State of Montana

Department of Public Health and Human Services

Date
November 16, 2017

Provider Services Module

Technical Proposal
RFP #DPHHS-RFP-2018-0127JT

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4. Response to Section 4: Offeror Requirements

4.1 STATE'S RIGHT TO INVESTIGATE AND REJECT

The State may make such investigations as deemed necessary to determine the Offeror's ability to provide the supplies and or perform the services specified. The State reserves the right to reject a proposal if the information submitted by, or investigation of, the Offeror fails to satisfy the State's determination that the Offeror is properly qualified to perform the obligations of the contract. This includes the State's ability to reject the proposal based on negative references.

Optum understands and welcomes you to investigate our ability to deliver the services outlined in the RFP. We also understand you have the right to reject our proposal if our response or your investigation does not meet the qualifications necessary to perform the required services of the contract. If our references for our past performance prove to be negative, we understand you also have the right to refuse our proposal for the Provider Services Module project.

4.2 OFFEROR QUALIFICATIONS

To enable the State to determine the capabilities of an Offeror to provide the services specified in the RFP, the Offeror shall respond to the following regarding its ability to meet the State's requirements. THE RESPONSE, "(OFFEROR'S NAME) UNDERSTANDS AND WILL COMPLY," IS NOT APPROPRIATE FOR THIS SECTION.

NOTE: Each item must be thoroughly addressed. Offerors taking exception to any requirements listed in this section may be found nonresponsive or be subject to point deductions.

For the purposes of Offeror Qualifications, the Offeror must include company information, references, financial information, and other qualification information and materials for the entity that will be the actual Contracting Entity. For example: if corporation XYZ chooses to bid, and it plans to have its wholly owned affiliate ABC sign the contract, the proposal must include references, qualifications, financial and other reference information for the ABC affiliate. XYZ can also submit qualification material from XYZ Corporation but it won't be considered in evaluating the actual Contracting Entity.

The Offeror submitting this proposal is OptumInsight, Inc. (Optum). Optum was incorporated in the State of Delaware on October 13, 1993, and is authorized to conduct business in all 50 states.

4.2.1 References

Offeror shall provide a minimum of 3 (three) references that are currently using or have previously used products and/or services of the type proposed in this RFP. The references may include state governments, universities, or comparable private sector projects for whom the Offeror, within the last 3 (three) years, has successfully completed a healthcare related system implementation. At a minimum, the Offeror shall provide the company name, location where the products and/or services were provided, contact person(s), contact telephone number, e-mail address, and a complete description of the products and/or services provided, and dates of service. These references will be contacted to verify Offeror's ability to perform the contract. The State reserves the right to use any information or additional references deemed necessary to establish the ability of the Offeror to perform the contract. Negative references or the inability to contact the reference may be grounds for proposal disqualification. Provide the information above for each proposed subcontractor.

Optum is pleased to provide the following references for your consideration:

- Medica Behavioral Health
- UnitedHealthcare Community Plan of Texas, LLC
- UnitedHealthcare Community Plan of Kansas (UnitedHealthcare of the Midwest, Inc.)

- UnitedHealthcare Community Plan of Arizona (Arizona Physicians IPA, Inc.)

The experience that we cite in this section is based on the experience primarily of the Offeror/bidding entity, OptumInsight, Inc. Such experience includes projects and contracts that were or are held by the Offeror as well as projects and contracts that were or are held by the Offeror's subsidiaries and affiliates where the assets, people and technology used by such subsidiaries and affiliates will be available to DPHHS for the Montana Provider Services Module Project through the Offeror, OptumInsight, Inc. For instance, we have cited our experience in providing provider services from contracts held by our affiliate United Behavioral Health, and Managed Care affiliate, United Community and State.

We understand you will contact these references to verify our ability to perform the requirements under this contract.

Requested Information	Contractor Response
Customer Name	Medica Health Plan
Project Name	Medica Behavioral Health
Location	Minnetonka, Minnesota
Customer Point of Contact and Contact Information	Mike Nystuen 401 Carlson Parkway, Minnetonka, MN 55305 michael.nystuen@medica.com (952) 992-3730
Project Dates	1991 through December 2017; contract renewal discussions are in progress
Project Description	With more than 25 years of collaboration, Optum has served the Medica Health Plan's behavioral health needs of their commercial, Medicaid and Medicare members. We are a dedicated/designated private plan labeled Medica Behavioral Health (MBH). The services are wide in scope and include: • Customer service for members and providers who have behavioral health claim questions • Initial member touch point when an individual calls with a behavioral health need, available 24 hours a day, seven days a week • Provider network development and management • Claims processing for commercial, Medicaid, and Medicare individuals • Community representation with state/county agencies and providers • Specialized programs internally and externally based on serving the needs of the Medica membership • Case management and UM for members focused on those with the most complex situations, higher levels of care, and higher need diagnoses • Quality, compliance, and regulatory program supporting local requirements and Medica's NCQA accreditation

Requested Information	Contractor Response
Customer Name	UnitedHealthcare Community Plan of Texas, LLC
Project Name	Texas STAR (Medicaid) Texas CHIP

Requested Information	Contractor Response
	Texas STAR+PLUS Medicare-Medicaid Program (MMP) - Pilot
Location	Texas
Customer Point of Contact and Contact Information	Jillian Hamblin, Chief Operating Officer 14141 SW Freeway Sugar Creek on the Lake, Sugar Land, TX 77478 jillian_hamblin@uhc.com (832) 500-6471
Project Dates	• **Texas STAR:** Origination: 2006 Current Contract: Sept. 1, 2015 – Aug. 31, 2018 • **Texas CHIP:** Origination: 2007 Current Contract: Sept. 1, 2015 – Aug. 31, 2018 • **Texas STAR+PLUS:** Origination: 1998 Current Contract: Sept. 1, 2015 – Aug. 31, 2018 • **Texas MMP – Pilot:** Origination: 2015 Current Contract: Jan. 1, 2016 – Dec. 31, 2016 (Annual Renewal)
Project Description	• Network development and management services, including the provider portal • Services include, without limitation: – Provider enrollment, credentialing and re-credentialing – Member eligibility and benefits verification – Claim status inquiry and resubmission – Claims reconsideration submission – Prior authorization submission and management – Provider demographic updates – Electronic payment enrollment – Remittance advice queries/views – Searchable provider directory – Access to real-time clinical application – Other administrative and clinical resources (e.g., HEDIS® reporting, performance measure results, and evidence-based guidelines)

Requested Information	Contractor Response
Customer Name	UnitedHealthcare Community Plan of Kansas (UnitedHealthcare of the Midwest, Inc.)
Project Name	KanCare Managed Care
Location	Kansas
Customer Point of Contact and Contact Information	David Rossi, Chief Operating Officer 10895 Grandview Drive #200, Overland Park, KS 66210 david.rossi@uhc.com (913) 333-4006
Project Dates	• Origination: 2013 Current Contract: Jan. 1, 2013 – Dec. 31, 2015 with two 1-year options to extend

Requested Information	Contractor Response
	• Contract extended through 2017, exercising both 1-year options; current contract to end Dec. 31, 2017
Project Description	• Network development and management services, including the provider portal • Services include, without limitation: – Provider enrollment, credentialing, and re-credentialing – Member eligibility and benefits verification – Claim status inquiry and resubmission – Claims reconsideration submission – Prior authorization submission and management – Provider demographic updates – Electronic payment enrollment – Remittance advice queries/views – Searchable provider directory – Access to real-time clinical application – Other administrative and clinical resources (e.g., HEDIS reporting, performance measure results, and evidence-based guidelines)

Requested Information	Contractor Response
Customer Name	UnitedHealthcare Community Plan of Arizona (Arizona Physicians IPA, Inc.)
Project Name	Acute Care/Uninsured Children Children's Rehabilitative Services (CRS) Arizona Long Term Care System – Elderly and Physically Disabled Developmentally Disabled
Location	Arizona
Customer Point of Contact and Contact Information	Karen Saelens, Chief Operating Officer 1 E. Washington Street, Phoenix, AZ 85004 karen_saelens@uhc.com (602) 255-8210
Project Dates	• **Acute Care/Uninsured Children:** Origination: 1982 Current Contract: Oct. 1, 2013 – Sept. 30, 2018 • **Children's Rehabilitative Services (CRS):** Origination: 2008; Current Contract: Oct. 1, 2013 – Sept. 30, 2018 • **Arizona Long Term Care System – Elderly and Physically Disabled:** Origination: 1989; Current Contract: Oct. 1, 2017 – Sept. 30, 2024 (7-year contract, includes extensions) • **Developmentally Disabled:** Origination: 1988; Current Contract: Oct. 20, 2011 – Sept. 20, 2016; contract extended to Sept. 30, 2018
Project Description	• Network development and management services, including the provider portal • Services include, without limitation: – Provider enrollment – Credentialing and re-credentialing

Requested Information	Contractor Response
	– Member eligibility and benefits verification – Claim status inquiry and resubmission – Claims reconsideration submission – Prior authorization submission and management – Provider demographic updates – Electronic payment enrollment – Remittance advice queries/views – Searchable provider directory – Access to real-time clinical application – Other administrative and clinical resources (e.g., HEDIS reporting, performance measure results, and evidence-based guidelines)

SourceHOV References

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4.2.2 Company Profile and Experience

Offeror shall provide documentation establishing the individual or company submitting the proposal has the qualifications and experience to provide the supplies and/or services specified in this RFP, including, at a minimum:

- a detailed description of any similar past projects, including the product/service type and dates the products and/or services were provided;
- the client for whom the services were provided; and
- a general description of the company including its primary source of business, organizational structure and size, number of employees, years of experience performing services similar to those described within this RFP;
- Provide the information above for each proposed subcontractor.

General Description

Optum is the largest Health and Human Services (HHS) company in the country, with a wide-ranging portfolio of solutions, highly experienced people, and innovative technology. We employ 130,000 professionals worldwide who are united around our mission to make the HHS system work better for everyone. This drives us to invest in innovation, talent, resource scale, and extensive capabilities necessary to reliably deliver complex Medicaid solutions like your Provider Services Module. Optum has provided services similar to those outlined in your provider services RFP for more than 20 years. Our comprehensive portfolio of products and services enables us to serve every segment of the HHS market. Figure 4.1 shows the scale at which we operate.

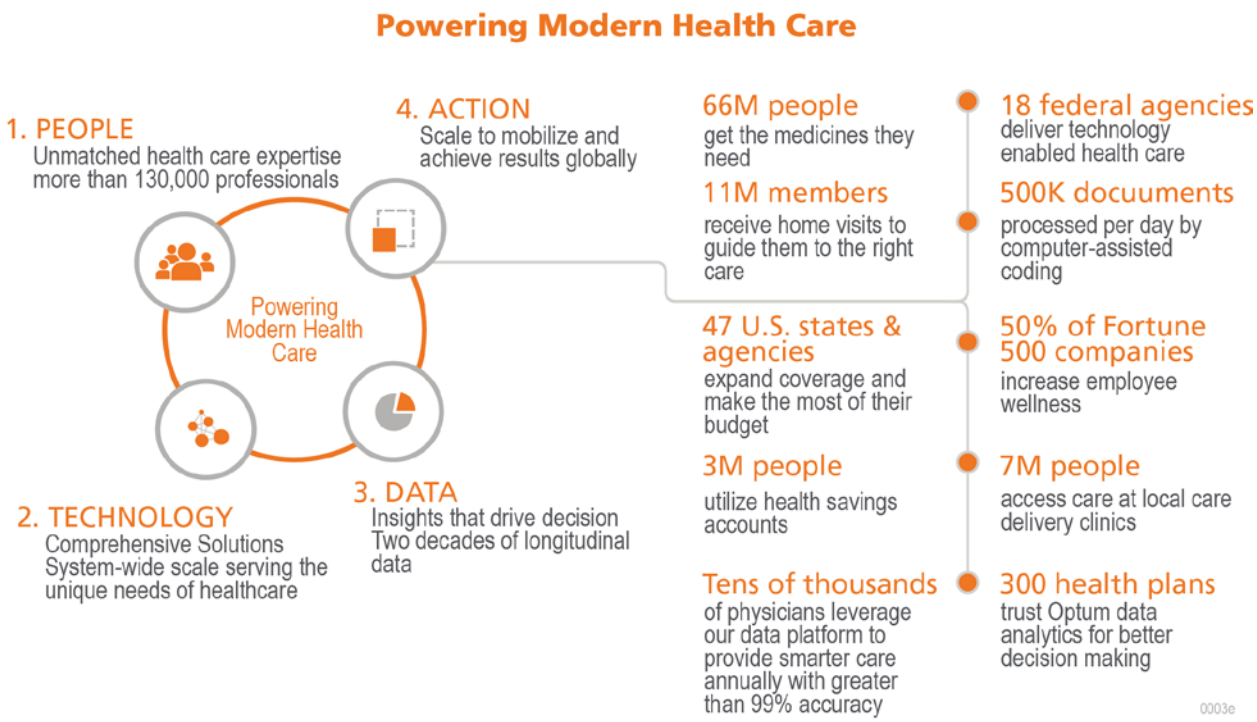

Figure 4.1: Powering Modern Health Care.
Optum serves the entire HHS system: those who need care, those who provide care, and those who pay for care.

In the state government sector, we are best known for our years of work on data warehousing and analytics, behavioral health management, pharmacy administration, and clinical management. Fewer are aware of our extensive back office work where we support more than 300 health plans, many of which are Medicaid Managed Care Organizations (MCOs). This work includes every aspect of payer operations and administration, including provider enrollment, provider contracting, network development and management, provider and member call center, claims processing, eligibility and enrollment, premium processing, and mailroom operations, among others. For example, we:

- Facilitate enrollment, credentialing, and ongoing provider management for more than 3.3 million Medicaid providers of every provider type
- Maintain provider databases containing more than 45 billion provider records
- Handle more than 280 million calls through our virtual contact center every year
- Move more than $100 billion in payments from payers to providers in nearly 460 million transactions annually

- Process more than one billion claims annually for health plans, including MCOs in 24 states

Optum supports Medicaid programs in 47 states and the District of Columbia. Figure 4.2 shows our state clients for all solutions and services.

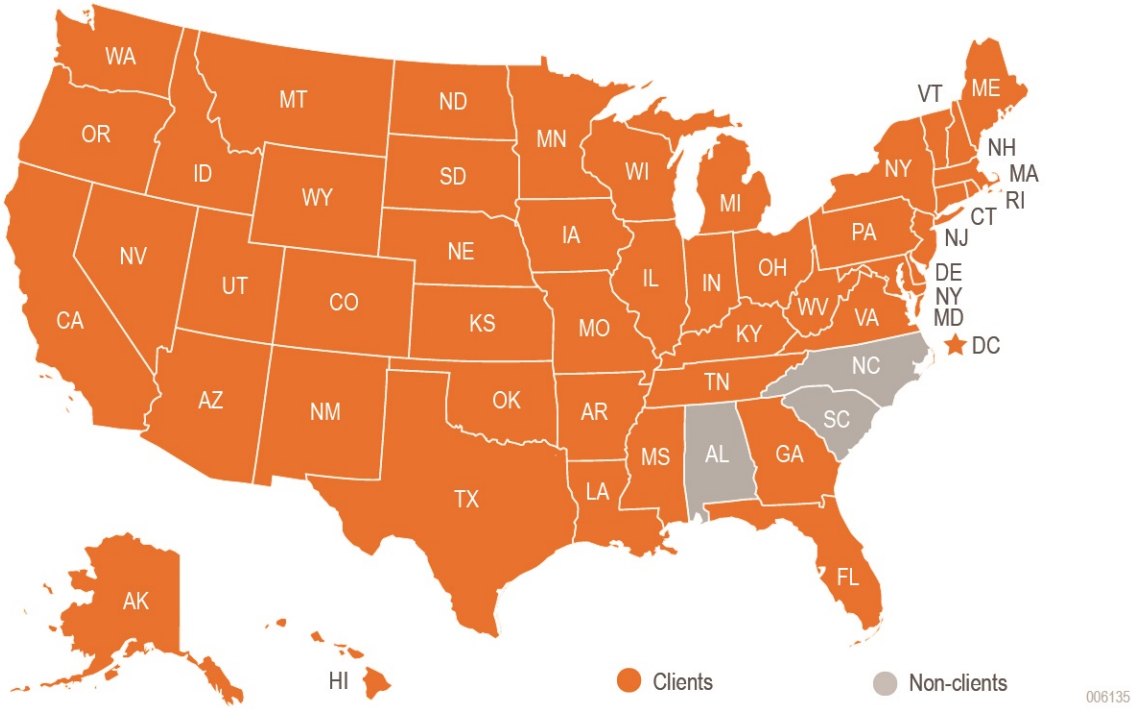

Figure 4.2: Optum State Government Clients.
Optum supports Medicaid programs in 47 states and the District of Columbia.

We serve state government customers of every size, ranging from those with very large Medicaid populations, such as California, to those with a much smaller number of clients, such as the State of Wyoming. An important aspect of our experience is the extensive work we do across industry sectors. This includes commercial health plans, managed care, and fee-for-service (FFS) Medicaid programs.

We regularly perform the following activities in our provider services engagements. This demonstrates our ability to effectively deliver your provider services module.

- We execute the entire provider management lifecycle for every provider type including medical, behavioral health, dental, home and community-based services (HCBS), Federally Qualified Health Centers (FQHCs), and other federally funded provider groups, including Indian health care providers.
- We support providers in rural areas and understand the special nuances of these providers.
- We perform provider credentialing in all of our engagements and perform site visits to assess compliance with physical accessibility as well as medical record/confidentiality standards and Medicaid credentialing requirements. For this engagement, we understand site visits will be limited to mid- and high-risk providers.

- We regularly conduct initial provider onboarding training through a combination of training techniques. These techniques include site visits, provider information expos, town halls, live instructor-led webinars, self-directed online training, educational mailings, and telephonic outreach.
- We have a well-developed pre-launch provider education approach, which we have successfully used and enhanced in our Medicaid/public sector experience.
- We have patient-centered medical home (PCMH) initiatives spanning all populations. Our clinical transformation efforts are active in almost 700 practices across the country. These practices serve more than 3.8 million members in commercial, Medicaid, and Medicare populations.

Operating health plans in every industry sector and for all lines of business has given us broad and diverse experience. We bring fresh ideas and innovation that will result in significant value to your Medicaid and human services programs.

Organizational Structure

Figure 4.3 illustrates the corporate structure of the bidding entity, OptumInsight, Inc. and the two delivery units responsible for delivering the technology and services required in the RFP.

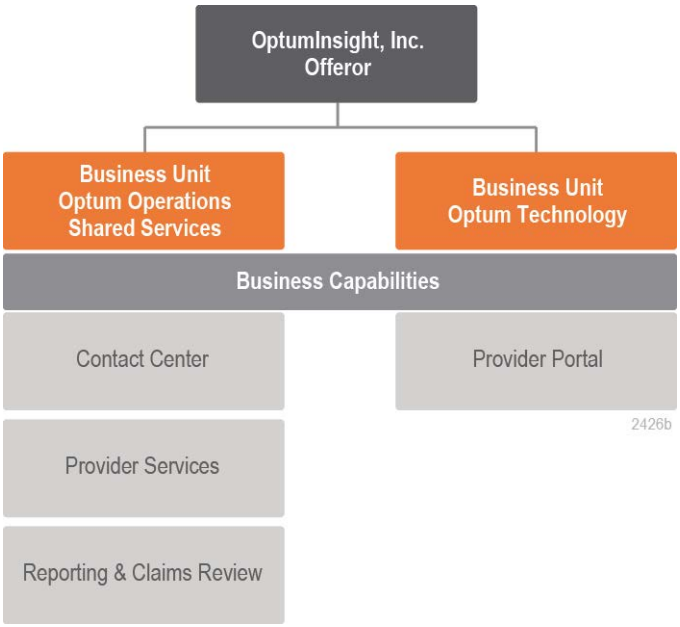

Figure 4.3: OptumInsight Organizational Structure.
The Optum Operations Shared Services and Optum Technology business units will provide key capabilities for all three scopes of work for your Provider Services Module Project.

Similar Past Projects

The following table provides a sample list of clients obtained over the last six years for which we provide similar services and technology as those being proposed for your provider services module.

Contract/Engagement
Colorado – Accountable Care Collaborative (ACC)

Contract/Engagement
Delaware Medicaid and CHIP – Diamond State Health Plan
Hawaii – QUEST Integration
Iowa Health Link
Kansas – KanCare Managed Care
Massachusetts – Senior Care Options
Michigan Medicaid
Mississippi CAN
Missouri HealthNet Managed Care
Nebraska Heritage Health
Nevada Medicaid
Pennsylvania Medicaid
Rhode Island – RIte Care
Washington Apple Health
Wisconsin – BadgerCare / Medicaid SSI
Administrative Services Organization – County of San Diego Behavioral Health Services
Health New England Physical Health
QualChoice Behavioral Health
San Diego Electrical Health & Welfare Trust - Behavioral Health
Community and State Managed Care
Colorado – Accountable Care Collaborative (ACC)
Delaware Medicaid and CHIP – Diamond State Health Plan
Hawaii – QUEST Integration

Across these Medicaid managed care engagements, we provide services that include the following:

Credentialing and re-credentialing: We pride ourselves on maintaining a stringent set of credentialing requirements that comply with national and state-specific regulatory requirements and professional principles. A key component of our commitment to quality assurance is maintaining appropriate licensure and credentialing requirements and processes for the various types of providers that comprise our credentialing networks. Our Provider Advisory Committee leads our Quality Management Committee (QMC) that oversees our credentialing and re-credentialing processes. Health care providers and facilities included in our network follow our credentialing and re-credentialing process prior to their contract effective date. Our credentialing and re-credentialing processes meet NCQA standards as well as applicable state and federal regulations.

Provider portal: We maintain a secure provider portal that gives all providers access to critical and timely information through a single resource, facilitating better and more responsive care. Our cloud-based provider portal, integrated with our critical systems, supports state Medicaid providers through many innovative features and tools. We have designed this portal to be customizable to any state client. Once providers have completed registration, our interactive portal supplies them with electronic, real-time access to key applications and websites. Providers can view their individual information, obtain State documents, review comprehensive plan information, determine member eligibility, submit claims, and view claim status. Providers have 24x7 access to the portal. This technology includes most of the self-service functionality defined in the Additional Provider Services Option A section of the RFP.

Call center: We respond to provider phone inquiries on a wide variety of topics through a toll-free provider services center. These highly trained resolution specialists are dedicated to answering provider calls based upon the market they support (27 markets). We provide intensive training on call handling based upon the State requirements to our resolution specialists. We use innovative platforms and applications to pull member data for call resolution. Through our call center, providers can obtain assistance on a wide variety of topics such as:

- Claims inquiries, benefits, and eligibility
- Covered services, fee schedules, and member eligibility verification
- Prior authorization and referral procedures
- Provider credentialing and re-credentialing status
- Filing provider disputes, grievances, and appeals
- Claims payment and dispute resolution
- Verifying member assignment to the provider's panel
- Referring providers to the fraud and abuse hotline as necessary
- Coordinating the administration of out-of-network services

Outreach and training: Provider education, training, and timely communication and dissemination of information are essential to helping providers understand the state programs and our operations, including provider portal use. Provider education is also an important part of our approach to network management, quality improvement, customer service and informing our providers about population health services and goals. Our training includes initial provider training, continuing provider education, targeted training, provider services helpline, and Clinical Practice Consultants (CPC) Program. CPC is a targeted provider outreach program dedicated to aligning with State goals to improve Healthcare Effectiveness Data and Information Set (HEDIS) compliance and performance. We know provider satisfaction results from initial introductions, ongoing education and prompt and accurate claims processing and payment. For this reason, we also evaluate the effectiveness of our provider training efforts.

Enrollment/onboarding: One of the ways we build and maintain a high-performing network of providers is through our initial onboarding training. We use accessible, in-depth provider education to create seamless onboarding of new providers where applicable. Newly enrolled providers and their staff are able to receive provider education that includes a combination of proven training techniques such as site visits, town hall sessions, WebEx presentations, educational mailings and telephone outreach. We offer provider trainings at different times of the day and multiple locations throughout states. For providers new to managed care (e.g.,

LTSS/HCBS providers), we work directly with them during special Administrative Lab sessions to provide education on billing, claims submission, connectivity and other administrative topics. During onboarding, we will familiarize newly enrolled providers on our provider service resources, administrative processes, provider portal, and state benefits and requirements.

Site visits: We routinely monitor provider performance, including formal on-site assessments that we perform annually. During the formal reviews, provider advocates complete on-site assessments and perform standards requirement and document review. We identify deficiencies or areas for improvement (e.g., helping providers enhance their process for background checks on their workers and helping providers improve their process and protocols around critical incident reporting) as a result of concerns identified or communicated from case managers, members, authorized representatives or state agencies. If monitoring indicates issues of non-compliance with requirements, including medical record reviews, we determine the nature of the non-compliance. If the nature of the issue is administrative, we increase our face-to-face visits or provide corrective retraining. If the nature of the issue is more serious (e.g., quality of care issues) and poses any potential risk to the member, we take immediate action (e.g., notice of termination).

Through these projects, we form collaborative partnerships with our customers to help improve the lives of the people they serve. As a testament to our partnership philosophy and competency in administrative services, we provide a quantitative measure of client satisfaction called Net Promotor Score (NPS). The NPS provides an objective measure of client experience, calculated by a sophisticated survey given once a year by a third-party vendor. The Optum score for state government clients is 91. Our Managed Care affiliate, United Community and State, who deliver provider services, have an NPS score of 61, comparable to industry leaders, Southwest and Amazon.

Figure 4.4 shows how this score compares with some other high achieving brands known for their customer service.

Our Approach Gets Results

People | Process | Technology

Net Promoter Score (NPS) measures customer experience. This proven metric transformed the business world and is now the gold standard measurement of customer experience.

NPS® Leaders - N. America 2016

Company	NPS
USAA	80
Costco	78
Nordstrom	75
Apple/iPhone	70
Amazon	69
Southwest	66

The Optum State Government Business

Net Promoter Score = 91

"The Optum team works with our clients to meet the program needs. They work hand-in-hand to build, train, and support our department and the user community."

- Current State Client

006157

Figure 4.4: Optum State Government's NPS Places it among the Best of Companies.
Our State Government clients tend to have a good experience with our products and services, which translates into a high NPS.

We look forward to bringing the same partnership philosophy and commitment to excellence that earned us among the highest NPS in the world.

SourceHOV General Description

SourceHOV will support our Remote Mail Office (RMO) for the Provider Services Module, providing end-to-end mailroom services. SourceHOV is a global Transaction Processing Services (TPS) and Enterprise Information Management (EIM) leader. They provide services and solutions for high-volume, mission-critical organizations seeking to drive efficiency with their business processes. They serve more than 3,000 clients and operate 120 delivery centers. They process approximately 142 million insurance documents annually and 700,000 claims daily. SourceHOV supports 22 top U.S. payers nationally.

SourceHOV Holdings, Inc. and subsidiaries (collectively, the Company) is a holding company with no operations and owns 100 percent of SourceHOV LLC and its wholly owned subsidiaries (SourceHOV LLC). The firm has approximately 16,000 employees. The Company, formerly known as SOURCECORP, Inc., changed its name to SourceHOV, Inc. in May 2011. Founded in 1994, The Company is based in Dallas, Texas.

SourceHOV Similar Past Projects

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4.2.3 Resumes

A resume or summary of qualifications, work experience, education, and skills must be provided for all key personnel, including any subcontractors, who will be performing any aspects of the contract. Include years of experience providing services similar to those required; education; and certifications where applicable. Identify what role each person would fulfill in performing work identified in this RFP.

In this section, we provide detailed resumes for our proposed key personnel.

4.2.4 Offeror Financial Stability

Offerors shall demonstrate their financial stability to supply, install, and/or support the services specified by: (1) providing annual financial statements, preferably audited (for publicly traded companies), audited financial statements (for privately held companies), or unaudited financial statements and tax returns (for privately held companies for which audited statements are not available), for the three consecutive years immediately preceding the issuance of this RFP. If an Offeror does not have three (3) years of such documentation, it shall submit the documentation that it does have going back no more than three Offeror fiscal years; and (2) providing copies of any quarterly financial statements that have been prepared since the end of the period reported by its most recent annual report. If financial statements aren't publicly available, Offeror must meet the requirements of Sections 2.3.1 and 2.3.2 to have the information kept confidential.

The bidding entity, OptumInsight, Inc., is a privately held, but wholly owned subsidiary of UnitedHealth Group Incorporated. As such, OptumInsight, Inc. does not maintain separate public audited financial statements nor does it prepare or have maintained unaudited financial statements. Further, in those states where a consolidated tax return from a parent company is available to a wholly owned subsidiary, Optum does not have its own tax returns. On the other hand, the bidding entity's financial results (including its annual revenue) are included in the publicly available, audited financial statements of the bidding entity's ultimate parent company, UnitedHealth Group Incorporated. In 2016, the annual consolidated operating results revenue for OptumInsight was $7.3 billion.

Financial stability documents are included in Attachment 1. We have included:

- UnitedHealth Group 2016 Form 10-K
- UnitedHealth Group 2015 Form 10-K
- UnitedHealth Group 2014 Form 10-K

4.2.5 Oral Presentation/Product Demonstration/Interview

Offerors selected to participate in product demonstrations/interviews will be notified by the State in advance. For planning purposes, the State will submit an agenda and specific guidance as deemed appropriate to promote productive and efficient product demonstrations. The Offeror is expected to demonstrate and answer questions on the products and/or services outlined in the Offeror's proposal to meet the requirements of this RFP. It is required that the Contractor have a demonstration environment that is comprised of the proposed solution components that are currently operating in a production environment. Product Demonstrations/Interviews will be scheduled for all offerors who received a 70% or higher score on the technical proposal.

Offerors will be required to bring certain key personnel to the product demonstrations/interviews in Helena, Montana. At a minimum, the following key staff are expected to be present. Offerors are welcome to bring additional staff at their discretion.

1. Project Manager
2. Contract Manager
3. Testing Lead
4. Integration Lead
5. Certification Lead

If our scores indicate we have been selected to participate, we look forward to meeting with you to present our product demonstration/interview. Upon receiving your agenda and guidance, we will begin preparing our team for the presentation and demonstration.

Our demonstration environment, including those components currently in production, will offer you a visual presentation of our proposed solution that we present in this response to your RFP requirements.

At a minimum, key personnel for this project, including the following, will attend your Helena, Montana meeting:

- Project manager
- Contract manager
- Testing lead
- Integration lead
- Certification lead

Depending on your specific guidance for the product presentation and interviews, we may include additional Optum team members to highlight particular features for the demonstration. Our solution will support the services necessary to meet or exceed the immediate and long-term needs of the Provider Services module.

4.2.6 Equal Pay for Montana Women

Executive Order No. 12-2016 promoting equal pay for Montana women directs the Department of Administration to include incentives in the RFP process for contractors who engage in best practices to promote wage transparency. These best practices include the following:

(a) posting salary ranges in employment listings;

(b) certifying that the contractor will not ask about wage history in employee interviews; and

(c) certifying that the contractor will not retaliate or discriminate against employees who discuss or disclose their wages in the workplace.

DEPARTMENT OF ADMINISTRATION
STATE FINANCIAL SERVICES DIVISION
STATE PROCUREMENT BUREAU
sfsd.mt.gov

STEVE BULLOCK
GOVERNOR

STATE OF MONTANA

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PO BOX 200135

(406) 444-2575
(406) 444-2529 FAX
TTY Users-Dial 711

HELENA, MONTANA 59620-0135

Certificate of Compliance

Equal Pay for Montana Women. Executive Order No. 12-2016 promoting equal pay for Montana women directs the Department of Administration to include incentives in the RFP process for contractors who engage in best practices to promote wage transparency. These best practices include the following:

(a) posting salary ranges in employment listings;
(b) certifying that the contractor will not ask about wage history in employee interviews; and
(c) certifying that the contractor will not retaliate or discriminate against employees who discuss or disclose their wages in the workplace.

Statement of Compliance with Equal Pay for Montana Women. Offeror indicating it will comply with Executive Order No. 12-2016 will receive 5% of the total points available. Offerors who do not comply will not receive the available points. Offerors are required to sign and upload a PDF copy of this certification with their proposal to certify compliance.

☒ Yes, I agree and will comply with the best practices to promote wage transparency outlined in Executive Order No. 12-2016.

Company Name (Clearly Printed): OptumInsight, Inc.

Authorized Signature: [signature]

Date: 10/31/17

☐ No, I do not agree.

Company Name (Clearly Printed): _____

Authorized Signature: _____

Date: _____

DEPARTMENT OF ADMINISTRATION
STATE FINANCIAL SERVICES DIVISION
STATE PROCUREMENT BUREAU
sfsd.mt.gov

STEVE BULLOCK
GOVERNOR

STATE OF MONTANA

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Certificate of Compliance

Equal Pay for Montana Women. Executive Order No. 12-2016 promoting equal pay for Montana women directs the Department of Administration to include incentives in the RFP process for contractors who engage in best practices to promote wage transparency. These best practices include the following:

(a) posting salary ranges in employment listings;
(b) certifying that the contractor will not ask about wage history in employee interviews; and
(c) certifying that the contractor will not retaliate or discriminate against employees who discuss or disclose their wages in the workplace.

Statement of Compliance with Equal Pay for Montana Women. Offeror indicating it will comply with Executive Order No. 12-2016 will receive 5% of the total points available. Offerors who do not comply will not receive the available points. Offerors are required to sign and upload a PDF copy of this certification with their proposal to certify compliance.

[X] Yes, I agree and will comply with the best practices to promote wage transparency outlined in Executive Order No. 12-2016.

Company Name (Clearly Printed): SourceHOV, LLC

Authorized Signature: _____

Date: 10/16/17

[ ] No, I do not agree.

Company Name (Clearly Printed): _____

Authorized Signature: _____

Date: _____

LEGAL – APPROVED AS TO FORM
T. P.

10/16/2017