



Provider Management Services supports the success of your Medicaid program

Improve your Medicaid provider partnerships by streamlining the enrollment and credentialing processes through efficient and easy-to-use online services.



A one-stop shop for providers to enroll and participate in state Medicaid programs

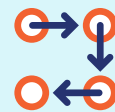
This highly efficient and configurable solution was designed to meet the needs of providers and states. It's flexible and scalable, and includes these benefits as well:

- Evergreen commercial off-the-shelf (COTS) technology
- MITA-compliant and FISMA secured environment

Our services-based approach is delivered through web-based portals, and includes application screening and processing, credentialing, re-enrollment, revalidation and provider maintenance. These services are powered by proven COTS products used in both the commercial health plans and government health care markets to deliver a robust provider enrollment system.

A solution with flexibility

The solution offers services necessary for robust provider management operations, with flexibility to configure a solution that fits a state's needs. Today, we have more than 100 configurations available, with provider type flexibility, automation options, claims submission option, reporting dashboards and more.



Providers are the backbone of Medicaid programs. Provider Management Services makes it easier for them to participate.

Our intuitive self-service gateway and support system streamlines administrative activities

Providers can easily apply, verify, credential and manage participation in Medicaid.
Agency staff can easily manage, monitor and complete provider applications.

Here's how:

- **Dynamic screen workflows.** Intuitive web-based portal responds in real time, streamlining the process and eliminating nonessential steps. Providers can enroll in as little as 20 minutes.
- **Highly configurable for states' unique needs.** Allows automated enrollment decisions, configured instructions, and automatic routing for missing information.
- **Always know current status of applications.** Up-to-date Medicaid application information, so the agency and providers have the latest status information on all applications and enrollment processes.
- **Integrate with other technologies.** Integrate with other modules, into your legacy environment, or with third-party vendors through efficient and secure data exchange.

NASPO ValuePoint approved

NASPO is the National Association of State Procurement Officials, and Optum is an approved supplier partner of NASPO ValuePoint for the Provider Services module of state Medicaid programs.

ValuePoint is a cooperative purchasing program that facilitates multi-state public procurement solicitations and contracting, using a lead-state model. ValuePoint provides state Medicaid agencies with:

- CMS preapproval on comprehensive requirements
- Robust performance standards established by lead state (Montana) and sourcing team
- Comprehensive terms and conditions included in all master agreements
- Predefined costs
- Reduced procurement and acquisition timeline
- Increased vendor collaboration resulting in better alignment and fewer surprises

Secure environment

The data security of each state tenant is carefully maintained. Optum hosts the service components within our FISMA-compliant secure data centers and secure cloud providers.



To learn more, visit

naspo.valuepoint.org

A turnkey, end-to-end provider management solution

Optum® Provider Management Services includes the following components.



Provider enrollment and self-service portal: The portal guides providers step by step through a self-service enrollment and submission process, making it easier and faster for providers to enroll and maintain their participation status.



Provider database: We can store provider information as the central source of truth for all information that feeds into the solution's workflow management system.



Workflow management system: This is the pathway to verification and credentialing, routing specific provider enrollment documentation and applications through work queues for completion or review. The workflow design is fully configurable.



Provider enrollment and credentialing services: Optum provides the staffing and work process to facilitate and monitor provider enrollment and credentialing. This efficient and accurate process makes it faster and easier for providers to care for Medicaid participants.



Licensure and sanctioning: We verify the status of providers' licenses and potential sanctions. Our provider database regularly collects provider data from state and federal databases through automated feeds. This information is used to recommend a provider risk level (per ACA guidelines) to the state to help determine the level of required monitoring.



Mail services: Our electronic data repository scans paper documentation and stores the images. The system integrates with the workflow management tool and provides indexing capabilities.



Provider contact center: Our contact center supports the provider services and telephony systems for both live calls and IVR communication. This gives providers a centralized resource for support and consistent service.



Provider and staff training: Our training provides users a full understanding of how to access and use the system. We also train providers to efficiently and effectively access their application for enrollment, maintenance and revalidation.

The Optum Provider Management Services solution includes the people, processes and technology to support your provider enrollment and maintenance activities.

Managing change to minimize provider abrasion

Optum understands the importance of managing change to eliminate potential disruption to your providers and state staff. Regular communication to manage expectations is the key to mitigating potential provider abrasion. Our Provider Management Services delivers multi-channel communication regarding system changes, updates and other important information to providers. Our experience with cultivating local provider relationships allows us to tailor effective outreach and training programs.

Managing multiple vendors and multiple stakeholders in complex health care environments

Modularity brings many new benefits to states. It also brings new challenges, particularly with the management of multiple vendors that now have to fulfill the various Medicaid program functions. It can be overwhelming, and fundamentally shift what state teams have customarily managed. Vendor selection is therefore critical. You need a reliable partner with the demonstrated ability to commit to working with your state and the other vendors in a productive and positive manner, one that is also adept at managing third-party dependencies. Optum is recognized for setting the standard for success in multi-vendor arrangements. This was demonstrated when we took over as general contractor and technical systems integrator during the roll-out of the healthcare.gov project in October 2013. If your Medicaid program operates in a multi-vendor environment, Optum will be your partner with an unwavering commitment to your agency's success at all times.

Your trusted partner

With Optum, you have a long-term partner with a profound understanding of the provider enrollment and management process. We have more than 3.3 million Medicaid providers under management today, along with extensive experience managing provider networks across the public and private sectors. Our goal is to provide an efficient, streamlined provider experience coupled with continuous innovation that evolves with you and your organization.

Learn more about Optum Provider Management Services by contacting us today at optum.com/StateGovContact



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