing and Maintaining Licensure Information.
The DPHHS will have the ability to track the provider's applicable licenses online for easy reference.

Active licensure information is required for each provider type as an applicable key source of primary source verification. Licensure effective and termination dates are applied to the provider's record. They remain as a source of reference to determine the provider's ability to participate in the State's Medicaid program. Maintaining this information is an essential factor for the program.

PMNT10The Contractor's solution shall collect and maintain the Pay for Performance (P4P) information from Medicare.

The provider data store will include the specific contract information for the provider's services. Our solution can be configured for pay-for-performance incentives and other payment methodologies determined by the State. These include related performance measures and performance profile information.

PMNT11The Contractor's solution shall collect and maintain date specific (as applicable) provider endorsement and accreditation information.

As illustrated in Figure 3.112, the portal can capture and maintain board certifications, accreditations, and endorsement information for each enrolling provider. Information such as type of certification, accreditation, and endorsement is collected in addition to qualifying numbers and effective and termination dates. You will have the ability to modify enrollment pages to add or remove specific provider criteria that supports your enrollment policy particular to provider type and specialty. The portal only displays or requests information pertinent to the indicated provider type and specialty or other conditional requirements identified by you.

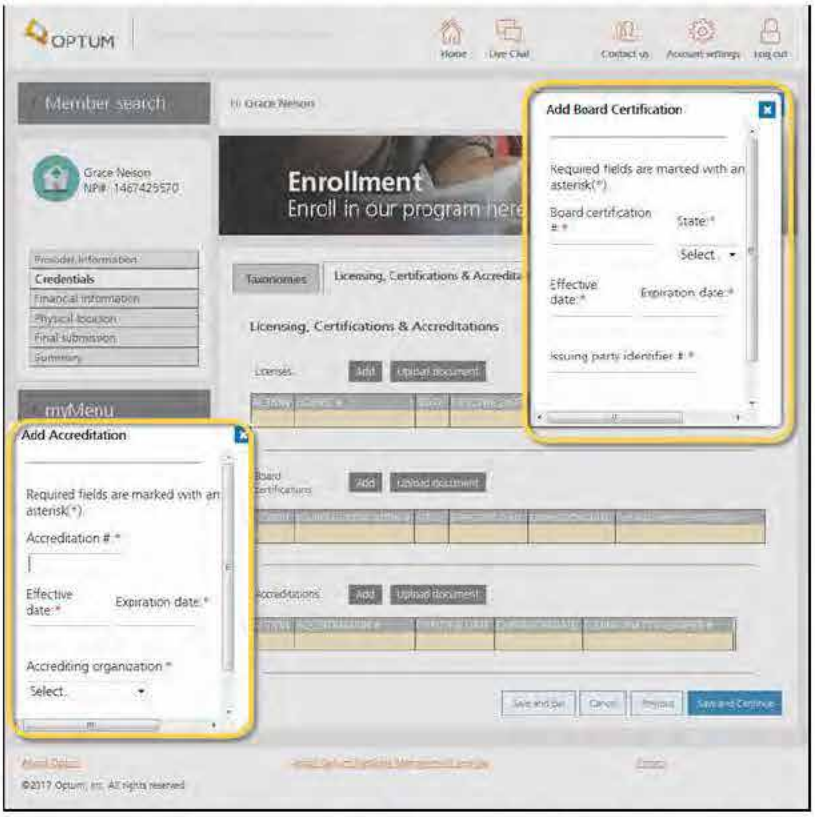


Figure 3.112: Provider Licensing, Certifications, and Accreditations Page.
Our solution will collect and maintain date-specific provider endorsement information.

PMNT12The Contractor's solution shall collect and maintain malpractice insurance information including expiration date.

The Optum Provider Services portal will collect and maintain malpractice insurance information as shown in Figure 3.113. The malpractice insurance information will include the policy issue dates and policy termination dates.

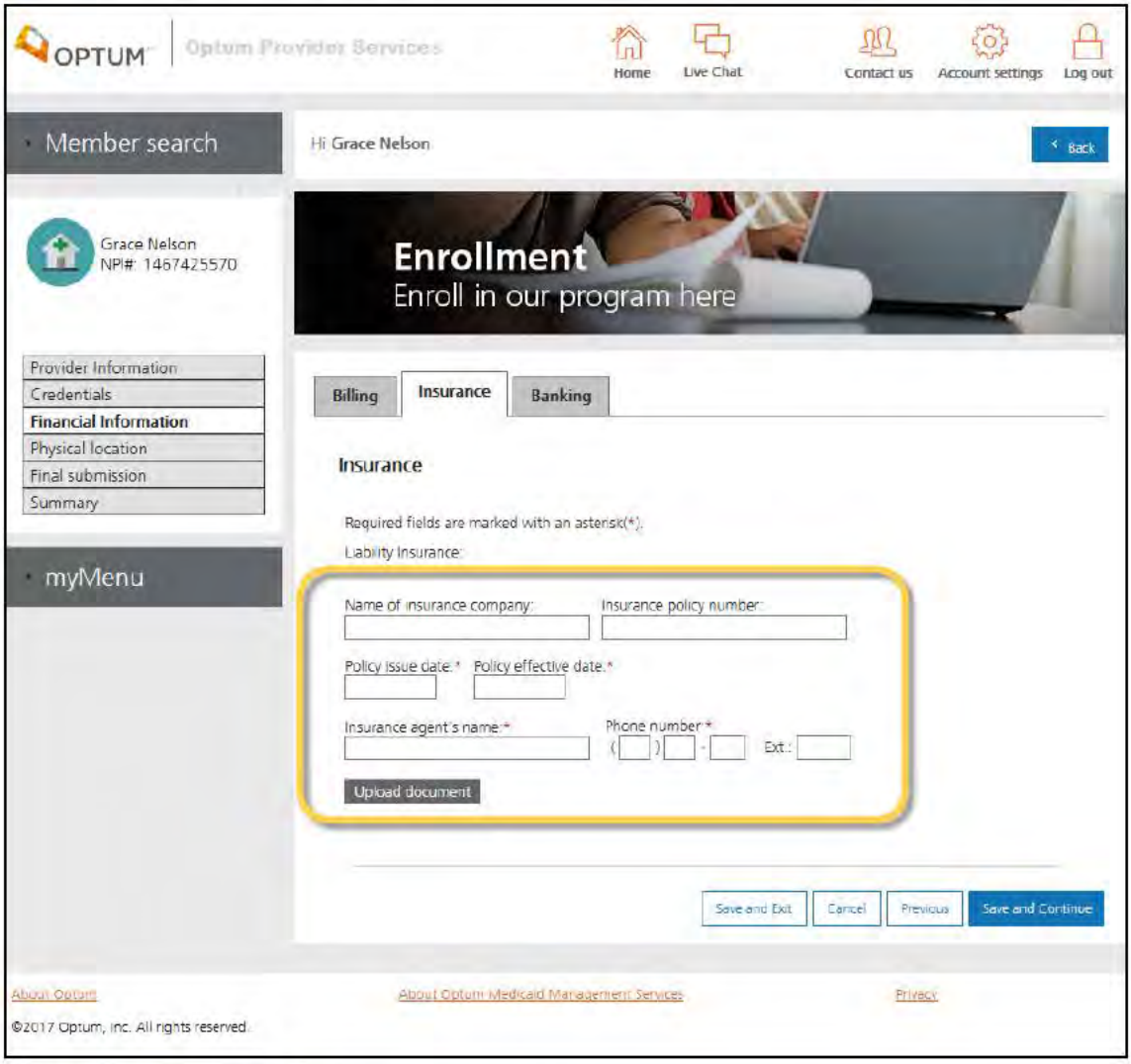


Figure 3.113: Provider Insurance Page.
Malpractice insurance information is visible for review by authorized users.

PMNT13The Contractor's solution shall provide dynamic navigation that allows users to have one click access to additional detail for summary information (e.g., from the providers screen, select a specific location to view location details such as address, contact(s), office hours).

Figure 3.114 shows an example of easy navigation through the portal with tabs that allow users to define and review service location information. As providers enroll, the portal captures multiple service locations addresses, contact information, and hours per location.



[redacted]

When enrolled, this information becomes available for users on the public portal to search for qualified participating providers using the provider locator feature shown in Figure 3.115.





[redacted]

PMNT14 The Contractor's solution shall collect and store standardized W-9 information that reflects the owner of the EIN and the Doing Business As (DBA) name.

We will collect and store the standardized W-9 information. Applicants must download the form, complete the information, and upload the form with their application. The Optum portal provides a link to access a PDF-fillable version of the W-9 IRS tax form, as shown in Figure 3.116.



The information will reflect the owner of the Employer Identification Number (EIN) and the DBA name.

PMNT15 The Contractor's solution shall provide the capability to reactivate terminated providers without requiring a complete re-enrollment.

The solution has the capability to reactivate terminated providers without a complete re-enrollment. For these scenarios, we follow the federal regulation dictating re-enrollment. For example, reactivation would occur when a provider's enrollment number is deactivated for any reason. As with re-enrollment, reactivation requires the SMA to follow the same steps that it would if the provider were newly enrolling. The 42 CFR 455.420 addresses reactivation of provider enrollment and states: "After deactivation of a provider enrollment number for any reason, before the provider's enrollment may be reactivated, the State Medicaid agency must re-screen the provider using risk-based screening under § 455.450."

PMNT16 The Contractor's solution shall track and support provider review schedules to ensure providers continue to meet program eligibility requirements and initiate notification(s) to the provider, agency staff, and modules of State healthcare programs agreements and contracts.

We will frequently review enrolled providers to verify that they meet Montana Medicaid program requirements. This means we will use monthly sanction/exclusion checks, licensure checks, and

federally required revalidation activities to support ongoing eligibility verification. These dates are triggers to verify that providers continue to meet program eligibility requirements. Optum generates electronic and paper notification to providers and reporting to the applicable downstream agency personnel to support provider review schedules. During implementation, we will work with you to identify the review schedules, stakeholders, timeframes, draft notification content, and communication method.

PMNT17 The Contractor's solution shall accept, validate and store new and updated provider information entered by internal users.

The Optum Provider Services solution will accept, validate, and store new and updated information. Internal users with the appropriate security access will have the ability to complete these provider information tasks by using the provider portal. [redacted]

PMNT18 The Contractor's solution will collect, store, maintain and display current and historical addresses by type (e.g., physical address, correspondence address and billing address) and include begin and end dates.

We will collect, store, and maintain provider address information along with the associated begin and end dates. The current information will display on the page; historical information will be available through audit trail functionality.

As illustrated in Figure 3.117, the provider portal collects, stores, and maintains multiple physical addresses, the correspondence address, and the billing address.

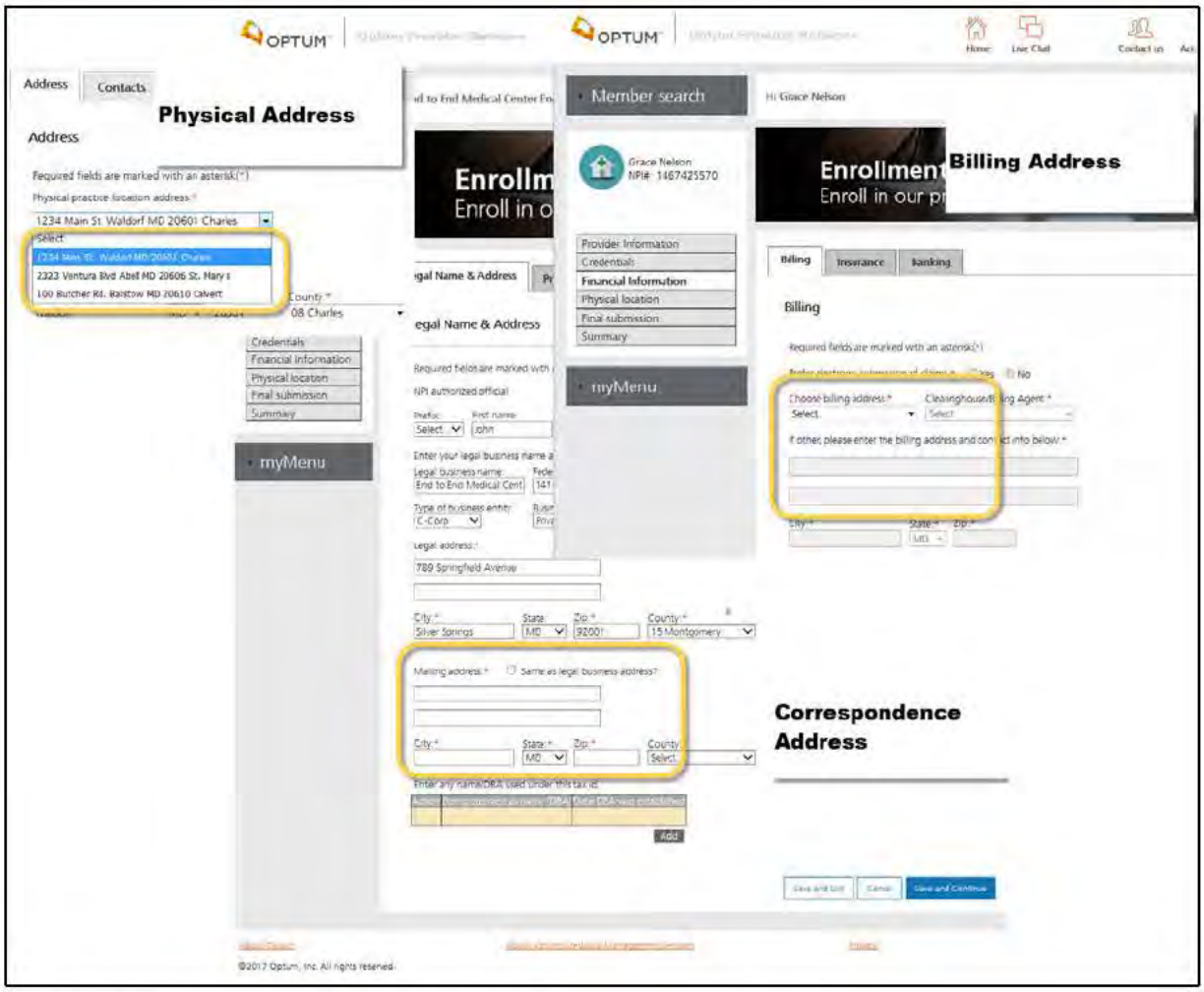


Figure 3.117: Physical, Mailing, and Billing Address Page.
This page allows providers to disclose multiple address types and detailed site information.

PMNT19The Contractor's solution will collect, store, maintain and display current and historical Drug Enforcement Administration (DEA) number(s) including begin and end dates.

We will collect, store, maintain, and update the DEA number in the same manner as we collect the other provider licensure and certification information. The Provider Detail page displays the DEA number, as shown in Figure 3.118. For each applicable provider, we will include the beginning and end dates of the DEA number.

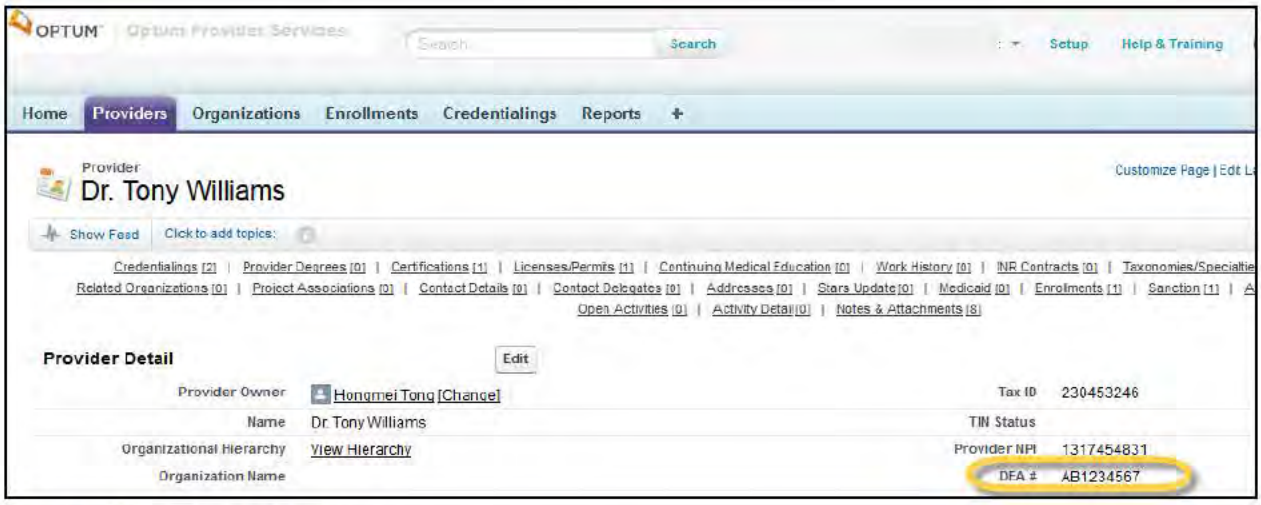


Figure 3.118: Provider DEA Number.
The portal collects and displays providers' DEA numbers.

PMNT20 The Contractor's solution will collect, store, maintain and display provider business relationships (e.g., ownerships and managing entities) for use in provider screening and ongoing monitoring activities.

Our provider portal will validate and verify that only qualified providers are permitted to render services to Medicaid members. Providers will have the ability to disclose enrollment information, such as business structure, ownership, and managing employees(s) linked to their NPI or Medicaid atypical provider ID throughout the entire process.

The Optum Provider Services solution is configured to conduct monthly checks of the Federal OIG/LEIE and SAM databases. These monthly checks verify that enrolled providers, any person with an ownership or controlling interest, or any person who is an agent or managing employee of the provider, are not excluded from Medicare or Medicaid. The monthly checks also verify that they are not excluded from receiving federal contracts. [redacted]

As illustrated in Figure 3.119, has a grid allowing enrolling entities to disclose ownership and controlling interest information and requires ownership attestation.

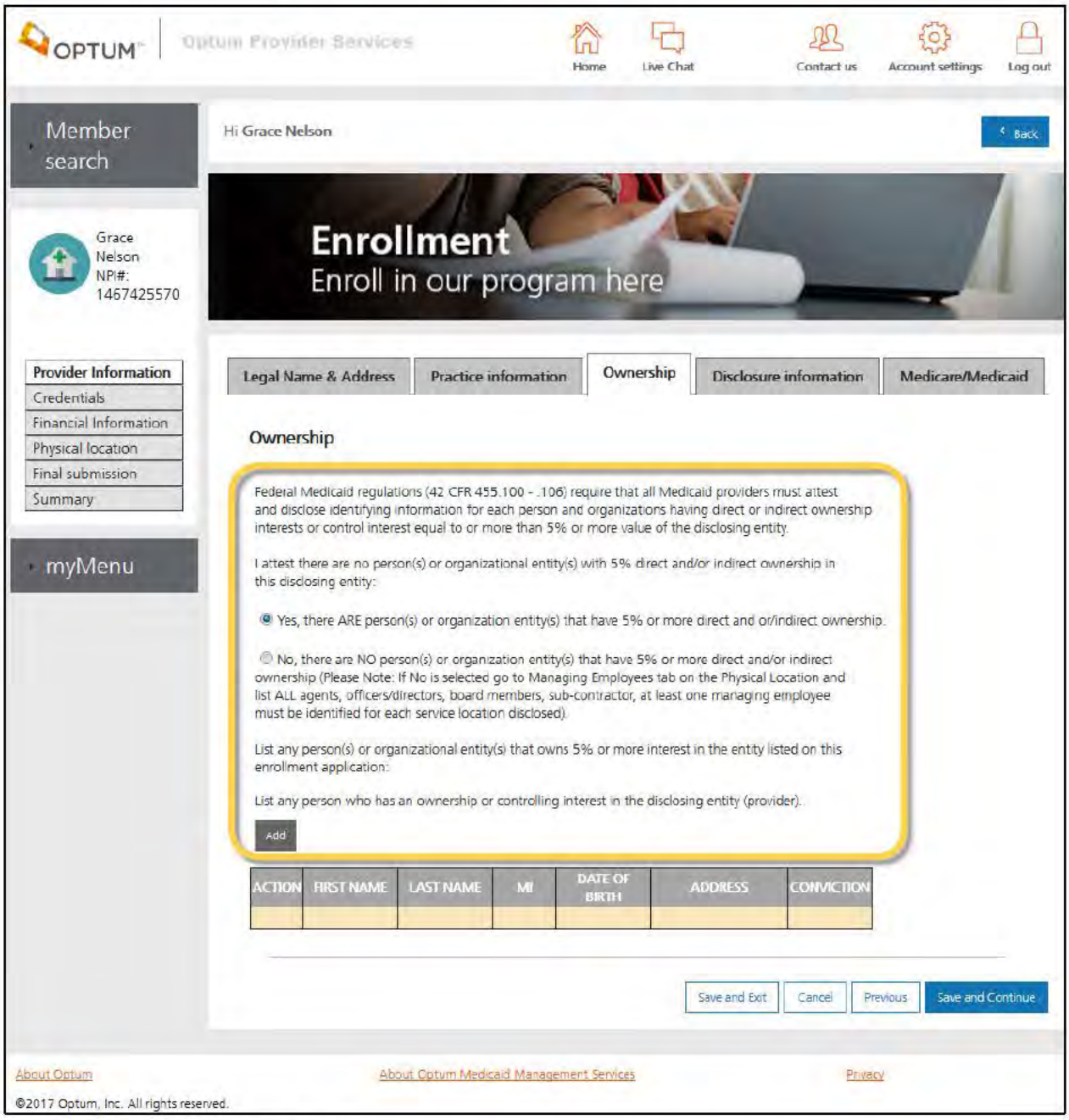


Figure 3.119: Provider Ownership Page.
The Portal Ownership page allows provider to disclose ownership and controlling interest information.

When providers select Yes, an additional page displays for detailed information to be entered as illustrated in Figures 3.120 and 3.121.

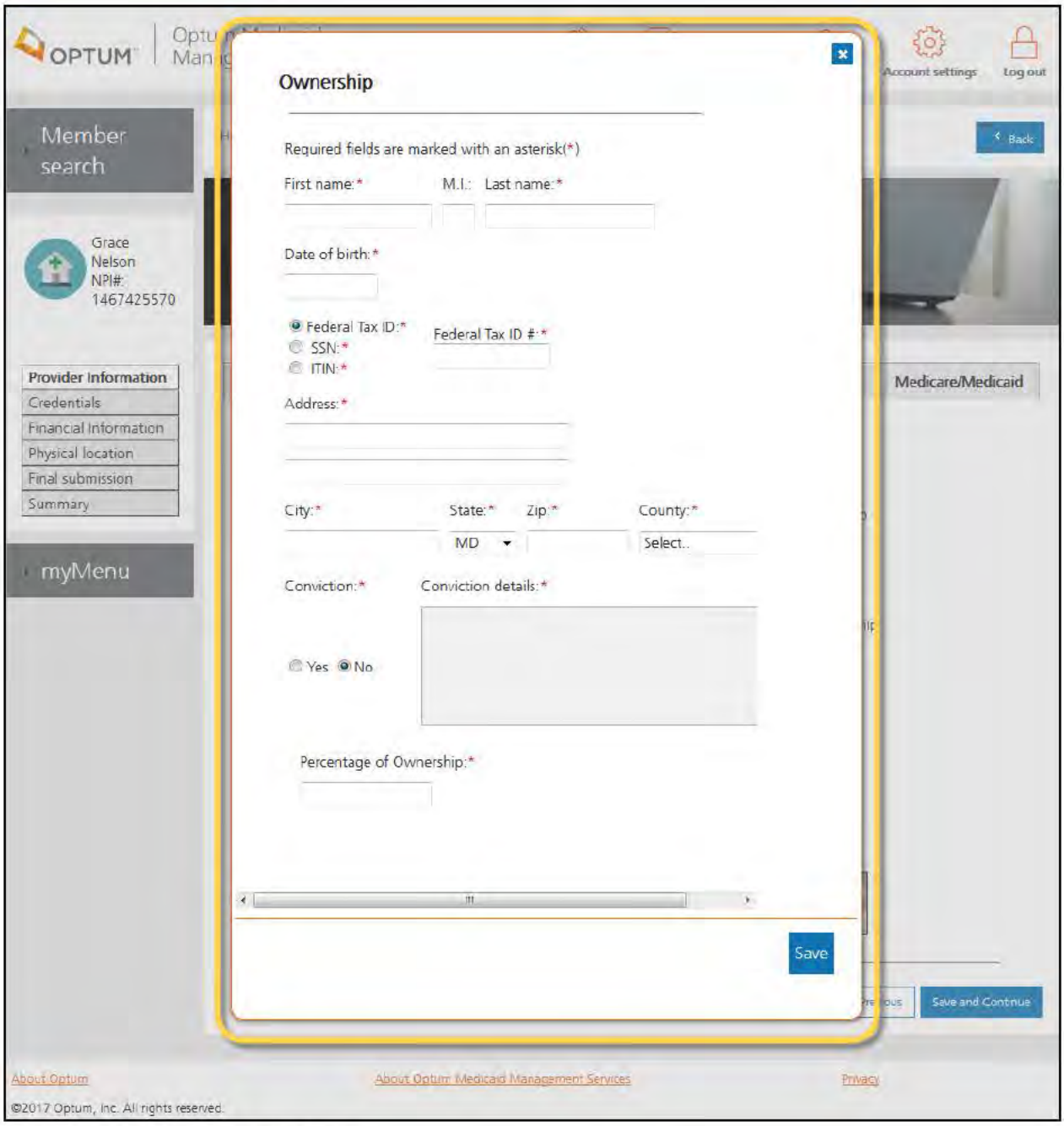


Figure 3.120: Provider Ownership Page.
The Optum solution will capture detailed information about the provider's practice.

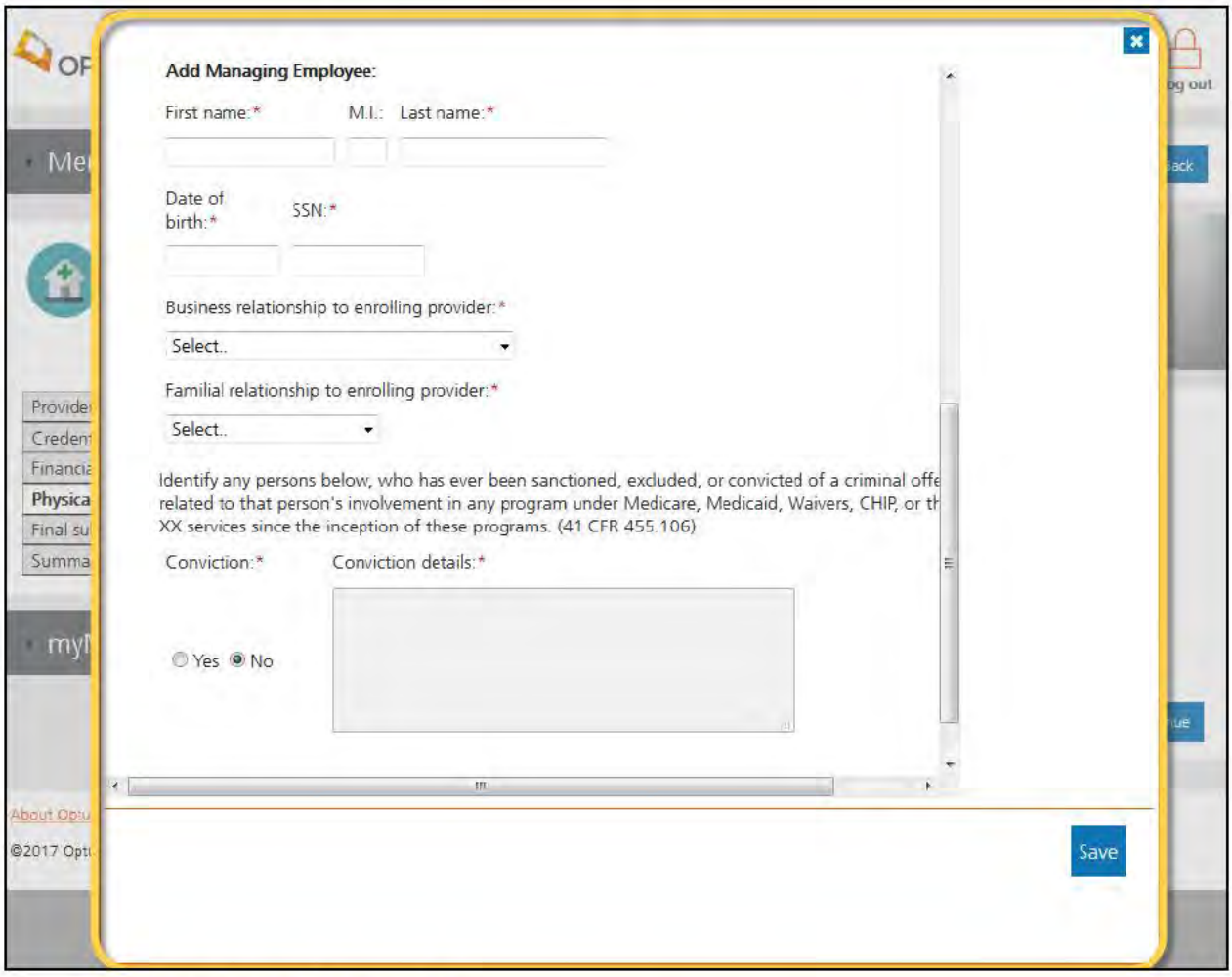


Figure 3.121: Portal Managing Employee Page.
The Optum solution requires detailed information about the provider's employees.

PMNT21 The Contractor's solution shall have the ability to perform mass updates to provider information using flexible selection criteria.

We will collect the requirements for a mass update request using our predefined change management process. A database analyst using our approved release methodology will complete updates to the provider information. We will apply, test, and review the file updates in the systems integration testing and UAT environments before moving to production.

PMNT22 The Contractor's solution shall provide indicators to identify providers that are Fee-for-Service (FFS), Managed Care Organization (MCO) network only, or participating in any other healthcare programs (e.g., medical homes).

As illustrated in Figure 3.122, the Optum Provider Services portal is configurable allowing you to define the programs in which providers can enroll. On the Practice Information page, the provider can select a single program or multiple programs with a requested enrollment date. The provider can use this date when requesting a backdating exception for your consideration.

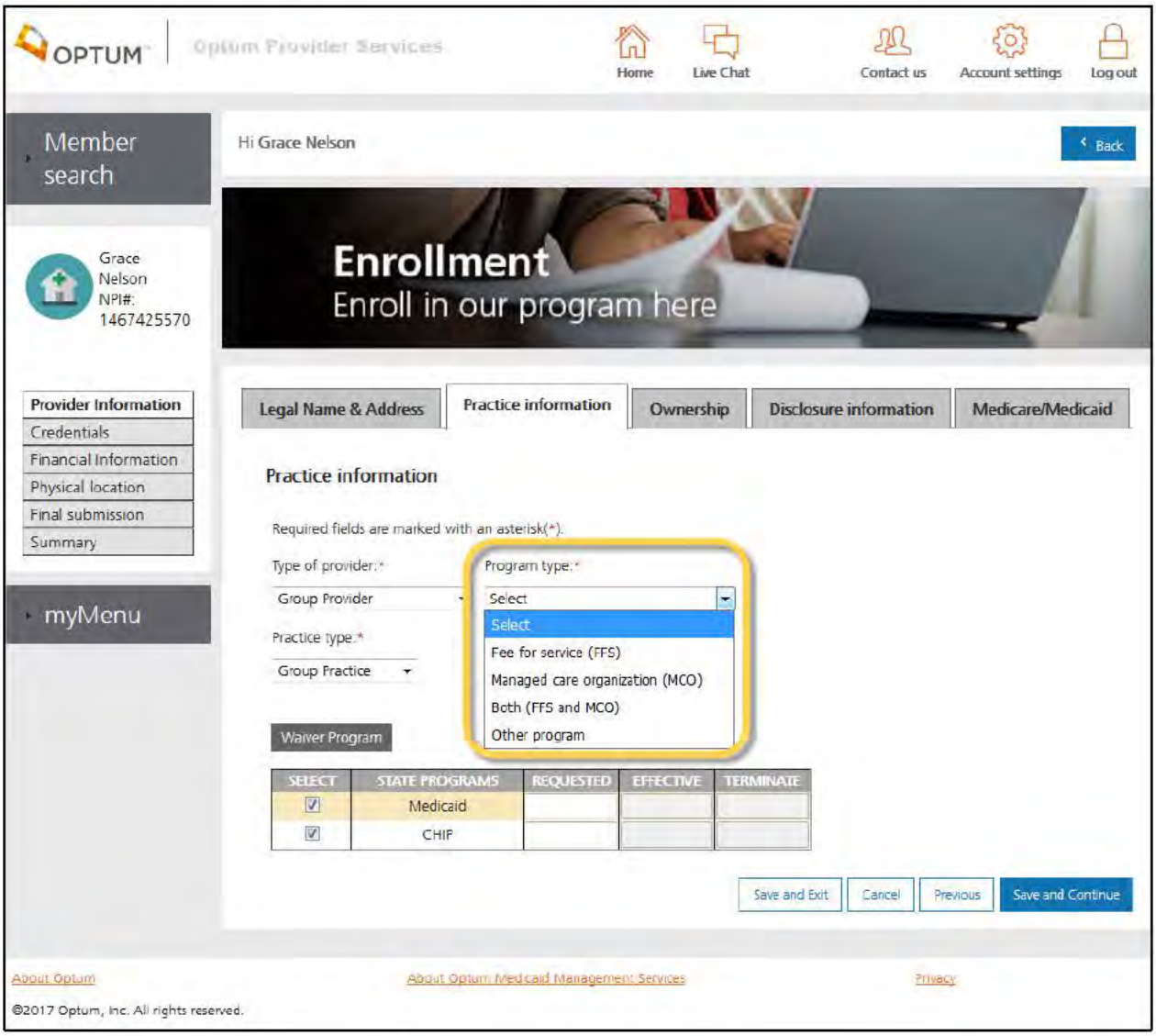


Figure 3.122: Portal Practice Information Page.
The provider has the ability to select programs in which to participate for Montana.

PMNT23 The Contractor's solution shall provide the capability to capture and crosswalk subpart NPIs used by Medicare (but not Medicaid) to facilitate COB claims processing.

The Optum Provider Services solution has the ability to capture data elements collected from the TIBCO Managed File Transfer service. The solution can be configured to display the subpart NPIs from Medicare in the provider profile. The Medicare NPI is part of the enrollment data that will load into the claims processing system, including COB claims.

PMNT24 The Contractor's solution shall auto-populate fields with valid data where required.

Our solution has the capability to auto-populate fields with valid data when required. As an example, if the Optum Provider Services portal is integrated with an existing provider database, values within the portal can be mapped and displayed for providers to validate versus requiring them to enter all of the required data fields.

A second example of auto-populated data exists for newly enrolling providers. When providers begin their enrollment, upon entering their NPI, the system completes a real-time inquiry against the NPPES database to validate that the NPI is a current, active status. Upon validation, the portal auto-populates the NPPES information for the provider to verify prior to beginning the remainder of their enrollment application.

When an enrollment application has been determined complete and is ready to be enrolled, the application status is changed to the final approved workflow queue. Changing the status begins an automated process that triggers the information to move to downstream systems—either creating the provider record in the claims processing system with the provider information, or sending as a 274 transaction.

PMNT25The Contractor's solution shall allow internal users to add and view free-form and structure notes on or associated with individual provider files.

Our solution allows the capture of free-form notes in the workflow system. As Illustrated in Figure 3.123, operational users with appropriate security-based access have the ability to add, edit, and delete notes on a provider's record. Each change within the notes fields is captured in an audit log providing transparency on when the change occurred and who edited the notes section.

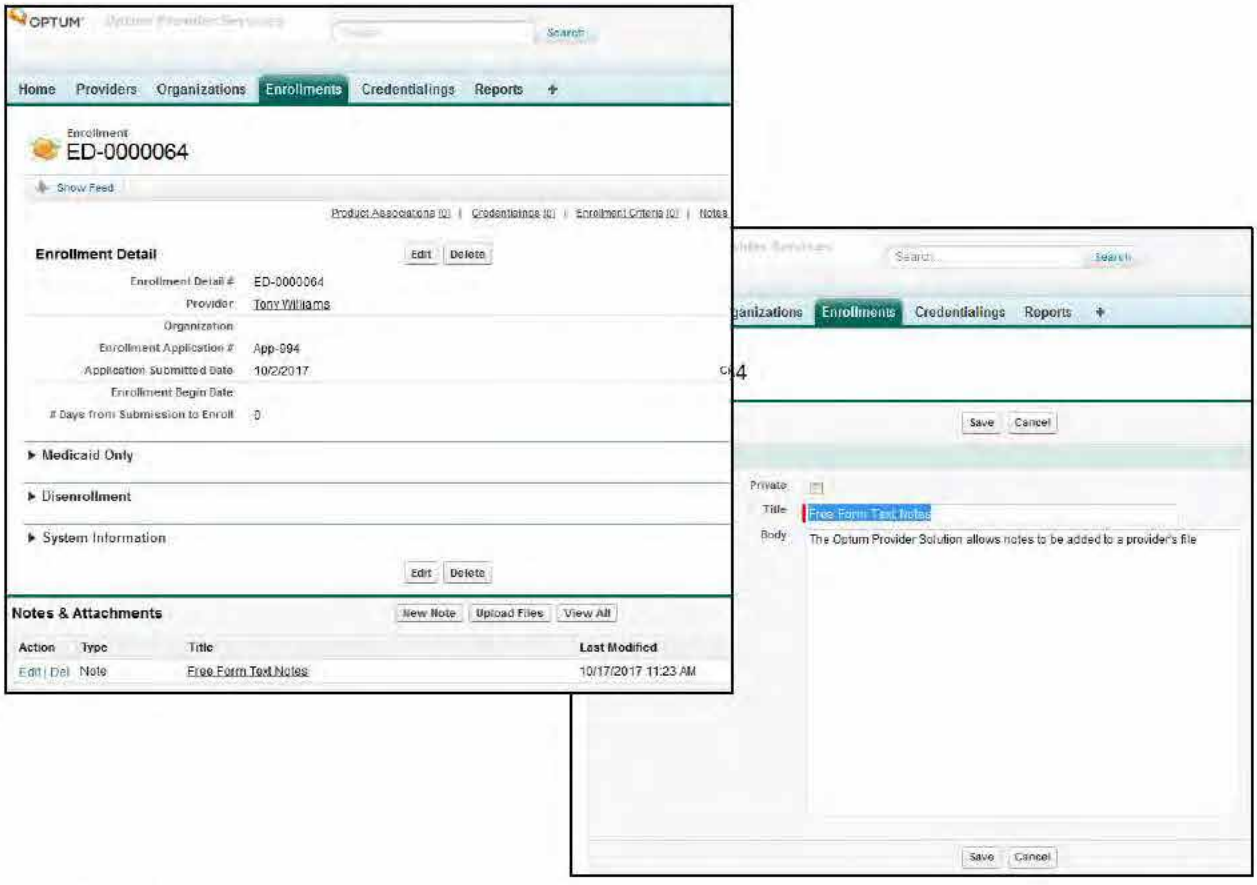


Figure 3.123: Enrollment Detail and Notes for Provider Files.
Free form text notes can be added to the provider's record, and they are captured and maintained on the provider's file.

PMNT26 The Contractor's solution shall allow authorized internal users to link and unlink individual practitioners from and to billing providers with the ability to link an individual provider to multiple billing providers. Each relationship shall include an effective date when initiated and an end date associated with the termination of the affiliation.

As illustrated in Figure 3.124, the Optum provider enrollment portal Affiliations page allows authorized internal users to link and unlink practitioners to a billing provider.

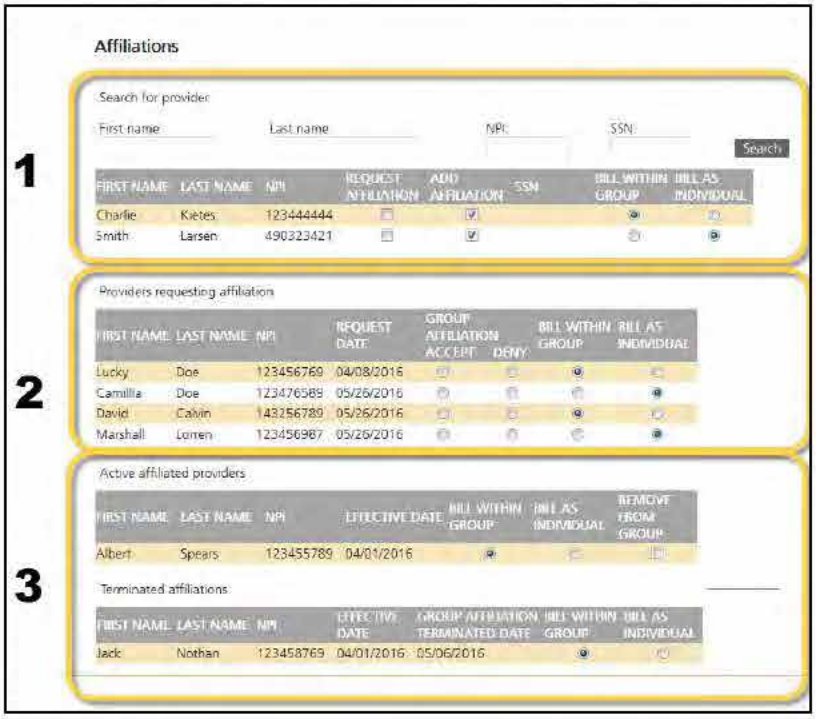


Figure 3.124: Portal Affiliations Page.
Billing providers can manage their active and terminated affiliation providers through the secure online portal.

The Affiliations page offers three functions:

1. Billing providers can search the existing provider file for enrolled rendering and ordering/referring providers, and request or add them as an affiliation to their organization.
2. Individual rendering and ordering/referring providers can request affiliation to the billing provider logged into their enrollment case. Authorized users can add individual providers to their organization.
3. Users can see active and terminated affiliations to the billing organization with effective and termination dates.

PMNT27 The Contractor's solution shall collect, store and maintain multiple provider contacts, including the contact name, title, contact type, telephone number, email address and location.

The provider portal will collect, store, and maintain multiple provider contacts. Providers have the ability to enter billing contact information and contact information specific to each service location that they list. Figures 3.125 and 3.126 show that the provider name, title, contact type, telephone number, and email address are types of data required during the enrollment process.

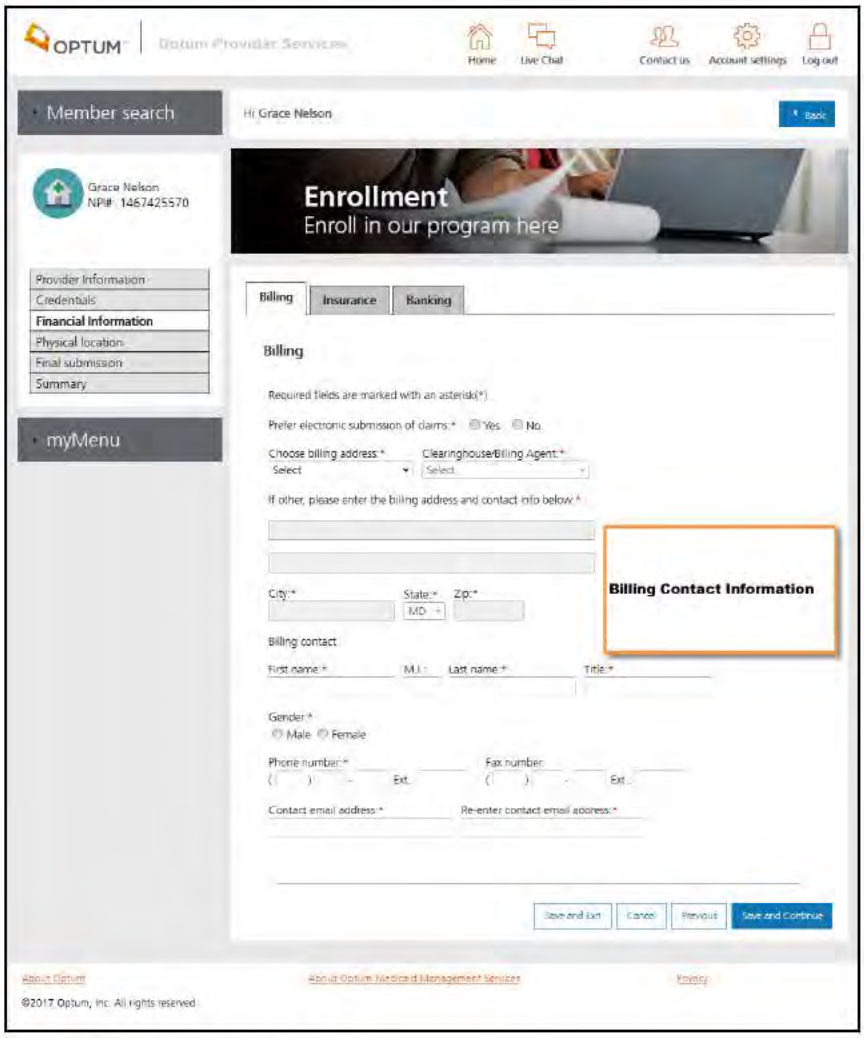


Figure 3.125: Portal Billing Page.
Providers can enter and update their billing contact information as needed.

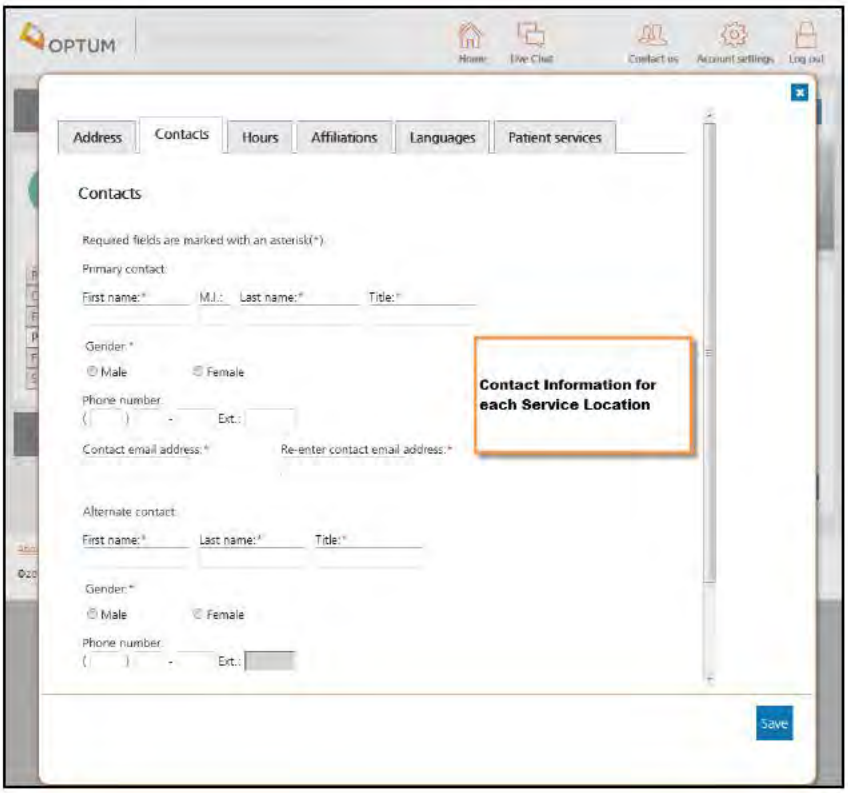


Figure 3.126: Portal Service Location Page.
The contact information for each service location is easy to access from the online page.

PMNT28 The Contractor's solution shall have the capability to indicate providers who are suspended or under review or investigation and a method for indicating the reason for the suspension or in review status.

Optum will suspend or place providers on review per your business rules. Our solution will provide a designation on the provider file to indicate the reason for suspension or in-review status. Indicators display information of providers who are suspended, under review, or under investigation within the workflow. Figure 3.127 shows an example of sanctioning information on a provider's record that displays the source, reason, and review status with beginning and ending dates.



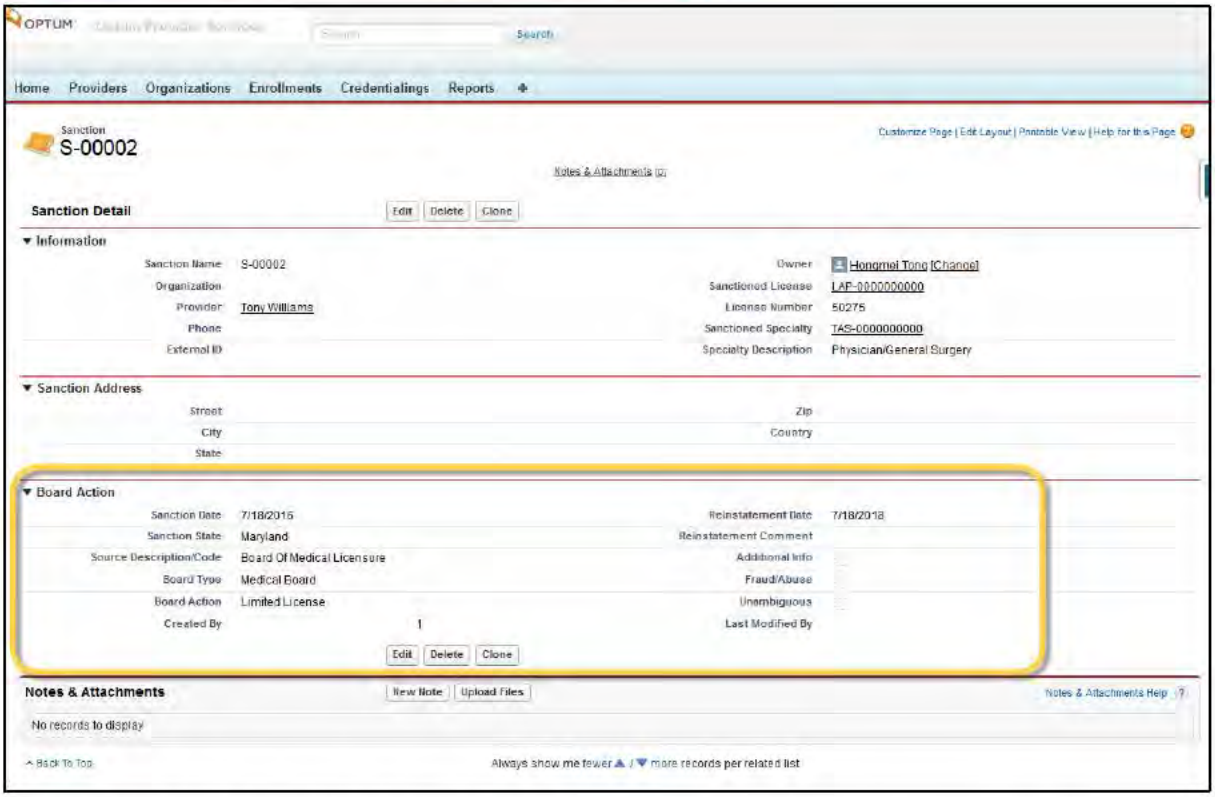


Figure 3.127: Suspensions and Providers under Review.
The workflow solution captures and maintains sanction, suspension, and review details in the provider's file.

PMNT29 The Contractor's solution shall allow authorized users to enter, view and update provider data (e.g., demographic data, taxonomy, banking information).

Authorized users can enter, view, and update provider data. Figure 3.128 shows the page the providers complete to enter or edit their patient services.

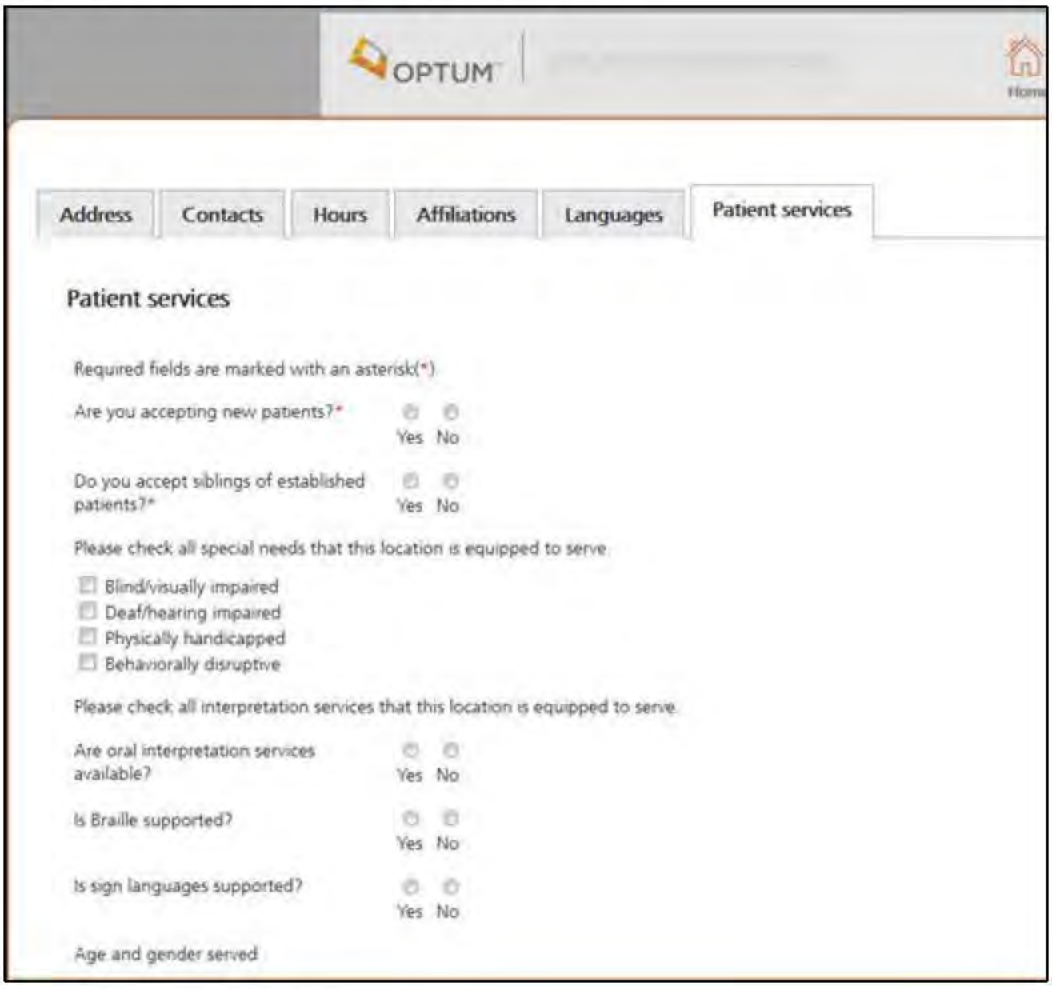


Figure 3.128: Patient Services Information.
Providers can enter information about patient services they provide by service location.

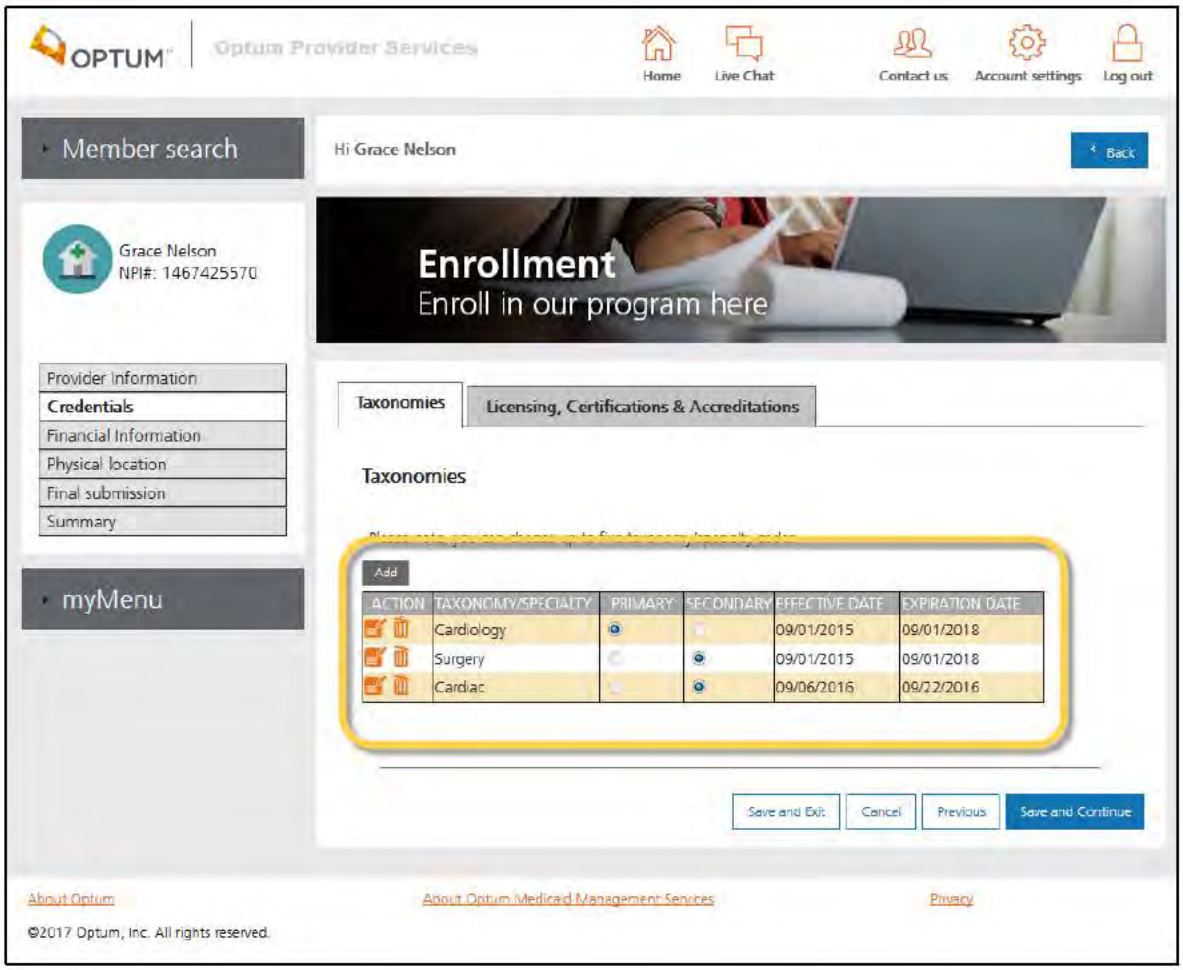


Figure 3.129: Provider Taxonomies.
The DPHHS can collect the provider's primary and secondary taxonomy information along with effective and expiration dates.

In Figure 3.130, you will see the banking information page where providers enter their financial information and select their payment preferences

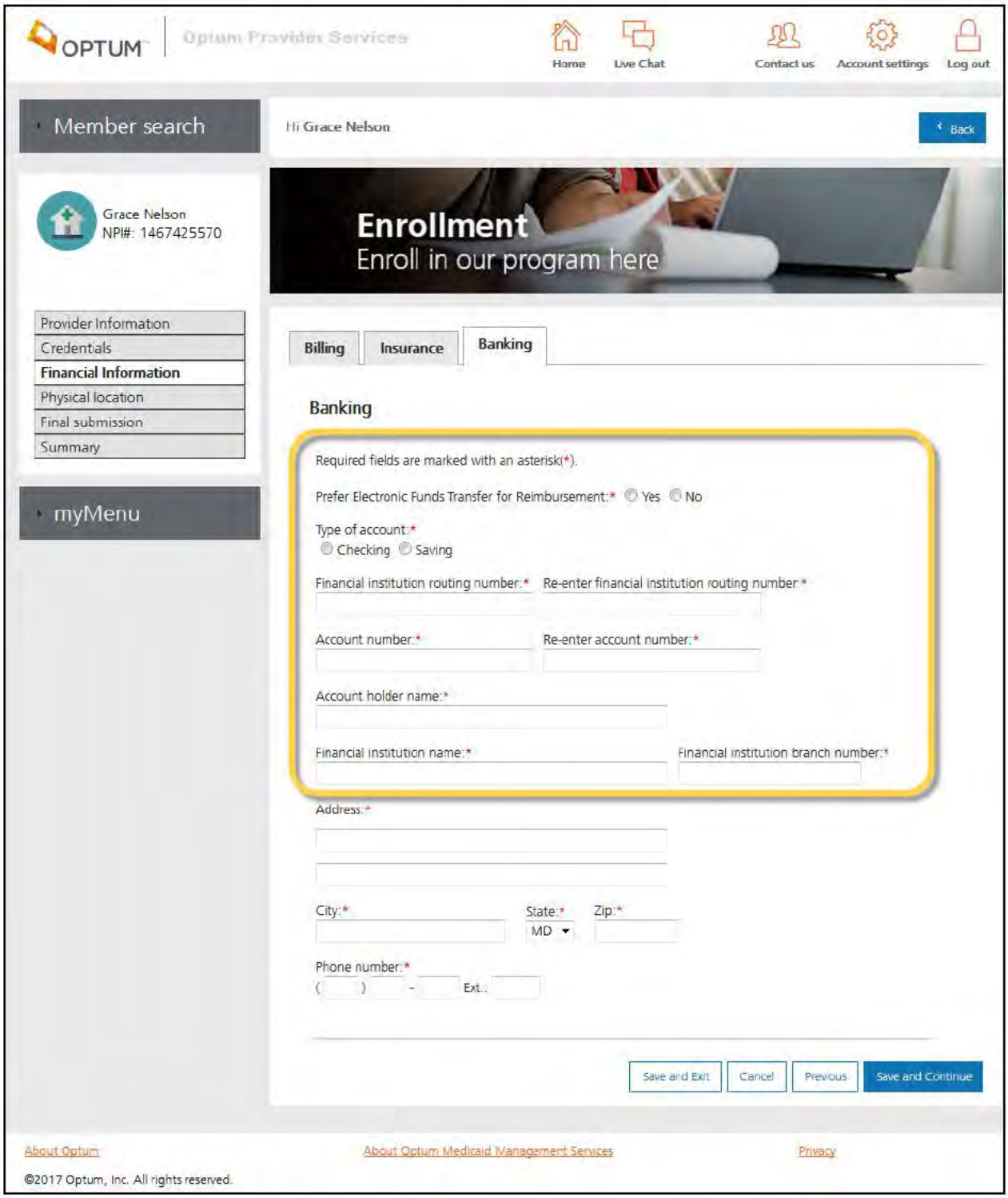


Figure 3.130: Provider Banking Information.
The portal captures provider financial information, including banking, billing, and insurance information.

PMNT30 The Contractor's solution shall allow authorized users to retroactively update provider data.

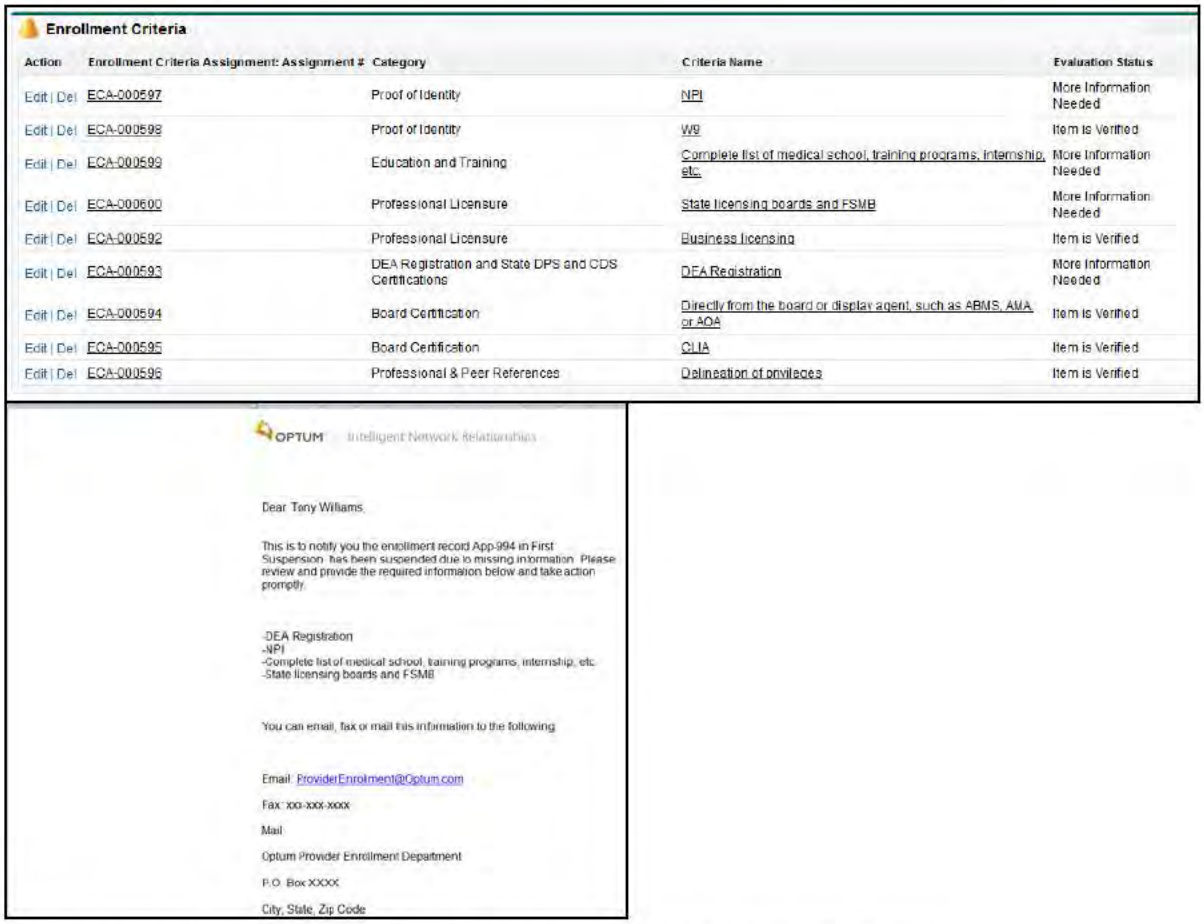
The solution provides the capability for authorized users to update provider data retroactively. We will work with you to define and approve role-based security access that allows appropriate staff to make these updates.

PMNT31 The Contractor's solution shall store and display geographic codes for provider locations.

The Optum Provider Services solution can be configured to store and display geographic codes for provider locations.

PMNT32 The Contractor's solution shall have configurable event based workflow to instantiate information requests, correspondence or electronic notifications throughout the provider lifecycle.

Our solution has event-based workflows that are configured to manage information requests, correspondence needs, and electronic notifications. For example, the workflow is pre-configured by provider type and specialty to require specific enrollment criteria to complete a successful enrollment. If required documentation is missing, the credentialing specialist indicates this status as seen in Figure 3.131 and suspends the application. The solution generates an automated email requesting the missing documentation and sends it to the provider's email address submitted with the application.



Enrollment Criteria

Action	Enrollment Criteria Assignment: Assignment #	Category	Criteria Name	Evaluation Status
Edit | Del	ECA-000597	Proof of Identity	NPI	More Information Needed
Edit | Del	ECA-000598	Proof of Identity	W9	Item is Verified
Edit | Del	ECA-000599	Education and Training	Complete list of medical school, training programs, internship, etc.	More Information Needed
Edit | Del	ECA-000600	Professional Licensure	State licensing boards and FSMB	More Information Needed
Edit | Del	ECA-000592	Professional Licensure	Business licensing	Item is Verified
Edit | Del	ECA-000593	DEA Registration and State DPS and CDS Certifications	DEA Registration	More Information Needed
Edit | Del	ECA-000594	Board Certification	Directly from the board or display agent, such as ABMS, AMA or AOA	Item is Verified
Edit | Del	ECA-000595	Board Certification	CLIA	Item is Verified
Edit | Del	ECA-000596	Professional & Peer References	Delineation of privileges	Item is Verified

OPTUM Intelligent Network Relationships

Dear Tony Williams,

This is to notify you the enrollment record App-994 in First Suspension has been suspended due to missing information. Please review and provide the required information below and take action promptly.

-DEA Registration
-NPI
-Complete list of medical school, training programs, internship, etc.
-State licensing boards and FSMB

You can email, fax or mail this information to the following:

Email: ProviderEnrollment@Optum.com

Fax: xxx-xxx-xxxx

Mail:

Optum Provider Enrollment Department

P.O. Box XXXX

City, State, Zip Code

Figure 3.131: Workflow Enrollment Criteria Checklist and Automated Provider Notification.
Automated emails inform the provider of required enrollment documentation.

PMNT34 The Contractor's solution shall have the ability to suspend the provider record for providers that fail to respond to requests (e.g., revalidation, recertification, and updated licensure) in compliance with all federal and State policies and regulations.

The workflow solution is preconfigured to alert or notify the provider three times before the application is denied. As seen in Figure 3.132, the enrollment record in the workflow is in the first suspension status. Each suspension is configured for a predetermined length of time, reminding the credentialing specialist to re-review the application for completion and continue to communicate with the provider until the application is complete or denied.

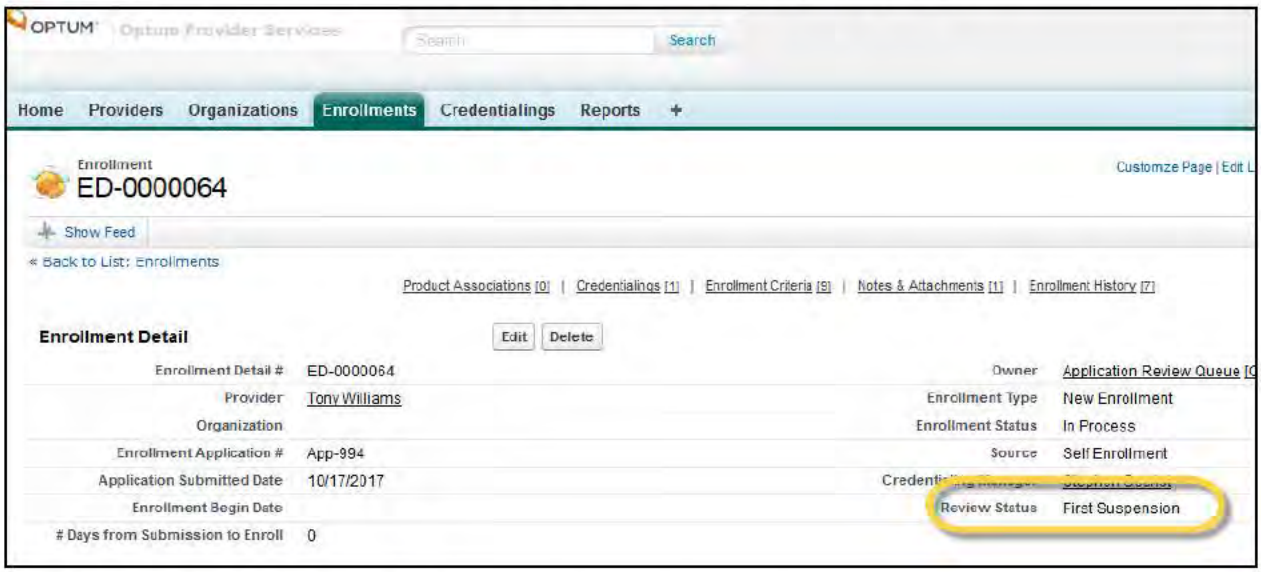


Figure 3.132: Enrollment Suspension Status.
Applications are reviewed for completion and suspended if further information is required.

The workflow solution can be configured to send reminders based on events specific to the enrollment lifecycle. For example, in Figure 3.133, key credentialing dates are captured, which allow for sending automated notification to the provider when the next due date is approaching.

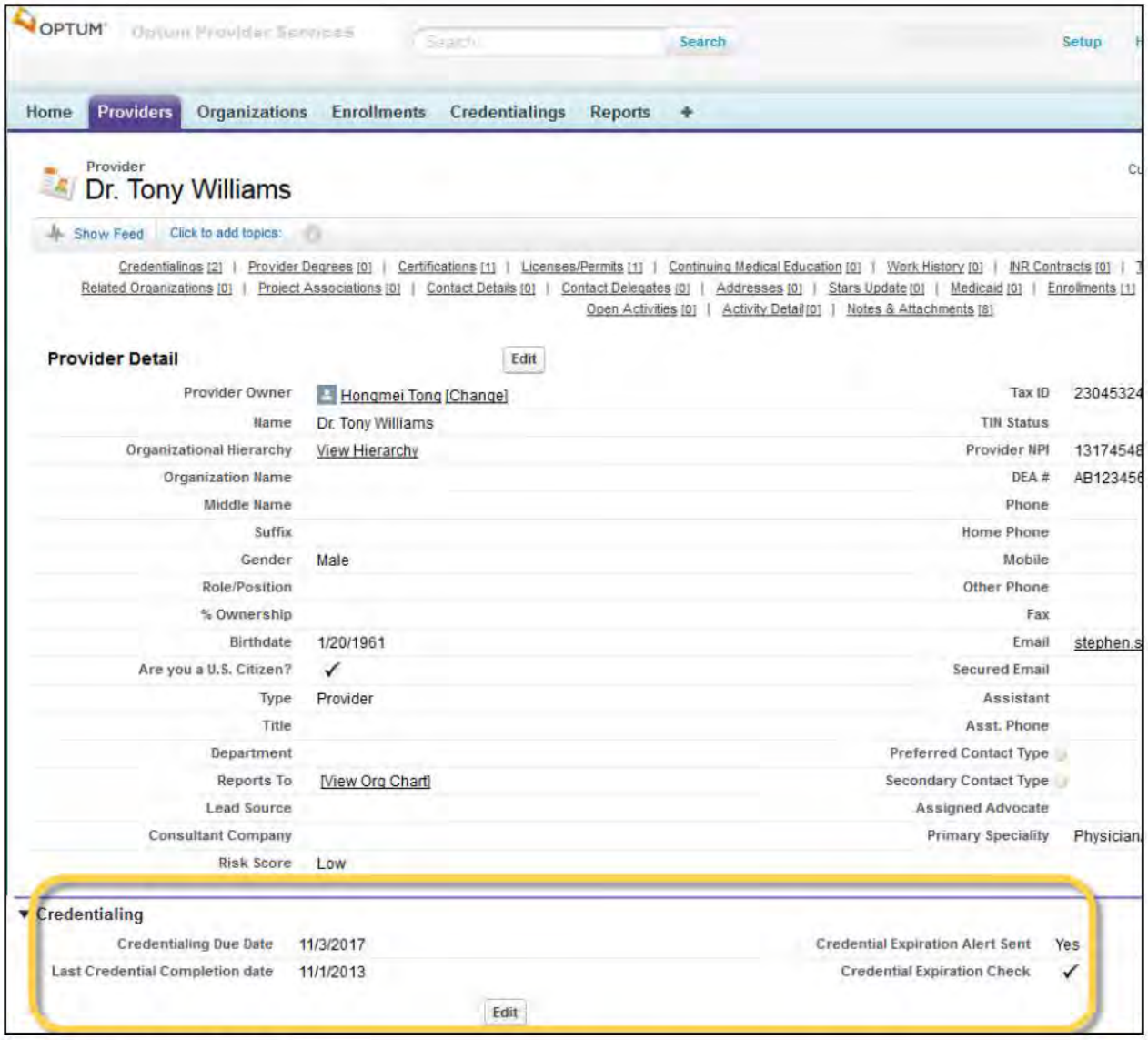


Figure 3.133: Credentialing Dates.
Reminders and due dates of upcoming provider enrollment events can be configured to send notifications to providers.

[redacted]

PMNT35 The Contractor's solution shall allow for mass updates to provider status based on criteria defined by the department (e.g., group practice changes) and initiate notification to the providers and appropriate programs.

As noted in our response to Requirement PMNT21, we will collect the requirements for a mass update request using our predefined change management process. A database analyst using our approved release methodology will complete updates to the provider information.

We will perform the provider and program notifications as directed by you. Using the change management process, we will gather the requirements, content, targeted audience, and draft correspondence. Within the change management process, you will be able to provide the details concerning the mailing and approve the final product before it is generated and mailed.

PMNT36 The Contractor's solution shall have the ability to end date provider participation in specific programs while maintaining participation in other programs and initiate notification(s) to the provider, agency staff, and modules.

The Optum Provider Services solution has the ability to display program effective and termination dates for multiple programs and waivers. The portal can interface with the Medicaid claims processing system and will map to display the provider contract termination date. [redacted]

PMNT37 The Contractor's solution shall record and display multiple instances of specific provider enrollment and demographic data (e.g., license, eligibility period, physical address, CLIA levels) and provide access to historical provider record information.

Providers can disclose enrollment information, such as multiple provider licenses (from different states), eligibility periods, service locations, and CLIA levels linked to their NPI or Medicaid atypical provider ID throughout the enrollment process. The portal lets you accommodate multiple program requirements and criteria per program.

PMNT38 The Contractor's solution shall validate email addresses associated with the provider account through a confirmation and/or activation email process that requires the user to respond to activate the email account for agency communication.

As illustrated in Figure 3.134, the Optum Provider Services solution validates email addresses associated with the provider account through an activation email process. When the provider completes the Optum ID registration process, a confirmation email is sent to the user allowing entry to the solution.



Figure 3.134: Optum ID Activation Email.
Users receive an activation email to complete the registration process for Optum ID.

PMNT39 The Contractor's solution shall collect and maintain provider data necessary to support other module functions (e.g. claims processing, service authorizations, and reporting functions).

We will maintain provider data to support claims and prior authorization processing. The data we validate will uniquely identify each Medicaid provider, qualifications, provider type and specialty, attributes, relationships, fee schedules, and program and participation rules. The NPI, atypical provider ID, Tax ID, participation dates, taxonomy, and legacy State Medicaid IDs will be available to locate current and historical provider data. The provider data store will include contractual terms of the services the provider is authorized to provide, the reimbursement rates for those services, related performance measures, credentialing, enumeration, performance profiles, payment processing, and tax information. This database will serve as the source of truth for MMIS processes. We will also use this database for administrative reporting and other required State and Federal functions.

PMNT40 The Contractor's solution shall provide the ability to interface with external systems to automate verification and validation of provider information and credentials for enrollment, screening and monthly monitoring (e.g., CMS data matching, licensure, Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS)), and provide online alerts or notifications via workflow when adverse results or mismatches occur.

We verify provider enrollments are checked against the required Federal and State databases upon initial enrollment, re-enrollment, reactivation, and revalidation. We validate a provider file by comparing it to the LEIE. We also compare the information to the System for Award Management (SAM) (formally EPLS), the Social Security Administration Death Master File, State exclusions lists, and the NPPES. We check the LEIE and EPLS (SAM) at least monthly. We validate a provider's information by using API, which searches the above-mentioned databases and returns possible findings in the INR workflow component. We will make exclusion and sanction results available for review through the SMA Web portal. Based on your

review, you may recommend payment suspension, CRL reclassification, and/or participation termination. For enrollments classified as moderate or high risk, the workflow configuration places these enrollments in specified queues to verify that we complete the following activities:

- Medicare participation check using PECOS
- Pre- and post-site visit
- Fingerprint-based criminal background check

We will configure the COTS-based workflow queues to meet your requirements. [redacted]

PMNT41 The Contractor's solution shall require and capture termination reasons for all provider terminations.

Each enrollment application in the workflow contains an enrollment record. The enrollment record contains all of the provider's submitted information that was entered through the provider portal. The solution contains disenrollment and termination information for all provider terminations. As Figure 3.135 shows, the enrollment record captures termination and disenrollment date, type, detailed notes, and the individual who requested the disenrollment. The drop-down values for disenrollment and termination type, and disenrollment and termination requested, are configurable to enable you to add program-specific values.

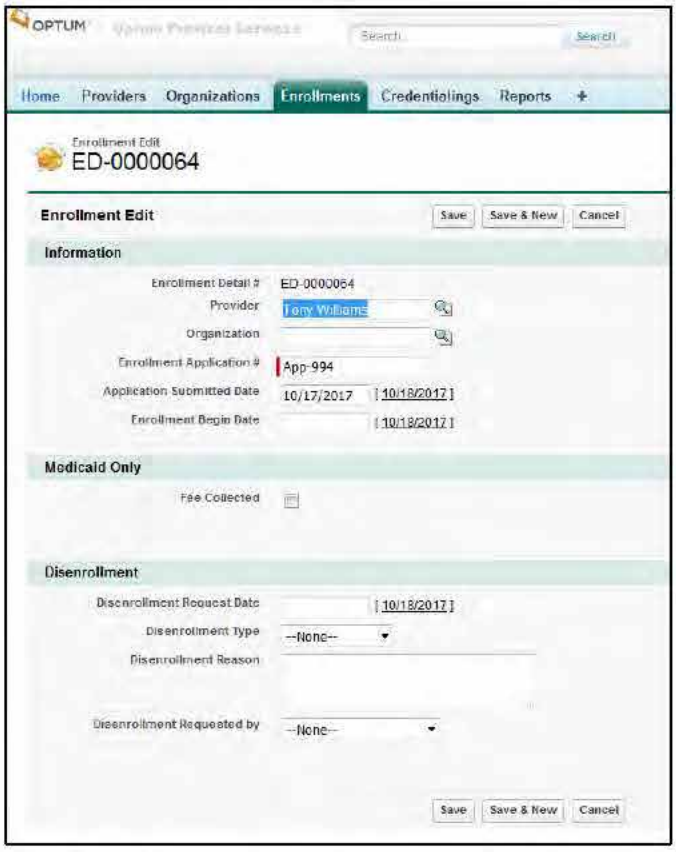


Figure 3.135: Disenrollment and Termination Reasons.

Disenrollment and Termination reasons are captured on the enrollment record in the workflow component, including date, type, reason, and a requestor.

Disenrollment and termination information can be stored and displayed in this section.

PMNT42The Contractor's solution shall collect, process and maintain the data elements necessary to enroll trading partners with the department to support HIPAA X12 transactions.

The Optum Provider Services solution will be configured during the Implementation Phase to collect information from providers wishing to enroll as a trading partner. The workflow will also allow existing trading partners to identify as such during the enrollment process. All newly enrolled trading partners will have a unique submitter number.

The process for collecting, processing, and maintaining data elements for registering trading partners begins with these steps:

1. Trading partner registers and receives an Optum ID.
2. Trading partner works with Optum and the communication gateway component of our solution for file delivery.
3. Optum provisions new trading partner.
4. Optum works with trading partner for training/testing.
5. When testing is complete, the process is moved to production.

PMNT43 The Contractor's solution shall provide the ability to capture and store electronic payment information e.g., (credit card, bank account).

The Optum Provider Services solution will capture and maintain electronic payment information as demonstrated in Figure 3.136. This will include Electronic Funds Transfers (EFT), credit card, and bank account information with date-specific history on provider records to facilitate provider financial functions.

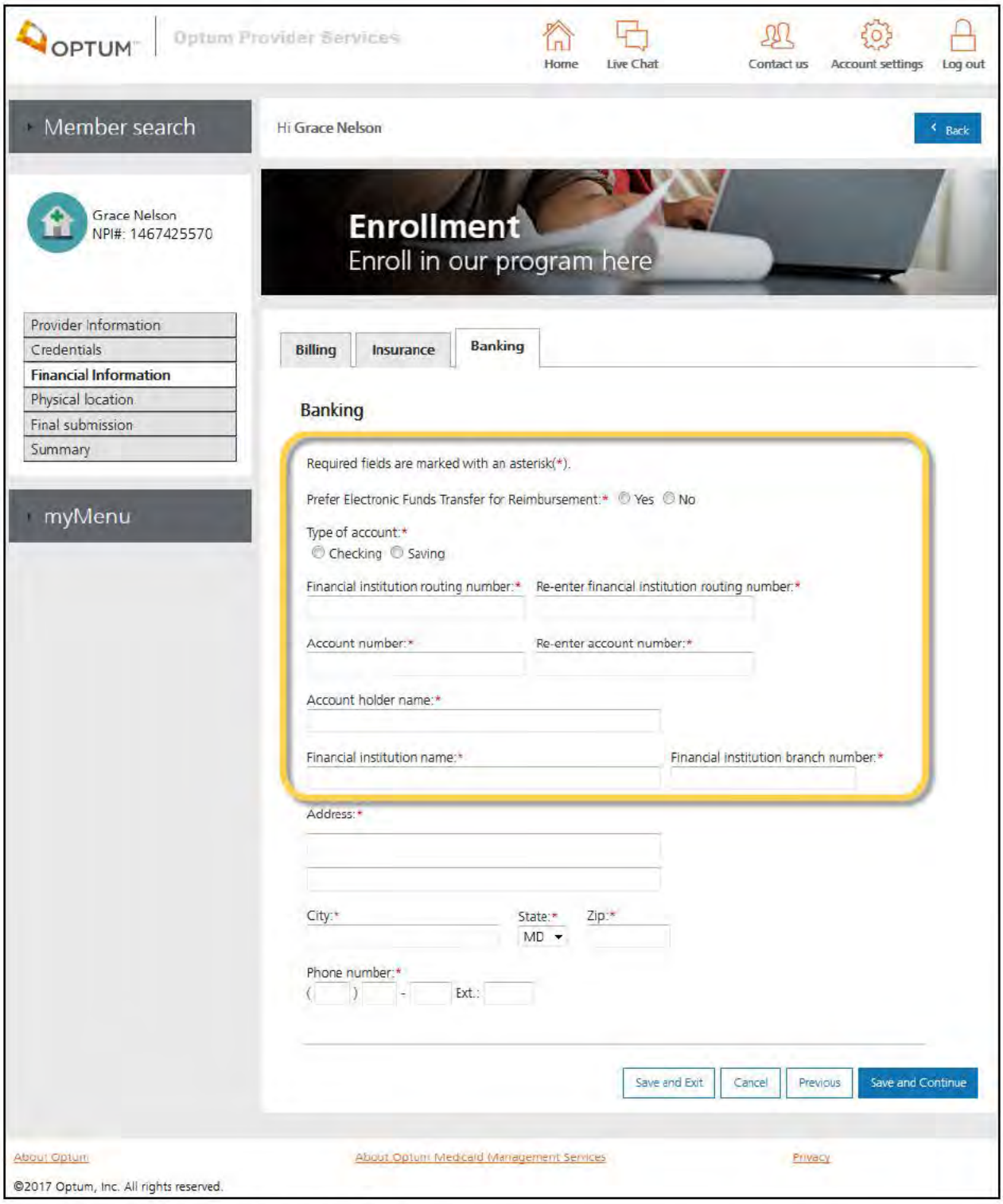


Figure 3.136: Provider Banking Information Page.
We will collect and store the provider's electronic banking information necessary to facilitate accurate and timely payment submission.

PMNT44 The Contractor's solution shall provide the ability to display payment information (e.g., provider administrative fees).

As shown in Figure 3.137, the Optum Provider Services solution enables providers to pay their enrollment fees for moderate and high-risk provider types. According to Federal rule, the provider portal also allows providers to complete a hardship waiver form in lieu of the required application fee. Application fee verification is a required question for moderate and high-risk provider types who choose to enroll with Montana Medicaid.

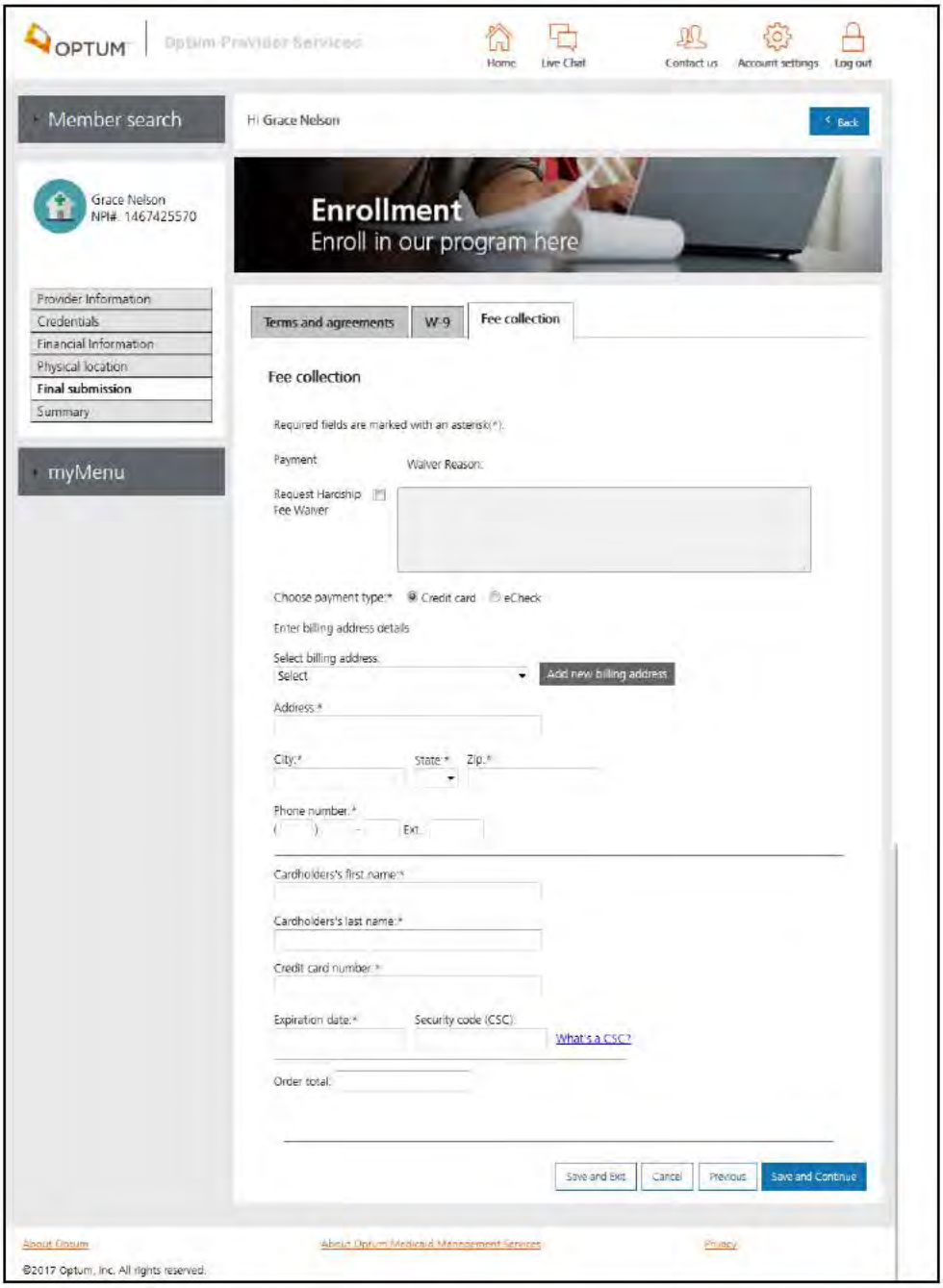


Figure 3.137: Fee Collection Page.
The provider has the ability to pay the application fee or request a hardship waiver.

During the enrollment process, we ask providers if they participate with Medicare or another state's Medicaid or CHIP program and if they paid the application fee. If they answer yes, we will collect the documentation supporting their enrollment. We will also contact those states' provider enrollment brokers to verify that the information is accurate.

If a hardship waiver is requested on a submitted application, the credentialing specialist will route the application and supporting hardship waiver form to the workflow fee collection queue and SMA portal for your review and determination. In the workflow component, the application will suspend, awaiting a response and direction from you and CMS, as seen in Figure 3.138.

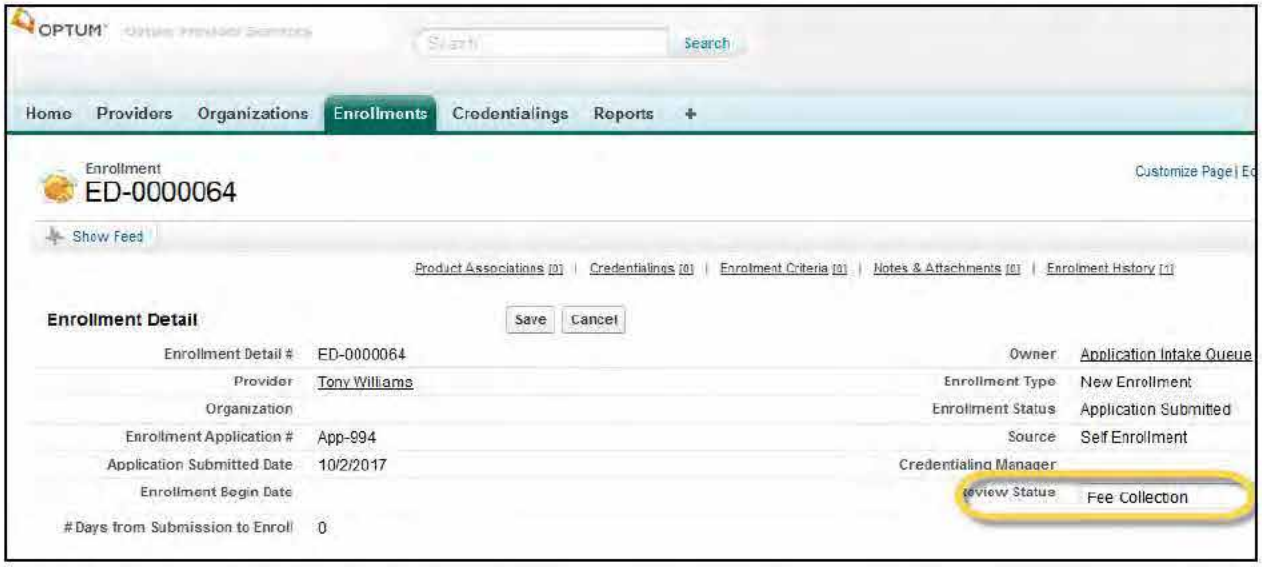


Figure 3.138: Application Fee Waiver.
If a hardship waiver has been requested, the application Review Status will denote Fee Collection.

During the review and credentialing process, we check moderate and high-risk provider types in PECOS for Medicare participation to verify if they already paid their enrollment fee. We will work with you to use your read-only access to the PECOS database for manual reviews. We will also work with you to obtain access to the monthly data extract files to automate and check enrollments by a batch file process.

PMNT45 The Contractor's solution shall provide the ability to automatically and manually unlink provider records determined to be unrelated.

The Optum Provider Services solution has the ability to automatically and manually unlink provider records. A database analyst can automatically unlink identified unrelated records using our approved release methodology, completing updates to the provider information when necessary. Credentialing specialists with administrative rights have the ability to manually unlink provider records through the provider portal.

PMNT46 The Contractor's solution shall have the ability to assign classifications (e.g., provider type and specialty) to all providers including atypical providers.

Our solution will offer the capability to assign the appropriate classification, such as provider type and specialty, to providers, including those considered atypical. Figure 3.139 shows an example of how enrolling providers have the ability to select their appropriate provider type and specialty as well as taxonomy information. The solution will arrive pre-configured with industry-standard types and specialties; however, these fields are configurable to meet the State's program-specific needs or content.

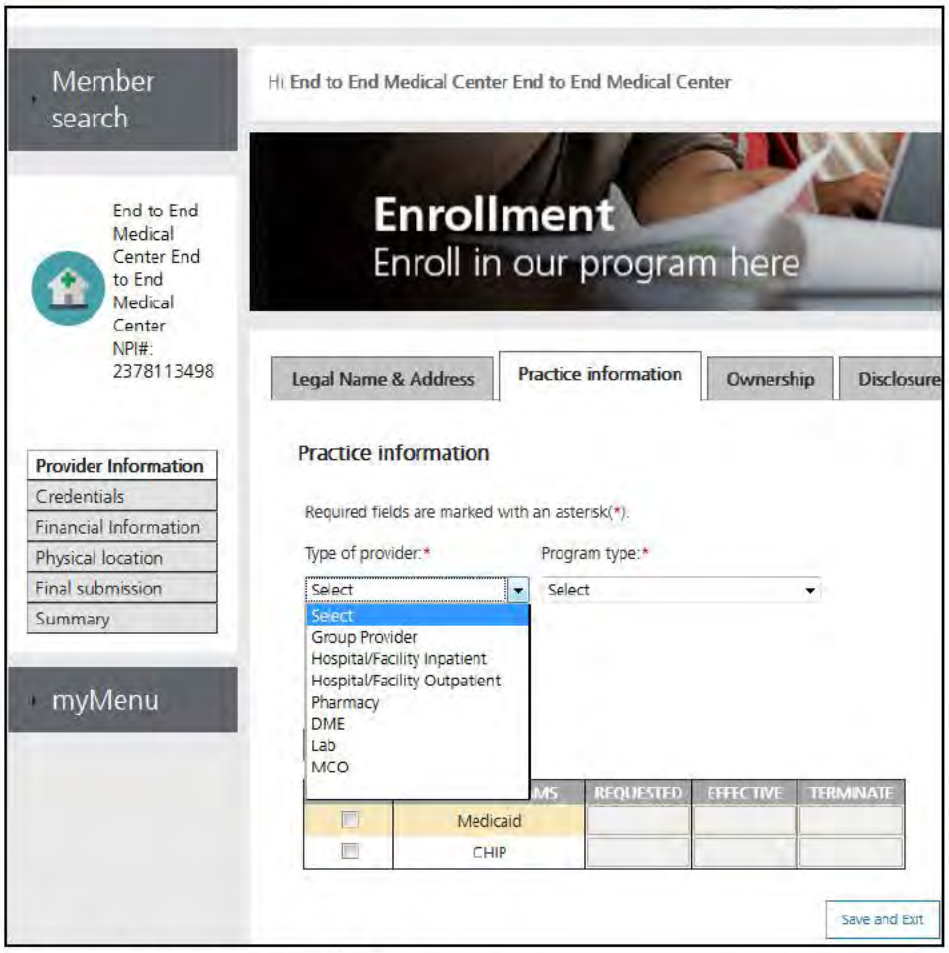


Figure 3.139: Practice Information Page.
Providers have the ability to select their provider type and specialty from a predefined drop-down list.

PMNT47 The Contractor's solution shall provide the ability to collect and maintain bed data (e.g. nursing home, hospital).

As shown in Figure 3.140, our solution provides the ability to collect and maintain institutional bed data for a variety of facility types. You have the option of defining specific bed type information that you wish to collect so that the portal is configured to suit your needs.

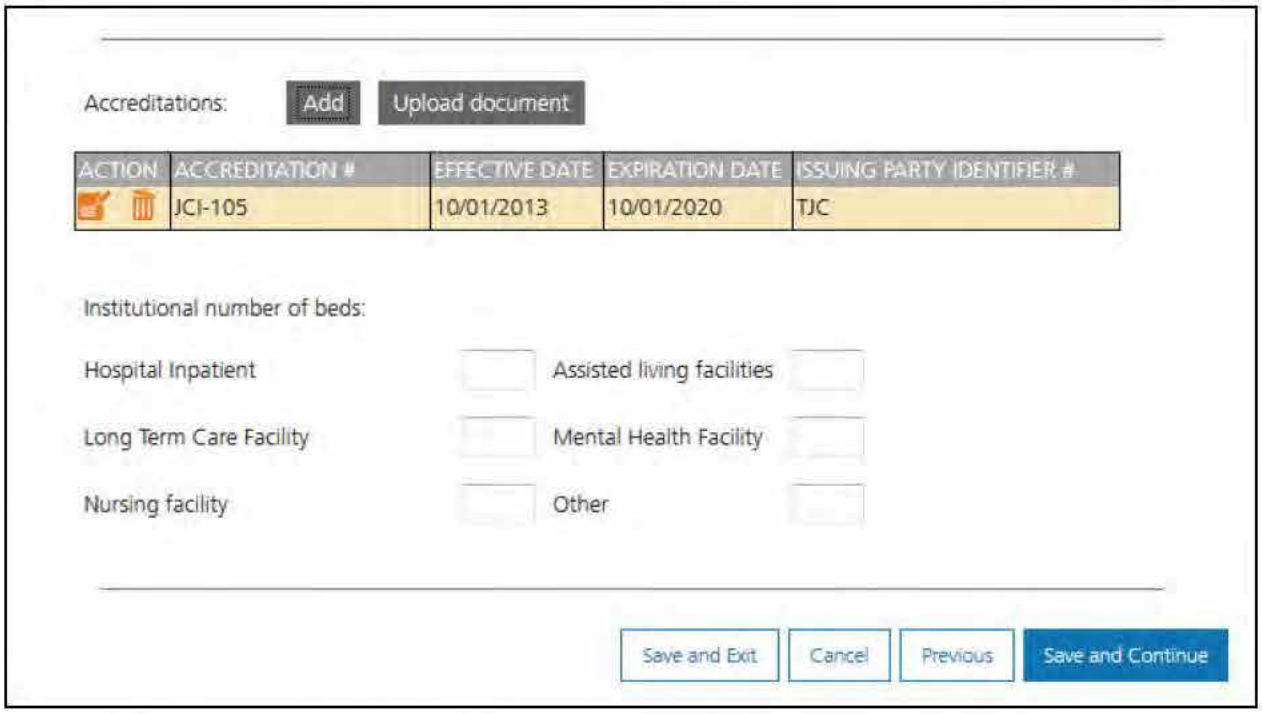


Figure 3.140: Accreditation and Facility Bed Data.
The provider has the ability to enter the number of beds for facilities.

PMNT48 The Contractor's solution shall provide the ability to collect conditional enrollment and maintenance data that is configurable by provider role (e.g., ORP, Rendering, Attending and Billing/Pay to Providers) and provider classification (e.g., case manager, physician, home health agency) and displays indicators on the provider record to distinguish the provider role(s) and classifications.

The Optum Provider Services solution is configurable based on the collection of data by provider role. Provider enumeration (Type 1-Individual and Type 2-Organizational), provider type and specialty, and organizational structure drive enrollment applications. The portal can define the required enrollment criteria (based on conditional statements) per provider type. For example, the portal will ask questions such as, “Are laboratory services performed at your office or facility?” If the provider selects “yes,” the portal will require the provider to complete the CLIA information and upload the CLIA certificate. If the provider selects “no,” the CLIA fields will not display. The portal will also request licensure, certification, and board certification information based on provider type and specialty.

PMNT49 The Contractor's solution shall automate the identification of providers due to revalidate their enrollment information and initiate notification(s) to the provider, agency staff, and modules.

Our solution will capture and store provider revalidation dates. Doing so will help us to distribute automated revalidation notices per your predefined schedule. With your approval, we will use targeted mailings (through the State’s approved print vendor) and email outreach to engage providers to begin or complete their revalidation on the portal. Optum will present a proven outreach strategy for revalidation and enrollment of the targeted Medicaid providers active in the system. Our contingency plans will include those nonresponsive providers to the initial or follow-up enrollment communication. We will send revalidation notifications to submitters at least five business days before the start of the specified 30-calendar day revalidation cycle.

This process will include:

- Generating revalidation notices
- Tracking revalidation responses
- Terminating unresponsive providers

Providers will use the portal to revalidate. The portal will prepopulate existing provider data to make it easy to validate existing practice information. Providers will update any changes to their organizations, licensure, and provider type and specialty information. They will also attest to their Medicaid provider agreement. The revalidation system has a configurable completion time frame you can specify a provider has to complete the application. At a minimum, each provider will have up to 30 calendar days to submit the application.

Our operational team will review the applications and submitted attachments for completeness and accuracy. Each revalidation will comply with the Federal and State provider enrollment screening requirements. For applications with incomplete or conflicting information, the credentialing specialist will contact the provider. We will inform the provider electronically or telephonically after initial review of the enrollment information that additional information or corrections are needed.

Our solution includes reporting features to categorize revalidations into completion categories. Categories will include revalidations not started by providers, in-process applications, submitted applications in review, and completed revalidations. These reports will support your decision to suspend payment and terminate non-compliant providers from the Medicaid program.

PMNT50The Contractor's solution shall support the ability to compare provider enrollment and revalidation information with PECOS if the provider is enrolled with Medicare. Depending on provider risk category, the solution shall verify completion of the fingerprint background check (if required), payment of application fee (if required) and verify Medicare ownership information matches the provider record in the provider module. If a mismatch is found, create an alert to the designated work group.

The enrollment application is configured to ask providers if they participate in Medicare or another State Medicaid program. Collecting this information aids in the verification that key review and primary source verification has taken place either by Medicare or by another State. During the review and credentialing process, we check moderate and high-risk provider types in the PECOS to verify if they already paid their enrollment fee. We will work with you to use your read-only access to the PECOS database for manual reviews as well as obtain access to the monthly data extract files (TIBCO) to automate and check enrollments by a batch file process. Figure 3.141 shows the page that asks providers if they are enrolled in Medicare and other State Medicaid programs.

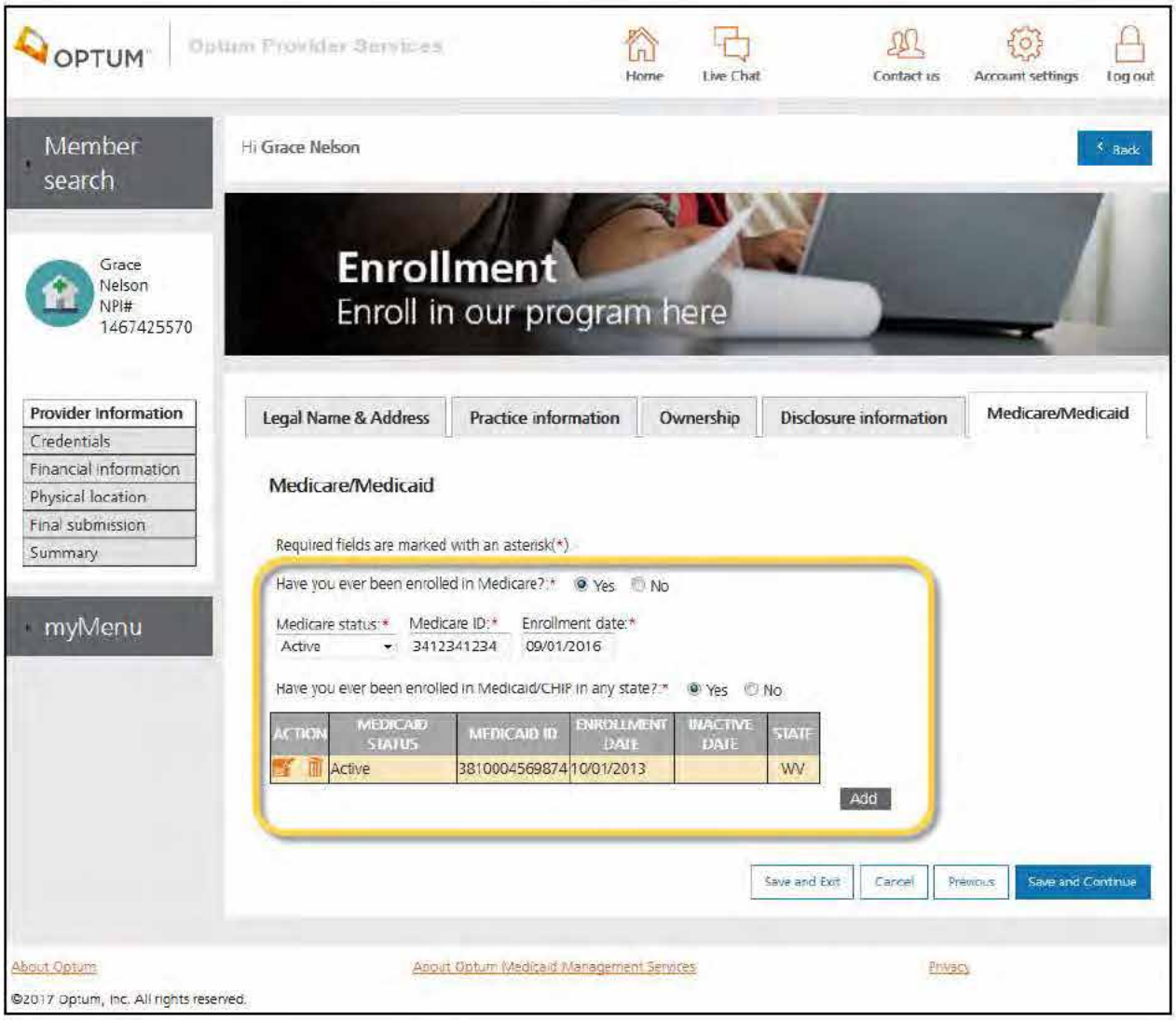


Figure 3.141: Provider Medicare/Medicaid Page.
You will have the ability to capture and maintain the provider's enrollment information for Medicare and other State Medicaid programs.

The workflow is configured with specific queues to account for required enrollment activities. As illustrated in Figure 3.142, queues have been configured for fingerprint check, fee collection, and site visit. As part of our enrollment and revalidation procession, applications with the CRL of three route to these queues so we can notify providers of the fingerprint requirement, including submitting fingerprints using the State-approved fingerprint channeler and your rules pertaining to the process. We will await your enrollment decision based on the results you receive for providers who undergo fingerprint background checks. Additionally, applications with a CRL of two or three are routed to the fee collection queue to verify the enrollment fee has been collected. Credentialing specialists determine if the provider attested to the fee hardship exemption. They also determine if the provider paid the application fee during the submission process by Medicare or another SMA. If the provider attests to the hardship, the system will route the application to you for evaluation and CMS determination.

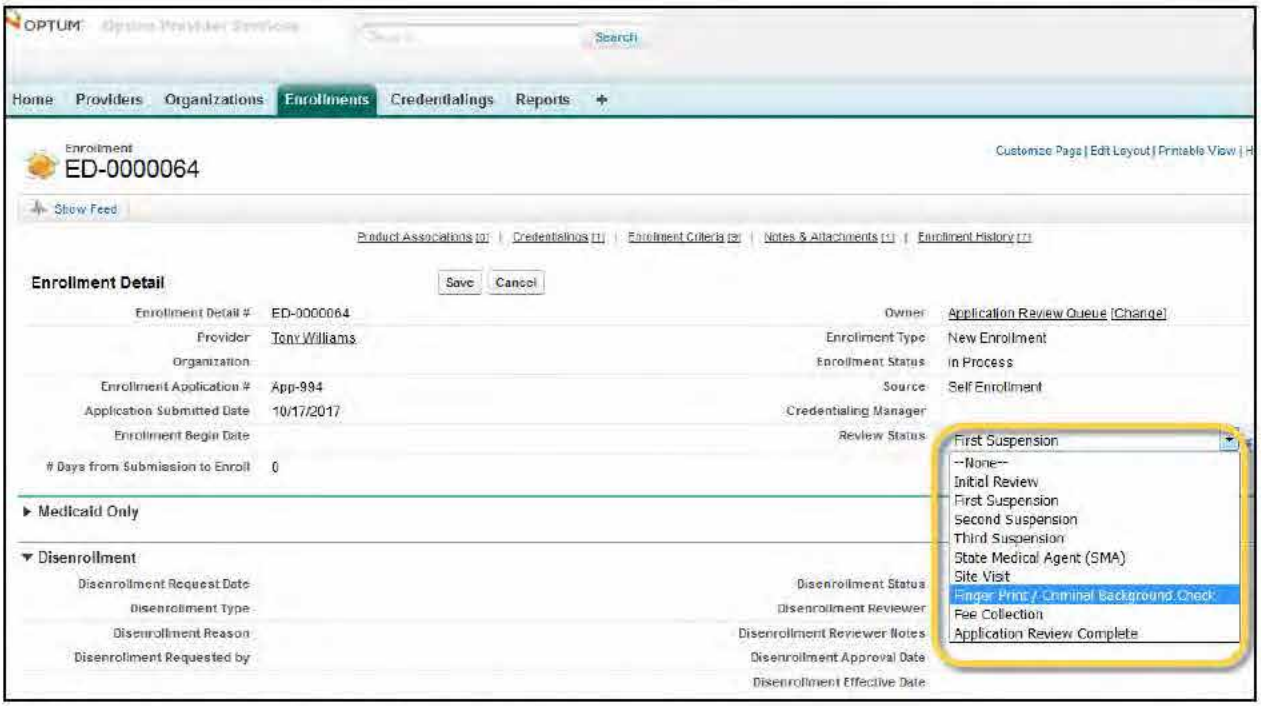


Figure 3.142: Enrollment Record and Verification of Activities.
Queues have been created to account for ACA-required validation activities.

PMNT52 The Contractor's solution shall collect, validate and maintain Clinical Laboratory Improvement Amendments (CLIA) certification information including the level of certification, the specific procedures each laboratory is authorized to perform, effective and end dates, and location of the certification for use in claims adjudication.

The Optum Provider Services solution will collect, validate, and maintain the CLIA certification information for applicable providers. This information for the provider will include:

- Level of certification
- Authorized procedures to perform
- Effective and End dates
- Location of certification

PMNT53 The Contractor's solution shall have the ability to indicate providers using electronic funds transfer (EFT) and submitting claims electronically.

As we noted in our response to Requirement PMNT43, our solution will capture and indicate EFT payment information for the provider. Using the Billing page, the provider's billing information, such as electronic claim submission, will be maintained.

PMNT54 The Contractor's solution shall support communications (e.g., email, SMS, correspondence) to and from providers, track and monitor responses to department communications.

Optum will use various tools to support communications, including email, SMS (text messaging), online chat using the portal, and correspondence to providers. We will track and monitor the provider communications using our Customer Relationship Management (CRM) tool that is integrated with the workflow management tool.

PMNT55 The Contractor shall ensure information exchanges are documented in trading partner agreements as specified in 45 CFR 162.915.

We understand our role in facilitating data sharing with your trading partners. The trading partner agreements will align with the requirements found in 45 CFR 162.915, which verify we will not change, add, or use the "not used" data elements in the standard's implementation specifications.

PMNT56 The Contractor's solution shall have the ability to assign an individual provider an unlimited number of valid provider classifications (e.g., physician-family practice, physician-oncologist, hospital-acute care, registered nurse-pediatrics).

Figure 3.143 illustrates how enrolling providers have the ability to select their appropriate provider type and specialty as well as taxonomy information. The Optum Provider Services solution has pre-configured, industry-standard types and specialties. These fields are also configurable to meet your program-specific needs or content.

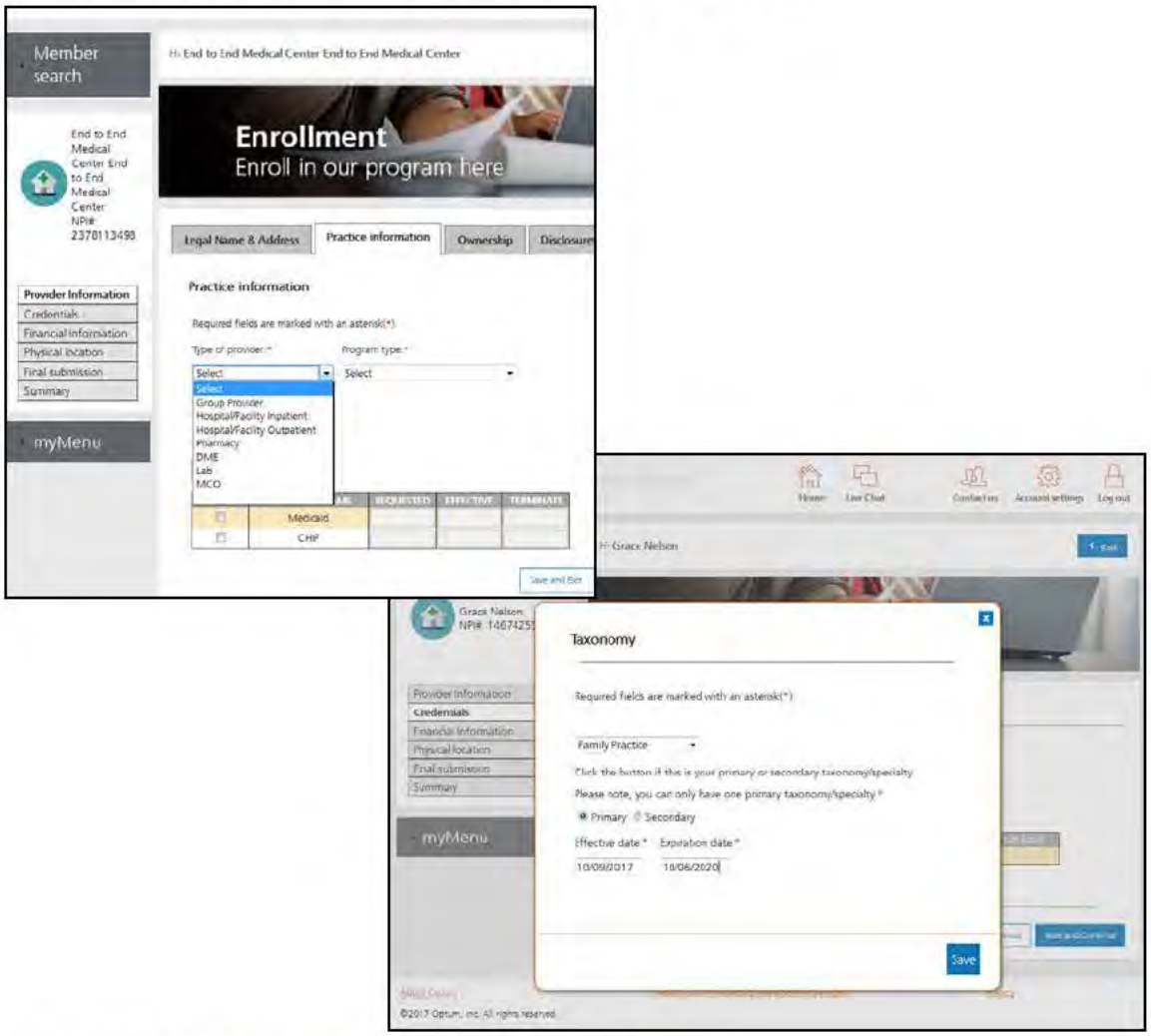


Figure 3.143: Practice Information and Taxonomy Collection Pages.
Providers have the ability to define their provider classification(s).

PMNT57 The system shall allow a single provider to have more than one electronic submitter associated with their provider file, and designate one biller to receive 835 files.

With our solution, providers can designate multiple submitters' IDs to associate with their IDs. This functionality provides increased flexibility in processing claims and in payments. In addition, providers can override the defaults in a claim and process all 835 transactions to a single ID based on the claim's Billing Provider ID. The MMIS claim payment system can integrate with our solution to retrieve updated provider preferences, such as name, address, phone number, email, correspondence preference, and language preference. Our provider system database stores these provider preferences.

PMNT58 The Contractor's solution shall have the ability to automatically and manually link the unique provider number to other provider IDs used throughout the State enterprise (e.g. SABHRS or State Eligibility Systems IDs). The solution shall display all provider IDs.

The solution has the ability to link unique provider numbers to other provider IDs used by the State. NPI or Medicaid atypical provider ID will identify each provider file, and each has data fields to capture historical provider identifiers used by other State systems. As seen in Figure 3.144, the solution can capture and store State Medicaid ID Numbers.



Figure 3.144: Link to Other State ID Numbers.
The workflow tool captures other State identification numbers.

PMNT60 The Contractor's solution shall be configurable to allow users to indicate the method of how required documentation will be submitted (e.g., mail and facsimile).

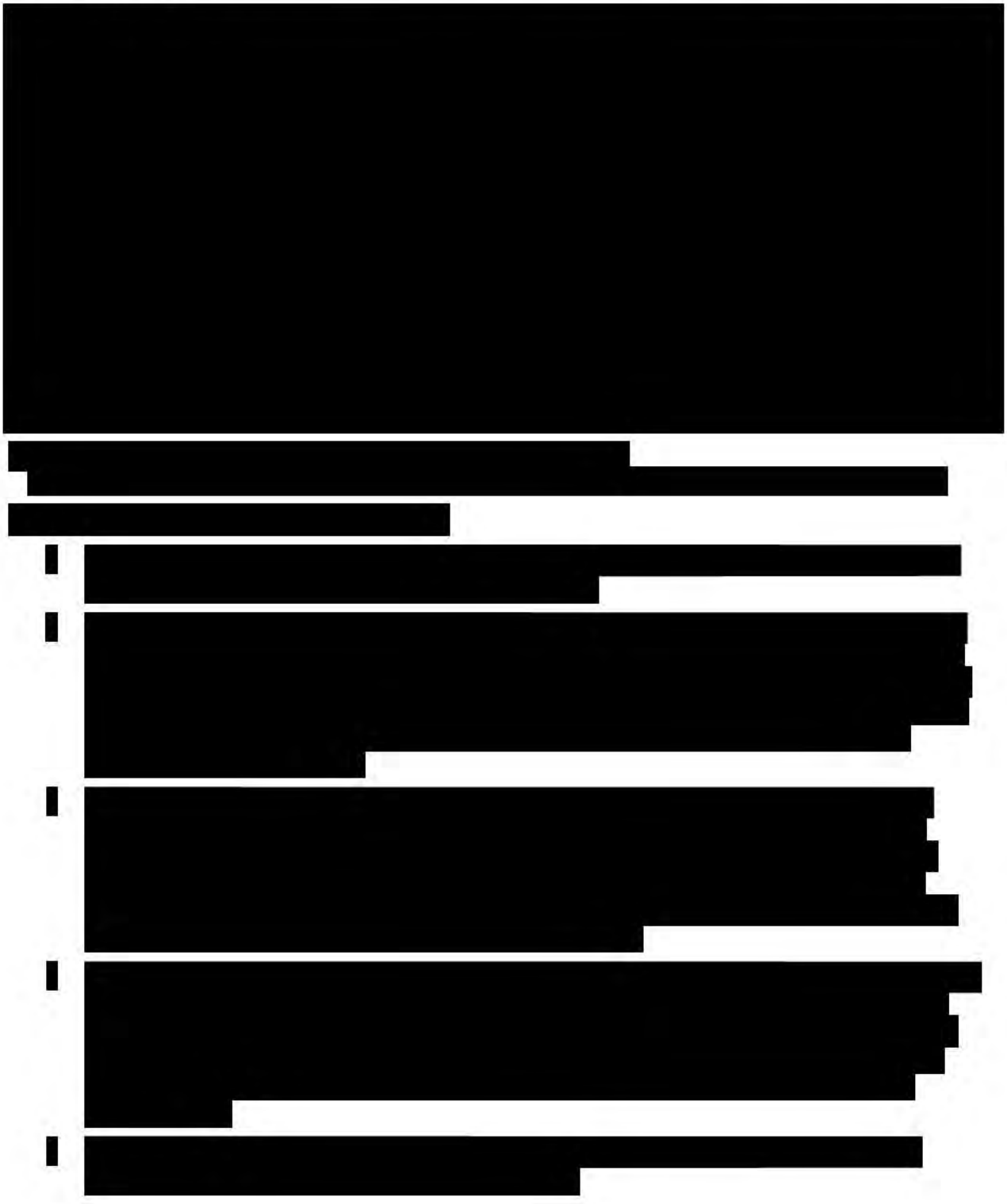
The solution will offer enrolling providers the ability to select the method by which they will submit the required documentation. This will include electronic upload (through the provider portal), U.S. mail, or facsimile.

PMNT61 The Contractor's solution shall have configurable workflow to present for validation, updates submitted online/electronically by specific criteria (e.g., program type, data type, risk level).

The Optum Provider Services solution is equipped with workflow and rule engine capabilities that enable automated routing and assignment of tasks based on roles, queues, and priorities. This can greatly assist in increasing the efficiency of business processes. Workflows can be configured to assist in routing work between different work groups or within workgroups, depending on the skill set needed to complete the work. Since our workflow integrates into the COTS solution, updates to workflow configurations can be made quickly.

Using workflow capabilities for provider enrollment, for example, the submitted application progresses through a series of configurable work queues accounting for essential credentialing

processes in relationship to CRL and provider type/specialty. These queues, arranged in an assembly line fashion, validate that each step in the enrollment process has been completed. The submitted information remains in the system until the credentialing process is completed and triggered for data transformation into the claims processing system. Figure 3.145 shows the workflow queues:



[redacted]

PMNT62 The Contractors solution shall support manual and automatic classification of a provider risk level status (limited to moderate to high) which shall trigger additional steps and screening as applicable.

The Optum Provider Services solution classifies all provider types by the CMS classified CRL. As shown in Figure 3.146, the CRL classifies each application during the enrollment process and as the information enters the workflow tool. As we responded in Requirement PMNT61, our provider management workflow will support the triggering of additional steps and screening for those providers with the predefined risk level status classifications. Our process identifies those providers with the CRL of two or three to verify fee collection, site visit, and fingerprint-based/criminal background check screenings as required.

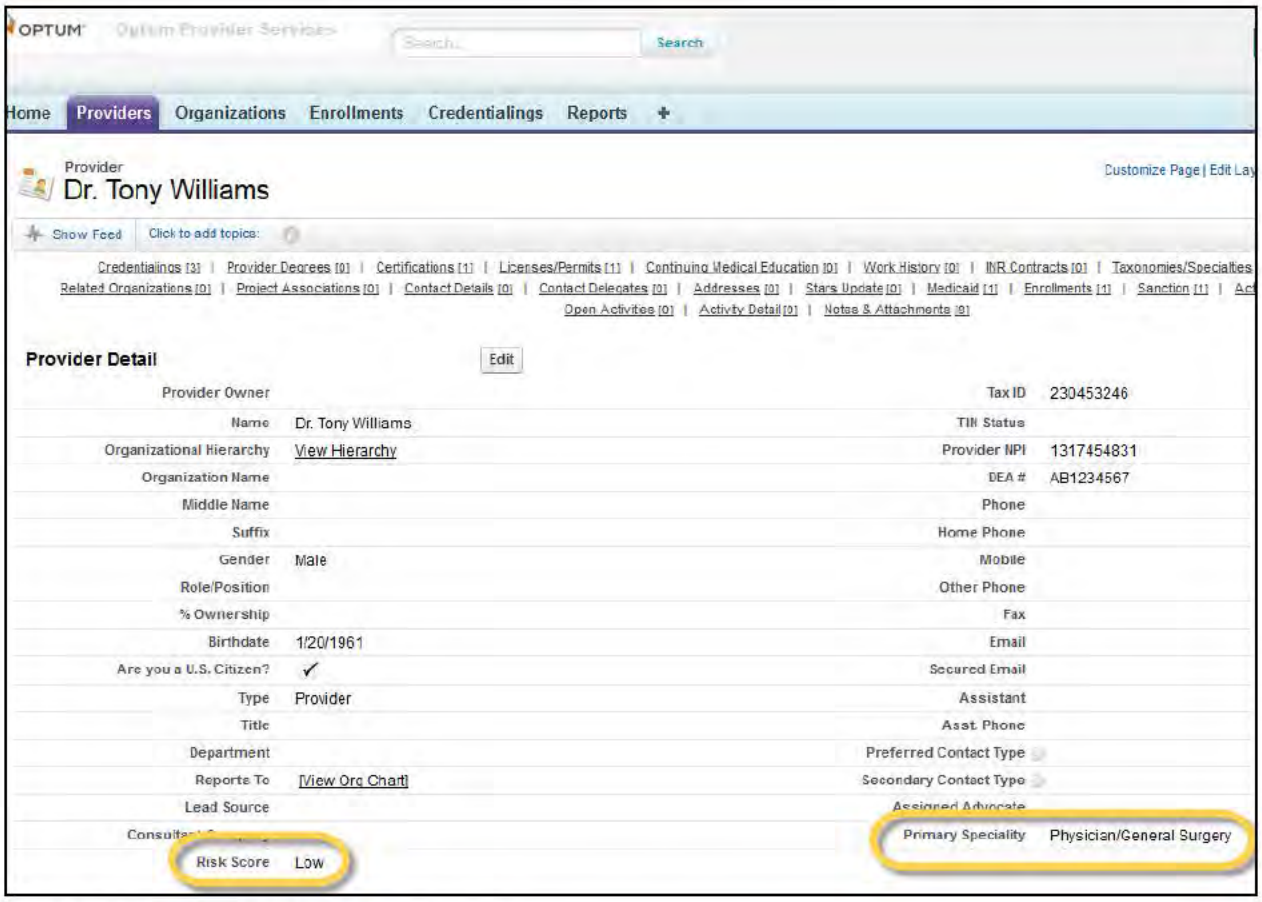


Figure 3.146: Provider Risk Scores and Specialties.
CRL and provider type and specialty are indicated on the provider's record.

PMNT63The Contractor's solution shall provide the capability for users to review enrollment and revalidation information prior to final submission of the enrollment or revalidated information.

Logging into the portal, the online application guides the user through each enrollment or revalidation process. At any point in the application process, providers can save the application and continue later. This feature allows providers to complete their application or revalidation at their own convenience.

As seen in Figure 3.147, the user can review and edit, if necessary, the enrollment information prior to clicking the Submit button.

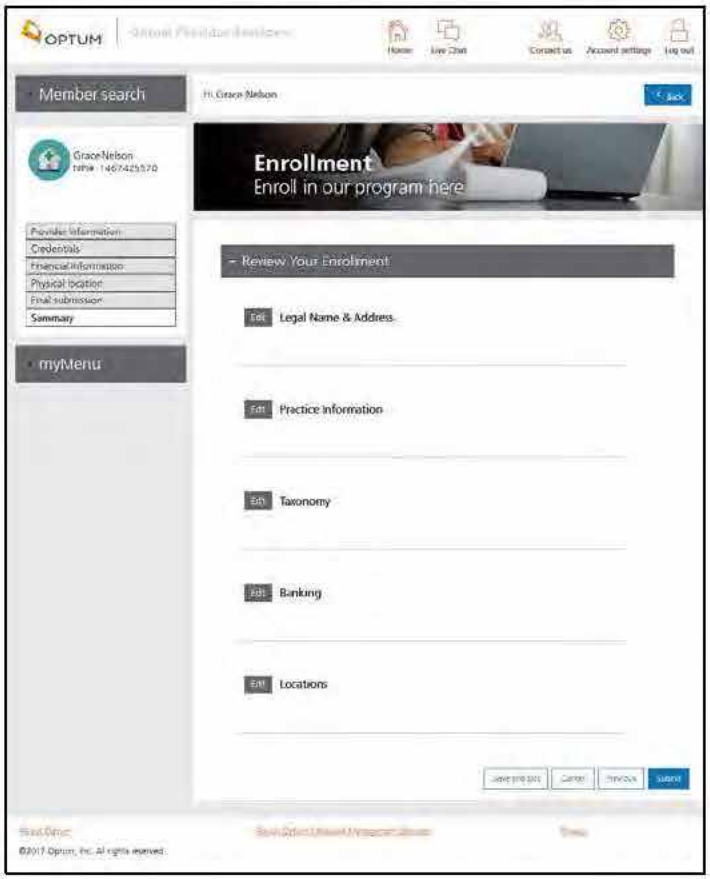


Figure 3.147: Provider Review Enrollment Page.
The provider has the ability to review the information entered through the portal prior to final submission for Montana Medicaid enrollment.

Based on the information entered into the portal, the enrollment or revalidation process will present a list of supporting materials to the submitter. For example, the provider portal asks for the provider's professional license number, state, and effective date. When the provider reaches the end of the application, a list of supporting documents will display for submission, such as an image of the professional license. The provider has the ability to also print a PDF copy of the enrollment submission.

PMNT64 The Contractors solution shall support manual and automatic classification of a provider risk level status (limited to moderate to high) which shall trigger additional steps and screening as applicable.

The Optum Provider Services solution classifies all provider types by the CMS classified CRL. The CRL classifies each application during the enrollment process and as the workflow tool receives the information. As we responded to the prior Requirement PMNT61, our provider management workflow will support the triggering of additional steps and screening for those providers with the predefined risk level status classifications. Our process identifies those providers with the CRL of two or three to verify fee collection, site visit, and fingerprint-based/criminal background check screenings as required.

PMNT65 The Contractor's solution shall capture and maintain at a minimum, the data set defined in Part 11 of the State Medicaid Manual and provider related TMSIS required fields.

The Optum Provider Services solution will capture, store, and maintain provider data elements for claims and prior authorization processing and reporting, meeting State Medicaid Manual Part

11 requirements. The provider management components will support qualified providers as they participate in your Medicaid program. Our Web-based applications make it easier for providers to submit Medicaid enrollment applications. Through the provider portal, providers can access State Medicaid program enrollment rules, regulations, attestations, and provider agreements at their convenience.

PMNT66 The Contractor shall collect and maintain certifications by specific industry standard or state policy (e.g., NCQA Certification and NCQA Certification Level).

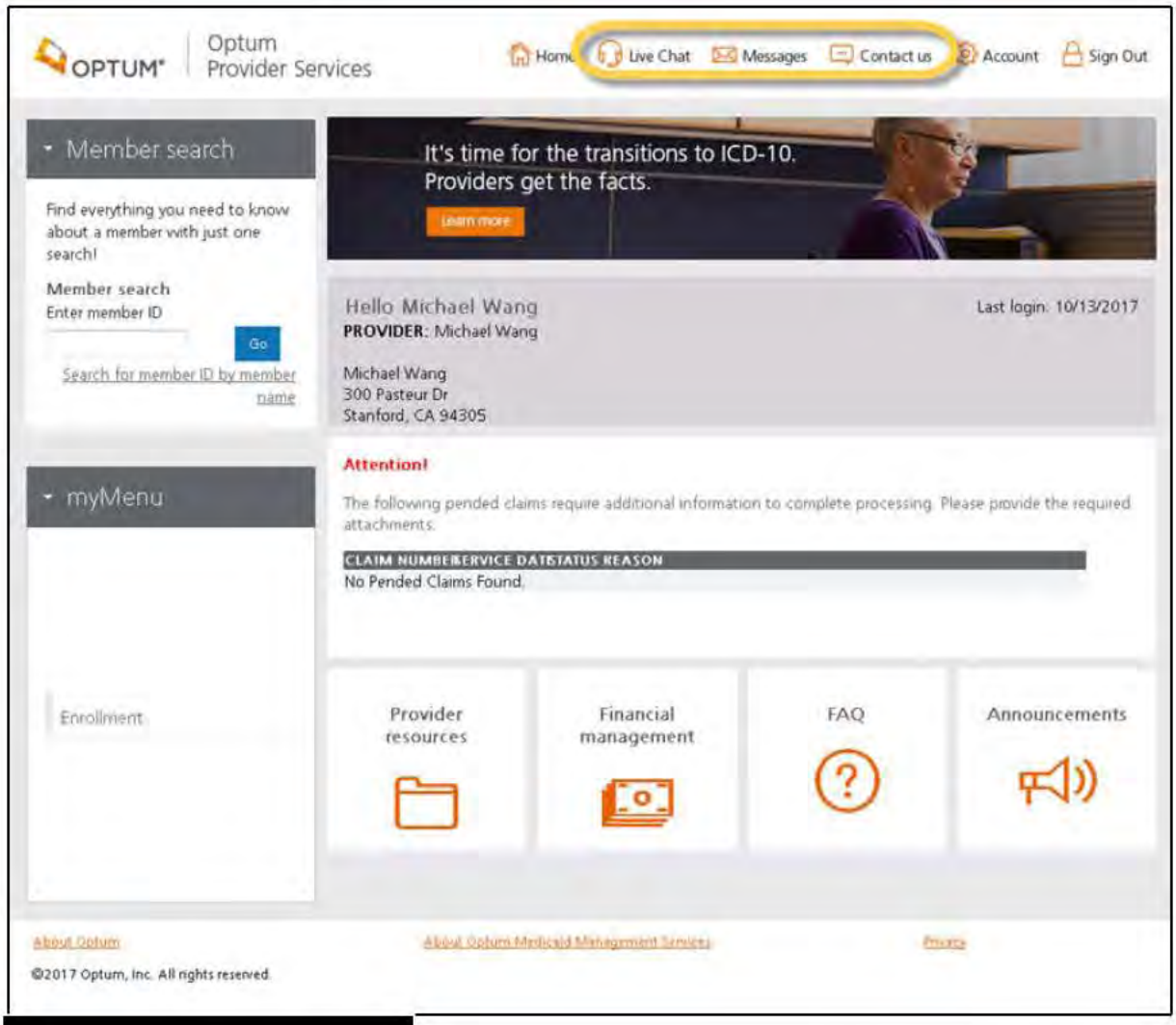
Our solution will request, collect, and maintain certifications that support industry standard and State policies based on provider type and specialty. The solution is flexible and easy to configure to support your certification requirements.

3.10.12 Self-Service Portal

This section addresses self-service portal requirements. The Provider Services module must support self-service provider enrollment and maintenance activities in addition to other self-service functions necessary to support day to day business functions including but not limited to; a provider inbox, interactive chat functionality, and a provider locator for both public and authenticated users to find actively enrolled providers based on specified criteria. The Offeror must describe their approach to meet each of the Self-Service Portal requirements defined in Attachment F, Requirements Matrix.

As illustrated by Figure 3.148, the Optum Provider Services portal is configured to assist providers as they navigate and participate in Montana's State-specific programs. The portal is a menu-driven user interface allowing public or authorized users the ability to perform a variety of self-service functions. Providers have the ability to access contact information, secure inbox messaging, live chat capabilities, and a provider locator.

The secure portal is the same area where providers can complete their provider enrollment and maintenance activities in the Medicaid program. It captures and maintains all demographic information, attributes, and relationships associated with providers, hospitals, and outpatient clinics.


OPTUM
Optum
Provider Services
Home
Live Chat
Messages
Contact us
Account
Sign Out
Member search
Find everything you need to know about a member with just one search!
Member search
Enter member ID
Go
Search for member ID by member name
It's time for the transitions to ICD-10.
Providers get the facts.
Learn more
Hello Michael Wang
PROVIDER: Michael Wang
Last login: 10/13/2017
Michael Wang
300 Pasteur Dr
Stanford, CA 94305
myMenu
Enrollment
Attention!
The following pended claims require additional information to complete processing. Please provide the required attachments.
CLAIM NUMBER SERVICE DATE STATUS REASON
No Pended Claims Found.
Provider resources
Financial management
FAQ
Announcements
About Optum
About Optum Medicaid Management Services
Privacy
©2017 Optum, Inc. All rights reserved.

[redacted]

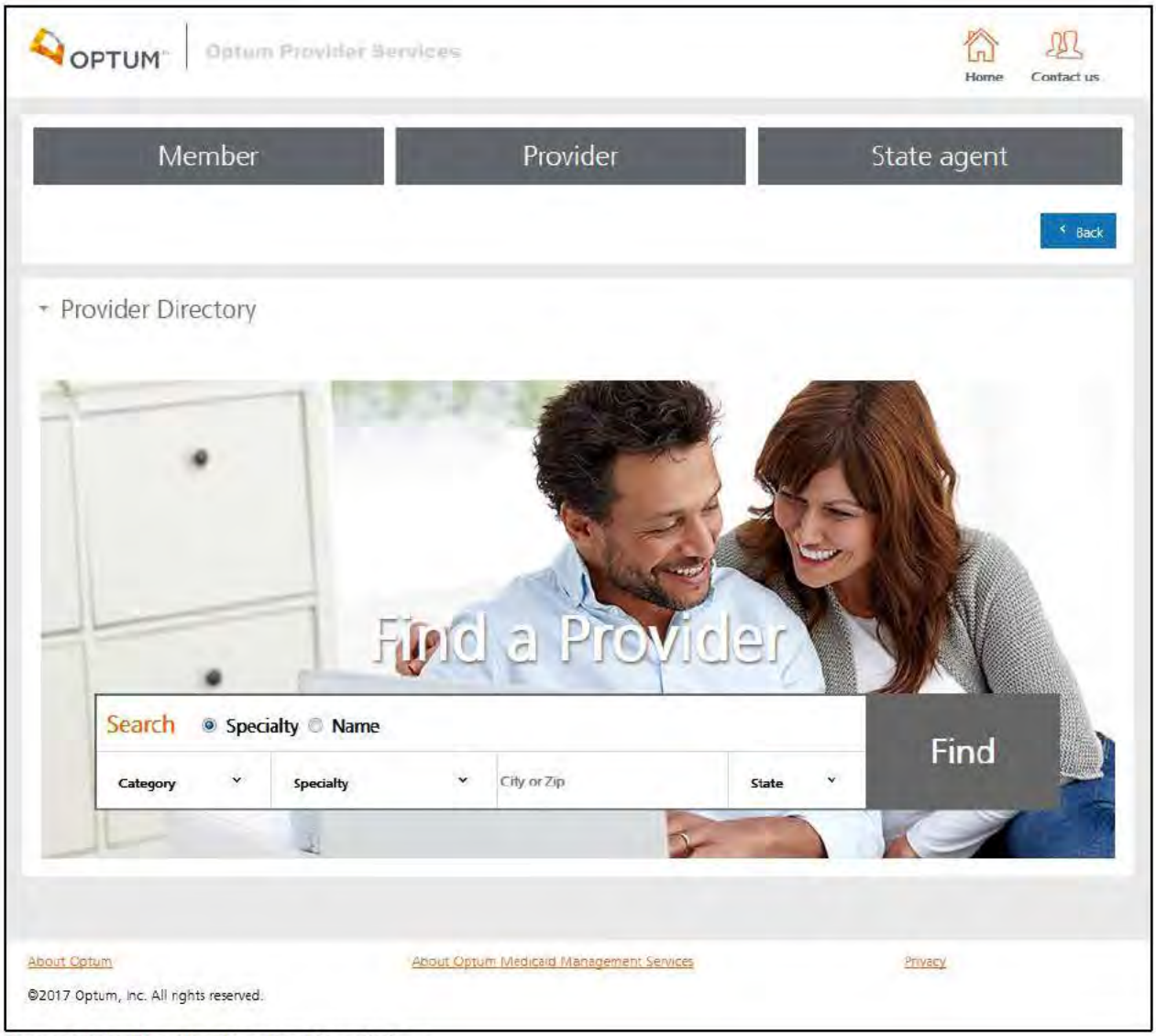


Figure 3.149: Provider Directory Search Page.
Users have the ability to search active, participating providers enrolled in your Medicaid program.

[redacted]



Provider data is partitioned, allowing users to see only the information appropriate for their institution. In addition to these public-facing features, authorized State users can conduct similar functions as a provider and access operational reports and monitor/act on certain workflows.

PSER01 The Contractor's solution shall provide a self-service tool that will allow authenticated users to search by provider name (including phonetic search), NPI/API, network(s), location(s) (including city, state and zip code), provider classification(s), provider role, all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), accessibility, gender, and whether or not a provider is accepting new patients. At a minimum the results display shall include; provider name, locations, phone numbers, provider classification(s), provider role, network(s), all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), office hours, accessibility, whether or not a provider is accepting new patients, and any restrictions on the freedom of choice among providers in the public provider locator (e.g., ages served, gender).

The provider portal allows authenticated users to search provider information that is collected during the enrollment workflow process. Users can search on captured information that includes:

- Provider name
- NPI/API
- Provider type, gender, classification, and specialization
- Networks
- Multiple service locations and accessibility
- Address, contact information, and managing employee information for each location
- Office hours for each location
- Affiliated providers working at each service location
- Languages available per service location
- Patient service information, such as accepting new patients, and ages and genders served.

The search results will display the information for the provider. We are considering supporting phonetic searches for provider names in a future version of our product roadmap.

PSER08 The Contractor's solution shall provide an online self-service tool for providers to access a provider inbox for messages and notices. The solution shall provide the ability to send, receive, and respond to messages.

The portal provides access to a secure provider inbox allowing users to send, receive, and respond to program-related messages. As shown in Figure 3.151, when the user logs in with his/her Optum ID, the Messages functionality displays in the header of the portal page.



When the user clicks on the Messages link on the self-service portal, the provider's inbox will display, as shown in Figure 3.152.

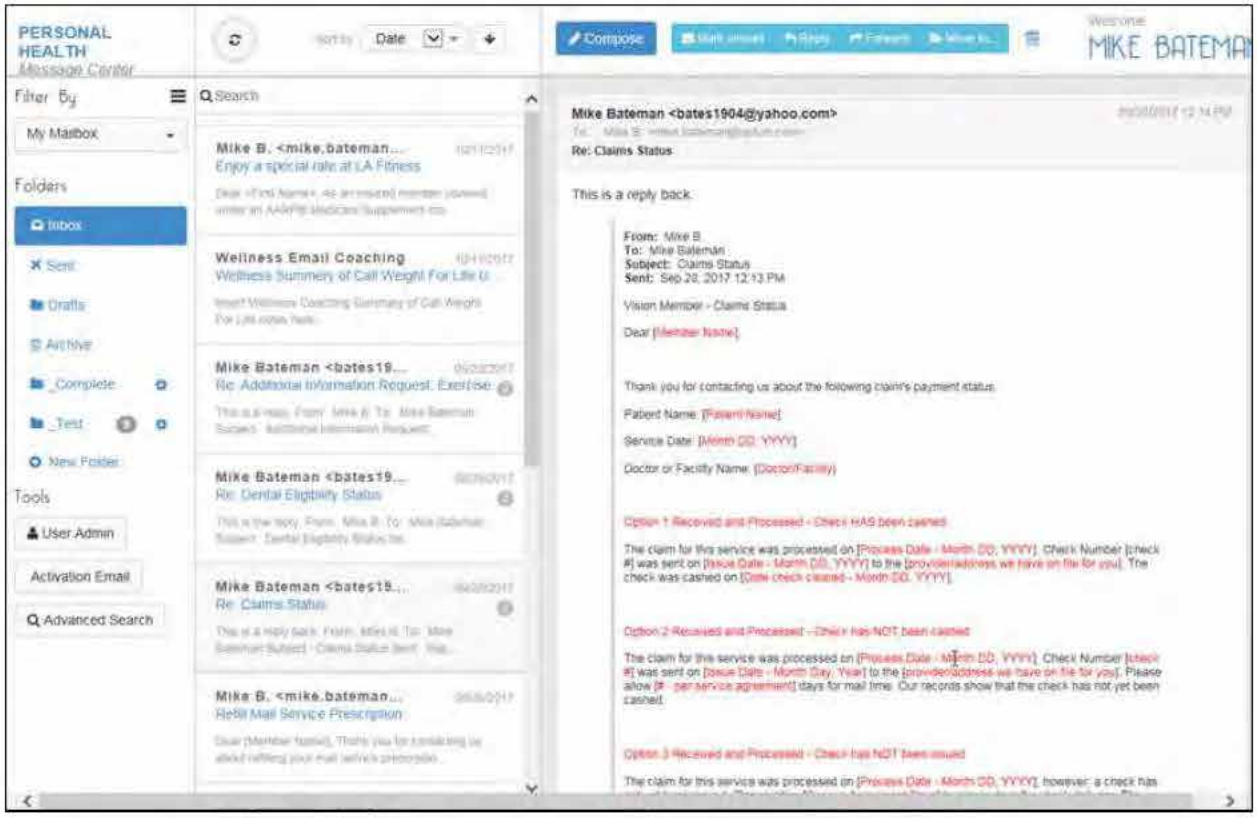


Figure 3.152: Provider Messaging Inbox.
Providers can send, receive, and respond to program specific messages or information.

PSER09 The Contractor's solution shall provide an online self-service tool for providers to add or remove provider account users and change user roles for all self-service functions.

As illustrated in Figure 3.153, the provider portal allows providers or delegated officials to add or remove provider account users and change user roles. After providers or delegated officials log in to their account, they will click on the Account Administration link on the lower left side of the page.



[redacted]

The user profile page displays a list of all users, as shown in Figure 3.154. The administrator can edit the list, invite participants to set up user accounts, and delete user accounts. To add a user profile, the administrator simply selects the "Add Provider User" button to begin the process. Using the three tabs, the administrator can define the user's role, enter the provider and manager's information, and review prior to submission.

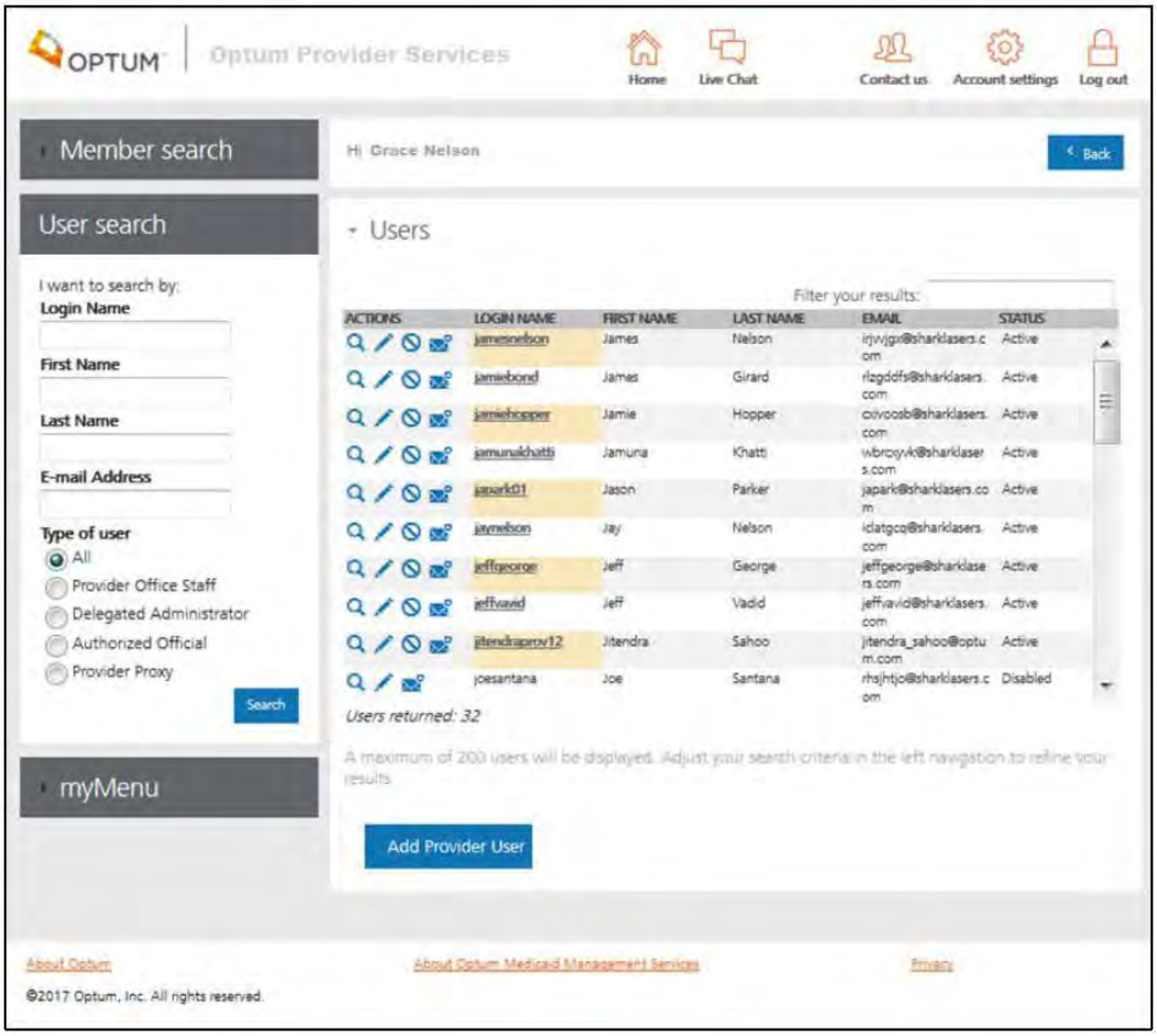


Figure 3.154: Provider Portal User Page.
A display of all user accounts allows the administrator to edit, invite participants to set up their user accounts, and delete user accounts.

Provider role, provider contact information, and manager contact information can be easily set up and changed within the user profile by selecting the Role and Provider Information tabs, as shown in Figure 3.155 and Figure 3.156.

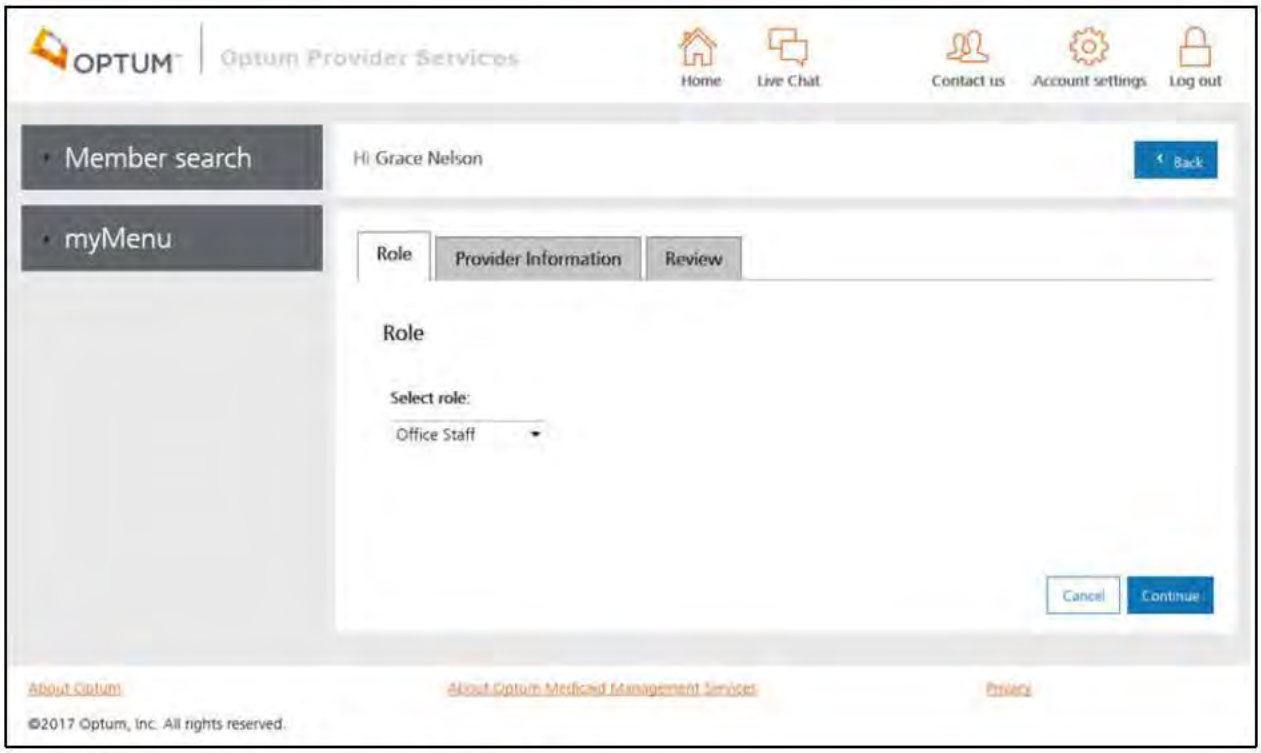


Figure 3.155: Provider Portal User Profile Tab for Role.
Providers can easily set up a role and edit this information in their profile.

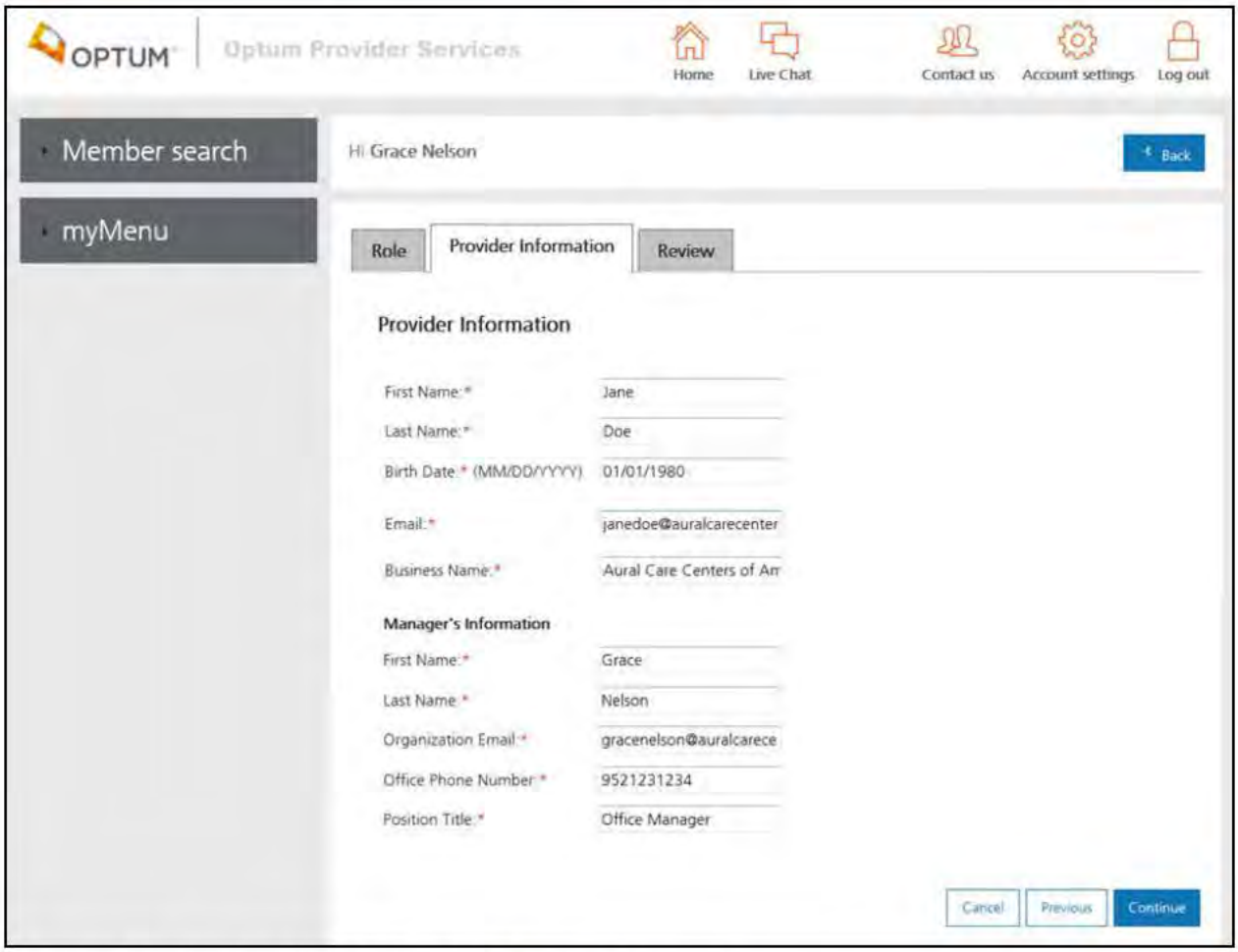


Figure 3.156: Provider Portal User Profile Tab for Provider Information.
Providers can enter their contact information and the manager's contact information for their user account.

Before submission of the updated user profile information, the portal displays a summary of the information on the Review tab, as shown in Figure 3.157.

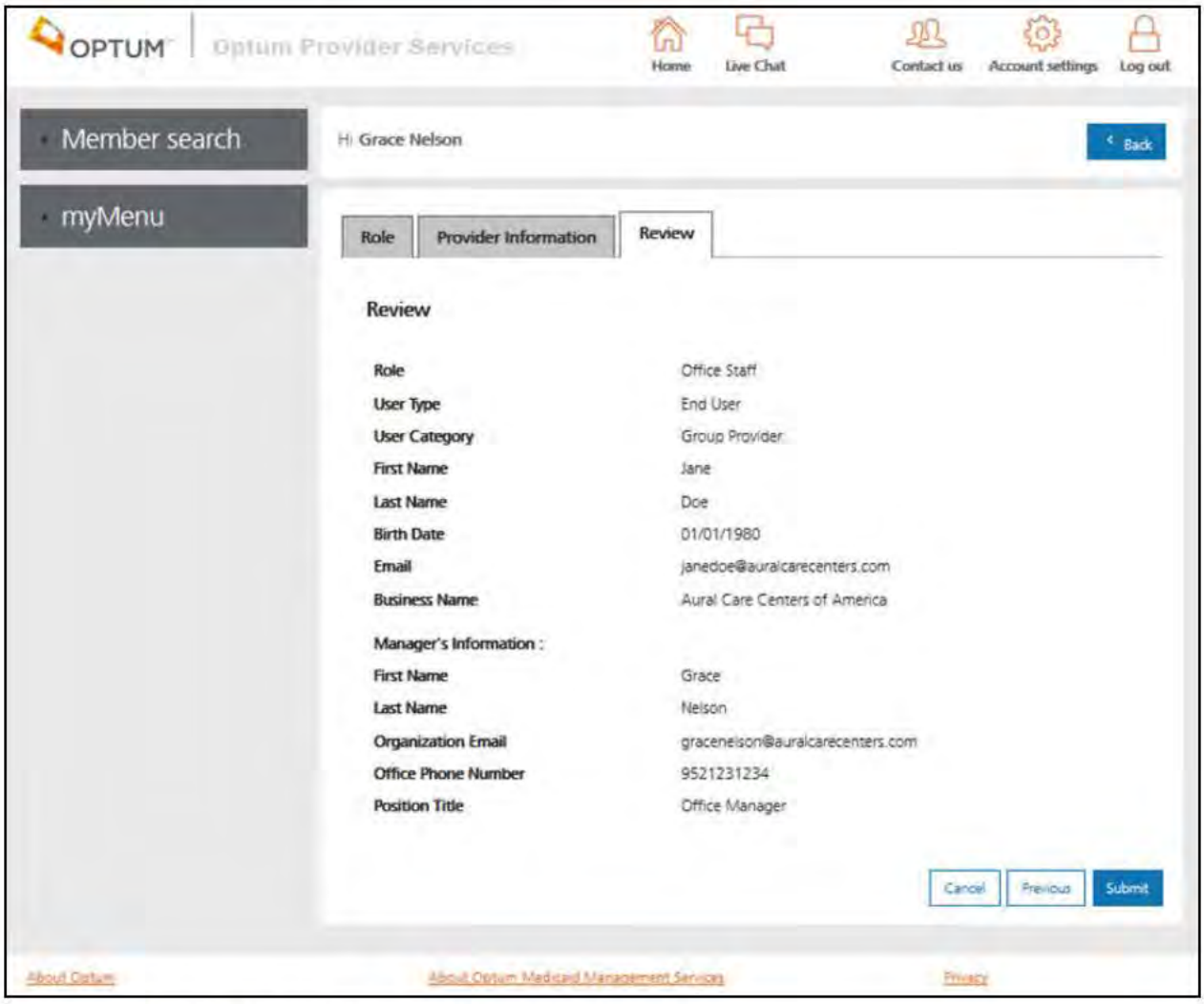


Figure 3.157: Provider Portal User Profile Tab for Review of Information.
Providers can review a summary of the user profile information before submission.

PSER10 The Contractor's solution shall allow individual practitioners to submit a request to link or unlink an affiliation with a billing provider. Each relationship shall include an effective date when initiated and an end date when the affiliation is terminated.

As illustrated in Figure 3.158, the portal's Affiliations page allows authorized users to link and unlink practitioners to a billing provider. The page also shows the effective date and the terminated date when the affiliation ended.

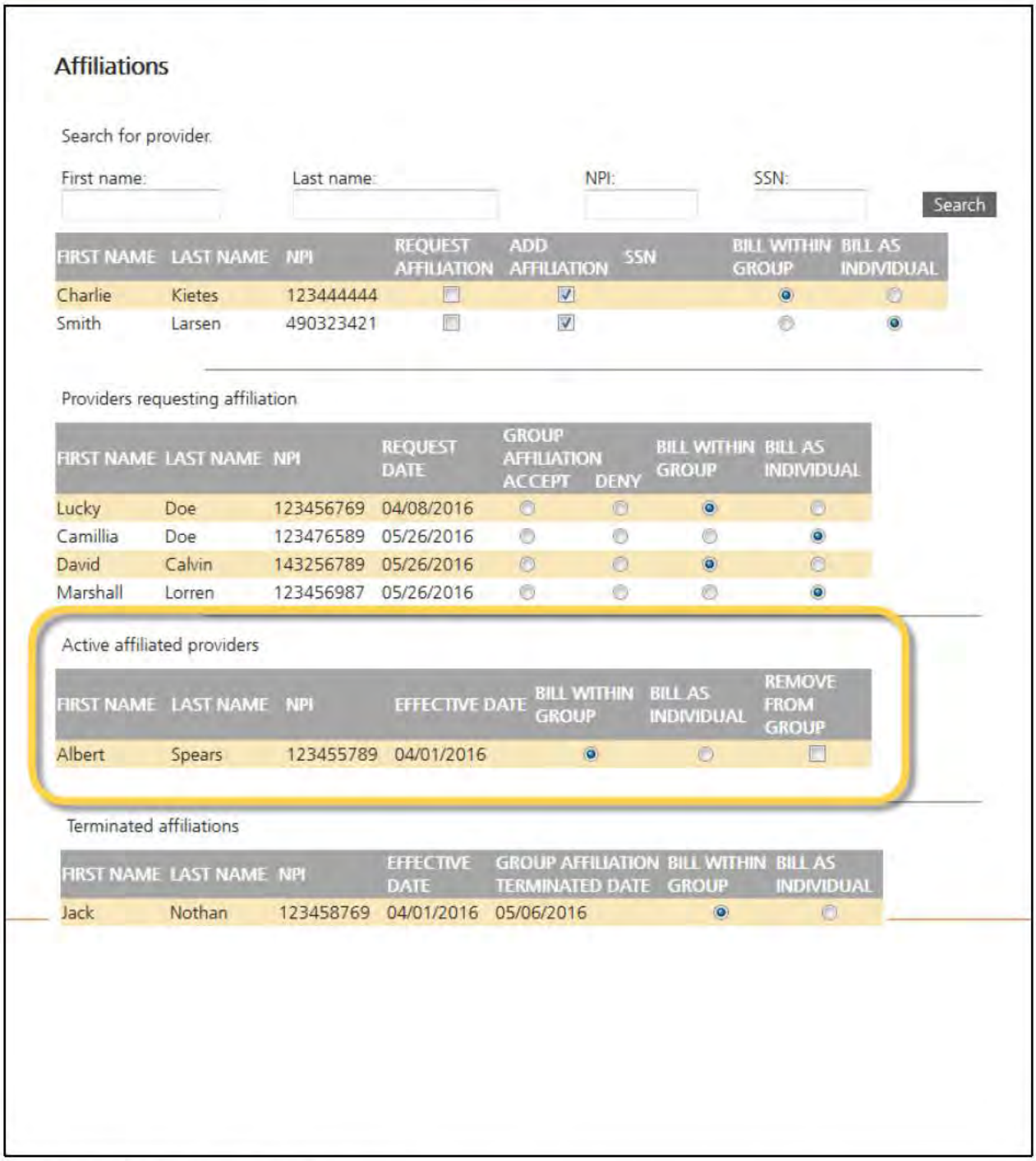


Figure 3.158: Provider Portal Affiliations.
Providers can link or unlink to a billing provider, with dates displayed for the start and end of the affiliation.

PSER11 The Contractor's solution shall accept, validate and store new and updated provider information entered through the Provider Self Service tool.

The Optum Provider Services solution supports the entry, screening, and validation of newly enrolling entities in the Montana Medicaid program using your predefined business rules. Internal users with the appropriate security access have the ability to accept, validate, and store

provider information through the provider portal. [redacted]

PSER12 The Contractor's solution shall allow authorized billing providers to link and unlink individual practitioners from and to billing providers with the ability to link an individual provider to multiple billing providers. Each relationship shall include an effective date when initiated and an end date associated with the termination of the affiliation.

As illustrated in Figure 3.159, the Affiliations page allows billing providers to search an existing provider file for enrolled rendering and ordering/referring providers, and request or add them as an affiliation to their organization. The user can see which providers are requesting affiliations to the billing provider. The page also displays current active affiliated relationships and terminated affiliations to the billing organization with effective and termination dates.

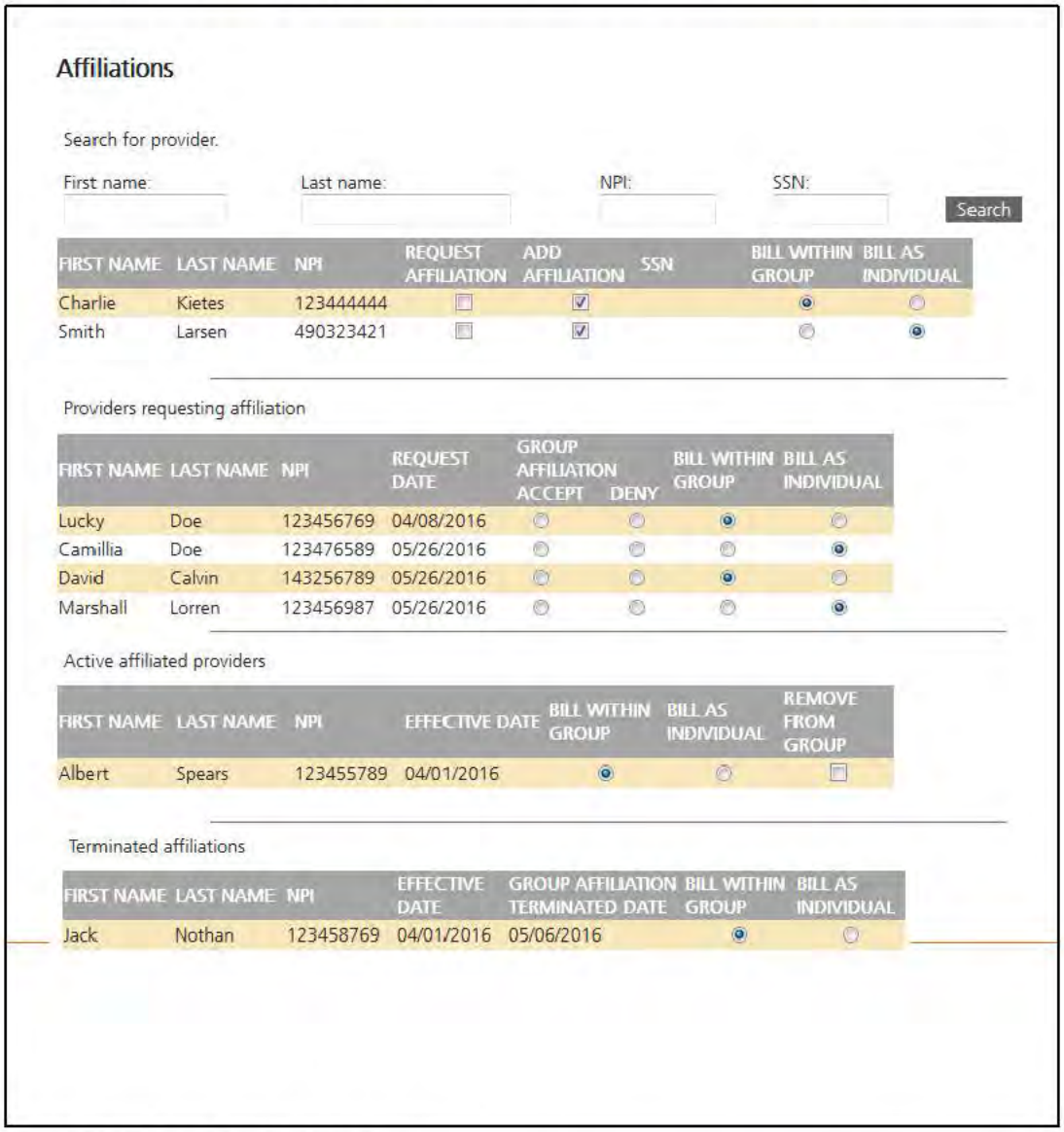


Figure 3.159: Billing Provider Affiliations.
The provider portal allows billing providers to manage their active and terminated providers.

PSER15 The Contractor's solution shall provide online interactive chat functionality as a reliable transaction channel that allows enrolled and authenticated users to chat directly with a customer care representative. The chat session shall be recorded, stored, and accessible to internal staff for reference.

The provider portal has an interactive chat feature. As illustrated in Figure 3.160, the chat functionality displays in the header of the portal page where authorized users can interact with provider enrollment specialists for assistance.

[redacted]

When users click on the Live Chat link, a dialog box appears prompting users to select a category and enter questions or concerns in the free form text box, as seen in Figure 3.161.

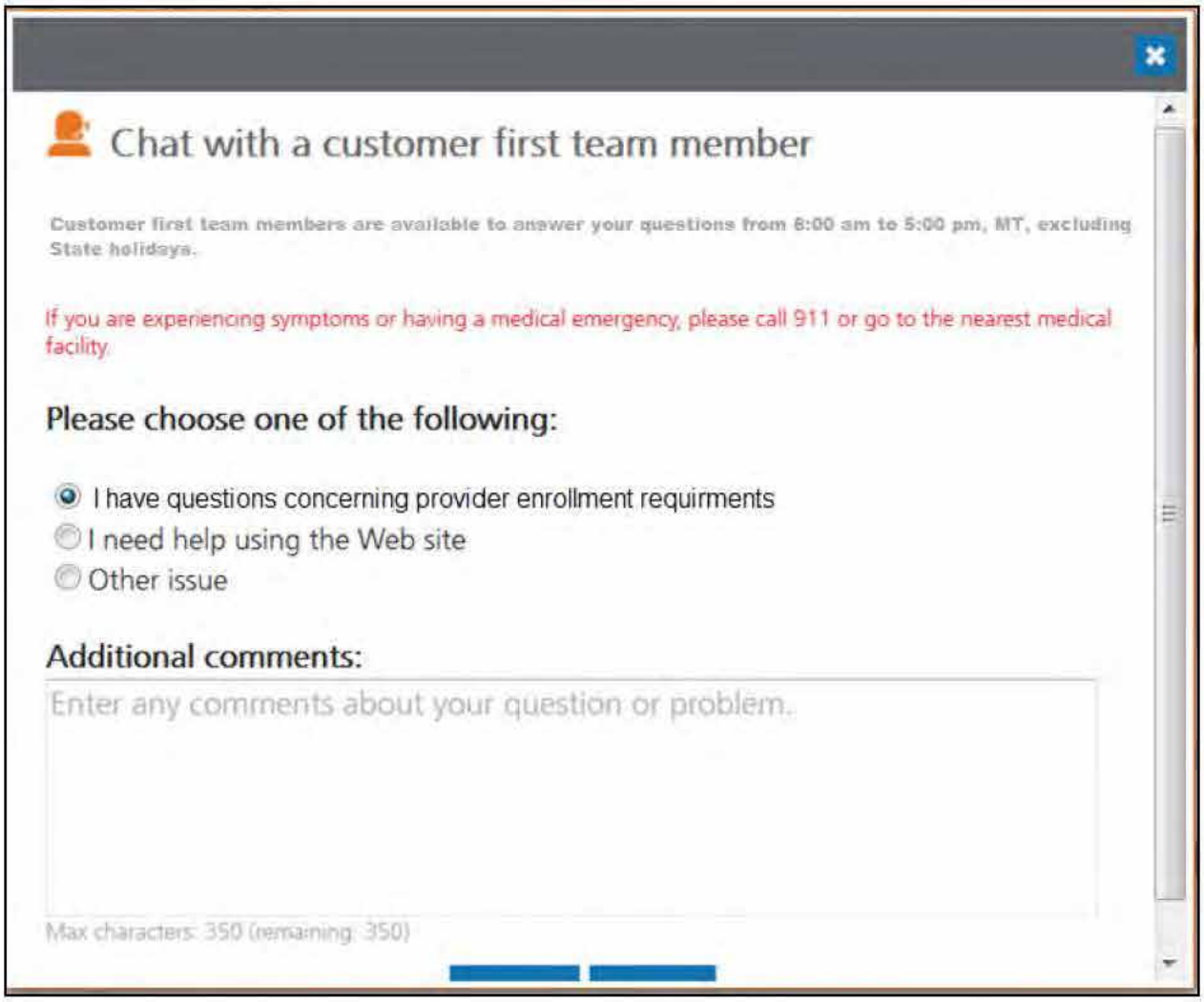


Figure 3.161: Interactive Chat Page.
Users can specify the nature of their request and provide detailed information to the credentialing representative, who will respond in the chat window.

Chats can be recorded and stored for review as needed.

PSER16 The Contractor's solution shall include a configurable self-service tool that allows active and inactive providers to update and validate their provider record through direct data entry via the web, based on selected criteria.

The Optum Provider Services solution features a Web-based provider enrollment portal that is highly configurable and flexible. We designed it to collect data for both individual providers and group providers, whether they are typical or atypical providers.

The State's defined list of taxonomies and provider types will drive the required enrollment data collected and displayed on the page, as well as the required attachments needed to complete the enrollment submission. Your portal will provide a one-stop, self-service website that is secure and easy to navigate.

The portal also enables active and inactive providers or their designees to perform the following:

- Complete enrollment and verification requests
- Securely upload documents
- Submit, view, and print Remittance Advices
- Send and receive messages securely between Optum, the DPHHS, and providers
- View education and training materials

The enrollment application is configurable for multiple provider types to capture, verify, and meet the unique standards for credentialing, licensing, training, and for other requirements based on the provider type. A provider must complete all fields for the application to be submitted successfully, and so it will move through the workflow toward approval.

PSER17 The Contractor's solution shall a provide public provider search feature that will allow users to search by provider name (including phonetic search), network, location(s) (including city, state and zip code), provider classification(s), all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), accessibility, gender, and whether or not a provider is accepting new patients. At a minimum the results display shall include; provider name, network(s) location(s), phone numbers, provider classifications, all languages spoken/language accommodations (e.g., English, Spanish, American Sign Language (ASL)), office hours, accessibility, whether or not a provider is accepting new patients, and any restrictions on the freedom of choice among providers in the public provider locator (e.g., ages served, gender).

As described previously, the Optum Provider Services solution includes a public provider search feature that meets the requirements defined in the RFP.

PSER22 The Contractor's solution shall provide online key contact information at a minimum by program type and business process.

The provider portal contains online key contact information that helps users obtain the assistance they need when question arise. The portal can be configured to display program and business information, user documentation, training materials, and links to SMA websites. Examples of contact information are illustrated in Figure 3.162.

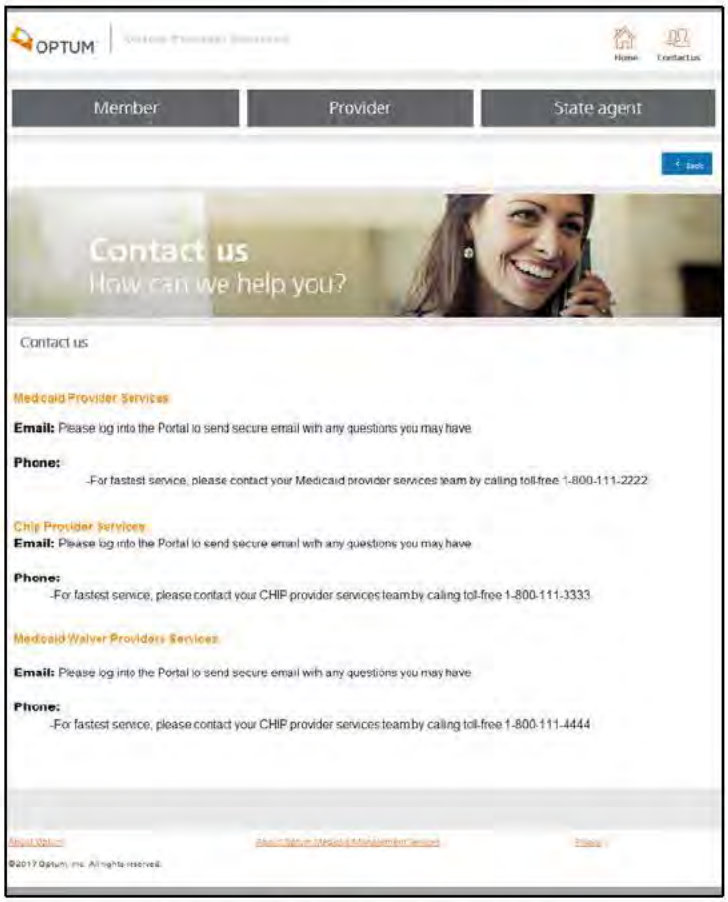


Figure 3.162: Key Contact Information for Providers.
Key contact information directs portal users to the appropriate program and business process resources.

PSER25 The Contractor's solution shall provide links to relevant web resources (e.g., State and Federal websites, and other entities determined by the State to be appropriate for the self-service portal).

As illustrated in Figure 3.163, the provider portal's public home page has informational tiles that can be used to educate and inform users of the DPHHS and other State-related information.

[redacted]

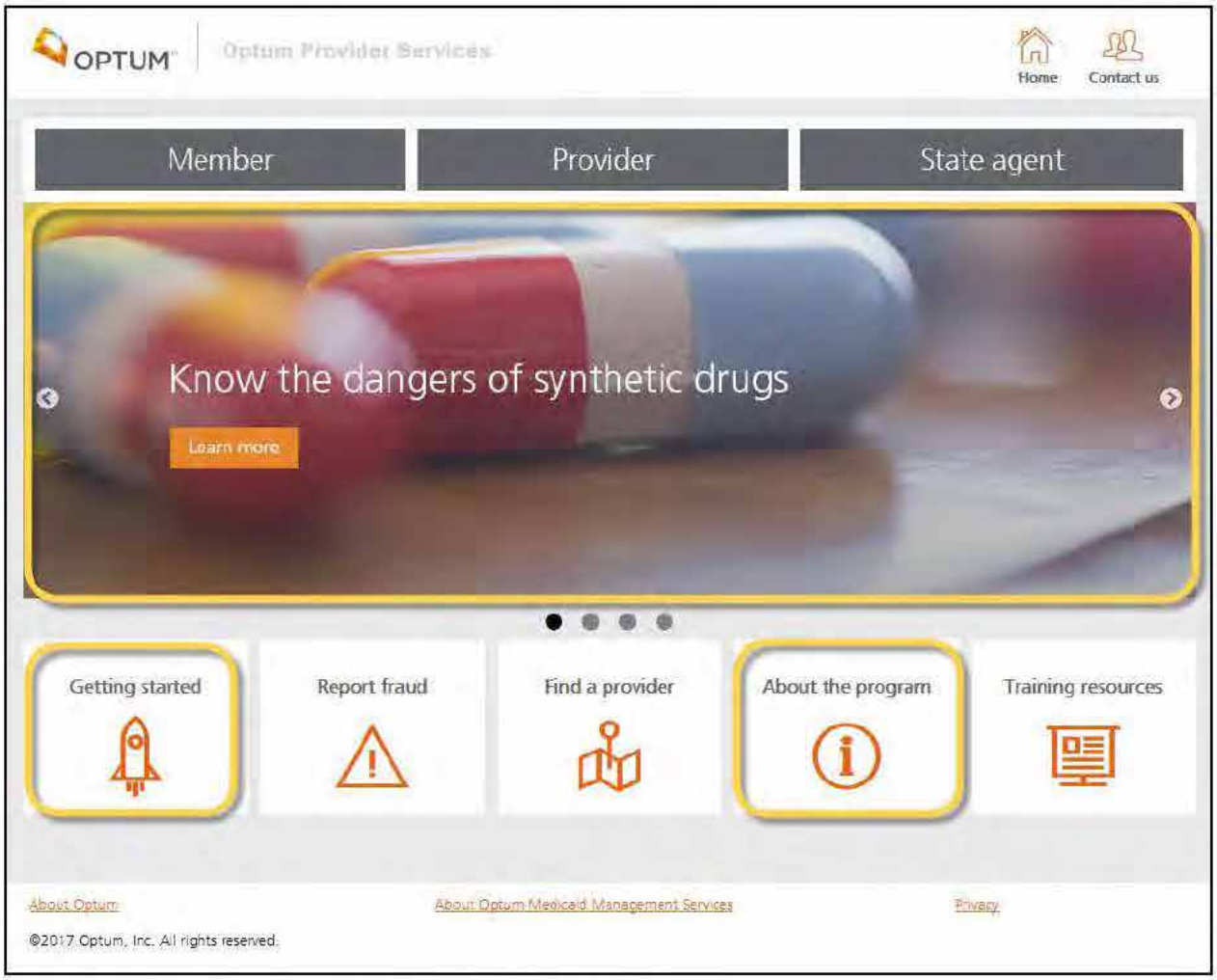


Figure 3.163: Optum Provider Services Portal Public Home Page.
Information tiles provide program-related information and website links.

PSER26 The Contractor's solution shall allow enrolled providers, enrolled trading partners, State users, and other users designated by the State, access to the secure areas of the self-service portal following successful authentication through single sign-on.

The provider portal has centralized identity management so enrolled providers, enrolled trading partners, and State users can log in to the portal with a single, unique, and secure ID. Figure 3.164 shows the page where enrolled providers/trading partners and State Agents can log in or begin the registration and enrollment process.

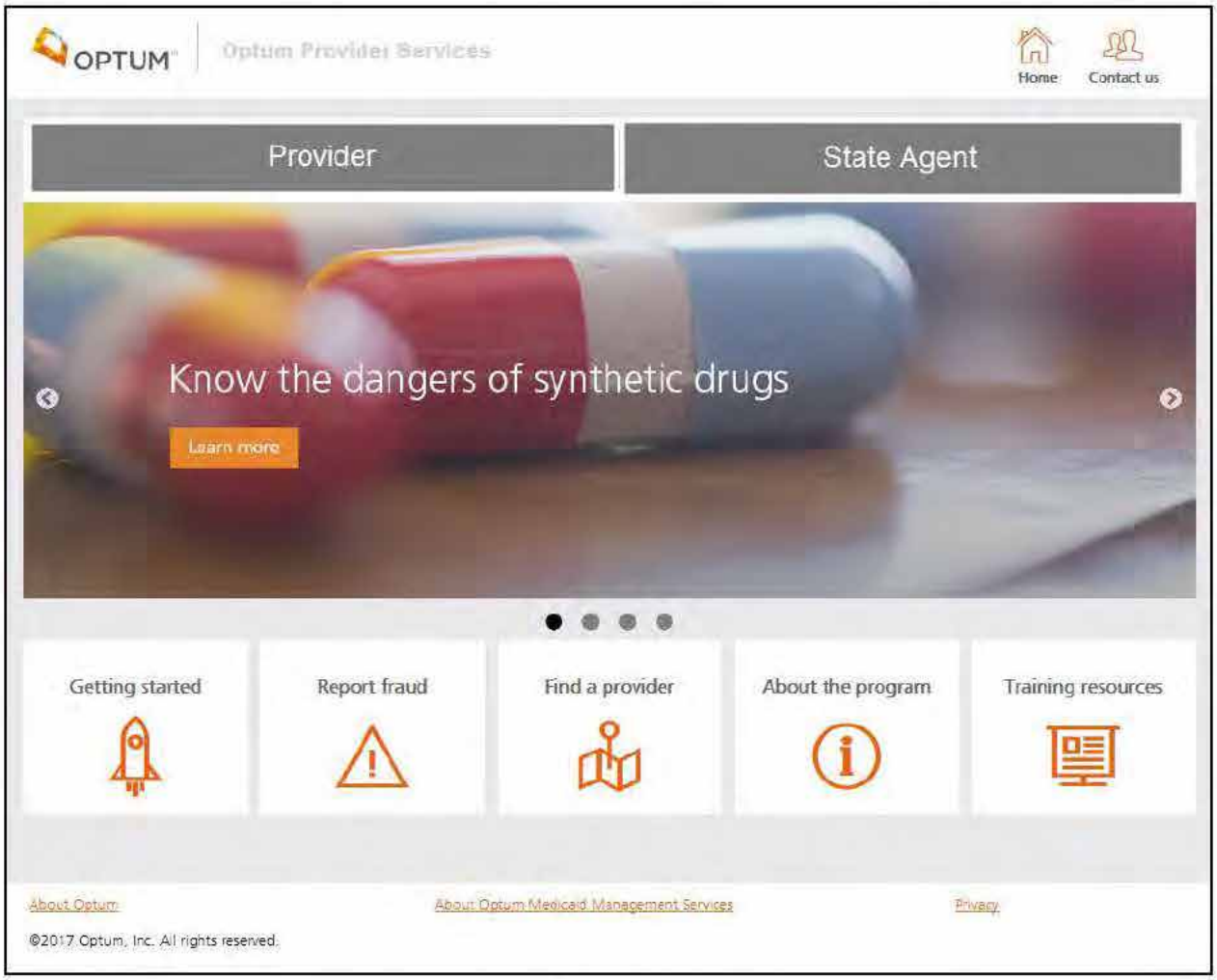


Figure 3.164: Optum Provider Services Portal Home Page.
Authorized users access their single sign-on Optum ID page by selecting either Provider/Trading Partner or State Agent.

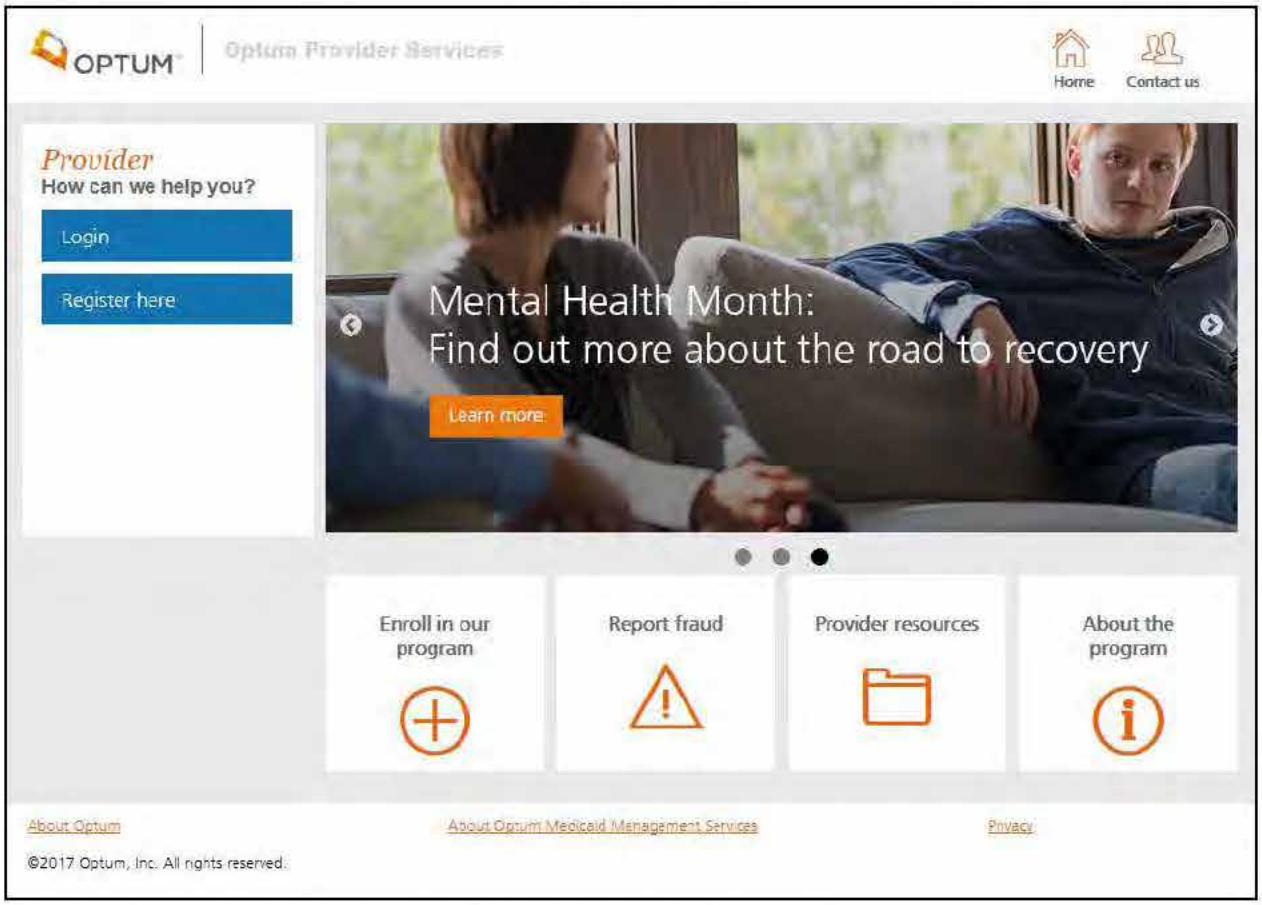


Figure 3.165: Optum Provider Services Portal Registration and Login Page.
Authorized users access their single sign-on Optum ID page by clicking on Login.

When clicking the Login link, the user is prompted to enter his/her unique Optum ID and password, as shown in Figure 3.166. If the user has not already registered on the site or has forgotten his/her ID or password, options to perform those functions are available.



Figure 3.166: Optum ID Page.
Users enter their Optum ID and password to gain access to the secure portion of the online portal.

Depending on the type of security access users have, they can accept, validate, and store provider information through the provider portal. [redacted]

PSER28 The Contractors solution shall create and present a tracking or confirmation number when provider information is updated via the self-service portal.

As illustrated in Figure 3.167, the provider portal assigns a searchable confirmation number when providers enroll, re-enroll, reactivate, revalidate, and update their information.

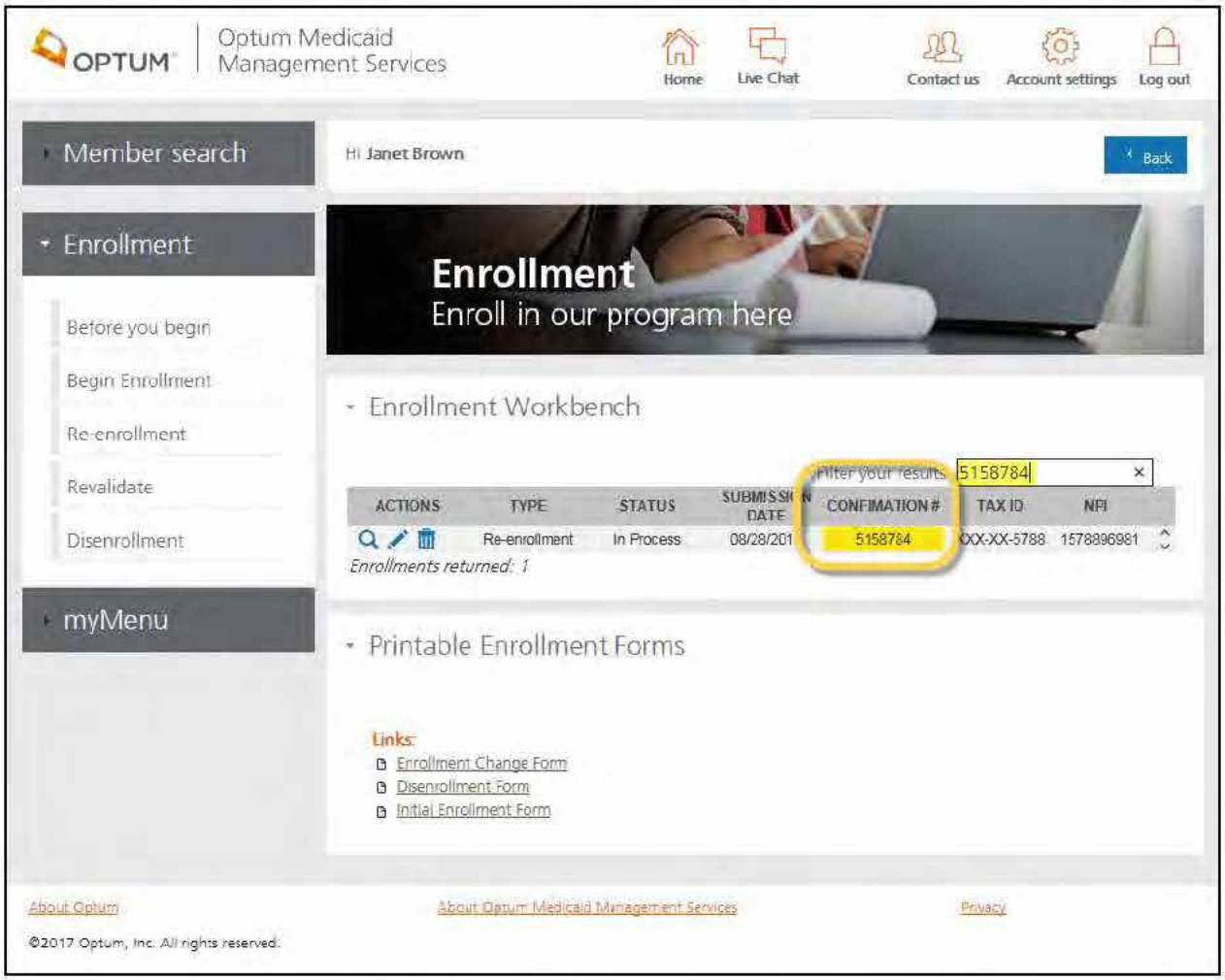


Figure 3.167: Provider Enrollment Confirmation Number.
The enrollment workbench displays a confirmation number when providers modify their provider file.

3.10.13 Option A Provider Services

In addition to the primary scope of the Provider Services module, states may procure additional provider self-service portal components and services for activities not categorized in Section 3.10.1 through 3.10.12. These services are integral to the provider's ability to complete necessary activities in order to participate in one or more of State healthcare programs. Option A Provider Services requirements provide flexibility to State's or Agencies who may desire to procure the components or services outlined in Option A as a part of this procurement versus a separate procurement. The Offeror is not required to include Option A in their proposal. If the Offeror chooses to include these services in their proposal the Offeror must describe in their response, their approach to meet the Option A requirements detailed Attachment F, Requirements Matrix.

The Optum Provider Services solution delivers a complete provider management solution for future and current Montana Medicaid providers. The Provider Services portal is an important self-service gateway for State providers to interact with State health care programs.

Our portal will help you streamline and improve your providers' experience in interacting with State health care programs. The self-service solution components along with related services, will meet the flexibility and efficiencies necessary to assist States or Agencies who desire Option A Provider Services.

The Optum Provider Services portal is fully configurable and with a services-based model, we can provide comprehensive provider services including administrative and health care management capabilities. Its streamlined approach combines the best practices of both the FFS and managed care models.

Our portal provides an intuitive, intricate, yet-simple interface and experience, delivering the information and services that your stakeholders need. It aligns with the MITA 3.0 provider management business area processes. It also serves as a central hub serving multiple constituents, including Medicaid members, providers, and State users. At run time, the solution provides various personas depending on the business capability it delivers. Its architecture is common and sharable across for different audiences. It is interactive and available using common browsers and mobile devices and provides full functionality supporting day-to-day and specialized self-service interactions. Intuitive menu options and help pages simplify the user experience.

[redacted]

Secure and Public Areas of the Portal

The Optum Provider Services portal includes an unsecure public area as well as secure areas. In the secure areas authorized users can check eligibility of the members, submit new claims, review the status of previously submitted claims, inquire and download the remittance advice, submit claim reconsideration and appeals request, submit provider enrollment applications or credentialing materials, and more. This is the same area where providers can enroll in the Medicaid program. It captures and maintains all demographic information, attributes, and relationships associated with providers, hospitals, and outpatient clinics. Provider data is partitioned, allowing users to see only the information appropriate for their institution. In addition to these public-facing features, portal also gives authorized State users the ability to conduct similar functions as a provider and access operational reports and monitor/act on certain workflows.

The Web-based functionality shown in Figure 3.169 provides self-service functions available to the providers.



Figure 3.169: Self-Service Functions.
The Optum Provider Services portal supports provider services.

Our portal will provide access to State approved online training, regular notices, and bulletins. It will provide access to information about the status of provider claims, physician assistants, and information about the State's Medicaid program, which, most importantly, supports the improved welfare of those served by the programs. The portal also has publicly accessible and configurable functions to provide a variety of information as well as downloadable documentation, including links to other websites and manuals with information about how to become a provider. It complies with the following:

- Americans with Disabilities Act (ADA)
- Older Americans Act (OAA)
- HIPAA
- ACA
- Section 508 of the Rehabilitation Act

The portal can support SSO authentication. The secure portion of our provider portal is where authenticated and authorized users can perform functions like provider maintenance, uploading and downloading files, and viewing provider-specific information.

Technical Overview of Optum Provider Services Solution

The architectural principles of our solution are well established and used widely in several internal commercial programs, as well as projects for commercial and public sector. In Figure 3.170, we illustrate the key components of our solution for the DPHHS.



[redacted]

Approach to Meeting Option A Provider Services Requirements

Our overall approach focuses on employing our provider portal and the supporting operational functions to deliver high quality support to your provider and member communities. Our portal is a one-stop, self-service website that is secure and easy to navigate. It enables providers or their designees to quickly access provider details, through multiple channels. Providers can reach out for help either by activating live interactive chat, sending secure message or by calling the call-center. These functions are accessible from the public side of the portal. Users will have flexibility to access help from anywhere on the portal with no log in needed. In Figure 3.171, we show an example of the portal landing page with help functions at the top navigation bar.



[redacted]

Our portal solution is based on common framework that is shared with providers, members, and State users. The messaging component in the middle of the page can be customized to the State's needs and multiple slides can display in rotation for effective messaging. The tiles framework provides important functionality at the forefront without cluttering the interface. Each tile is configurable and can be customized and linked to the function of choice.

Online Self-Service Frequently Asked Questions

PSER23 The Contractor's solution shall provide an online self-service Frequently Asked Questions (FAQ) tool that is easily navigable and searchable. The FAQ shall be updated quarterly or as directed by the State.

Our solution maximizes the user's ability to navigate the portal with easy–to-use, searchable techniques. Our FAQ tool will address predefined topics that are updated quarterly, or as directed by the State. Having these topics readily available provides accurate and timely information to portal users.

As a key tool used with the portal, we want to make sure we have accurate and comprehensive topic coverage for FAQs, and we will work with you during requirements validation to finalize topics and content. Our team will actively work with the State on regular basis to make sure that the content of the FAQ on Portal remains current. We have established a procedure control that includes audit trail, documentation, and rollback mechanisms. We will follow those processes to publish or update any document on the portal.



Self-Service Provider Information Retrieval

Our portal offers a user-friendly interface for providers to perform self-service functions to view, manage, and consume information as appropriate for their business needs. From the home page, we provide current and historical information critical to conducting the providers' day-to-day business.

PSER24 The Contractor's solution shall allow users to view, download and/or print current and historical provider information (e.g., manuals, instructions, bulletins, program descriptions, eligibility criteria and forms).

As shown in Figure 3.172, the portal offers many provider resources, including companion guides, billing instruction manuals, provider bulletins, forms, orientation guide, program descriptions, eligibility guides and more. The documents posted on the portal can be made available on non-secure area and/or secure area of the portal as required by the State. These documents are available in PDF, which can be readily consumed by the users. Regular maintenance of these documents is critical for maintaining the currency and relevance of the documents. We will follow change control process to make any updates to the documents before they are posted on the portal.

[redacted]

PSER27 The Contractor's solution shall provide access for users to view current and historical fee schedules.

We provide access to the fee schedules in the same way as user guides and manuals are available to the portal users. Access to current and historical fee schedules is also available and users will download the fee schedule in the formats as approved by the State. Posting the new fee schedules will follow the established process including the approval by the State.

Option A Provider Services Training

TRN16 The Contractor's solution shall provide web-based video instruction.

Our experience in health care training provides a solid baseline for independent training instruction. If Option A is selected, we will provide and maintain Web-based video training instruction in our Learning Management System (LMS). We review video topics and applicable content within our Training Plan, and configure access to the LMS through a link from our Provider Services portal to the LMS portal.

With our LMS, users will have access to training videos anytime, anywhere over the Internet. As shown in Figure 3.173, we can post and manage the training calendar within our LMS for easy access by the provider users. They will access the calendar easily from LMS links embedded in the portal.


[redacted]

We can attribute a large part of our success with state projects to the continuing support we provide to user communities with our training. We will work with you to make sure our video training will meet and exceed your standards and expectations.

Option A Provider Services Requirements

In the remainder of this section, we provide our response to RFP Option A requirements and show how we satisfy the Option A requirements listed in Attachment F, Requirement Matrix.

3.10.13.1 Self-Service Member Eligibility Inquiry

This section outlines the requirements for Self-Service Member Eligibility Inquiry. The Offeror's proposed Option A solutions and services shall include real time verification of eligibility through the Self-Service Portal and provide eligibility information including benefit plan enrollment, care management enrollment, waiver program information, program limits, service limits, and TPL information on the self-service portal to providers and other users authorized by the State. The Offeror must describe their approach to meet each of the self-service eligibility requirements defined in Attachment F, Requirements Matrix.

We will meet the self-service eligibility requirements using our portal solution. Our solution leverages proven capabilities that support streamlined workflows and promotes fast, secure, and transparent health care transactions on the Provider Services portal. It provides the ability to incorporate a high degree of data integrity and actionable intelligence to your data stream.

PSER04 The Contractor's solution shall provide an online self-service tool for authorized users to perform real-time member eligibility inquiries. Eligibility inquiry responses will include at a minimum, eligibility dates, eligibility for one or more benefit plans, care management enrollment information, waiver program information, program limits, TPL information, and other member information necessary for the provider to determine if the member is eligible for services.

The Provider Services portal supports: real-time eligibility verification, referrals and authorizations, claims submission and remediation, transaction testing and validation, electronic remittance, and other optional services, such as Advanced Clinical Editing, contract management, and dashboard reporting.

It supports the following transactions:

- ASC X12 837-P Professional Claims
- ASC X12 837-I Institutional Claims
- ASC X12 837-D Dental Claims
- 835 Remittance Advise
- 270 Eligibility Inquiry and 271 Eligibility Response
- 276 Claim Status Inquiry and 277 Claim Status Response

Authorized providers and users using the Provider Services portal can perform real-time member eligibility verification inquiry by directly entering member's data into the inquiry form. The eligibility request will be translated to the HIPAA standard X12 270 format and eligibility inquiry will begin. As shown in Figure 3.174, our integration layer will pass the inquiry to MPATH Integration layer to obtain the eligibility response from the State's legacy MMIS. We acknowledge that the MPATH Integration Platform may not be ready in time for integration. Under this scenario, during the design, development, and implementation (DDI) phase, we will work with the DPHHS to design the integration using API (or other equivalent method) to State-hosted Data Warehouse (or any other data source) to obtain the eligibility data. Subsequently, when MPATH Integration Platform is implemented, we will work with the DPHHS to change the process to use MPATH Integration Platform for communication.

[redacted]

Eligibility response received from State-hosted Data Warehouse will be converted to the standard X12 271 format (if not available in that format) and include eligibility dates, eligibility for benefit plan(s), care management enrollment information, waiver program information, program limits, Third-Party Liability (TPL) information, and other member information. This will help provider to determine if the member is eligible for services. Figure 3.175 here shows an example of the eligibility request and response on the Provider Services portal.

[redacted]

The content of the eligibility response is configurable and can include benefit plan enrollment, care management enrollment, waiver program information, program limits, service limits, and TPL information. As discussed earlier, the framework of the portal is the same for State-authorized users, and they can perform the similar eligibility query on the portal.

PSER38 The Contractor's solution shall allow an external user to print member eligibility responses or download in PDF format.

Authorized users will have the ability to download (in PDF) eligibility responses in a human-readable format on their computer or print it directly from their browser.

3.10.13.2 Self-Service Claim Status Inquiry

This section outlines the requirements for Self-Service Claim Status Inquiry. The Offeror's proposed Option A solutions and services shall include real time claims status inquiry to allow providers to check the status of their claims. The Offeror must describe their approach to meet each of the self-service claim status inquiry requirements defined in Attachment F, Requirements Matrix

As previously discussed, services for real-time claim status inquiry and response is supported on the same platform and works identical to Member Eligibility Inquiry.

PSER06 The Contractor's solution shall provide an online self-service tool for providers to view claim status.

Providers have ability to provide the wide variety of search criteria and view the list of their claims associated to the criteria. Some common search parameters includes search by the claim date range, claim status, claim number, check number and patient account number. The search parameters in our solution are configurable and can expand easily to accommodate multiple search criteria.

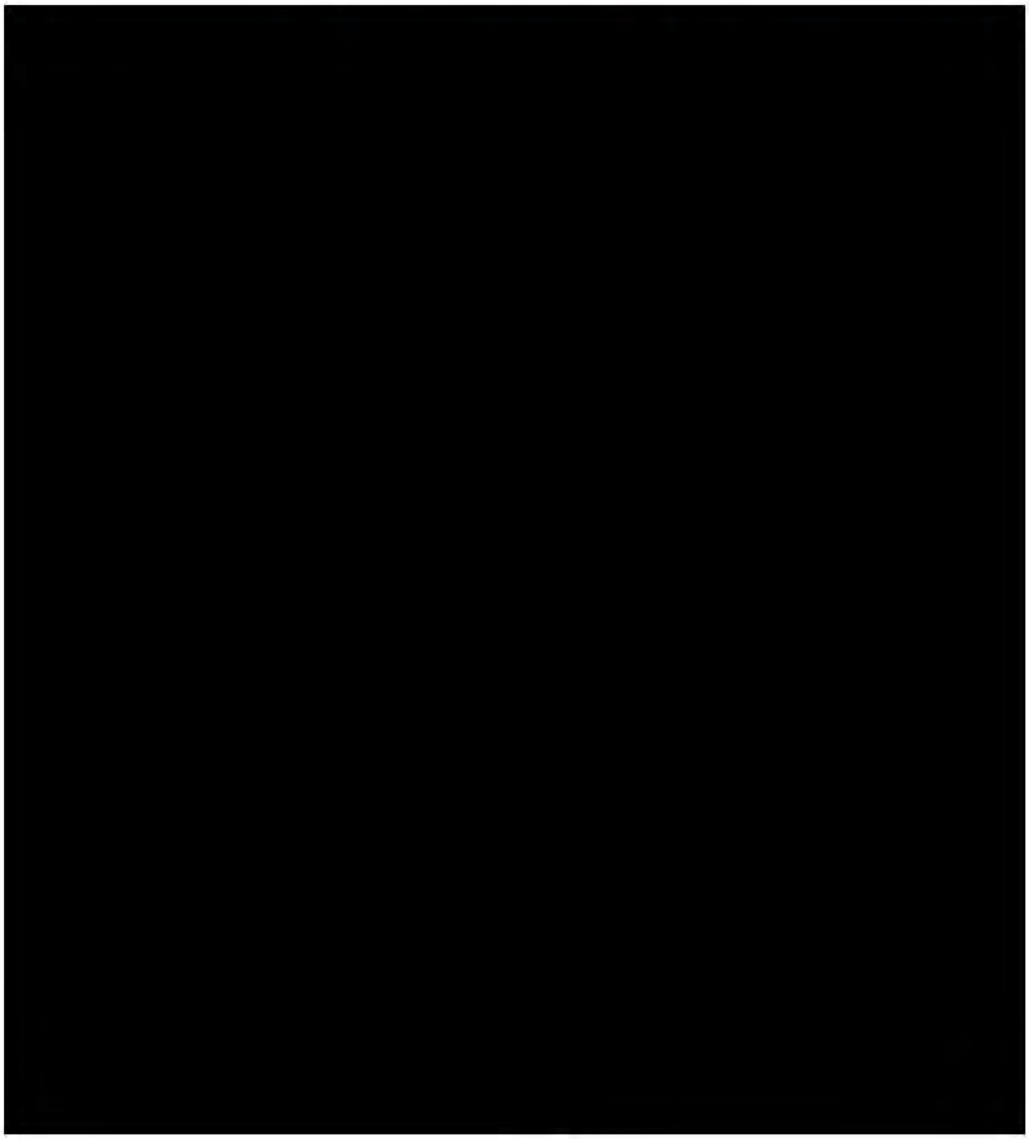
The claim status request will be translated to the HIPAA standard X12 276 format and real-time claim status inquiry will begin. Similar to our process described in Section 3.10.13.1 Self-Service Member Eligibility Inquiry, the integration layer will pass the inquiry to the MPATH Integration layer to obtain the claim status response from the State-hosted Data Warehouse system. If the MPATH Integration Platform will not be ready in time for us to integrate, during the DDI Phase, we will work with the DPHHS to learn, design, and develop the interface using an application-programming interface (API) (or other equivalent method) to State's Data Warehouse system (or any other data source) to obtain the claims data. Subsequently, when MPATH Integration Platform is implemented, we will work with the DPHHS to change the process to use the MPATH Integration Platform for communication.

Figure 3.176 shows an example of the list of claims that matched the search criteria provided by the user. The left navigation bar lists the claims search options.



[redacted]

On the claim list, the claim number displayed also acts as a link to the claim. Providers can click on the claim number to view the claim details. Figure 3.177 provides an example of the details of the claim that displays when a user clicks the claim number link.



[redacted]

PSER43 The Contractor's solution shall allow authenticated users to download or print a claim status report in Excel and PDF.

Providers will have the ability to view and download the claims details and the claim status report in a human-readable format on their computer, or print it directly from their browser. Multiple download formats are supported, including Excel and PDF. They also have the option to submit a request for reconsideration of their claim if desired.

3.10.13.3 Self-Service Warrant and Remittance Advice Inquiry

This section outlines the requirements for self-service warrant and remittance advice access. The Offeror's proposed Option A solutions and services shall provide access to remittance advice and warrant information through self-service portal for the provider and other users authorized by the State. The Offeror must describe their approach to meet each of the requirements for self-service warrant and remittance advice access defined in Attachment F, Requirements Matrix.

The remittance advice (RA) is an important support tool for the provider community. Having effective and secure search capabilities to view and download the RAs is vital to the users. Our approach to support the requirements for RA is through the Provider Services portal.

PSER02 The Contractor's solution shall include an online self-service tool allowing authenticated users to view current and all previous warrants.

Our solution supports the access and viewing of current and previous RAs and warrants. These functions are all available to the authorized users. Shown in Figure 3.178, RA search criteria, such as EFT number, check number, RA number, and RA date, can be used to execute a query to retrieve RA information from the data source. The search parameters in our solution are configurable and can be easily expanded to accommodate multiple search criteria.

The OIL platform will pass the inquiry to the MPATH Integration layer to obtain the RA information and warrant data from the State-hosted Data Warehouse system.

[redacted]

We acknowledge that the MPATH Integration Platform may not be ready in time for integration. Under this scenario, during the DDI Phase, we will work with the DPHHS to learn, design, and develop the interface using API (or other equivalent method) to State's Data Warehouse system (or any other data source) to obtain the RA information and warrant data. Subsequently, when the MPATH Integration Platform is implemented, we will work with the DPHHS to change the process to use the MPATH Integration Platform for communication.

PSER07 The Contractor's solution shall provide an online self-service tool that allows authenticated users to access and view current and previous remittance advice that can be sorted by various parameters (EFT, date, NPI, etc.).

Providers will be able to download or view their RAs directly from the browser window. They also will be able to sort on the result list by just clicking on the column header. For example, in the Figure 3.178, the RA list is sorted in the descending order of the payment amount with highest payment on the top.

PSER40 The Contractor's solution shall allow authenticated users to download warrants and remittance advice in multiple formats (e.g., Excel or PDF) as directed by the State.

Our solution will allow the ability for downloading the warrants and RAs in PDF and Excel. We realize and acknowledge that there may be a need to download the RAs and Warrant in formats other than PDF and Excel. Our solution is highly configurable. We will work with the State to understand and provide the ability to download the warrants and RAs in other formats as required.

3.10.13.4 Self-Service Claims Based Medical History

This section outlines the requirements for Claims Based Medical History. The Offeror's proposed Option A solutions and services shall include member medical history access on the Self-Service Portal to allow providers with the authorized roles to access a member's medical histories interactively. The Offeror must describe their approach to meet each of the claims based medical history requirements defined in Attachment F, Requirements Matrix.

Access to claims based medical history data is critical for gaining comprehensive insights into improving quality of care and member satisfaction. This is especially true as you and your providers explore focus on member and conditions that have the most potential for cost savings and care quality improvement.

During the DDI, we will work with the DPHHS to identify and build the interface(s) with the existing claims data repository to extract member's medical history. This data will then be made available on the portal to the authorized users.

PSER21 The Contractor's solution shall allow authorized users to search and view Claims Based Medical History.

The Provider Services portal has abilities to facilitate and make available claims-based medical history data through a suite of electronic data interchange and health information capabilities.

It helps create actionable intelligence by combining data with analytics, claim history, and member data/summaries, such as the following:

- Better understanding of member's medical history
- Timely decision making
- Accurate risk identification
- Confidence in care management

In Figure 3.179, we provide an example of the member's medical history based on the claims that authorized users will be able to search and view on the Portal.



Authorized providers will be able to search, interact with, and access the member's medical history using their browser.

3.10.13.5 View, Upload, and Download HIPAA-Compliant Healthcare Transactions

This section outlines the requirements to View, Upload and Download HIPAA Compliant Healthcare Transactions. The Offeror's proposed Option A solutions and services shall allow authorized users to view, upload and download HIPAA compliant healthcare transactions (e.g., 270/271batch eligibility status inquiry and response, 837 batch claims submission, and 276/277 Claim Status request and response) on the Self-Service Portal. The Offeror must describe their approach to meet each of the requirements to view, upload and download HIPAA compliant healthcare transaction requirements defined in Attachment F, Requirements Matrix.

Our overall approach for supporting the viewing, uploading and downloading the HIPAA-compliant health care transactions centers on employing the Provider Services portal and the operations functions to support your provider and member communities. Our Provider Services portal serves as a gateway built with the framework that provides the easy-to-use and flexible interface and offers transmission options that includes:

- **Batch Eligibility:** File upload and download capability for 270/271 batch eligibility inquiry and response
- **Batch Claim Submission:** File upload capability for secure file drop-off of 837P and 837I batch claims
- **Claim Status:** Support for 276/277 Claim Status request and response

PSER39 The Contractor's solution shall allow authorized user to view, upload and download HIPAA compliant healthcare transactions (e.g., 270/271batch eligibility status inquiry and response, 837 batch claims submission, and 276/277 Claim Status request and response) on the Self-Service Portal.

Using the file upload functionality on the portal, authorized users will have ability to select the batch eligibility file (270 format) on their local drive to upload to the server for processing. As shown on Figure 3.180, the user receives guidance on the format, size, and naming convention of the file. Users will also have an option to check for the duplicate uploads. File is uploaded to the server using the secured HTTPS protocol using this option. Our HIPAA validator performs the standard HIPAA compliance and certification (WEDI SNIP Levels 1-7 as appropriate) on the uploaded file. The edits will include presence of a field edits and companion guide edits (loop, segment). These edits are configurable and will be adjusted to the State's policies. The uploaded file that does not pass these edits will be marked and returned to the provider on the portal with a meaningful error message. Response file in 271 format will be posted on the portal for the providers to download once the responses are obtained. The response time for the availability of the 271 file will be finalized during the DDI Phase.

[redacted]

Batch Claim Submission (837)

Similar to the Batch eligibility request upload functionality from the portal, users will have ability to select the batch claim file on their local drive to upload to the server for processing. As shown in Figure 3.181, the user receives guidance on the format, size, and naming convention of the file. Additionally, user will have option to check for the duplicate uploads. File is uploaded to the server using the secured HTTPS protocol. Our HIPAA validator performs the standard HIPAA compliance and certification (WEDI SNIP Levels 1-7 as appropriate) on the uploaded file. The edits will include presence of a field edits and companion guide edits (loop, segment). These edits are configurable and can be adjusted to the State's policies. The uploaded file that does not pass these edits will be marked and returned back to the provider on the portal with meaningful error message.

[redacted]

Optionally, we also offer the ability to apply a complete set of clinical edits by way of our Advanced Clinical Editing component for claims that focus on eliminating the denials at the gate. Some examples of the edits included:



The Advanced Clinical Editing component contains unique Medicare, Commercial, and Medicaid clinical content. It includes state-specific Medicaid policies for Kentucky and Ohio, using our industry-leading Knowledge Base. This Knowledge Base is not only leveraged by providers to reduce certain–to-deny claims, improve pay–at-first pass rates, and increase appropriate revenue capture, but it is also leveraged by health plans as part of their claim acceptance and adjudication processes.

Claim Status (276/277 claims status request and response)

Our overall approach for supporting the viewing, uploading and downloading the HIPAA-compliant health care transactions centers on employing the Provider Services portal and the operations functions to support your provider and member communities. Our Provider Services portal serves as a gateway built with the framework that provides the easy-to-use and flexible interface and offers transmission options that includes:

- **Batch Eligibility:** File upload and download capability for 270/271 batch eligibility inquiry and response
- **Batch Claim Submission:** File upload capability for secure file drop-off of 837P and 837I batch claims
- **Claim Status:** Support for 276/277 Claim Status request and response

Our portal also provides an option for the providers to submit their claim status inquiry directly in the HIPAA standard X12 276 format. The OIL platform will pass the inquiry to the MPATH Integration layer to obtain the claim status response from the State-hosted Data Warehouse system. The response will be transformed in the HIPAA standard X12 277 format that will be available for the provider to download from the portal.

We acknowledge that the MPATH Integration Platform may not be ready in time for our OIL platform to integrate with it. Under this scenario, during DDI Phase, we will work with the DPHHS to learn, design and develop the interface using API to State's Data Warehouse system (or any other data source) to obtain the claims data and transform in the HIPAA standard X12 277 format. Subsequently, when the MPATH Integration Platform is implemented, we will work with the DPHHS to change the process to use MPATH Integration Platform for communication.

3.10.13.6 Self-Service Online Provider Appeal Request

This section outlines the requirements for Online Provider Appeal Requests. The Offeror's proposed Option A solutions and services shall provide the functionality for providers to request appeals. Automated workflow integration will route appeals to the appropriate work unit or user. The Offeror must describe their approach to meet each of the online provider appeal request requirements defined in Attachment F, Requirements Matrix.

We recognize that there may be instances when the provider would want to open an appeal for the claim payment or denial of their claim. In such circumstances, our solution offers two options. Both these options are available on our portal.

5. **Claim Reconsideration:** In this scenario, providers can informally submit a request online on the portal for reconsideration of their claim. Our operations staff will look at the claim and respond to the provider with the findings on the portal.
6. **Claim Appeal:** In this scenario, the provider wants to formally appeal the claim payment, or claim denial. The provider will submit a request on the portal to open an appeal. In the next section, we provide an overview of our appeals process as well as how providers can request an appeal on the portal and track it through its closure.

PSER03 The Contractor's solution shall support on-line self-service tool for all providers to request an appeal.

Our Provider Services portal supports self-service for providers to request an appeal as well as view the status of their appeal request.

Request an Appeal

From our Provider Services portal, authorized providers can search on their claims in completed status, including paid or denied. Providers can select from the list the claim for which they would like to request an appeal. As shown in Figure 3.182, the portal will pre-populate the available claim details, and the provider can fill in the details for the reason of the appeal and attach any supporting documentation. When the appeal is submitted, it triggers the appeals workflow. The workflow routes the appeals to appropriate work unit or user automatically and sets the timer for the timely processing and monitoring of the appeal. Our workflow solution is highly flexible and configurable to efficiently process the appeals through the system. Alerts can be configured for prompt intervention and escalation for the appeals that are not being processed in a timely manner.

[redacted]

PSER41 The Contractor's solution shall allow users to view the status of their appeal request.

Any appeal that is opened triggers a workflow. As the appeal works through the process, the status of the appeal is updated until the appeal reaches the final resolution status.

Status of an Appeal Request

While there may be many interim statuses the appeal might take as it works through the process, providers receive the following status updates:

- **Open:** Appeal is opened.
- **In Progress:** The appeal examiner is reviewing appeal.
- **Denied:** Appeal has been denied.
- **Approved:** Appeal is approved. The claim will be reprocessed.

As shown in the Figure 3.183, providers can search on their submitted appeals and check on the status of their appeal. The SLA will manage the timeliness of the appeal processing. Providers have further ability to chat or send a secure message to the Operations team if they have any questions on the Appeals processing.



The Optum Provider Services portal contains a guide that explains the Appeals process. We will work with the State to explore other options including preparing a video guide or a computer-based training class to educate the provider community.

3.10.13.7 Self-Service PCCM Member Inquiry

This section outlines the requirements for Self-Service PCCM Member Display. The Offeror's proposed Option A solutions and services shall include display and download functionality to allow providers enrolled in care management programs to view their caseload and download their member registries. The Offeror must describe their approach to meet each of the self-service PCCM member inquiry requirements defined in Attachment F, Requirements Matrix.

We will work with the DPHHS during the DDI Phase to learn, design, and develop the interface(s) to obtain the member registry data and its associated provider and managed care programs and store it locally on the portal. Furthermore, we will develop a refresh interval to make sure the member registry data remains current at all times on the local portal database.

We acknowledge that the MPATH Integration Platform may not be ready in time for our OIL platform to integrate with it. Under this scenario, during DDI Phase, we will work with the DPHHS to learn, design, and develop the interface using API (or other equivalent method) to Legacy MMIS system (or any other data source) to obtain the member registry data and store it locally on the portal database platform. Subsequently, when MPATH Integration Platform is implemented, we will work with the DPHHS to change the process to use the MPATH Integration Platform for communication.

PSER14 The Contractor's solution shall allow authorized users to view registries for PCCM and other care management programs.

It is very helpful for any PCCM provider to view their entire member registry at one central location and obtain details about the associated managed care programs to those members.

Through a simple easy-to-use query on our portal, the authorized providers can view the information and download the member registry, including their association with managed care programs. Providers can also search on the member registry to quickly navigate to the key information in which they are interested.

PSER44 The Contractor's solution shall allow authenticated users to download or print member registries in Excel and PDF.

With the access to the member registry, any authenticated user of the portal can download or print the member registry. The supported download formats for the registry will be PDF and Excel. Our solution provides a formatted registry layout, which enables users to consume the data efficiently when downloaded. With the ability to select the data elements, configure the format, and configure the sort sequence, the download can be readily consumed by the users on their local applications or printed for their needs.

Our solution can also be configured to keep the audit trail of the inquiry and download activities on the portal to learn the usage patterns, design efficiencies, and troubleshoot any problems.

3.10.13.8 Self-Service Online Claims Entry

This section outlines the requirements for Online Claims Entry. The Offeror's proposed Option A solutions and services shall include a real-time direct data entry claims solution for all claim types, corrections, void and replacement claims via the self-service portal and reject claims that fail front-end edits. The Offeror must describe their approach to meet each of the online claims entry requirements defined in Attachment F, Requirements Matrix.

Submitting clean claims is of primary importance to the providers and integral to receiving accurate and timely reimbursements of their claims. The Optum Provider Services portal supports the easy-to-use Direct Data Entry component gives providers a self-service tool to enter their health care claims electronically online. Direct Data Entry lets the provider enter the information into an online claim form for electronic submission.

Our approach for the claims Direct Data Entry component on the portal involves leveraging the capability of Direct Data Entry claims intake from our proven commercial offering with more than 4,000 connections to the Medicare, Medicaid, and commercial payers in place. The capability of our claims services includes entering professional, institutional, and dental claims with claims status check, attachment, and tracking features.

PSER13 The Contractor's solution shall include a self-service tool for providers to directly and efficiently enter claims.

Our self-service claims entry tool supports direct entry of claims, in professional, institutional, and dental format. With the easy-to-understand interface and functionality to pre-populate the data elements that are already known, it is quite simple for authorized providers to enter their claims on the portal.

Through the portal, the provider can validate the claim information before formal submission. This will offer the ability to process the claim through editing and return preliminary edit alerts for remediation before final submission. The provider may then correct the claim to address the editing results from the preliminary submission and submit the final claim for adjudication.

Our claim entry solution adheres to the HIPAA-compliant claim formats and provides multiple features and validation logic. The result is a clean claim coming in to the system, reducing the error handling effort during the processing.

Claims Direct Data Entry (DDE) Solution

Benefits

- Based on proven solu ion with market presence of more than 4,000 connections to Medicare, Medicaid, and commercial payers
- Secure HIPAA- and ICD-10-compliant claim formats
- Easily configurable and customizable
- Easy-to-use interface
- Extensive data validations with data tes ing managed by Optum
- Fix coding errors prior to claim submission
- Op ional ability to integrate with world-class embedded clinical editing

In Figure 3.184, we show an example of providers' ability to search for their previously entered and saved or submitted claims. With extensive ability for search as shown, providers can easily select the claims in which they are interested.

[redacted]

PSER29 The Contractor's online self-service claims entry tool shall accommodate and accept all claim types including Professional, Institutional, Dental, Encounter claims, Adjustments, Roster billing, claim corrections, and the ability to void and replace claims.

With thousands of users actively using our claims entry platform, our solution is proven in the marketplace. It can accept multiple claims types, including Professional, Institutional, and Dental. Our solution can also be easily configured to intake the Encounter claims. Because the Encounter claim solution varies by state, we will learn more about the DPHHS need for accepting Encounter claims and configuring our solution to accept those claims during the DDI Phase. To support Roster billing, we have can configure the intake of the claim data elements.

In Figure 3.185, we provide an example of the form to enter a new Professional Claim. Users also have the ability to generate XML or view the X12 837 format of the claim they entered.



[redacted]

Our solution can save partially entered claim data and then resume the claim entry from the point it was saved. With the easy-to-use interface and clearly marked mandatory fields to enter and drop-down field level options, our intuitive claim entry solution requires little to no training for users to start entering the claims.

We also perform extensive front-end edits as the claims are entered, enabling claim correction for the claims that contain errors. The ability to void and replace the claims gives flexibility to the providers to manage their claims successfully on the central location on the portal.

PSER30 The Contractor's online self-service claims entry tool shall include a validation feature that performs real-time front end editing prior to claim submission, not allowing submission of claims that fail the front end edits. Edits will include, but are not limited to, active provider enrollment, member eligibility, valid revenue codes, procedure codes, and diagnosis codes. Front end edit(s) shall be displayed to the user for review and correction. The validation feature will not display pricing information.

Our claims entry component of the portal uses standard validation and edits in real time to capture the correct and quality data at the entry point. Incoming claims undergo many data edits to confirm the data are compliant, complete, accurate, and appropriate under the terms of the contract. In addition, standard claims processing logic and edits can also interface on a real-time basis with external tools to apply additional edit and audit logic. With valid drop-down and configurable validation features, we verify the claims entered by the providers are as clean as possible at the source.

As claims are entered, edits occur for active provider enrollment, member eligibility, valid revenue codes, procedure codes, and diagnosis codes. Edits are supported for the calculated values, to confirm that data elements align with the computed values. Our solution engine further edits the claims during submission, which enforces HIPAA validations. Our validation

feature will not display any pricing information. Claims not passing front-end edits will be rejected. Providers will have ability to correct the rejected claims and resubmit.

We also support the State-specific rules that can be easily added using an intuitive interface. These rules are configured within our solution, using configuration abilities that include activating or deactivating a rule without the need for any coding changes.

Advanced Clinical Editing is a value-add optional feature that extends beyond standard data validation. It provides the ability to embed our clinical editing solution for enhanced claim editing. Our clinical editing functionality also operates as a stand-alone system installed at more than 300 customer sites across the country. The clinical editing solution focuses on detailed claim editing, including new and existing patient edits, and bundled and unbundled charges.

Our solution provides ability to configure significant numbers of standard technical edits, such as the following:

- HIPAA compliance and certification (WEDI SNIP 1-7 as applicable)
- Implementation Guide for HIPAA compliance
- Presence of a field
- Companion guide edits (loop, segment)
- Claim-level Medicare edits
- Claim-level LCD
- Code validation edits (CPT, HCPCS, HIPPS, ICD-9/10)

In addition to industry-standard technical and HIPAA editing, our solution offers a complete set of clinical edits to focus on eliminating payer denials and identifying unbilled revenue opportunities. Edits include:

- Patient age not valid for procedure
- Diagnosis, age, gender do not support medical necessity
- Missing or invalid CPT code
- Invalid modifier with CPT
- ICD code invalid or missing
- Number of units exceed allowable for procedure

PSER31 The Contractor's online self-service claims entry tool shall allow an authenticated user to upload an attachment to associate with a specific claim or multiple claims.

Our solution provides easy and accessible features to upload an attachment and associate it to the claim. The upload function uses the same platform and controls as the upload of the 837 files. For the claims that require attachment documentation and linkage, our solution uses the Paperwork (PWK) Segment of X12N on the claim. The PWK segment provides the linkage between electronic claims and additional documentation, which is needed for claims adjudication.

Usage of PWK segment (in loop 2300) of the electronic claim file allows providers to indicate the file type of the attachment and delivery method for the file. We capture the following components:

- **Report Type Code** indicating the paperwork contents
- **Report Transmission Code** indicating how the paperwork is being sent for the claim
- **Attachment Control Number** to uniquely identify the claim

Using the Report Transmission Code, providers can indicate if they want to send/upload the attachment electronically. For example, they can include the code of EL to indicate that the attachment will be sent electronically. The Attachment Control Number will enable the association between the claim and the attachment.

During the DDI Phase, we will work with the State to define the necessary parameters for allowing authenticated users to associate the attachment to multiple claims and the mechanism to transfer the image of the uploaded attachment to the legacy system.

PSER32 The Contractor's online self-service claims entry tool shall instruct users to include a claim confirmation number on any paper attachment when users indicate that an attachment is being mailed or faxed in order to allow for efficient association between a claim and an attachment.

It is critical to have the ability to link the claim and attachment together for efficient processing of the claims. Our claim entry tool and user guide will provide instructions on sending attachments and associating the attachments to their claim. It will clearly instruct the providers to use the mail/fax attachment cover sheet when mailing/faxing the attachment and enter the claim confirmation number on that sheet. This will enable the association of the claim and its attachment.

PSER33 The Contractor's online self-service claims entry tool shall allow users to indicate paper attachments will be mailed and/or faxed.

Using the **Report Transmission Code**, providers can indicate how an attachment is being sent (mailed or faxed) for the efficient association between a claim and an attachment. For example, code of BM indicates that the attachment will be sent by mail and code of FX indicates that the attachment will be sent by Fax.

In the Figure 3.186, we show how the code and number information is captured to enable the submission of attachments by mail or fax.

[redacted]

We recognize the need for attachments information and include appropriate reference information in the self-service entry function. Our online self-service claims entry tool allows additional information to be submitted with the claim. During the DDI Phase, we will work with you to define your expected instructional content on the Notes and Reference field for display.

PSER34 The Contractor's online self-service claims entry tool shall provide an tracking or control number to the user upon successful completion of the transaction.

Control is maintained throughout the claim entry process on our portal and claims are tracked at every step. Similar to a claim that has a tracking number, our provider self-service claims entry

portal also includes a tracking number. Reflected in Figure 3.187, we show an example of the electronic claims tracking (ECT) number, and information related to the claim, with additional details that are easily accessible by the provider on the portal.

[redacted]

PSER35 The Contractor's online self-service claims entry tool shall provide a configurable auto populate feature for appropriate fields for each claim type (e.g., provider information, submission date, member associated information).

To make it easy for providers to enter the claims in real-time direct entry, we pre-fill much of the information on the claims page, based on information stored in the provider database, previous history of the provider billing, login credentials and the system parameters including the submission date from system. This configurable feature streamlines the provider's ability to reuse existing information when submitting claims. Our search capabilities allow context sensitive searches, to locate detail provider and member information that is related to the claim. Once the member or provider is selected, existing information is populated in the claim. In Figure 3.188 and Figure 3.189, we provide samples of our claims entry ability to populate using drop-down searches.

[redacted]

[redacted]

PSER36 The Contractor's online self-service claims entry tool shall include a claim template feature that allows users to create a templates to be stored and used in the online claims entry tool.

Providers will create a template of the claims they frequently use, helping to reduce their data entry time and manual error occurrence. To make claim entry easier and faster, we define templates within our provider services claims entry component. During the DDI Phase, we will meet with you to confirm commonalities necessary for the templates. We will use past re-occurring services claims that have been entered by the provider as a model for template creation.

PSER37 The Contractor's solution shall provide search capabilities for users entering data in the online claims entry tool. The search tool will include provider information and provider associated service authorization information.

With our online search functionality, users can readily locate provider and service information necessary in claim submission. Users can search by claims status, date ranges, payment information, and claim details as shown in Figure 3.190. It also includes searching on the provider information and service authorization information when integrated with the service authorization system.

[redacted]

PSER42 The Contractor's online self-service claims entry tool shall convert all entered claims into an X12 837 format.

Upon successful submission, the claim moves through our EDI Engine™. Our EDI Engine converts the claim to the ANSI ASC X12N standard format as shown in Figure 3.191. The claim

types supported include ANSI ASC X12N standard 837P (Professional), 837I (Institutional) and 837D (Dental), with WEDI SNIP edits (as applicable) applied at a pre-adjudication level during the HIPAA validation.

[redacted]

Operations, Maintenance and Configuration

System Enhancement Pool for DDI Option A Scope of Work

OMC22 The Contractor shall provide 500 system enhancement pool hours for the duration of the DDI Phase of the contract. The cost of these 500 system enhancement pool hours are included in the offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort.

The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

Throughout the DDI Phase of the contract, we will work with you to incorporate modifications resulting from your Medicaid program activities. Modifications to system software, application software, and system hardware will follow the approved change management process. The Change Management Plan will define the change promotion process, which addresses the movement of changes through the system environments. Optum will provide 500 system enhancement pool hours during the DDI Phase. The cost of these 500 system enhancement pool hours are included in our fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all staff supporting the system enhancement effort.

We acknowledge that any unused system enhancement pool hours for DDI will roll over to the System Enhancement Pool for Operations. Alternatively, the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one-month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

System Enhancement Pool for Operations Option A Scope of Work

OMC23 The Contractor will provide 100 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 100 system enhancement pool hours are included in the Offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort.

Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification

by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G Pricing Schedule, Schedule D-Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.

As the Provider Services module moves from the Implementation Phase into Operations, the need for system configuration will continue. Changes in configuration may come from various sources; primarily federal and State policy mandates, industry standards organizations, and the DPHHS program/policy changes.

Optum expects most of the changes identified will be managed through configuration. A change will identify as customization when the functionality is new to the Provider Services module and not on a product roadmap. We can address changes, those not supported by the existing product or their associated roadmaps, using the defined modification pool.

The Provider Services module is currently scheduled for quarterly releases, with the flexibility of additional releases based on need. The releases may include routine maintenance, product upgrades and enhancements, or changes to policies, business rules, or business processes. Similarly, changes considered routine, such as industry code sets (e.g., ICD, CPT, or Diagnosis-Related Group® [DRG®]), are scheduled into releases. The scheduled release option promotes ease of applying upgrades or configurations to support the ever-changing health care needs.

After the DDI is complete and the Maintenance and Operations team assumes the project, the changes or configuration updates will go through our established change management process. As a multi-tenant platform, we will vet the request for changes to identify any unintended impacts to the Provider Services module or other tenants sharing the platform. This change management process applies to configurations and changes of all sizes. The process will provide the level of coordination needed across tenants to successfully apply new configurations or changes to the production environment.

Optum will provide 100 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 100 system enhancement pool hours are included in in our fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort. Throughout our projects, we perform integrated change control. The standard change management process provides the framework for managing proposed changes to scope, schedule, resources, or requirements. During DDI, we will work with you to finalize the Change Management Plan to address the process for change requests, including the approval process for work that will occur from the annual allotment of 100 system enhancement pool hours.

We acknowledge that unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year, or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one-month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G Pricing Schedule, Schedule D-Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.

3.10.14 Option B Provider Services

In addition to the primary scope of the Provider Services module, states may procure components and services not categorized in Section 3.10.1 through 3.10.13. Option B Provider Services requirements provide flexibility to States or Agencies who may desire to procure the components or services outlined in Option B as a part of this procurement versus a separate procurement. The Offeror is not required to include Option B in their proposal. If the Contractor chooses to include these services in their proposal the Contractor must describe in their response, their approach to meet the Option B requirements detailed in Attachment F, Requirements Matrix.

The Optum Provider Services solution will deliver the DPHHS a complete provider management solution based on industry best practices for provider enrollment and call center services. Many states know us from our years of work with numerous states around 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. This work includes critical business services such as contact center, provider enrollment, and provider management. For example:

- We handle more than 280 million calls through our virtual contact center every year.
- We process more than 45 billion provider management data records annually.
- We move more than $100 billion in payments from payers to providers, for nearly 460 million payments annually.

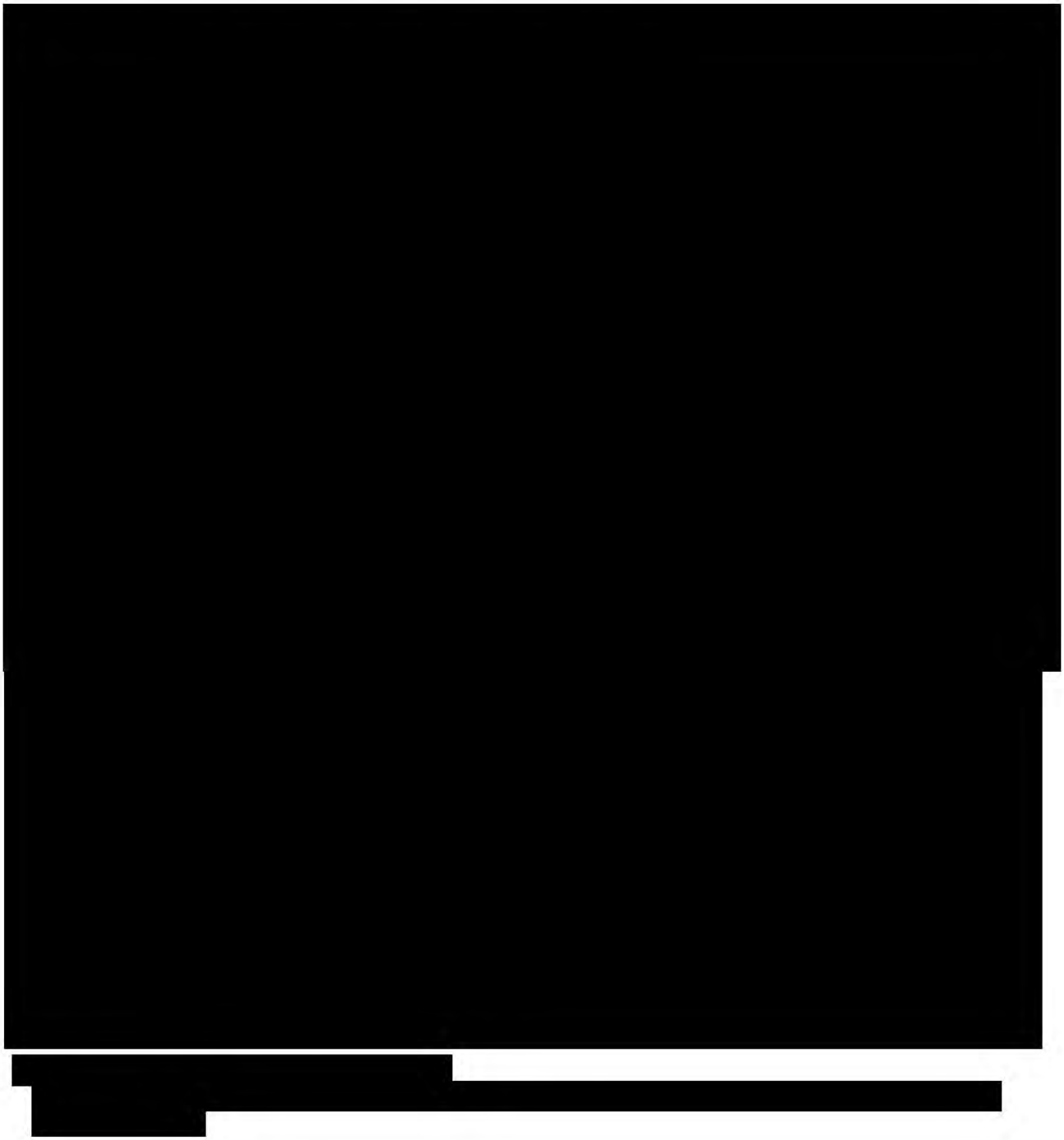
These are all examples of services that are similar to your requirements. In other words, your requirements align to our core competencies. We are prepared to deliver the full range of the provider-based services you require. Key components of our Optum Provider Services solution include:

- **Provider site visits:** We will conduct timely, quality on-site screenings of moderate to high-risk providers to make sure they meet the State's Medicaid program requirements. Our workflow queues will track applications with a site visit status to help us verify the accuracy of information providers submit to the DPHHS.
- **Provider call center:** The call center will support the provider services and telephony systems. Our contact center staff will support both live calls and IVR calls for all provider services areas, such as provider enrollment for Medicaid programs, enrollment into the State financial system, and help desk support.
- **Provider training:** We will provide comprehensive provider training that addresses the Provider Services portal functionality for enrollment, maintenance, and revalidation. Effective training will help you obtain buy-in and approval from the provider community as you transition to the new solution, reducing project risk.
- **Reference documentation:** Our solution will give providers access to reference documentation (e.g., provider manuals, provider bulletins) through the portal. Our Provider Services portal is an important self-service gateway for the State's providers to interact with State health care programs. We can provide reference documentation to secure and non-secure areas of the portal as the DPHHS requires.
- **Financial information:** Our staff will provide the service of collecting financial information from providers and entering that data into the State's financial system. We will work with providers to keep this information up to date and work with State auditors when discrepancies in the financial data are identified.

We will engage a team of experienced, domain knowledgeable resources to collaborate with you to deliver your Optum Provider Services solution. Key leaders will include a project manager, contract manager, technical manager, and business operations manager with

comprehensive knowledge of Medicaid, provider enrollment, credentialing, reporting, and the health care industry. Frontline call center customer service representatives (CSRs) and provider credentialing specialists will work with your Medicaid providers to answer their questions and resolve their issues in a timely, efficient manner.

Our solution comprises our provider portal and enrollment solutions that meet your base Provider Services module requirements, as shown in Figure 3.192. Our solution operates seamlessly with the provider call center needed for Option B.



As seen in the preceding figure, the provider management module integrates the business functionalities necessary to deliver ideal provider support. Using the core components, its integrated business model supports the provider enrollment activities as shown in Figure 3.193.



Figure 3.193: Supporting Provider Enrollment Activities.
The Optum Provider Services solution supports all provider enrollment activities, which promotes greater provider participation.

The following sections describe our approach for meeting the Option B requirements detailed in RFP Attachment F, Requirements Matrix.

INR13 The Contractor shall provide an extract of Agency defined data to the Agency data warehouse, at a minimum, weekly.

We will provide an extract of the DPHHS defined data to the Agency Data Warehouse at least weekly. Working with you, we will identify the data elements needed for the extract. We will design our core data extracts around the standard HIPAA file formats (e.g., 834 for member data, 274 for provider data, and 837 for claims data). We will deliver the data extract using a secure file transfer protocol to a location you select. If you require a custom data extract, we will work with you to determine whether an additional charge is required. This would be a product decision.

OMC24 The Contractor will provide 250 system enhancement pool hours for the duration of the DDI Phase of the contract. The cost of these 250 system enhancement pool hours are included in the offeror's fixed price and included in Schedule D-Enhancement Pool Hours. The System Enhancement Pool for DDI includes personnel cost for all resources supporting the system enhancement effort.

The unused system enhancement pool hours for DDI will be rolled over to the system enhancement pool for Operations or the number or system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for DDI will require one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G, Provider Pricing Schedules, Schedule D-Enhancement Pool Hours.

We acknowledge and agree we will provide 250 system enhancement pool hours for the duration of the DDI Phase of the contract. We understand the implementation of the Optum Provider Services solution will occur in a rapidly changing Medicaid enterprise environment. The System Enhancement Pool for DDI will enable you to accommodate changes and respond effectively to emerging requirements. Since most of our state government contracts include enhancement pools, we have extensive experience in this area. We will work with you to determine the work that will be assigned to this pool and incorporate any modification work into the overall project schedule.

OMC25 The Contractor will provide 100 system enhancement pool hours during the Operations phase per operations year. The cost of these annual 100 system enhancement pool hours are included in the Offeror's fixed price and included in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours. The System Enhancement Pool includes personnel cost for all staff supporting the system enhancement effort.

Unused system enhancement pool hours for each year of operations may be rolled forward to the next operations year or the number of system enhancement pool hours may be adjusted downward, at the discretion of the State. Any reduction in the number of system enhancement pool hours for operations will require a one month notification by the State, and the cost of the contract will be reduced proportional to the cost of the reduction in system enhancement pool hours eliminated using the rates provided in Attachment G Pricing Schedule, Schedule D-Enhancement Pool Hours. The cost of the contract will be reduced proportional to the cost of the unused hours using the rates provided in Attachment G Pricing Schedules, Schedule D-Enhancement Pool Hours.

We acknowledge and agree we will provide 100 system enhancement pool hours during the Operations phase per operations year. This pool will enable you to respond effectively to unanticipated changes and emerging requirements during Operations. We will work with you to determine the work that will be assigned to this pool and incorporate any modification work into the overall project schedule.

TRN15 The Contractor shall conduct training for identified system/component users on the system relative to their use initially and upon updated functionality prior to the initial production deployment and within 45 days of each major release into the Production environment

We will conduct role-based system training for identified system/component users of the Optum Provider Services solution. Before go-live, we will conduct intensive training to prepare providers for full production the day operations begin. Within 45 days of launching a major release of the Optum Provider Services solution into production, we will train system/component users on any modifications or procedural changes to the solution. These changes may result from change requests, system enhancements/new functions or features, or new or modified Medicaid enterprise program or policy changes.

TRN17 The Contractor shall develop and provide as necessary, training for the Provider Community. The training must be structured to address the Contractor's solution functionality for enrollment, maintenance, and revalidation.

We will provide comprehensive provider training that addresses the Optum Provider Services solution functionality for enrollment, maintenance, and revalidation. Effective training will help you obtain buy-in and approval from the provider community as you transition to a new provider services solution, reducing project risk. As we deploy the solution, your provider community will have the greatest external impact to the project. We will make certain to prepare them for the changes they need to enroll, re-enroll, and perform other activities through the Optum Provider Services solution.

Our provider training methodology is outcome-focused and user-centric. We will base the training on the learning needs for your providers. We will also rely on lessons learned from our past development and implementation of a diverse catalog of training curricula. The resulting training design for the Optum Provider Services solution will have these fundamental objectives:

- Verify that training content is accurate and consistent with current the DPHHS business processes
- Focus training content only on information that is critically relevant and necessary for providers to be successful in using the solution
- Present key learning concepts to build on and reinforce previously covered skills and topics
- Create training content that is easy to update in support of ever-changing business needs

We will design online provider training to help providers successfully use our Provider Services portal and improve the user experience. Topic areas will include provider enrollment, revalidation, and administrative hearings and appeals.

Provider Training Delivery Methods

During the Implementation Phase and just before go-live, we will offer several initial training opportunities to providers that will include:

- Educational resources available on the Provider Services portal
- Computer-based training (CBT) and Web-based training (WBT)

During ongoing operations, we will use these methods to continue provider training. By offering a variety of training delivery methods, we can help providers select the method that best serves their needs. Through careful coordination, our experienced training teams will deliver training to keep your providers informed and up-to-date.

We can communicate with your providers as you request by sending provider bulletins, emails, and fax blasts, for example. We will also publish information for providers to the portal. We will use these methods to communicate system changes, updates, and other important information to providers.

Maintaining Training Materials

As business rules or policies that affect provider enrollment change, Optum will make the applicable updates to the training materials. Within 45 days of launching a major release of the Optum Provider Services solution into production, the DPHHS and the Optum teams will determine jointly if the change warrants an update to the training materials and update the materials if needed. We will follow the established review process to update the materials and reflect the final changes in each document's revision history. We will impose consistent version control on training materials. You will maintain final approval on changes to training materials.

3.10.14.1 Conduct Provider and Maintain Site Visits

This section outlines the requirements necessary for conducting and maintaining provider site visit information. During the provider enrollment screening process for moderate and high risk providers, there is a mandated requirement for the Agency to conduct an on-site evaluation of the provider. The Offeror's Proposed Option B solutions and services shall include providing staff to act on behalf of the Agency in order to conduct the on-site evaluation of the provider. The Contractor will upload the results of the site visit evaluation into the provider's profile within the Provider Services module. Site visits can include but are not limited to: verification that the information submitted to the Agency is accurate and in compliance with federal and state enrollment requirements, accurate business hours, checking personnel at the business location, etcetera. The Offeror must describe their approach to meet each of the Site Visit requirements defined in Attachment F, Requirements Matrix.

We will support the DPHHS in verifying the qualifications of enrolling providers by conducting on-site screenings of moderate to high-risk providers. Monitoring and supporting appropriate provider participation in state Medicaid programs is critical for effective provider management. We understand the significant needs and challenges the Agency faces in making sure enrolled providers meet program requirements. Quality, timely provider site visits will enable the DPHHS to prevent fraud, waste, and abuse by providers who should not be enrolled in the program while verifying providers maintain compliance with program requirements.

PSV01 The Contractor shall conduct pre- and post-enrollment onsite screening of moderate and high risk providers according to Agency onsite screening protocols and federal onsite screening regulations, including at a minimum:

- Conducting the initial assessment to verify the facility location, hours and personnel;
- Verifying operational status; and

- Confirming final determination of provider enrollment status.

We will conduct on-site screenings of moderate and high-risk providers before and after enrollment according to Agency and federal on-site screening protocols and regulations. At a minimum, the screenings will include initial assessments to confirm the location, hours, personnel working at the facility, and any ADA requirements based on type of services provided. Screenings will verify operational status and confirm the provider meets all criteria related to services contracted. If we determine any items to be deficient, we will work with the provider to develop an action plan before contracting the provider. We will complete any credentialing requirements beyond the site inspection requirements as needed.

[redacted]

3.10.14.2 Include Reference Documents

This section outlines the requirements necessary to include reference documents in the provider portal. The Offeror's Proposed Option B solutions and services shall include providing access to current and historical provider manuals and other reference documentation, as necessary, within the portal. The Contractor will not be responsible for

creating or maintaining manuals. The Offeror must describe their approach to meet each of the Current and Historical Reference Document requirements defined in Attachment F, Requirements Matrix.

Our portal offer providers an easy-to-use interface to perform self-service functions to view, manage, and use reference documents and information as appropriate for their business needs. Through our portal home page, we provide current and historical information critical to providers conducting their day-to-day business.

RFDC01 The Contractor's solution shall provide external and internal users access to current and historical provider manuals (e.g., CMS1500, Dental Claims Manual, Institutional Claims manual, Pharmacy Claims Manual and other Agency manuals or provider bulletins related to Medicaid policy and claims processing.

NOTE: Contractor shall not be responsible to create the content of the manuals.

[redacted]

3.10.14.3 Customer Relationship Management

This section outlines the requirements for a Customer Relationship Management Tool. The Offeror's Proposed Option B solutions and services will include providing and utilizing a Customer Relationship Management (CRM) tool in order to manage correspondence with providers. The CRM tool will be able to capture interactions with providers through free-form text, pre-defined data elements, and be capable of searching logged correspondence on command. The CRM tool will support attachments; linking of documents and information within the tool; and routing of correspondence and captured information through the workflow to specific individuals. The Offeror must describe their approach to meet each of the Customer Relationship Management tool requirements defined in Attachment F, Requirements Matrix.

[redacted]

[redacted]

CRM01 The Contractor's solution shall provide the capability to automatically alert external entities (e.g., managed care companies and financial management companies for self-directed care) and other Agency users about their providers' enrollment status and enrollment status changes.

[redacted]

CRM02 The Contractor shall provide a voice messaging system for after hours callers indicating the hours of operation and provide options for leaving messages.

We will provide a voice messaging system for after-hours callers. The system will provide callers with the hours of operation and multiple options for leaving messages.

CRM03 The Contractor shall establish and maintain a toll-free telephone number for the call center.

We will establish and maintain a toll-free telephone number for the call center to provide information and support through a standard touch-tone telephone. The following table describes the support we will provide.

Access Channel	Hours of Operation	Optum Support
Provider contact center	8 a.m. to 5 p.m. Mountain Time, Monday through Friday, excluding State-approved holidays	• We will provide a toll-free number for provider inquiries. • The Optum contact center will remain fully staffed to receive and respond to provider inquiries. • CSRs will answer provider inquiries during business hours if the IVR we provide is not able to satisfy the particular inquiry and the provider needs additional assistance.

Access Channel	Hours of Operation	Optum Support
		• CSRs will field calls, answer program questions, and assist providers with self-service questions and completing applications. • CSRs will transfer callers to provider credentialing specialists according to the DPHHS-approved escalation procedures created for Optum. • After hours, Optum will provide a voice mail system that indicates the business hours and allows callers to leave messages.

CRM04 The Contractor shall use Computer Telephone Integration (CTI) to provide personalized routing and work-object handling based upon identifiers received from the caller regarding language, inquiry area, and ability to produce reports on both electronic and voice transactions.

The Optum Provider Services solution uses Computer Telephone Integration (CTI). CTI enables us to provide personalized routing and work-object handling based on identifiers we receive from the caller. These include identifiers related to language, inquiry area, and the ability to produce reports on both electronic and voice transactions.



[redacted]

CRM05 The Contractor shall provide, configure and maintain an automated call and contact tracking system (CRM tool) for all calls and correspondence received.

We will provide, configure, and maintain an automated call and contact tracking system (CRM tool) for all calls and correspondence we receive. The Optum CRM will provide an integrated workflow approach to managing provider interactions, whether those interactions are calls or correspondence. We will customize interaction pages to meet the needs of the specific providers, interactions, activities, or cases.

CRM06 The CRM tool must log and track information for each call that includes at a minimum the following elements:

a. time of call

b.date of call

c. identifying information on caller

d. representative ID

e. call type

f. call category

g. inquiry description

h. ticket status

i. response description

j. call reference number

[redacted]

[redacted]

[redacted] igure 3.198 shows a sample provider profile.

[redacted]

[redacted]

CRM07 The Contractor's CRM tool shall have the ability to link the CRM record and the workflow tool to automatically route appropriate tickets to the State for review.

[redacted]

CRM08 The Contractor's CRM tool shall have the ability to link related CRM tickets.

The Optum CRM links related cases (tickets). This is a standard feature, wherein when a provider contacts the call center, all open cases for that provider will display so that the CSR can select the correct case.

CRM09 The Contractor's CRM tool shall have the ability to include a free form text field for each CRM ticket for comments and/or resolution.

The Optum CRM allows CSRs to add notes and comments to any case using a free-form text field. This is a standard feature built into the system to allow better resolution for providers by providing context for the reason for the call and important information needed for follow-up.

CRM10 The Contractor's CRM tool shall have the ability to provide for online display, inquiry, and updating of call records with access, including, but not limited to, call type, API or NPI number, inquirer's name, representatives ID or name, provider name, or a combination of these data elements.

The Optum CRM will enable authorized users to inquire on, view, and update any combination of call record information. This will include information, such as call type, API or NPI number, inquirer's name, representative ID or name, or provider name. The CRM will store any combination of the data elements for display in the supported user interfaces across any device. The security access model will control the display of data elements to authorized users. This capability will give the DPHHS record-level and field-level control of the information users can access and view. We will also encrypt or mask fields so the DPHHS designated resources can only view partial field values for validation purposes.

CRM11 The Contractor's CRM tool shall have the ability to provide State resources or designated resources local and remote access to the CRM system.

[redacted]

CRM12 The Contractor's CRM tool shall have the ability to utilize CTI to auto-populate CRM screens with caller's basic information and access to contact history.

[redacted]

[redacted]

CRM13 The Contractor's CRM tool shall have the ability to navigate from or between CRM screens to other data relevant to the call within the Provider Services module allowing multiple screens to display at one time.

[redacted]

CRM14 The Contractor's CRM tool shall have the ability to store the caller's preferred method of communication, including need for deaf or foreign language interpretation.

The Optum CRM has configurable fields to manage communication preferences of multiple audiences. This allows the CSR to note the preferred communication methods as designated by

the caller. Our CRM meets the above requirement for storing communication preferences and has the ability to flag callers who require a different language or have a hearing impairment.

CRM15 The Contractor's CRM tool shall allow users to view related correspondence records from a single correspondence record.

The Optum CRM can display attached documents in a list with customized columns where users can view the documents using hyperlinks. Data elements can also be placed in a hierarchy if the State needs to store correspondence records in such a manner. For example, one correspondence record could list all related correspondence records.

This functionality will enable a CSR to view related correspondence from a single correspondence record. The CSR will not have to log in to another correspondence system to access the desired information or search through the system to find the specific correspondence. This capability will help CSRs complete their work more efficiently.

CRM16 The Contractor's CRM tool shall have the ability to upload or associate attachments to correspondence records.

[redacted]

CRM17 The Contractor's CRM tool shall have the ability to present the contacts authorized to perform business functions with the State's healthcare programs on behalf of the provider or entity.

[redacted]

CRM18 The Contractor's CRM tool shall have the ability to accommodate searches on call center records by characteristics such as call type, category, CRM number, name of provider, provider number, contact name, other entity names, service authorization number, category of service, user ID, and any combinations thereof.

Optum CRM provides a single, holistic view of the provider to CSRs. The tool will give CSRs the ability to search call records by characteristics, such as call type, call category, CRM number, provider name, provider number, contact name, other entity names, service authorization number, category of service, and user ID. The tool allows searches across any designated searchable fields and across all objects (tables) through a user-friendly interface.

3.10.14.4 Provider Call Center

This section outlines the requirements for a Provider Call Center. The Offeror's proposed Option B services must include a provider call center for new and revalidation applications and enrollments. The Contractor will also provide

enrollment support for providers during the enrollment process. Typically, this support includes responding to provider's questions about their responses to the application questions. The base provider solution will include context sensitive help throughout the enrollment process, which is intended to reduce the number of help desk solicitations. In addition to fielding questions related to enrollment and re-enrollment, the Contractor will also be responsible for additional activities (e.g., fielding questions related to changes in provider information, financial information, provider suspension for administrative reasons, or for other reasons such as IRS "B" Notices). The Offeror must describe their approach to meet each of the Provider Call Center requirements defined in Attachment F, Requirements Matrix.

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. We have been delivering successful call center solutions for more than 20 years and have more than 200 contact center customers in operation. With more than 10,000 agents serving 240+ call types, we have nearly limitless failover and volume-leveling capability. Our call centers have achieved a peak of 65 calls per second. We receive more than one million calls and perform 10 million call database transactions each day. These transactions occur on stable platforms operating at 99.9+ percent availability.

Experience

200+	Contact Center Customers
10K+	Agents
240+	Call types
65	Peak calls per second
1M	Calls each day
10M+	Call database transactions each day
99.9%	System availability

Our comprehensive training and coaching program will give our call center agents the tools and knowledge they require to resolve provider issues on the first call. Our unique combination of Commercial, Medicare, and Medicaid call center experience will help us deliver reliable call center services to the DPHHS that gives your providers the best possible experience. The following table shows our years of experience in contact center core competencies.

Core Competencies	Years of Experience
Administering Medicaid program functions	24
Operating a call or contact center (provider and member)	21
Experience in multi-tiered skilled call center operations	21
Implementing and maintaining IVR solutions	16
Implementing and maintaining ACD solutions	16
Multi-tiered skilled call center operations	21

PRCC01The Contractor shall provide a provider enrollment Call Center to support and instruct providers in the application process, renewal process, provider management, and recertification process. The Call Center shall also support the financial enrollment process into the State financial system.

[redacted]

[redacted]

PRCC02The Contractor shall research and provide documentation for administrative hearings, appeals and court cases; and participate in these activities upon direction from the State.

Optum will research and provide documentation upon request for administrative hearings, appeals, and court cases. We will cooperate with the State and provide timely support for these activities.

We will inform providers of enrollment determinations. For enrollment denials, we will provide electronic notification through the provider portal of the decision, along with the denial reason(s) and explain their right to appeal. Our solution allows providers to log their grievances and appeals through the portal. We will process the grievances and appeals as part of our operations. Workflow within our solution will route the grievance or appeals to the designated State users so they can participate in appeals processing, per State policies. The grievance and appeals data are stored in the data store within the solution to facilitate data exchange. Our solution provides seamless access to the required provider information that may be pertinent to the appeal. This makes it easy for users processing appeals to see all the relevant information.

3.10.14.5 Interactive Voice Response System

This section outlines the requirements for an Interactive Voice Response System. The Offeror's proposed Option B solution shall include an Interactive Voice Response (IVR) System in order to welcome and route incoming provider calls; convey educational alerts during hold times; and intelligently queue providers until Contractor staff is available. The IVR system will include the ability for the provider to leave a message, during or outside, normal business hours. The Offeror must describe their approach to meet each of the Interactive Voice Response System requirements defined in Attachment F, Requirements Matrix.

Optum will provide effective and accurate IVR phone services and technical support for the Optum Provider Services solution. The IVR will route incoming provider calls and can convey educational alerts while providers are on hold. The IVR will intelligently queue providers until a CSR is available to take the call. Providers will leave messages during and outside normal business hours.

The IVR will accommodate calls in English and Spanish. We will train our staff to be culturally sensitive, conduct themselves in a professional and respectful manner at all times, and to provide information to callers in the appropriate language.

We routinely provide multi-lingual support for our contact center operations. For example, we partner with Hispanic organizations and other community resources as a source of qualified candidates for our hiring process. We also have a referral network program within our employee base. Having partnerships with language-testing companies help us to verify that we have candidates who possess a true competency in their non-English language(s) and that their English skills meet high standards. In addition, if you determine that a substantial provider population speaks a language other than English or Spanish, we can hire staff proficient in that

language. During transition, we will configure our IVR equipment and settings as needed to facilitate caller options to access a representative who speaks that caller's specific language.

Our training also includes supporting callers with hearing or speech impairments through a TeleTypewriter (TTY) provided by the National Relay Service. We will use lessons learned from our contact center TTY experience. For example, although we have found chat sessions as a potential option to support hearing and speech-impaired clients, it requires a more scripted environment to maintain compliance. Our experience shows that 711 Relay is a helpful service that minimizes errors and increases positive outcomes more like an inbound call. We train our CSRs to work with this service. Callers dial 711 and are connected with a communication assistant that will facilitate the call to the provider call center.

We will regularly verify that our processes and procedures comply with State and federal accessibility and language services requirements.

IVR01 The Contractor shall provide and maintain secure and user friendly interactive voice response (IVR) system with scripts approved by the State to respond to inquiries using a telephone menu and response system.

[redacted]

IVR02 The Contractor's IVR system shall have the ability to use educational scripts for callers on hold or waiting in the queue.

Our IVR system will have the ability to use educational scripts for on-hold callers or callers waiting in the queue. As described in requirement IVR01, the IVR provides for incoming call management and enhanced capabilities for callers, including personalized preferences and call

routing with robust automated voice solutions. This enables callers to easily navigate through an efficient set of tailored menu trees to obtain desired information.

IVR03 The Contractor's IVR system shall provide quality monitoring tools and processes to enable a continuous improvement cycle for toll-free call center services that includes:

a. Plug-in/double-jack monitoring,

b. Silent monitoring,

c. Record and review

d. Voice and screen/multi-media monitoring, for call center supervisors, State resources or designated resources.

[redacted]

3.10.14.6 Staffing

This section addresses requirements for Provider Call Center staffing. The Offeror's proposed Option B services must include staffing to review provider information, maintenance requests and all supporting materials, in order to verify provider changes, prior to updating the provider records. The Contractor will review and approve or deny low risk, high volume enrollments per Agency criteria. Moderate and high-risk enrollments will be routed to and reviewed by Agency internal staff before a final enrollment decision is made. The Offeror must describe their approach to meet each of the staffing requirements defined in Attachment F, Requirements Matrix.

The call center is a critical point of contact for providers to interact with the State. We understand the importance of this interaction. We will provide skilled CSRs to review provider information, maintenance requests, and supporting materials. They will verify provider changes before updating provider records. We will review and approve or deny low-risk, high-volume enrollments according to Agency criteria. Our CSRs will route moderate and high-risk enrollments to the Agency internal staff for review before final enrollment decisions are made.

We equip our call center agents with the knowledge, tools, and interpersonal skills necessary to deliver a positive provider experience. Our staffing approach will provide support with CSRs and credentialing specialists who are proficient in translating provider questions and complex processes into clear, step-by-step instructions in a timely manner. Our call center staff will be capable of customizing their interaction to meet various provider communication styles and needs.

STF01 The Contractor shall provide staffing to perform provider enrollment tasks defined by the Agency to include at a minimum:

- Receive, review and verify provider information submitted to the screening process;
- Verify provider data against Provider databases and the NPPES;
- Notify providers to request additional documentation as needed;
- Determine provider status;

- Update provider record with all necessary enrollment data;
- Process and store provider agreements;
- Send financial enrollment data to State's financial system;
- Activate provider enrollment for benefits/claims transactions in the Benefits Management system;
- Review provider information maintenance requests and all supporting materials; and
- Verify provider changes prior to updating the provider records.

Staffing levels shall be maintained to meet enrollment process SLA's for timeliness and accuracy.

We will provide qualified staffing to perform provider enrollment tasks defined by the Agency, including those activities detailed in this requirement. Our proposed organizational structure will provide clear lines of authority and responsibilities. We will achieve and retain qualified staffing levels to provide effective project control and support the project during all project phases.

STF02 The Contractor shall provide Provider Enrollment Call Center staffing sufficient to maintain services that meet or exceed the Service Level Agreements for the Call Center productivity. The Contractor shall describe its staffing model that includes the ratio of staffing to Call Center operation volume (including, for example: total Call Center volume, average call wait time, rate of abandoned calls, length of call, open vs. closed trouble tickets).

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

STF03 The Contractor shall designate at least one (1) in-state staff position to conduct site visits. This position is considered to be a key staff position. Other staff will need to be available as necessary to meet SLAs for site visits. Please describe how you can meet the requirement with at least two (2) staff positions for site visit coordination.

[redacted]

STF04 The Contractor shall designate a Business Operations Manager to lead the Contractor's Business Operations for Provider Screening, Enrollment and Monitoring, including:

- Document Management and Workflow Performance
- Provider Data Management
- Provider Support Services (training and site visits)
- Provider Enrollment Call Center
- Financial Enrollment Process coordination with State Auditor's Office (SAO)

This position is considered to be a key specific management position.

[redacted]

[redacted]

3.10.14.7 Collect and Enter Provider Financial Information in State Financial Systems

This section outlines the requirements for the collection of provider financial information and data entry requirements into the State's financial system. The Offeror's proposed Option B services must include the services to support the collection of financial packet/information from providers and enter the information into a state financial system. The Contractor services will include following up with the provider in the event discrepancies are identified by State auditors. Activities would also entail subsequent work from the provider's submission of initial financial information and includes essential updates to financial information. The Offeror must describe their approach to meet each of the requirements to collect and enter provider financial information in state financial systems defined in Attachment F, Requirements Matrix.

The Optum Provider Services solution will include capabilities for collecting and entering financial data into the State financial system, as described in the responses to the following requirements.

SFMS01 The Contractor shall research and resolve all TIN Mismatch Reports which show all Tax ID's that have returned a mismatch error from the TIN Matching process.

Verifying provider W-9 information is an essential step in the credentialing process. We will store enrolled provider tax information by linking this data to the correct provider and corresponding NPI number. When discrepancies occur, our operational team will research and resolve TIN mismatches reported on the Tax ID Mismatch Report. We will work with you to develop a process for troubleshooting mismatched TINs that require coordination across multiple teams and disciplines. We will include ongoing support for the TIN matching process throughout the life of the project. This support will include the ability to import a list of mismatches and update the mismatched records with the new and corrected status.

SFMS02 The Contractor's staff will follow-up with providers regarding any discrepancies identified by the state auditor and the IRS regarding Backup Withholding "B" notices, 1099s, including FEINs. Enter any corrections needed in the applicable state financial system.

Optum will support you when handling backup withholding B Notices from the Internal Revenue Service (IRS). The backup withholding process begins when the IRS sends a mismatch file listing the Medicaid providers whose names and TINs do not match what is on their file. This file is created using 1099 information that we send to the IRS each year. When we receive the file,

[redacted]

[redacted]

Annually, our finance team will extract 1099 data from our solution after year-end processing. The team validates the data against our general ledger. This in turn creates a list of providers that show discrepancies in data, such as conflicts with NPI numbers. Our provider enrollment

operational team will research and resolve these discrepancies. They will also respond to all provider 1099s or incorrect Federal TIN inquiries. When corrections are made, the provider enrollment operational team will forward the final data to our Optum finance team for 1099 forms generation and provider distribution.

3.10.14.8 Option B Performance Requirements

This section outlines the service level agreement requirements for Option B services. The Contractor shall detail in their response their approach to meet each of the Performance Requirements defined in Attachment F, Requirements Matrix. SLAs are also found separately in Attachment J, Service Level Agreements

In the following section, we describe our approach for meeting the SLA requirements for Option B services.

SLA70	Contractor shall ensure that the Agency-defined data extract is supplied accurately to the Data Warehouse. The Contractor shall supply the response file(s) in the format requested by the Agency by the date and time (weekly) agreed upon.
Liquidated Damages: $1000.00 per twenty-four (24) hours after the minimum weekly transfer window has passed where the Data Warehouse is not in receipt of an uncorrupted, readable extract.	
Optum agrees to this SLA consistent with the State's answer to Q&A, in which this SLA is tied to requirement INR13.	
SLA71	Contractor shall staff the provider enrollment Call Center toll-free phone lines from 8:00 a.m. to 5:00 p.m., Mountain Time, on all State business days, Monday through Friday (excluding State holidays). The Contractor shall generate a report which includes, at a minimum, the time and date stamp phone lines were open and when phone lines were turned off.
Liquidated Damages: $90.00 per quarter hour (15 minutes) that the Call Center is not operational during 8:00 a.m. to 5:00 p.m., Mountain Time, on all State business days Monday through Friday (excluding State holidays).	
Optum agrees to this SLA. **Report Frequency** Optum will report performance standards with the Monthly SLA Report. **Report Measures** Optum will maintain the following provider call center hours of operation: Monday through Friday 8 a.m. to 5 p.m. Mountain Time (MT), excluding State holidays. Call center operational statistics are entered into the dashboard reporting system for reporting purposes.	
SLA72	Contractor shall respond to telephone and written inquiries with a researched response, or with an accurate resolution to the inquiry within two (2) business days. This SLA covers the 25% of telephone inquiries that are not able to be resolved during first contact. The Contractor shall generate a report to track request date against the response date. The Agency will perform monitoring of the accuracy and consider document availability factors.
Liquidated Damages: $50.00 per business day per inquiry that is not responded to within two (2) business days.	
Optum agrees to this SLA. **Report Frequency** Optum will report performance standards with the Monthly SLA Report. **Report Measures** Measures will be taken as follows: • **Definition:** A request for information or questions from an existing provider received through the call center during normal business hours or by written request • **Turnaround Time Parameters (Start):** The date a CSR receives the provider inquiry. • **Turnaround Time Parameters (End):** The date the provider inquiry was resolved and the request archived in	

workflow.

- **Turnaround Time Calculation:** Number of business days from start to end; an elapsed time greater than two (2) business days will be flagged.
- **Accuracy Calculation:** Quality analyst pulls sampling of provider inquiries to validation resolution. This process is a manual audit and results will be reported monthly.

SLA73	Contractor shall respond to telephone and written inquiries with a researched response, or with an accurate resolution to the inquiry with at least ninety-seven percent (97%) accuracy. This SLA covers the 25% of telephone inquiries that are not able to be resolved during first contact. The Contractor shall generate a report to track request date against the response date. The Agency will perform monitoring of the accuracy and consider document availability factors.

Liquidated Damages: $125.00 per month that the accuracy rate falls below ninety-seven percent (97%).

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** A request for information or questions from an existing provider received through the contact center during normal business hours or by written request.
- **Turnaround Time Parameters (Start):** The date a CSR receives the provider inquiry.
- **Turnaround Time Parameters (End):** The date the provider inquiry was resolved and the request archived in workflow.
- **Turnaround Time Calculation:** Number of business days from start to end; elapsed time greater than two (2) business days will be flagged.
- **Accuracy Calculation:** Quality analyst pulls sampling of provider inquiries to validation resolution. This process is a manual audit and results will be reported monthly. The accuracy rate will not fall below 97 percent (97%).

SLA74	Contractor shall process to completion all approved provider enrollment financial information documents into the applicable state financial system e.g., the Wyoming Online Financial System (WOLFS), with at least ninety-nine percent (99%) accuracy. The Agency will conduct monitoring of the accuracy of keyed financial information within the applicable financial system, e.g., WOLFS.

Liquidated Damages: $125.00 per month that the accuracy rate falls below ninety-nine percent (99%).

Optum agrees to this SLA.

Report Frequency

Reporting of performance standards will be based on mutually agreeable metrics.

Report Measures

Measures will be taken as follows:

- **Definition:** Enter provider enrollment financial information into the state financial system.
- **Accuracy Calculation:** The Agency will conduct accuracy monitoring. The accuracy rate will not fall below 99 percent (99%).

SLA75	Contractor shall process to completion 100% of all approved provider enrollment financial information documents into the applicable state financial system e.g., the Wyoming Online Financial System (WOLFS), within two (2) business days of provider approval. The Contractor shall generate a report to track received financial information to process against actual processed documents.

Liquidated Damages: $50.00 per business day per financial document not processed into the state financial system e.g., WOLFS, within two (2) business days.

Optum agrees to this SLA with the assumption that we will have uninterrupted access to the state financial system.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** A new provider enrollment application is electronically submitted with all required and requested information and approved.
- **Turnaround Time Parameters (Start):** The date a new and completed provider enrollment application is completed with all financial information and approved
- **Turnaround Time Parameters (End):** The date the approved provider enrollment financial information is entered into the state financial system.
- **Turnaround Time Calculation:** Number of business days elapsed between start and end date parameters; elapsed time greater than two (2) business days will be flagged.
- **Accuracy Calculation:** Quality analyst pulls random sampling of completed applications. This process is a manual audit and results will be reported monthly.

SLA76	Contractor shall ensure that less than one percent (1%) of total monthly calls should be escalated to the Agency for resolution that are clearly within the scope of work of the Contractor. This does not apply to subject areas where the Agency and the Contractor have agreed in advance require Agency determination. The Contractor shall track at a minimum: percentage of calls escalated to the Agency, reason for escalation, and outcome. This Operational Report will be provided to the Agency monthly.

Liquidated Damages: $150.00 per full percentage point above one percent (1%) of calls escalated to the Agency each month.

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** Optum will escalate less than 1 percent (1%) of calls to the Agency for resolution when calls are defined per the scope of work as the responsibility of Optum.
- **Turnaround Time Parameters (Start):** N/A
- **Turnaround Time Parameters (End):** N/A
- **Turnaround Time Calculation:** N/A
- **Accuracy Calculation:** Quality analyst will pull a sampling of calls escalated to the Agency to review reason for escalation and outcome. Those escalations that should have been resolved by Optum, per the scope of work, will be totaled and reported.

SLA77	Contractor shall complete one hundred percent (100%) of all moderate and high risk provider pre- and post-enrollment onsite screenings within seven (7) business days. The Contractor shall generate a report to track moderate and high risk providers ready for a site visit against the number of site visits actually performed within the seven (7) business day window.

Liquidated Damages: $50.00 per business day per screening not completed within seven (7) business days.

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** A new provider enrollment application is electronically submitted with all required and requested information, and the provider is determined to be a moderate or high-risk provider.
- **Turnaround Time Parameters (Start):** The date a new and completed provider enrollment application is submitted and the provider is ready for an on-site screening.
- **Turnaround Time Parameters (End):** The date the actual on-site screening is completed.
- **Turnaround Time Calculation:** Number of business days elapsed between start and end date parameters; elapsed time greater than seven (7) business days will be flagged.
- **Accuracy Calculation:** Quality analyst pulls random sampling of completed application. This process is a manual audit and results will be reported monthly.

SLA78	Contractor shall ensure the onsite screening checklist will be completed and keyed into the applicable provider profile within the solution with ninety-seven percent (97%) accuracy. The Agency will perform monitoring of the accuracy of entry and completeness of the checklist.
Liquidated Damages: $125.00 per month that the accuracy rate falls below ninety-seven percent (97%).	

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** Enter provider on-site screening checklist into provider profile.
- **Turnaround Time Parameters (Start):** N/A
- **Turnaround Time Parameters (End):** N/A
- **Turnaround Time Calculation:** N/A
- **Accuracy Calculation:** The Agency will conduct accuracy monitoring of entry and completeness of the on-site checklist data. The accuracy rate will not fall below 97 percent (97%).

SLA80	Contractor shall ensure researched and resolved TIN Mismatch Reports will be corrected in the solution with ninety-nine percent (99%) accuracy. The Contractor shall generate a report to track resolved provider TIN against the original TIN mismatched report. The report will include time and date stamps.
Liquidated Damages: $125.00 per month that the accuracy rate falls below ninety-nine percent (99%).	

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** TIN mismatches will be researched and corrected in the applicable solution.
- **Turnaround Time Parameters (Start):** N/A
- **Turnaround Time Parameters (End):** N/A
- **Turnaround Time Calculation:** N/A
- **Accuracy Calculation:** TIN mismatches will be resolved in the applicable solution with an accuracy rate of 99 percent (99%) or greater. The TIN mismatch report will include time and date stamps.

SLA81	Contractor shall ensure the total number of busy signals, disconnected calls, and abandoned calls measured against the total inbound calls shall not exceed five percent (5%) per day. The Contractor shall generate a report to track all inbound calls against answered calls, including abandonment rate, hold time before initial answer, time placed on hold after call is answered, average talk time, and speed to answer--at a minimum, and for each phone line

Liquidated Damages: $250.00 per day where busy signals, disconnected calls, and abandoned calls exceeds five percent (5%) of total inbound calls.	
Optum agrees to this SLA. **Report Frequency** Optum will report performance standards with the Monthly SLA Report. **Report Measures** Optum provides a highly automated contact center capability that automatically generates call statistics (busy signals, abandoned calls, total calls). Our solution has the capability to report and flag call attempts that received busy signals or were abandoned that exceeded 5 percent (5%) of daily, total call attempts. This data will be gathered daily and the performance results reported monthly. Abandonment rate will be defined as the percentage of inbound phone calls to the call center that are abandoned by the caller before speaking to an agent. The rate is calculated as abandoned calls divided by total inbound calls (in percent or time).	
SLA82	Contractor shall ensure the average speed to answer must be less than or equal to sixty (60) seconds, after the caller makes a selection in the IVR. The Contractor shall generate a report to track all inbound calls against answered calls, including abandonment rate, hold time before initial answer, time placed on hold after call is answered, average talk time, and speed to answer--at a minimum, and for each phone line.
Liquidated Damages: $1,250 per month that the average speed to answer is between sixty (61) seconds and ninety (90) seconds. $2,500 per month that the average speed to answer is between ninety-one (91) seconds and one hundred and twenty (120) seconds. $5,000 per month that the average speed to answer is greater than one hundred and twenty-one (121) seconds.	
Optum agrees to this SLA. **Report Frequency** Optum will report performance standards with the Monthly SLA Report. **Report Measures** Optum provides a highly automated call center capability that automatically generates call statistics, including speed to answer times. We measure the average speed to answer daily to make sure we are on track for answering calls within 60 seconds or less. Average speed of answer is the average amount of time it takes for calls to be answered in the contact center during a specific time period.	
SLA83	Contractor shall be able to pull specific phone call recordings (inbound and outbound calls) when given the date and time, and provide them to the Agency upon request.
Liquidated Damages: $100.00 per occurrence if not able to produce specific recorded calls.	
Optum agrees to this SLA. Optum will provide specific call recordings for inbound and outbound calls upon request.	
SLA84	Contractor shall ensure provider questions and concerns are resolved seventy-five percent (75%) of the time upon first contact with the Call Center. The Contractor shall supply the metrics to the Agency, monthly (at a minimum) to demonstrate first call resolution.
Liquidated Damages: $150.00 per day below seventy-five (75%) call resolution.	
Optum agrees to this SLA. **Report Frequency** Optum will report performance standards with the Monthly SLA Report.	

Report Measures

Measures will be taken as follows:

- **Definition:** A request for information or questions from an existing provider received through the call center during normal business hours.
- **Turnaround Time Parameters (Start):** The date a CSR receives the provider inquiry.
- **Turnaround Time Parameters (End):** The date the provider inquiry was resolved and the request archived in workflow.
- **Turnaround Time Calculation:** The start date of the call is equal to the date that the provider inquiry was resolved and archived in the workflow. Any start and end parameter dates that do not fall on the same business day will be research and reported.
- **Accuracy Calculation:** Quality analyst pulls sampling of provider inquiries to validate resolution. This process is a manual audit and results will be reported monthly.

SLA85	Contractor's Call Center staff will document, in Customer Relationship Management (CRM) system, all the information they provide to callers during first contact, and any subsequent follow-ups, one hundred percent (100%) of the time. The Contractor shall make available to the Agency view access into the CRM (expected: three (3) view-only seats).
Liquidated Damages: $100.00 per percentage below one hundred percent (100%).	

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** Entry of all information provided to callers into the CRM
- **Turnaround Time Parameters (Start):** N/A
- **Turnaround Time Parameters (End):** N/A
- **Turnaround Time Calculation:** N/A
- **Accuracy Calculation:** Optum will conduct accuracy monitoring. The accuracy rate will not fall below 100 percent (100%). Optum will also provide view access to three (3) Agency view-only seats.

SLA86	Contractor shall survey no less than every 10th caller to rate the quality, timeliness, and other service delivery elements carried out by the Call Center. Callers shall report Call Center satisfaction at or above eighty percent (80%). The Contractor shall combine caller satisfaction scores to determine the average satisfaction percentage score. Score and surveys will be provided to the Agency, monthly.
Liquidated Damages: $500.00 per month below eighty percent (80%) satisfaction.	

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report, consistent with the State's answer to Q&A that the Contractor is only required to offer the survey to no less than every 10th caller.

Report Measures

Measures will be taken as follows:

- **Definition:** Optum will offer after call survey to no less than every 10th caller
- **Turnaround Time Parameters (Start):** N/A
- **Turnaround Time Parameters (End):** N/A
- **Turnaround Time Calculation:** N/A
- **Accuracy Calculation:** Optum will provide after call satisfaction scores averaged together to not fall below 80

percent (80%).	
SLA87	Contractor's staff will perform provider enrollment duties including, but not limited to tasks within requirement STF01. Duties and tasks will be completed with ninety-seven percent (97%) accuracy. The Contractor shall generate a workflow report that tracks tasks and duties against completed work. Report will be provided to the Agency, monthly. The Agency will perform monitoring for accuracy of completed tasks.
Liquidated Damages: $300.00 monthly for monitoring of completed tasks falling below ninty-seven percent (97%) accuracy, unless specifically stated in a separate SLA.	

Optum agrees to this SLA.

Report Frequency

Optum will generate a workflow report that tracks tasks and duties against completed work and will provide with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** All provider enrollment tasks, which include:
  - Receive, review, and verify provider information submitted to the screening process
  - Verify provider data against provider databases and the NPPES
  - Notify providers to request additional documentation as needed
  - Determine provider status
  - Update provider record with all necessary enrollment data
  - Process and store provider agreements
  - Send financial enrollment data to the State's financial system
  - Activate provider enrollment for benefits/claims transactions in the benefits management system
  - Review provider information maintenance requests and all supporting materials
  - Verify provider changes prior to updating the provider records
- **Turnaround Time Parameters (Start):** N/A
- **Turnaround Time Parameters (End):** N/A
- **Turnaround Time Calculation:** N/A
- **Accuracy Calculation:** The Agency will monitor for accuracy of 97 percent (97%) or higher.

SLA88	Contractor's staff will perform provider enrollment duties including, but not limited to tasks within requirement SFT01. Duties and tasks will be completed within two (2) business days and 100% completion of all tasks within five (5) business days unless specifically stated in a separate SLA. This applies to each period (e.g.: incomplete application returned to the provider). Factors outside of Contractor control, such as the response time by the provider to request for additional information, are not considered. The Contractor shall generate a workflow report that minimally tracks: task time-stamps (incoming and completed), tasks against completed work, average time to complete each task, and time taken by the provider to supply additional information or make corrections. Report will be provided to the Agency, monthly. The Agency will perform monitoring for accuracy of completed tasks.
Liquidated Damages: $100.00 for each occurrence for tasks taking longer than two (2) days, unless specifically stated in a separate SLA.	

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Per the State's answer in the Q&A, Optum understands measurement and reporting of this SLA will be mutually agreed-upon and established during the requirements phase. Optum anticipates measures will be taken as follows:

- **Definition:** All provider enrollment tasks, which include:
  - Receive, review and verify provider information submitted to the screening process
  - Verify provider data against Provider databases and the NPPES
  - Notify providers to request additional documentation as needed
  - Determine provider status
  - Update provider record with all necessary enrollment data
  - Process and store provider agreements
  - Send financial enrollment data to State's financial system
  - Activate provider enrollment for benefits/claims transactions in the Benefits Management system
  - Review provider information maintenance requests and all supporting materials
  - Verify provider changes prior to updating the provider records
- **Turnaround Time Parameters (Start):** The date a new and completed provider enrollment application is completed with all financial information and approved.
- **Turnaround Time Parameters (End):** The date the approved provider enrollment financial information is entered into the State financial system.
- **Turnaround Time Calculation:** Number of business days elapsed between start and end date parameters. Elapsed time greater than two (2) business days and five (5) business days will be flagged.
- **Accuracy Calculation:** Optum will calculate that the five (5)-business day completion of tasks is 100 percent (100%) completed.

SLA89	Contractor shall ensure ninety-five percent (95%) of all incoming documents received, staff site visit documentation, and/or other applicable documentation must be scanned into the system within two (2) business days. The remaining five percent (5%) of documents must be scanned within five (5) business days. The Contractor shall generate a report to track all incoming documents. The report will include time and date stamps for when a document was received and when a document was scanned. The Contractor shall conduct internal quality checks on the documents scanned.

Liquidated Damages: $50.00 per late scanning occurrence above the remaining five percent (5%) of remaining documents past the five (5) business day mark.

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** All incoming documents received must be scanned into the system.
- **Turnaround Time Parameters (Start):** The date incoming documents are received.
- **Turnaround Time Parameters (End):** The date incoming documents are scanned into the system.
- **Turnaround Time Calculation:** Number of business days elapsed between start and end date parameters. Elapsed time greater than two (2) business days and five (5) business days will be flagged.
- **Accuracy Calculation:** Quality analyst pulls data and generates a report to track all incoming documents. Ninety-five percent (95%) will be scanned in two (2) business days. The remaining 5 percent (5%) will be completed in five (5) business days.

SLA90	Contractor shall staff the provider enrollment Call Center and maintain staff for site visits at the level agreed upon in the contract. Staffing includes all key and non-key staff. The Contractor and Agency shall agree to the number of FTE within the contract. A FTE is measured as two thousand and eighty (2,080) hours.

Liquidated Damages: $5000.00 per month, per FTE, below the staffing number established in the Contract/Participating Addendum.

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** Optum staffing agreed upon within the contract with the Agency will include key and non-key staff.
- **Turnaround Time Parameters (Start):** N/A
- **Turnaround Time Parameters (End):** N/A
- **Turnaround Time Calculation:** N/A
- **Accuracy Calculation:** Optum and the Agency will agree to the number of FTEs (2,080 hours/ year) within the contract.

SLA91	Contractor will have forty-five (45) calendar days to fill an appropriate staff position or key staff position with a permanent resource even when a qualified substitute is in place. The Contractor shall notify the Agency when management and key positions are vacated, subsequently filled by a qualified replacement, and finally filled by qualified permanent staff.

Liquidated Damages: $200.00 liquidated damages per week after forty-five (45) calendar days where a key position remains vacant.

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** Optum key staff position that is vacant.
- **Turnaround Time Parameters (Start):** The last day of employment for any key staff employee.
- **Turnaround Time Parameters (End):** The date of hire for the key staff employee replacement.
- **Turnaround Time Calculation:** Number of business days elapsed between start and end date parameters. Elapsed time greater than forty-five (45) calendar days will be flagged.
- **Accuracy Calculation:** Optum will report on any key staff vacancies greater than forty-five (45) calendar days.

SLA92	Contractor's Call Center staff will notify the provider of discrepancies within one (1) business day of any discrepancies identified regarding the Backup Withholding "B" notices, 1099s, including FEINs. Staff will attempt to notify the provider via phone call. If the provider was not reached by phone, Call Center staff will perform a second attempt to rectify the discrepancy through email. Upon resolution, Call Center staff will correct the discrepancy within the applicable state financial system, such as the Wyoming Online Financial System (WOLFS), with ninety-nine percent (99%) accuracy within two (2) business days of receipt of the resolved discrepancy. The Contractor shall generate a workflow report that tracks tasks and duties associated with discrepancies identified by the SAO and IRS regarding Backup Withholding "B" Notices, 1099s, including FEINs, against completed work. Report will be provided to the Agency, monthly. The Agency will perform monitoring for accuracy and timeliness of completed tasks.

Liquidated Damages:

$25.00 per occurrence when the provider was not contacted one (1) business day after an identified discrepancy.

$10.00 per day after two (2) business days of receipt of the resolved discrepancy without correction in the state financial system.

$125.00 per month that the accuracy rate falls below ninety-nine percent (99%) of all corrections made to the state financial system regarding Backup Withholding "B" notices, 1099s, including FEINs.

Optum agrees to this SLA.

Report Frequency

Optum will report performance standards with the Monthly SLA Report.

Report Measures

Measures will be taken as follows:

- **Definition:** Optum will notify providers of any discrepancies. Upon resolution, staff will correct discrepancies within the applicable system.
- **Turnaround Time Parameters (Start):** The date the discrepancy is identified, and the date of receipt of the resolved discrepancy.
- **Turnaround Time Parameters (End):** The date provider is contacted by call center staff, and the date the resolved discrepancy is corrected within the applicable system.
- **Turnaround Time Calculation:** Number of business days elapsed between start and end date parameters. Elapsed time greater than one (1) day for contacting provider, and greater than two (2) days for correction in the applicable system will be flagged.
- **Accuracy Calculation:** Quality analyst pulls data and generates a report to track all discrepancies are identified and provider is contacted within one (1) business day. Another report will be produced to track that all discrepancies are corrected within the applicable system within two (2) business days, with 99 percent (99%) accuracy.

3.10.15 Reporting

This section addresses reporting requirements. The Contractor's solution shall provide an established library of standardized operational reports as well as the ability to create a wide array of configurable detail level and summary level reports, dashboards and queries. The Offeror must describe in their response their approach to meet the Reporting requirements defined in Attachment F, Requirements Matrix.

Our Agile reporting approach focuses on client empowerment and insight. We employ interactive tools that enable users to drill in and immediately glean insights from alert-enabled dashboards. We will produce various reports and dashboards that provide operational insight across the Medicaid program, as well as monitoring and reporting of project SLAs.

Optum uses industry-leading reporting tools to produce interactive data visualization dashboards focused on business intelligence. Our dashboards can query relational databases, Online Analytical Processing (OLAP) cubes, cloud databases, and spreadsheets, as well as generate various graph types. Our dashboards have mapping functionality, can plot latitude and longitude coordinates, and offer custom geocoding.

Benefits you will realize from our extensive use of dashboards include the following:

- **Ease of use:** Our dashboards are intuitive, configurable, easy to use, and designed to allow non-technical users to access and analyze data using drop-down options.
- **Automatic updates:** Data refresh can be set to automatically occur based on a solution component's processing cycle. For example, a weekly process will result in the associated data marts being updated weekly; a monthly process will result in the associated data marts being updated monthly; and so on. The result is that the user is accessing the most currently available data when the dashboard is viewed.
- **Smart dashboards:** Our dashboards enable the user to combine multiple views of data to get richer insight. Our Enterprise Reporting and Analytics (ERA) team builds user-friendly dashboards that are interactive and intuitive with the ability to drill down to specific details for analysis.

A strength we bring to the DPHHS and the Provider Services module is our ERA team, a full-service reporting team that will support you during the project. The ERA team specializes in operational and insight reporting for our clients. They support thousands of reports for internal

operations and produce client-facing reporting for six of the 10 largest payers in the United States. The ERA team is also ISO 9001 certified.

The ERA team specializes in providing insights and information through reporting solutions that begin with a standard package that will be tailored to your needs during the DDI Phase. Our standard modular solution includes interactive Web-based dashboards that have drill-down capability and are available on demand. The screenshots and report descriptions available below illustrate the standard package. As part of the DDI Phase, ERA resources will work closely with you and the Optum Provider Services solution team to identify dashboard/reporting needs that extend beyond the standard dashboards and reports. We will tailor dashboard content to your specific needs. You will also benefit from upgrades that occur periodically to our standard product portfolio.

The ERA team leverages Agile Scrum methodology in report development, similar to the Optum Scalable Agile Methodology (OSAM), described earlier in our proposal. Agile Scrum includes a product-centered development team (the Scrum Team). The team's rigorous adherence to defined phases, continuous improvement, and lean Agile principles help us reduce risk and speed solution delivery for the Provider Services module over traditional development methods. This approach is a partnership approach during the DDI Phase, and you will prioritize and see feedback in weeks, not months or years.

Our ERA team is dedicated to a specific line of business or reporting product, which the team supports end-to-end. This includes requirements gathering, solution design, report development and configuration, and ongoing support. During the DDI Phase, the DPHHS will have input into the priorities in collaboration with the Optum Provider Services solution team and ERA analysts. The Scrum Team is built to deliver a fully functional product on a two-three week regular cadence (the Sprint). The product delivered from the Sprint will be shared with the DPHHS. Through our ERA team, incremental the DPHHS reporting needs identified during the DDI Phase are essentially fast-tracked from inception to product delivery.

Figure 3.200 illustrates the Agile Scrum development approach, which implements upgrades and tailoring in two-week sprints during the DDI Phase.

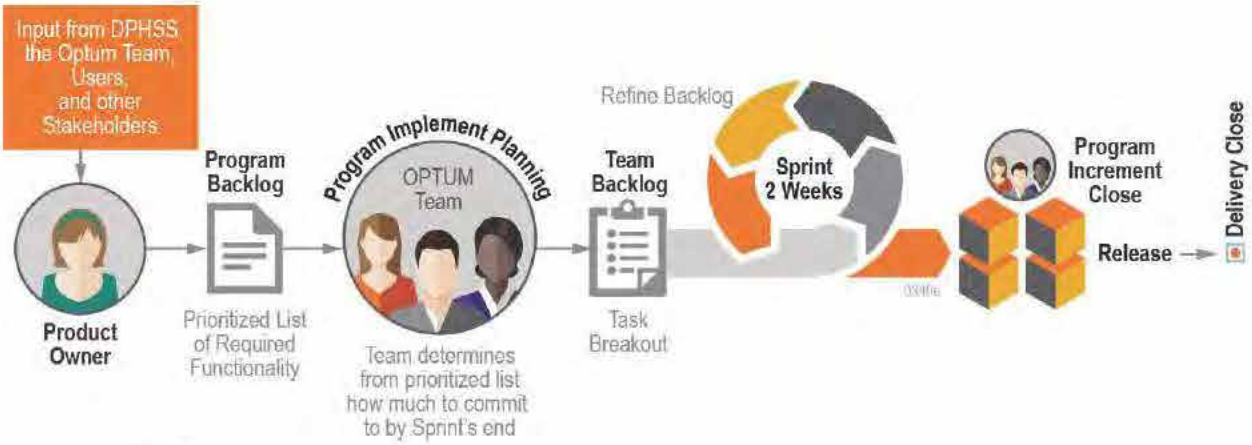


Figure 3.200: Agile Development.
The ERA team uses the Agile Scrum development approach to deliver reporting needs to our clients more quickly and efficiently than traditional development cycles.

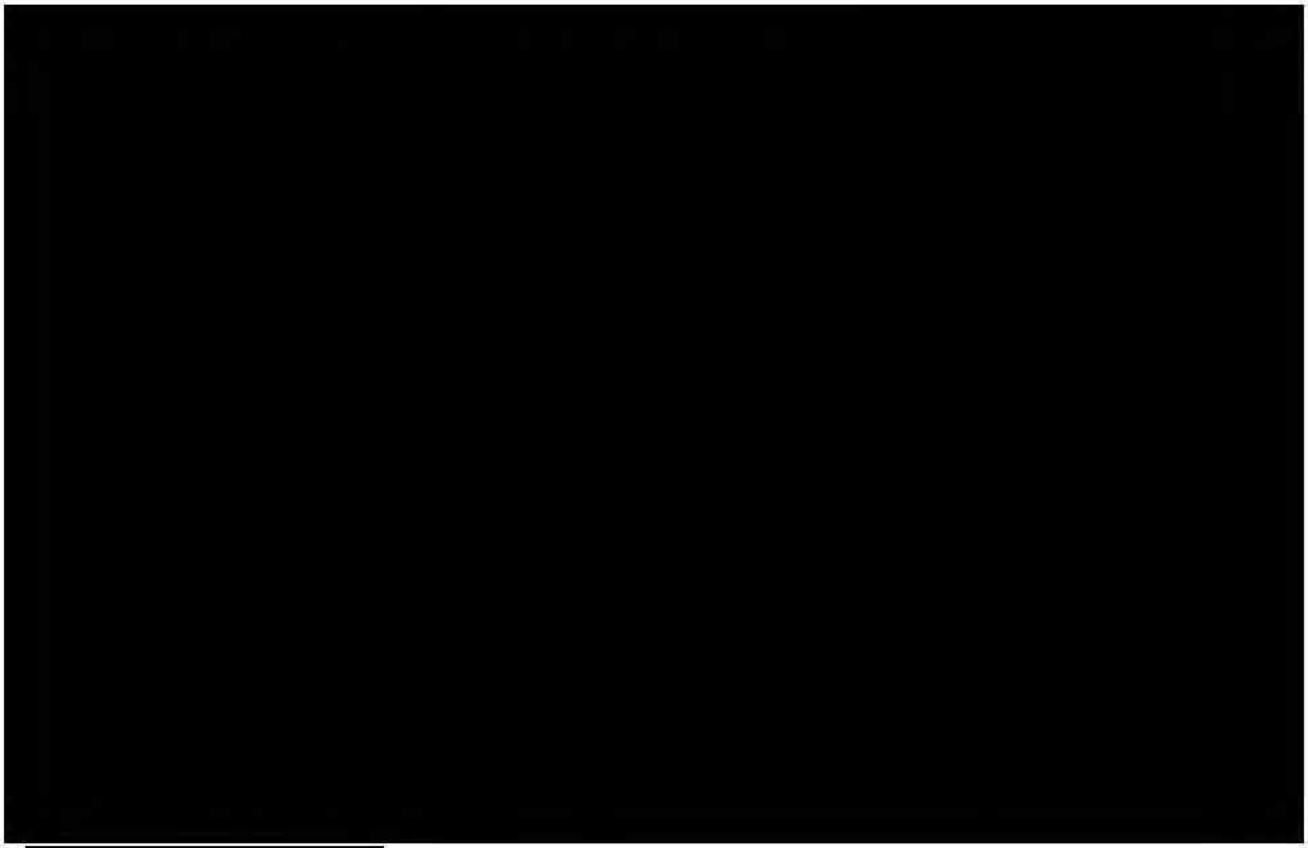
In the remainder of this section, we provide our response to each of the Attachment F Reporting requirements.

REP01 The Contractor's solution shall include a query tool that allows users to easily query data necessary to support state healthcare programs business needs.

Our solution includes a query tool to allow access to data necessary to support the business needs of the State's health care programs. Our approach to report design is to provide actionable insight beyond data and information. Our highly skilled reporting team builds flexible reports that enable users to quickly ask questions and find answers using their data. Dashboards are designed to go from summary to the specific, detail level, providing first to second to third-level data analytics. A user can employ our guides and visual cues to drill down to the level of information needed, enabling more informed decision-making. For example, management staff may need to view information at the summary level, whereas a supervisor or individual worker may need to drill down to a more granular level.

Users are always accessing the latest versions of data available in the system. Through drop-down boxes, the user can filter to a smaller subset of data for analysis. These filter values are based on the values stored in respective data marts. If new field values for any of the filters are applied in the data mart, that value is automatically applied in the list of filter values the user can select on the drop-down page.

Figure 3.201 shows a dashboard where users can use filters to drill down into the data and generate the desired summary view for provider enrollment.


[redacted]

As highlighted in this example, the user can filter credentialing status to one status (denied) or a few (in credentialing and in re-credentialing) by just selecting the filters desired. The user can

also change a parameter to examine impact. The combination of filters and user-driven parameters offers the DPHHS great flexibility in analyzing data. It also helps users to create their own ad hoc reports based on the filters and parameters selected. You can interact with these dashboards with a great amount of flexibility, enhancing your ability to achieve the data analysis you need.

During the DDI Phase, the DPHHS and Optum will identify and agree upon KPIs. Our dashboards for these KPIs will include detail and summary information. KPIs will be consolidated into executive views, enabling the DPHHS to drill down to the most impactful and important information to a business unit or individual.

REP07 The Contractor's reporting tool shall provide the ability to design and execute a queries using one or more wild cards (e.g., %, *,?) and operators (e.g. =, , >, >=, <, <=, IN, BETWEEN, LIKE, IS NULL or IS NOT NULL) to provide data when searching or reporting.

The intuitive design of our reporting solution includes interactive dashboards that eliminate the need for designing complex query statements to mine data and then design visualization elements based on the query result. Our modern approach to reporting provides multiple dashboard visualizations with powerful filter capability to give even the most novice user the ability to create ad hoc analyses at a summary or detail level. This approach is more flexible and intuitive than a legacy approach that requires users to develop query statements and then analyze the result set to make sure the applicable data set was mined from the data mart.

As the intuitive filters included in our solution are applied from the dashboard template, the visualization elements and the detailed data included at the bottom of the report are immediately updated. We have learned from other customer engagements that this powerful approach to analyzing data is highly preferred by most users over developing complex query statements.

For power users, who want to develop searches into the data mart, we include the capability to perform queries using wild cards and operators, including =, >, >=, <, <=, IN, BETWEEN, LIKE, IS NULL, and IS NOT NULL.

REP103 The Contractor's solution shall have the capability to display data in a variety of formats (e.g., standard reports, graphs, charts, maps, dashboards) without the need to export data to another tool.

The reporting component of the solution supports data visualization using various formats from within the tool. Our dashboards are configurable, easy to use, and designed to allow the user to access and analyze data using drop-down options and user-set parameters. The user has an easier route to get to the right level of detail needed for review. The user also gains richer insight because the dashboards enable multiple visualizations of the data.

Figure 3.202 shows the dashboard to view provider density by county. The user can click on a county with few providers to obtain more information. All visualizations update to show the only data for this county. This leads to the identification of a potential access to care issue for that county. This is difficult to identify in a traditional data report, without the multiple data visualizations and the dashboard's interactivity.

[redacted]

REP104 The Contractor's solution shall have the ability for authorized users to selectively retrieve, view, export, and print reports (or portions of reports).

If the user has access to retrieve and view the dashboard or specific data within the dashboard, he or she can also export the dashboard or the data behind the dashboard, as well as print it. Our reporting solution includes role-based security, which can restrict entire dashboards, specific data within dashboards, and interactivity with dashboards by user or group. These are configurable to your specific needs.

REP107 The Contractor's solution shall have the capability to allow authorized users to view query parameters along with query results.

Our reports can display additional details in sections where specific parameters or calculations are not clear. The filters used on a dashboard display at the top of every dashboard, and the selected values clearly display for the user. Any electronic version saved retains and displays these filter selections. In addition, our reporting standards require supplementary legends and metric descriptions where the metrics can be interpreted differently. This makes sure you are clear on which data is being displayed.

REP110 The Contractor shall update dashboards in real-time or on a schedule approved by the State.

We can set data refresh of the dashboards to occur automatically based on a solution component's processing cycle. For example, a daily process will result in the associated data marts being updated daily; a weekly process will result in the associated data marts being updated weekly; a monthly process will result in the associated data marts being updated monthly; and so on. The result is that the user is accessing the most currently available data when viewing the dashboard.

REP111 The Contractor's solution shall allow authorized users to design, save and share configurable dashboards and reports.

Users can configure our interactive dashboards and then share them in various formats, including a link that will display the customized version or as an electronic document. There will be times when you will want to analyze data on your own.

Our dashboards display the data to trigger insights. The user can then access detail-level data for action or additional analytics. This solution enables you to quickly complete the first several questions of a traditional analysis, and give you the tools to take any additional analysis. The dashboards help you analyze the data in various ways to best meet your reporting and analytic needs. If additional views are required, we will work with you to create them in an Agile, iterative nature.

REP112 The Contractor's solution shall provide report, dashboard and query templates for authorized users to modify and reuse.

The dashboards themselves can be modified and reused. If additional changes are needed to the dashboards and templates, we will work with you to meet your needs.

REP116 The Contractor's solution shall provide an established library of standardized operational reports as well as the ability to create a wide array of configurable detail level and summary level reports, dashboards and queries.

The solution includes a standard set of operational reports. Authorized users can subscribe to the dashboards necessary for their job role. As we enhance dashboard reports in the core system, the DPHHS will receive the benefits of the enhanced reporting. If CMS mandates new reporting requirements, or if we determine a certain presentation of the data can benefit our clients, we will develop the necessary reports and incorporate the new reporting into the solution. After the initial set of reports determined during the DDI Phase are agreed upon, if the DPHHS and Optum identify a new set of reporting needs, the DPHHS can also use the modification pool to request reports specific to the Provider Services module.

The following table provides an inventory of the standard dashboards and reports produced by the Optum Provider Services solution.

Report ID/Name	Report Description
Core Provider Services Dashboards/Reports	
Executive Summary	Dashboard providing summary views of contract activity (e.g., provider enrollment, provider relations, provider grievances, contact center) along with KPIs
Provider Enrollment Dashboard	Dashboard providing provider enrollment volume and processing statistics (e.g., denied, pended, in progress, pay hold status, terminated) by specialty and county
Provider Enrollment Contract Status Report	Annual report providing a summary of Optum work to support the client and how Optum is executing against the contract performance metrics
Fee Projection Report	Estimated number of providers that must re-enroll and the corresponding fees that will be collected during a defined timeline
Provider Grievance Dashboard	Dashboard showing grievance volumes, types, and response times
Data File Dashboard	Dashboard showing file management statistics, including volume and processing times
Website Availability Dashboard	Dashboard showing website availability and response time
Additional Provider Services Dashboards/Reports for Option B	
Contact Center Dashboard	Dashboard showing contact center statistics (e.g., volume, type, abandonment rates, speed of answer, service levels, handle times, busy signals)
Provider Relations Dashboard	Dashboard showing outbound call volumes, handle times, and reason for provider outreach

REP118 The Contractor's solution shall have the capability to produce reports or display output data by National Provider Identifier (NPI), proprietary ID, or by a subset of the provider's practice or taxonomy.

Our dashboards allow the user to access and analyze data using drop-down options and user-set parameters. The user has the ability to filter the data using any data parameter available, including National Provider Identifier (NPI), proprietary ID, or a subset of the provider's practice or taxonomy.

REP128 The Contractor's solution shall provide ad hoc query capability for retrieval of data relevant to specific operational and program business units.

The interactive dashboards included in our reporting solution provide multiple visualizations, along with the data supporting those visualizations. Users can drill down to the level of information they need through the dashboard, or they can download the data for deeper analysis. We also can work with you to add additional parameters, as needed, and incorporate them directly into the dashboard.

REP129 The Contractor's solution shall provide an online adhoc reporting tool that allows authorized users access to provider and trading partner data (e.g., provider enrollment status, alphabetic and numeric provider listing, re-certification listing, revalidation listing, group affiliation listing, provider classification listing, and category of service listing).

Our dashboards allow the user to access and analyze data using drop-down options and user-set parameters. The user can filter the data using any data parameter available, including provider and trading partner data (e.g., provider enrollment status, alphabetic and numeric provider listing, re-certification listing, revalidation listing, Users The user can drill down to the level of information they need through the dashboard, or they can download the data for deeper analysis. If additional parameters or visualizations are needed, we will work with you to incorporate them directly into the dashboard.

REP130 The Contractor's reporting tool shall provide current and historical information about user access. The report shall include both standardized data in addition to allowing user input of run criteria such as user IDs, roles/privileges/authorizations, and configurable from and to dates.

Our reporting solution can provide current and historical information about user access. We can provide user IDs, roles/privileges/authorizations, frequency of tool access, along with from and to date ranges. We will monitor peak usage times during the day, reports that are most used historically, and those recently trending.

REP131 The Contractor's solution shall track and have the capability to report both summary and detail level information pertaining to provider enrollment, disenrollment, termination, re-enrollment, revalidation, and recertification.

The Provider Enrollment Dashboard includes a high-level summary of provider enrollment activity. It provides multiple visualizations to report on the total provider population, provider enrollment activity, and progress of provider enrollment. The user can filter by application date, credentialing status, format, or type of application to generate smaller snapshots of reports, as needed. The dashboard includes interactivity by clicking sections of the visualizations to continue to drill down to questions or concerns. Access to the underlying detail data that supports the summary view is also available.

Figure 3.203 offers a provider enrollment dashboard example demonstrating the geographical distribution of providers across the State, along with provider specialties prominence and application status and counts.

[redacted]

REP132 The Contractor's solution shall provide the functionality to identify, track and report the number and type of individuals associated with a provider or trading partner application (e.g., provider, facility, owner, managing employee and/or board member) including screening and monitoring results.

The Optum Provider Services solution captures all provider or trading partner application details, including the number and type of individuals (e.g., provider, facility, owner, managing employee, and/or board member), and it will include the screening and monitoring results. The Provider Dashboard can identify, track, and report at this level of detail using the data parameters and drill-down filters specified on the dashboard.

REP133 The Contractor's solution must provide Provider Transaction Error Reporting that includes the error, the date and time the error was identified, and the provider file(s) effected.

The integrity of the data used for reporting is integral to our solution. With each data exchange within the solution, we perform file and data-level reconciliations. After identifying errors, we work collaboratively with you and your providers for resolution of any outstanding errors. We can report on the number of errors identified, the date and time the error was identified, and the provider files affected.

REP134 The Contractor's solution shall have the ability for users to query using date and/or date ranges for scheduled and ad hoc reporting.

With our interactive dashboards, users can access and analyze data using drop-down options and user-set parameters. They will have the ability to filter the data using any data parameter available, including date and/or date ranges, for dashboard views, scheduled reports, and ad hoc reports.

REP135 The Contractor's solution shall provide the ability to report on electronic payments received through the Provider Services module (i.e., provider application fees).

The solution includes the ability to report on the estimated number of providers that must re-enroll and the corresponding fees that will be collected during a defined timeline. Ongoing reporting will capture the actual collection of the fees.

REP136 The Contractor's solution shall provide the capability to archive and discontinue. The solution shall be capable of purging reports in compliance with the Federal and State retention policies.

Our reporting solution has the ability to archive and discontinue reports/dashboards upon request and maintain compliance with federal and State retention policies. Regular archival can be built and automated into the data refresh process, as required.

REP23 The Contractor's solution shall maintain reporting services that are backward compatible, and the reports functionality is preserved over major or minor releases or the contractor will provide migration support to move reports forward.

Our reporting solution is Web-based so there are no compatibility concerns. Report functionality is maintained as upgrades to the product are implemented.

REP31 The Contractor's reporting solution shall support initiation of reports through various methods including on-demand, scheduled requests (including non-business hours), and event-driven requests with distribution of the report results to specified secure locations.

All reporting will be available on demand through your portal. We can deliver scheduled requests and event-driven requests through your portal or send to specified secure locations.

REP32 The Contractor's reporting solution shall allow users to search on criteria including report names, report filters, and data elements included in the report in a library or repository of reports.

Our reporting solution includes a series of dashboards that are organized from general to specific. The dashboards are summarized in an executive summary, which can also serve as a launch-point for data inquiries. This clear organization makes it easy to find what you are looking for, whether it is a specific dashboard or the next level of detail. Search functionality is also available within the reporting server. Figure 3.204 provides an example of the executive summary dashboard.

[redacted]

REP36 The Contractor's reporting solution must display standard report header and footer information (e.g., report number, report title, page number, date) on all reports.

All reports follow a standard template that includes common data elements. We can configure it further to meet your specific needs.

REP37 The Contractor's reporting solution shall provide the ability to store system generated reports in the Enterprise Content Management (ECM).

During the DDI Phase, we will work with you to determine which reports to send to the ECM system, along with the frequency of sending the reports.

REP38 The Contractor's reporting solution shall allow a user to manually save report output to the ECM.

A user will have the ability to save all reports, including our interactive dashboards, as well as save the report output to the ECM.

REP39 The Contractor's solution shall provide efficient navigation (e.g., the ability to move forward and backward in the solution).

Our dashboards provide the ability to filter to the exact data the user wants to analyze. By simply clicking on the dashboard visualizations or choosing another filter or parameter, the dashboard updates immediately. At any time, the user can refresh the dashboard or revert it back to its original state. Our dashboards will guide users from high-level information to more specific information, answering questions that arise as they analyze the data.

REP42 The Contractor's reporting solution shall allow authorized users to view, sort, export and print dashboard and report data in a variety of formats (e.g., HTML, Excel, TXT, CSV, PDF, or character delimited).

Authorized users can sort and download our dashboard visualizations, along with the data behind the dashboard, to a variety of formats, such as TXT, PDF, Excel, CSV, and then they print it.

REP64 The Contractor's solution shall provide the ability to access and use all current and historical data for reporting purposes.

The dashboard will update as new data is available, without losing historical data. It also includes various aggregation options, such as week, month, quarter, and year, so historical data will be readily accessible to view on its own and as part of the trend.