California Health and Human Services Agency
Office of Systems Integration

Electronic Visit Verification

RFI # 32236
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Albert De León  
Acquisitions & Contracting Services Division  
Office of Systems Integration  
Phone: (916) 263-4285  
E-mail Address: solicitations@osi.ca.gov

RE: Electronic Visit Verification

Dear California Health and Human Services Agency:

Optum® is pleased to submit this response to the Office of Systems Integration (OSI) regarding the California Department of Health Electronic Visit Verification (EVV) Request for Information (RFI). We currently provide the Management Information Systems / Decision Support System (MIS/DSS) to the Department of Health Care Services, and have strong interest in supporting your EVV initiative.

Optum is uniquely positioned to support California in implementing an EVV solution. We provide diverse and specialized services to Medicaid and Medicare payers who are responsible for the care of populations requiring long-term services and supports (LTSS). Because we are accountable for the health care outcomes for individuals requiring LTSS, we understand the care relationship between recipients and their LTSS providers as well as the end-to-end processes from needs assessment to service authorizations to EVV to payment processing. We developed an EVV solution based on that understanding and our responsibility for individuals with LTSS. We are also an experienced partner with states in implementing systems that administer Medicaid, and bring technology and programmatic expertise in developing and delivering our EVV solution.

Our respondent information is below. We look forward to a continued dialogue as you gather information for your EVV procurement.

Vendor Information  
Name: Optum  
Address: 11000 Optum Circle, Eden Prairie, MN 55344  
Telephone Number: (888) 445-8745  
Fax Number: (952) 917-7878

Contact Information  
Name: Bob Chouinard, VP Business Development  
Address: 11000 Optum Circle, Eden Prairie, MN 55344  
Telephone Number: (720) 234-7529  
Fax Number: (866) 829-5006  
Email: bob.chouinard@optum.com  

Best regards,

Bob Chouinard  
VP, Business Development
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1. Narrative

At Optum, our mission is to help make the health system work better for everyone. We are a single, integrated health services company with 20 years of experience solving the biggest and the most complex challenges facing health care. In 2016, Optum grew to $83.6B in revenue with more than 130,000 employees singularly focused on improving our health system.

Today, our employees connect and serve the entire health system: Those who provide care, pay for care, and most importantly, need care. Our scale and impact is broad and continues to grow. Every day, we turn health data into insight to power our customers’ decisions and improve the millions of lives they touch. Figure 1 shows the customers we serve in the health care system.

**Figure 1: Optum Customers Served within the Health Care System.**

*Optum provides services to the entire health care ecosystem, turning health data into insight and helping to make the health care system work better for everyone.*

Our 47 state government clients include direct relationships with Medicaid and Health and Human Services (HHS) agencies. It also includes indirect relationships with managed care organizations that provide services to Medicaid and Medicare beneficiaries. Our comprehensive capabilities for government include:

- Technology and operations to maintain and modernize infrastructure
- Analytic services to manage programs and improve outcomes
- Care delivery and management services to support new delivery models
Relevant Experience

Optum is uniquely positioned to support California in implementing an Electronic Visit Verification (EVV) solution. We provide various services for 47 states and the District of Columbia. This demonstrates our organizational expertise in and understanding of HHS programs. Either directly or through payer customers, we serve 16 million individuals covered through Medicaid and State Children’s Health Insurance Programs (SCHIP).

We work with Medicaid health plans in 26 states to provide integrated health benefits and administration services. These integrated programs cover members in Temporary Assistance for Needy Families, Children’s Health Insurance Program (CHIP), Aged, Blind and Disabled, LTSS, and Dual Eligible (Medicare-Medicaid enrollees) plans. We provide direct-to-state and local behavioral health care services to five million clients across the country. Our comprehensive operational and service delivery experience positions us to support State of California (State) Health and Human Services Agency’s (HHSA) goals and differentiates Optum from other companies.

We also provide diverse and specialized services to Medicaid and Medicare payers who are responsible for the care of populations requiring personal care services. Specifically, we provide services and programs for Medicaid managed care organizations (MCOs) that provide managed LTSS programs in 13 states. Our award-winning Evercare model for Medicare Institutional Special Needs plans has significantly improved quality of care while reducing acute utilization and total cost of care for members in 27 states. For example, for the Massachusetts Senior Care Options Program (SCO), the Optum clinical team coordinates care for more than 17,000 dual eligible individuals and Medicaid-only seniors in both nursing facilities and in the community. Optum clinicians coordinate with local community-based agencies to make certain this most vulnerable population has access to quality medical care and person-centered, community-based LTSS services.

We bring our combined technology and programmatic expertise in developing the EVV solution and in successfully implementing complex systems for states consistently on time and on budget. Optum has experience in the following areas that are highly relevant to this RFI:

Long Term Services and Supports (LTSS) and EVV

The Commonwealth of Massachusetts provides LTSS care for 300,000 of Massachusetts’ most vulnerable members, including people with disabilities and frail elders, through the Medicaid Program, MassHealth. Optum serves as a third-party administrator for the Office of Long Term Services and Supports (OLTSS) and is currently servicing 22 LTSS provider types, including personal care and home health providers. Our clinical and administrative expertise with the Medicaid and Medicare population, coupled with our experience with LTSS providers, is integral to our success. We support the State with prior authorization and utilization management, LTSS provider enrollment and revalidation, LTSS provider service center and claims inquiries, LTSS Provider Portal and Management System, reporting and analytics, and payment integrity initiatives. The Optum team collaborates with the State to develop solutions that align with State regulations and integrate these solutions with their systems and processes.

As part of our work for the Commonwealth, we introduced an innovative, user-friendly EVV solution. The Optum EVV solution is a mobile Web-based visit verification solution for individuals, care providers, and provider agencies. The solution is flexible (e.g., easily
configured to the state’s overtime, nighttime, sick leave, and paid time off policies) and offers solutions to those without mobile access or connectivity issues. It is consumer-centric and is compatible with assistive technology, including speech recognition, and leverages mobile device features like font enlargement and text-to-speech. The technology platform is scalable and easily customized to address the specific needs of each state program. For example, our EVV solution can combine and track total hours and overtime limits for providers that work for multiple individuals and the same for individuals who have multiple providers. After validating the EVV data against service authorization and member status, the system automatically generates timesheets that can be sent to fiscal intermediaries or the claims system. This improves accuracy and processing efficiency, and significantly improves both the recipient and provider experience by saving them the time from completing manual timesheets. Moreover, the EVV data can help make certain that recipients are receiving quality care as outlined in their person-centered service plan and make certain program integrity.

**LTSS Independent Assessment Services**

For the State of Arkansas, Optum is implementing an independent assessment technology platform and providing clinical services to perform assessments for Medicaid-eligible individuals requiring LTSS. These services will enable the State to consistently determine level of need for LTSS based on medical, behavioral, social, living situation, and caregiver support.

**Business Intelligence Solutions for HHS Programs**

For more than 20 years, we have provided integrated HHS business intelligence and data warehousing solutions to state governments. An integrated program that provides a holistic view of individuals and families can provide value to a state HHS agency. Understanding the integration of Medicaid, public health, and human services into a data warehouse provides us insights at the data level. This includes what data elements from transactional systems are meaningful for effective program management and outcomes.

**Program Integrity**

Optum has a Program Integrity (PI) capability and team that supports more than 16 Medicaid programs and more than 300 health plan clients. Optum Payment Integrity saved or recovered nearly $7B on behalf of government and commercial payers. LTSS functions are often fragmented, resulting in challenges for the identification and recovery of fraud, waste, and abuse (FWA). The fragmented nature of these services and the dynamic growth trajectory of LTSS magnify the importance of a high-performing PI unit that can effectively combat FWA.

**Claims processing and adjudication**

Optum processes 1.5 billion claims annually with greater than 99 percent accuracy. We currently process LTSS claims for health plans in Massachusetts, New Jersey, Michigan, and Pennsylvania. We have substantial knowledge in the unique nature of LTSS claims and processing them accurately and on time. The Optum Business Service Platform (OBSP) approach provides certifiable Medicaid administrative services for fee-for-service claims processing and program administration. This platform will also make it easier for providers to submit bills electronically.

**Effective maintenance and operations (M&O) experience**

Optum has more than 2,000 employees currently providing M&O services for 650 critical applications on various Information Technology (IT) platforms. We have built an extensive body of HHS system knowledge and have created the necessary supporting methodologies, reports, and Service Level Agreement (SLA) expectations. Our library of M&O documentation includes delivery management plans, staffing plans, data management, enhanced security of health and
human services data, user support systems, and processes for infrastructure/application operations, as well as others.

**Large-scale Health Information Technology (HIT) solution implementations**

We have extensive experience implementing large-scale health care IT solutions in multi-vendor, multi-stakeholder environments like yours. You need more than a technology vendor to implement and manage your EVV. HHSA requires an experienced partner who understands the concerns and sensitivities of the recipients this solution will serve and the stakeholder landscape where the Optum EVV will operate. We also have expertise assessing the political climate surrounding our solutions to make sure we understand and meet the needs of legislative oversight and the recipient populations we serve.

b. The vendor’s experience doing business with the State of California.

Optum provides the solutions and services that support some of the State of California’s key enterprise programs. Current solutions and services that Optum provides in the State of California include the following:

- Optum is the San Diego County Behavioral Health provider, a partnership that dates back to 1997. Within the San Diego operation, Optum provides after-hours crisis line response for four Northern California counties (San Mateo, Marin, Sonoma, and Contra Costa).

- Optum provides the management information system and decision support system (MIS/DSS) for DHCS. This contract began in 2007, and it was re-awarded in 2013. This data warehouse contains eligibility, provider, and claims information for the Medi-Cal Program, including non-DHCS programs funded by Medicaid.

- Optum provides FWA technology and services for DHCS. Using our Fraud and Abuse Detection System (FADS), Optum enables provider peer group profiling, fraud identification and investigations and supporting over 200 DHCS users within Medi-Cal’s Audit and Investigation division.

- Optum provides CalPERS Pharmacy Benefits Management services for more than 500,000 California state employees.

As California’s partner supporting the State’s Medicaid Decision Support System since 2007, we have an in-depth knowledge and understanding of your programs, culture, and values. Over the last decade, we have worked closely with the State in assessing as-is technologies, processes, and supporting maturation. Our approach includes rigorous training and communication, which will be important for the introduction of an EVV. We share your vision of helping individuals live independently in their own homes and communities with control over their own care. We have the knowledge and experience to deliver an EVV that improves recipient care and maximizes provider payment efficiencies while improving the user experience for both communities.
2. Recommendations

Any additional recommendations that the vendor determines are relevant to EVV.

We are pleased to share high-level recommendations and welcome an opportunity to discuss these and others further at your convenience.

Recommendations on EVV Model Options Described in the RFI

Beginning on page 11 of your RFI, you describe various model options to implement EVV. Based on our experience, we recommend the below phased approach to the implementation to allow for a gradual adoption by your providers and recipients while delivering recipient-friendly features quickly to users. The following recommendations also consider leveraging of existing technology that the State has already invested in.

- **Phase 1 – Implement Options 1 and 3 Concurrently**: Optum recommends leveraging the IHSS Portal for the Individual Provider model during Phase 1. Per page 9 of your RFI, 20 percent of your IHSS providers are/will be using the IHSS Portal, and your current Telephone Timesheet System (TTS) is integrated with the portal. It is important to build on current provider adoption of current investments, which also reduces configuration time needed to implement the EVV system.

  In Phase 1, we recommend implementing the EVV system for both individual providers and agency providers concurrently. Completing Option 1 and 3 concurrently will enable you to address the EVV need for all of your personal care providers, whether they are IHSS providers or agency providers. This will enable the State to meet the January 1, 2019 deadline for personal care services and 2023 for home health services in compliance with the 21st Century Cures Act requirements.

- **Phase 2 – Implement Option 2**: We recommend replacing the Electronic Timesheet System (ETS) on the IHSS Portal during a second phase. By integrating the Optum EVV with the Optum Portal that facilitates the provider’s review of hours worked and recipient’s approval of hours worked, this will save the State money and gives you greater flexibility in enhancing the Portal to further improve recipient care and maximize provider payment efficiencies. For example, the Optum Portal can give State agencies real-time reporting and monitoring by population segments and by county. The Optum Portal can also be configured in English, Spanish, Chinese, and Armenian. Recipients who speak Mandarin and Armenian will not have to first leave a message for a TTS staff member to return their call. The Optum Portal can also be configured to enhance recipient engagement and care team alignment with real-time alerts.

- **Phase 3 – Implement Option 5**: During the next phase, we recommend leveraging the solution for home health care. This will allow home health care providers and recipients to benefit from the user-friendly features of EVV ahead of the 2023 home health 21st Century Cures Act deadline.

- **Phase 4 – Implement Option 4**: Optum is a leading electronic payment service provider serving more than 1.2 million health care providers and processing over $125 billion in payments a year. We recommend replacing the major components of payroll processing last to allow sufficient time to communicate changes and thoroughly test the system changes.
Recommendations on EVV Vendor Selection

We recommend the State seek an EVV vendor with experience in large-scale LTSS system deployment and experience in project management, training, user support, and change management. Unlike vendors with smaller stand-alone products, we can provide an integrated solution with a deep understanding of the end-to-end process from needs assessment to service authorizations to EVV to payment processing, which will help when developing interfaces with other systems like CMIPS. In addition, proven experience working with the LTSS community is critical given the sensitivities around EVV. The State can consider the significant synergies of engaging a vendor with experience in using the information collected from EVV in Program Integrity data analysis.

Procurement Library

We recommend creating an extensive procurement library. The more detail you provide, the lower the risk that vendors will over or under engineer the solution. The library should include both business and technical data. We recommend the State include:

- Both historic and projected number of provider, recipient users, and user support staff across ETS, TPF, and TTS
- Phasing implementation of population segments and/or geographies, if applicable
- Interfaces required to replace CMIPS’ payroll processing function as described in your Option 4
- An inventory of current software that is desired to be retained
- Any additional helpful information includes SLAs and performance metrics against these levels, and business workflows if available

Outcomes-based Procurement

We recommend that you base the RFP on the outcomes that you want to achieve as opposed to an overly prescriptive solution. Vendors are well equipped to define appropriate solutions based on their experience. If your RFP defines how you want the project accomplished, you can limit vendor creativity and potentially affect your cost and potential return on investment.

Standards-based Solutions versus Proprietary Solutions

We recommend that you establish standards that the vendor’s solution must meet. This will promote the use of data and technical standards to improve the cost-effectiveness of IT development. Adherence to technical standards, specifically open standards, facilitates integration of Commercial Off-The-Shelf (COTS) solutions and the reuse of solutions across the organization, resulting in lower development costs and risks. Suggested requirements include the following:

- All functional modules should be designed for component reuse, flexibility, and interoperability. A module, application, or tool from one vendor should be easy to replace by an equivalent functional module from another vendor (e.g., the data warehouse application from Vendor A can be easily replaced by the data warehouse application from Vendor B).
- List any specific software that HHSA desires to continue to leverage in this solution.
3. Attachment A

1. Describe how your company delivers this type of electronic verification solution or service in similar Medicare and Medicaid settings, or other similar health care settings for consumer directed personal care and/or home care service delivery. Include a description of the population characteristics of individuals currently served by your system(s) and include the number of members.

The Optum EVV solution is a service provided under a broader third party administrator (TPA) contract for the Massachusetts Long Term Services and Supports. LTSS provides services to more than 300,000 Medicaid (MassHealth) members, including the elderly and individuals with physical, intellectual, and/or developmental disabilities. Optum currently services 22 LTSS provider types, including personal care attendants (PCAs), home health, group adult foster care (GAFC), adult foster care (AFC), adult day health (ADH), day habilitation, durable medical equipment (DME), independent nurses, therapists, speech and hearing center, nursing facilities, independent living centers, and rehabilitation centers. There are more than 40,000 personal care providers and 34,000 recipients in Massachusetts who will use the Optum EVV solution beginning in 2018. The State is also planning to expand the EVV solution to other programs, including waiver programs (e.g., Frail Elder Waiver). In addition to configuring the solution to Massachusetts specific policies and payment workflows, Optum has supported Massachusetts in many stakeholder engagements and EVV demonstrations.

Optum EVV Detailed Description

Ease-of-use enables quick adoption and supports state policies: Using a GPS-enabled device, such as a smartphone or tablet, providers can check-in or check-out of the Optum EVV solution during each recipient visit with a click of a button, beginning work immediately when they arrive. Our solution does not require an application download, eliminating the need to use the storage on your mobile device. We provide a Web-based portal for increased security and eliminating version updates. The solution is flexible and can be easily configured to the state’s overtime, nighttime, sick leave, and paid time off policies.

Automatic data capture, validation, and alerts to enhance consumer control and program integrity: Our solution captures login credentials, provider geo-location, and the recipient’s validation that she or he is with the provider, which helps expedite timesheet approval. The application tracks the date, time, and length of each visit. It sends captured data securely to the cloud for storage and verification against the recipient status and service authorizations. For example, the Optum EVV will confirm the provider location is the same address as recipient’s home or another approved location, such as the grocery store or pharmacy. In real-time, the Optum EVV summarizes the time worked for the pay period and year-to-date. During the check-out, providers and recipients can see how much approved time is remaining for that pay period, so they can plan services accordingly and do not exceed the approved time. This gives recipients more control over their care, enabling them to better direct care to meet their needs.

In addition, the Optum EVV solution can collect both clinical and non-clinical information at the point-of-care. Providers and recipients can report any symptoms that may benefit from a follow-up with the recipient’s primary care provider, case manager, or agency. An example of this could be a recipient with congestive heart failure who gained more than two pounds in a day. Other examples include reporting loss of a family caregiver or signs of potential food insecurity,
neglect, and/or abuse, so timely interventions can improve outcomes, including preventing avoidable, costly hospitalizations and long-term institutionalization.

**Portal provides real-time information across multiple programs:** On the provider portal, providers can view total hours worked and track overtime limit across multiple recipients. This helps them more accurately forecast their payments for the pay period, and they can compare against previous pay periods. Providers can also verify the amount of time that the recipients have approved. The system can alert providers when recipients approved less time than submitted, improving transparency and minimizing paycheck surprises.

To aid the recipients, the Optum Portal clearly differentiates the visits that had real-time co-authentication by the recipient (indicated by green text and checkmarks) versus the visits where the recipient was not with the provider either during check-in and/or check-out (indicated by red text and alert icons). This enables the recipient to review the latter visit type more closely and confirm the actual time worked.

Recipients can view total hours worked and track overtime limit across multiple providers. The Portal can also alert recipients when they will need to get In-Home Operations (IHO) approval to have their providers work more than the allowed maximum hours. After recipient validation, the Portal automatically generates electronic timesheets we can send for claims processing and payment.

The Optum Portal also gives State agencies real-time reporting and monitoring by population segments (e.g., PCSP, IPO, CFCO, IHSS-R) and by county. These tools can help HHSA plan and budget for the personal care and home health services. They can help agencies identify the providers and recipients who have repeatedly exceeded overtime thresholds to do proactive outreach. Agencies can also identify significant underutilization of hours compared to authorized and make certain that recipients are receiving quality care as outlined in their person-centered service plans.

**Other Optum EVV Benefits and Features**

Benefits and features of the Optum EVV solution include the following.

**Prepayment edits:** The Optum EVV solution includes configurable prepayment edits that block and deny payment if certain conditions exist. HHSA can define prepayment edits for incidents, such as overlapping times, unregistered service locations, recipient in hospital/skilled nursing facility, or authorized time exceeded. This feature is critical for HHSA to control expenses that are often difficult to recoup after they occur.

**Easily configurable alerts aligned to user’s communication preference and in multiple languages:** Our solution lets recipients and providers indicate their communication preference (e.g., text, email, portal alert) and their language preference. The system can warn recipients if they are nearing the expiration date for current service authorization or overtime exemption. This is important to make certain there is no interruption to critical services and minimizes the number of expedited service authorization requests that states have to process.

**Mobility:** There is no specialized equipment to buy, carry, or install (e.g., a device that needs to remain affixed to a designated location in the recipient’s home). Recipients can access the portal from any location with Internet access. If they lose Internet connectivity while using the solution, they can visit the portal later when connectivity is restored. This feature enables providers to accompany recipients to doctor appointments and participate in other activities that are important for recipients to lead engaged, fulfilling lives.
**Existing devices:** Recipients and providers can use smartphones and mobile devices they already own and are comfortable using, which reduces their learning curve. We optimized our solution for each corresponding display giving users a positive user experience regardless of the device or screen size they use to access it. The Optum EVV solution uses minimal cellular data to perform check-in and check-out functions with no storage on the device required beyond the browser.

**Mobile built-in assistive technology:** The Optum EVV solution can leverage mobile assistive technology features that your recipients already use and that are crucial for their livelihood, health, and welfare. These include features, such as screen readers, screen magnifiers, speech-to-text, text-to-speech, and assistive touch.

**No downloads nor manual updates:** We designed the Optum EVV as a secure Web application that runs in a browser using https. Whether a user accesses the application from a computer or mobile device, installation is not required. We can also update the application without recipients or providers having to download new versions of the application.

**Understanding the Communities Served**

While the technology’s ease-of-use and scalability are important, in-depth knowledge of the challenges and needs of this community of providers and recipients is even more essential to a successful EVV implementation. We serve 16 million individuals covered through Medicaid and State Children's Health Insurance Programs. We provide services and programs for Medicaid managed care organizations that provide managed LTSS programs in 13 states. Our award-winning Evercare model for Medicare Institutional Special Needs plans has significantly improved quality of care while reducing acute utilization and total cost of care for members in 27 states. Because we are accountable for the health care outcomes for individuals requiring LTSS, we understand the care relationship between recipients and their LTSS providers as well as the end-to-end processes from needs assessment to service authorizations to EVV to payment processing.

Based on our decades of experience working with these populations, we can engage and migrate individuals from manual processes to automated ones. The recipients and providers will need assurance that the EVV will not take anything away from them—that we are only replacing paper timesheets with electronic ones. After the providers and recipients realize they will not lose anything, they will be more receptive to the change. We can also help providers and recipients understand the EVV will offer real benefits. For example, providers and recipients will have the convenience of using features their mobile devices already provide, saving them time.

2. **Provide a detailed description of the EVV System:**

   a. Functionality of the system including the devices, methods of data collection, technology and infrastructure requirements for both individuals receiving services (Recipients) and service providers (Providers), (e.g., land-line telephones, cell phones, in-home fixed device, tablet, internet, GPS).

The Optum EVV is a mobile and Web-based application that verifies in real time when a provided service begins and ends. It enables users to leverage the technology they already use in their mobile devices. Our solution integrates with the recipient and provider portals and HHSA systems to create an end-to-end management system.
How to Use the Optum EVV

The following narrative describes how the Provider EVV and the Recipient EVV are used.

Provider EVV

1. Providers register in the Optum EVV. Figure 2 shows the registration screen.

![Figure 2: Optum EVV Provider Registration Screen. Providers must register in the system to use the Optum EVV solution. The information will be reconciled against the provider information that HHSA provides to make certain program integrity.](image)

2. Providers who have registered in the system can open the Optum EVV application in their mobile browser and enter their unique login credentials to access the portal. Figure 3 shows the Log In screen.
Providers sign in to the system using their email address as their user name and entering their password.

3. Providers who forget their passwords can click “Forgot Your Password?” on the Log In screen. Figure 4 shows the Forgot Your Password screen.

Optum will configure password requirements based on the State’s guidelines.

After authenticating the provider credentials, the system routes the provider to the Provider Portal home page. Figure 5 shows the home page.
Figure 5: Optum EVV Provider Home Page.

(1) Providers can view their time summary for this pay period, cumulative of all recipients. If applicable, they will receive an overtime alert specific to IHSS, WPCS, and DHCS policies as they approach the overtime threshold and remind them that an overtime exemption will need to be obtained from the In-Home Operations.

(2) Providers can view their previous timesheets.

(3) For providers serving multiple recipients, the Optum EVV Provider home page displays a list of recipients, and providers can choose the applicable recipient from the list.

4. From the Provider Home page, providers can click to view more detailed recipient information. Figure 6 shows the detailed recipient information.
Figure 6: Recipient Detail Page.

The Recipient Detail page includes a summary of the current week's visits. On the bottom, providers can check-in or check-out of a visit.

5. From the Recipient Detail page, providers can check-in or check-out of a visit. The provider will then pass the device to the recipient to enter a PIN to validate that the recipient is with the provider. The geo-locations of the provider’s check-in and check-out, and the recipient's PIN validation, will be automatically tracked and reconciled against the registered locations for that recipient.

While services can occur anywhere, services at registered locations with recipient PIN validation are indicated by green text and checkmarks in the recipient timesheet view. By contrast, red text and alert icons display in the recipient timesheet view when the recipient was not with the provider during check-in or check-out. They also display when the visit occurred in a non-registered location. This enables the recipient to review the visit type more closely and confirm the actual time worked. Figure 7 shows the Check In/Check Out page.
Figure 7: Check In/Check Out Page.
Recipients use a PIN to confirm their co-location with the provider. Recipients can change their PINs at any time to protect them from being compromised.

Recipient Portal

1. Recipients register in the Optum EVV. Figure 8 shows the registration screen.

Figure 8: Optum EVV Recipient Registration Screen.
Recipients must register in the system to use the Optum EVV solution.

2. Recipients who have registered in the system can open the Optum EVV application in their mobile browser and enter their unique login credentials to access the portal. Figure 9 shows the Login screen.
Recipients sign in to the system using their email address as their user name and entering their password.

3. Recipients who forget their passwords can click “Forgot password?” on the Login screen. Figure 10 shows the Forgot Your Password screen.

Optum will configure password requirements based on State guidelines.

After authenticating the recipient credentials, the system routes the recipient to the Recipient Portal home page. Figure 11 shows the home page.
Figure 11: Recipient Portal Home Page.

1. The recipient can click to view their profiles, add/modify their surrogate contact information, add/modify service locations, and update his/her PIN.

2. The recipient can access quick guides and user videos on how to use Optum EVV solution in multiple languages (e.g., English, Spanish, Chinese, Armenian).

3. The home page displays the used and remaining hours for the current week and year-to-date.

4. From the Recipient Portal Home page upper right hand corner, recipients can click to view their profiles. Figure 12 shows the recipient profile.
5. Recipients can manage their timesheets through the portal. In-progress timesheets that require recipient approval have orange alert icons next to them. Timesheets that have already been approved have green checkmarks next to them. Figure 13 shows the Timesheets page.
In-progress timesheets that require recipient approval have an orange alert icon next to them. Timesheets that have already been approved have green checkmarks next to them. Clicking on a specific timesheet takes recipients to the Timesheet Detail View page.

6. The Timesheet Detail View enables recipients to view the visits for a timesheet. Recipients can either approve timesheets with one click (upper right), or drill deeper into specific visits highlighted in red with alert icons or all visits. Figure 14 shows the Timesheet Detail View.

While services can occur anywhere, services at registered locations with recipient PIN validation are indicated by green text and checkmarks. By contrast, visits where the recipient was not with the provider during check-in or check-out, or that occurred in a non-registered location, are indicated by red text and alert icons. This enables the recipient to review the visit type more closely and confirm the actual time worked.

7. The Visit Detail page enables recipients to view details about each visit. Figure 15 shows the Visit Detail page.
The Visit Detail page indicates if a visit was authenticated with recipient PIN at check-in or check-out.

8. From the Visit Detail page, recipients can click to approve, modify, or void a visit. Figure 16 shows the Modify Visit page.
Figure 16: Modify Visit Page.
Recipients can modify the dates and times of any visit, along with a modification reason. The system can alert providers when recipients approved less time than submitted, improving transparency and minimizing paycheck surprises.

9. From the Timesheet Detail View, recipients can also add a visit. Figure 17 shows the Add Visit page.

Figure 17: Add Visit Page.
Recipients can add visits as needed.

Approved time for individual providers is sent electronically to CMIPS for payroll processing.

For agency providers whose time is paid directly by the counties, we can send the approved time to the counties, so those counties can pay the providers and upload providers’ time into CMIPS as they do today. Alternatively, we can directly send the approved time to CMIPS on their behalf.

For agency providers who are enrolled as Medi-Cal providers, we can send the approved time to the agencies, so they can continue as they do today. Alternatively, we can translate approved time to claims with specified procedure code, date of service, number of units of service, rate per unit, and claim total to DHCS' Financial Intermediary (FI) on their behalf, saving them processing time and cost. The FI can then pay the agencies and submit reporting to the DHCS data warehouse as they do today.

The Optum EVV solution includes configurable prepayment edits that block and deny payment if certain conditions exist. HHSA can define prepayment edits for incidents, such as overlapping times, unregistered service locations, recipient in hospital/skilled nursing facility, or authorized time exceeded. This feature is critical for HHSA to control expenses that are often difficult to recoup after they occur.

Technology and Infrastructure Requirements

Providers can access the Optum EVV from their mobile browser. Since the application is designed as a Web application (web app) rather than native app, it does not require installation. Updates can be made without the user having to download new versions. A web app is a client–
server software application in which the client (or user interface) runs in a web browser from a mobile device.

Data is transmitted securely between the client and the server through https. The application requires minimal cellular data to perform check-in and check-out functions and does not take up any additional storage on the user’s device. The technology and infrastructure requirements for providers and recipients are summarized in the following table.

<table>
<thead>
<tr>
<th>Provider EVV</th>
<th>Recipient Portal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Device Type</strong></td>
<td>Mobile</td>
</tr>
<tr>
<td><strong>Hardware Specifications</strong></td>
<td><strong>CPU</strong>: Not applicable</td>
</tr>
<tr>
<td></td>
<td><strong>RAM / Storage</strong>: Minimum</td>
</tr>
<tr>
<td></td>
<td><strong>Screen Size</strong>: Any (5 inch or larger screen is recommended for usability and accessibility)</td>
</tr>
<tr>
<td></td>
<td><strong>GPS</strong>: Required</td>
</tr>
<tr>
<td></td>
<td><strong>Browser Support</strong>: Any</td>
</tr>
<tr>
<td><strong>Cellular Data Usage</strong></td>
<td>&lt; 0.1 GB / Month</td>
</tr>
<tr>
<td><strong>Platform</strong></td>
<td>iOS, Android, Windows</td>
</tr>
</tbody>
</table>

b. Describe how your EVV solution could meet challenges inherent to California. Include challenges specific to the large volume of Recipients and Providers and how to address the fact that approximately half of IHSS and WPCS Providers are family members and/or live in the household with the Recipient.

We designed the Optum EVV with an in-depth understanding of how our solution can help our clients and the communities they serve overcome challenges. That is why we designed the Optum EVV for scalability with high system availability. The system is also intuitive and easy-to-use, especially for providers who have limited experience with technology. As previously described, this solution is being implemented state-wide in Massachusetts. It is an ideal solution for providers who are family members of recipients because the family members do not have to understand clinical or technical terminology. The ease with which providers can check in and out of a visit, and recipients can approve timesheets with one click, are key solution features that will help HHSA overcome challenges in serving these populations.

There are more than 40,000 personal care providers and 34,000 recipients in Massachusetts who will use the Optum EVV solution beginning in 2018. The State is also planning to expand the EVV solution to other programs, including waiver programs (e.g., Frail Elder Waiver). The Optum EVV solution is based on a COTS platform we selected because it is highly scalable to the high level of volumes of providers and recipients that HHSA serves. Also, our EVV solution is specifically designed to support providers and recipients in any location where the provider is supporting the recipient. The solution is very user-friendly for recipients who are receiving personal care services in their own home.
Lastly, we have a proven record of successfully executing very large, complex, highly visible HHS technology projects and helping our clients overcome significant challenges. Often, these engagements had strict deadlines and zero tolerance for error. For example, we helped CMS address its initial implementation challenges with HealthCare.gov as it was facing a high-risk failure. We remediated the portal and system and helped CMS coordinate technical tasks and resources. We have extensive experience in large-scale system implementations and performing key project functions, such as stakeholder management, user training, communications, change management, and user support. In addition to configuring the EVV solution to Massachusetts specific policies and payment workflows, Optum has supported Massachusetts in many stakeholder engagements and EVV demonstrations.

c. Security features of the system that confirms the identity of both the Providers and Recipients and how that data is kept secure.

Protecting personal, confidential, and proprietary information is a top priority at Optum. This commitment is integral to the trusted relationships we establish with our customers and vendors. The Optum EVV solution complies with HIPAA, and it will follow strict Protected Health Information (PHI) and Personally Identifiable Information (PII) standards. Our solution includes several key features to secure the system and data and authenticate users.

Role-based User Access Management

We use role-based security for access to applications and data, providing full support for role-based access control (RBAC) and attribute-based access control (ABAC). We recognize that users fall into one or more roles, with each role corresponding to a discrete set of role functions. For a system with protected information like the Optum EVV, we will restrict each role's set of functions to the systems and data they require based on their business needs. Data masking and data controls enforce the concepts of need-to-know and least-privilege based on business rules.

We based our RBAC and ABAC on the principle of least privilege to protect views, restrict queries, prevent modification, and secure tables, columns, and rows. As a result, Optum will always display the minimum data necessary for users to complete their tasks. For example, providers will have access only to limited recipient information. They will see only recipients to whom they actively provide services.

Secure Data Storage and Transfer

We will encrypt data and store it securely. We protect data using administrative, technical, and physical controls. Our security approach provides seamless user access across systems and leverages the solution’s extensive security infrastructure to strictly enforce authorization and RBAC permissions.

We encrypt data at rest and data in transit to prevent eavesdropping or traffic sniffing. We encrypt data in transit using native technology capabilities or third-party COTS solutions. Client-server Web sessions are encrypted using the most pervasive (e.g., SSL or TLS) encryption mechanisms that support interoperability and a low cost of ownership.

We use the External Client Gateway (ECG), our managed file transfer software solution that facilitates the secure transfer of electronic data between entities. We also secure files and data by using HTTPS.
Disaster Recovery and Business Continuity

Optum recognizes that planning for disaster recovery and business continuity is essential to mitigating risk for our customers and overall business. Our solutions include designing and implementing the appropriate disaster recovery infrastructure capability, as well as creating the supporting recovery documentation (i.e., Disaster Recovery and Business Continuity Management Plan, critical contact lists, application recovery scripts, and validation procedures), and eventually exercising the Disaster Recovery solution.

We leverage geographically dispersed, resilient operations and data centers to perform critical business functions and minimize any single points of failure. We refresh disaster recovery plans as changes occur and as agreed upon with our clients. The Optum design promotes effective disaster event management. Our proposed disaster recovery test will consist of routing Web traffic to the secondary data center. This method demonstrates the process used to handle a disaster without affecting the primary production environment. In the event of a disaster, we take additional steps according to the standard Optum disaster recovery procedures to verify network connectivity and other underlying data center services.

User Authentication

As part of our layered defense model, all users (human and machine) must authenticate with unique user credentials to verify the person or entity is who they claim to be. We will configure our password policy to meet applicable laws, regulations, and requirements that address topics, such as the following:

- Minimum password length
- Password history
- Password complexity
- Failed attempt lockout

We work with our clients to provide a User Access List that specifies access rights for each user group accessing the Optum EVV solution. This includes the following user groups:

- Recipients
- Surrogates
- Providers
- HHSA program managers
- Optum support specialists
- Optum program management

We have a long history of working with our clients to capture the data they need to obtain a complete view of their enterprise and deliver actionable insights that increase value. At a minimum, the Optum EVV solution will collect the following information:

- Date of service
- Start and end times of the service in hours and minutes
- Type of service performed
• Individual receiving the service
• Individual providing the services
• Location of the service delivery (i.e., street, city, state, ZIP code)

Our solution can also collect the following additional information:
• Summary of service time for a recipient with multiple providers
• Summary of service time for a provider with multiple recipients
• Service authorization amount
• Overtime exemption status
• Overtime, nighttime, sick leave, and paid time off
• Service origin (e.g., check-in button versus manually added)
• Recipient authentication at check-in and check-out
• Geo-location (i.e., longitude/latitude information)
• Reason for no recipient authentication at Check-In (if applicable)
• Reason for no recipient authentication at Check-Out (if applicable)
• Timesheet status (approved, not approved)
• User communication preferences (e.g., text, email, portal alert)
• User language preferences (e.g., English, Spanish, Chinese, Armenian)
• Other clinical and non-clinical information at point of care that can help recipients improve their health outcomes, maintain their independence, and prevent avoidable hospitalizations (e.g., food security, loss of family caregiver, potential neglect or abuse)

e. Features that address the requirement that allows Providers to modify or “fix” information (i.e., if they forget to check in/out).

From the EVV application, recipients can add, modify, or void services. When recipients add, modify or void a service, our solution alerts the provider of the change based on the provider’s communication preferences (e.g., text, email, portal alert).

While we can easily modify the Optum EVV solution to give providers the same capabilities, to strengthen program integrity for your programs, we recommend you only give this capability to recipients instead of providers. We use this approach for the Optum EVV implementation in Massachusetts. Restricting this functionality to recipients enables them to maintain control of their care and stay informed of all provider activities related to their care.

f. Features that conform to the concept of being minimally burdensome.

We designed the Optum EVV solution to be an easy-to-use tool that recipients and providers can access through a device most people use every day, including their mobile phones. Because our solution is Web-based, recipients and providers do not need to download anything. Our solution also has a user-friendly interface and functionality.

Key features of our solution that minimize the burden of completing, reviewing, and approving provider timesheets include the following:
• Recipients can approve a timesheet with one click.
• Recipients and providers have the flexibility to update timesheets as needed.
• The system flags visits the recipient did not validate in real time (e.g., recipient was not present during provider check-in or check-out).
• Providers and recipients can use our solution from any location with Internet connectivity. This feature enables populations like HHSA recipients to leave their homes and become more socially connected with their communities.

g. Features of the system that conform to the Americans with Disabilities Act (ADA) and address needs of special populations of Providers and Recipients, such as developmental disabilities and visual/hearing disabled.

We designed the Optum EVV solution with accessibility in mind from day one. It will work with most assistive technologies that allow individuals with disabilities to perform functions that might otherwise be difficult or impossible. These technologies include the following.

- **Keyboards**: Specialized devices that mimic keyboard input
- **Screen readers**: Software programs that render content aurally and typically have advanced support for Braille output devices
- **Screen magnifiers**: Enlarge and enhance content displayed on a computer screen
- **Speech recognition**: Speech-to-text software allows one to operate the computer solely by voice

Our solution is compatible with most built-in mobile phone features, such as the following:

- Text-to-speech
- Font enlargement
- Dictation (speech-to-text)
- Assistive touch

Our recipient and provider portals support standard operating systems, browsers, and third-party magnification tools. Users can adjust the zoom setting as needed. They can also use keyboard shortcut keys (e.g., help users navigate without using a mouse) to navigate through the Optum EVV solution. We will make all training materials for our solution accessible and compliant to section 508 standards.

h. Features of the system that address the needs of special populations that cannot be near electronic devices.

During the Q&A period for this RFI, Optum asked the State to clarify which populations cannot be near electronic devices. We can address this when we have more information from the State.
i. Features of the system that address the provision of EVV in rural areas where technology infrastructure may be limited or unavailable.

We understand the challenges recipients in rural areas face related to limited technology infrastructure. That is one of the reasons our solution enables recipients to review, approve, or modify timesheets retroactively. If they lose Internet connectivity while using the Optum EVV solution, they can visit the recipient portal later when connectivity is restored and review, approve, or modify timesheets.

j. Additional features the system offers outside of EVV.

The Optum EVV solution includes the following additional features that will benefit HHSA, your recipients, and providers.

**Timely services and better transitions of care:** The health care cost of individuals with physical, intellectual, or developmental disabilities, and those who need support with activities of daily living, are growing three times as fast as other Medicaid populations. These recipients are often among the most vulnerable individuals served in any Medicaid population, and their needs are immediate. Failure to provide required services to them in a timely manner jeopardizes the well-being of this population and increase the use of avoidable, costly hospitalizations. To best serve the needs of these recipients and make certain they receive the services they require when they need them, the Optum EVV solution can link recipient data across programs. For example, by integrating hospital admission, discharge, and transfer (ADT) data, we can alert personal care providers to provide timely, vigilant care for recipients after hospital discharge to avoid readmissions and functional decline that may lead to long-term institutionalization. Similarly, we can alert personal care providers of a hospital admission, so they are not showing up for scheduled visits while the recipient is hospitalized.

Integrating the data related to transition points also enables HHSA to better monitor a recipient’s total cost of care and utilization. It can help HHSA detect potential fraud, waste, and abuse, such as if a provider attempts to bill for services provided when the recipient is hospitalized.

**Recipient status alerts:** Our solution can improve outcomes by giving providers a mechanism to alert HHSA if the recipient has recently lost a family caregiver or if they notice signs of recipient food insecurity, abuse, or neglect. Because providers interact closely with recipients, they are often the first people to notice warning signs in recipient health and status. Providers can alert HHSA of recipient status through the Optum EVV. This functionality enables social agencies to assist individuals earlier than they would normally be able to, reducing the total cost of care for recipients.

**Real-time agency summary view:** The Optum EVV solution can provide HHSA with a real-time agency summary view of recipient and provider data by population segments (e.g., PCSP, IPO, CFCO, IHSS-R) and by county. This capability can help HHSA with program management, budgeting, and planning. It can also help agencies identify the providers and recipients who have repeatedly exceeded overtime thresholds to do proactive outreach. In addition, agencies can identify significant underutilization of hours compared to authorized and make certain that recipients are receiving quality care as outlined in their person-centered service plans.
Strong program integrity capability: Using our solution, we can provide HHSA with insight into recipient care using pre-payment and post-payment analytics. Optum has more than 20 years of experience providing comprehensive program integrity services to its Medicaid and HHS state clients, as illustrated in Figure 18. We currently contract with more than 300 health plan clients and 16 state Medicaid programs to provide program integrity services. We also provide program integrity services under contracts to Medicaid MCOs in 23 States. We monitor billings for more than 50 million people, or about one in every five Americans. We are also the country’s largest provider of cost-containment solutions for Medicaid MCOs, representing nearly 70 percent of the nation’s Medicaid enrollees who receive benefits through MCOs. Our Medicaid program integrity initiatives save hundreds of millions of dollars each year by targeting fraud, waste, abuse, and claims errors. The program integrity solutions Optum delivers to states includes a strong focus on LTSS. Our EVV engagement with MassHealth integrates program integrity, and we have also been the program integrity partner for LTSS programs in the State of Washington since 2003.

As HHSA prepares for EVV support with home health agencies in 2023, Optum can leverage our industry leading prepay best-practices with potential considerations such as integrating actual EVV visit data directly into the EDI 837 claims creation process, thus validating the claim for authenticity as it is being generated. Alternatively, the EVV visit data can be used to validate the agency-generated 837 claim in a prepay fashion, validating the EVV data with the submitted claim information prior to actual payment. These innovative approaches help foster a collaborative relationship with HHSA and its home health agency partners by reducing agency administrative workloads.

Figure 18: Optum Program Integrity Experience.

We offer a comprehensive payment integrity program that incorporates pre-adjudication, pre-payment, and post-payment to maximize savings.
Support for additional languages: Supporting multiple languages is critical for giving recipients access to the care they require. To be responsive to the needs of your recipients, our solution will be available in English, Spanish, Chinese and Armenian. This will save the Mandarin and Armenian speaking recipients from having to first leave a message for a TTS staff member to return their call, and this may save HHSA recipient support cost.

k. Service level metrics including system availability and system capacity.

We monitor systems and operations performance to meet service level metrics and provide the appropriate levels of system availability and capacity. Our system availability is high, and our capacity is virtually unlimited due to our infrastructure design. We can configure the Optum EVV solution, as needed, to meet performance goals for customer projects. To maximize availability and performance, we host our Software-as-a-Service (SaaS) Optum EVV solution in a secure cloud environment. This infrastructure uses a modular architecture based on instance. Each instance can support several thousand customers in a secure and efficient manner with appropriate separation of services and data.

Each data center provides production services for a set of primary instances and secondary disaster recovery services for other instances. Our data centers use carrier-grade components designed to support millions of users at the highest levels of performance and availability. Extensive use of high availability servers and network technologies, combined with a multi-carrier and carrier-neutral network strategy, mitigate the risk of single points of failure and provide a resilient environment to support service continuity and performance.

l. Contingency plans for system outages or unavailability.

We recognize that preparing for unplanned outages or unavailability is essential to mitigate risk for the Optum EVV solution. In the unlikely event we experience an outage, or the Optum EVV solution becomes unavailable, recipients will be able to review, approve, or modify timesheets retroactively. If the system experiences an outage or becomes unavailable while they are using it, they can visit the recipient portal later when connectivity is restored and review, approve, or modify timesheets. Recipients and providers can also use paper timesheets, if needed. At the beginning of our projects, with work with our clients to define contingency plans that address potential risks and our strategies for mitigating them and continuing operations effectively.

We designed our solution using cloud technology, which means its infrastructure is set up as highly available. We provide constant and continuous monitoring, which we maintain through our established availability management processes.

Our infrastructure and deployment tools enable us to scale vertically and horizontally quickly and easily inside our data centers. Redundant servers and databases are located in the primary and secondary data centers. In addition, we deploy the Optum EVV solution on infrastructure that can handle sudden spikes in load as well as predictable and planned loads. Our availability management services will consistently maintain high availability and resilience of the Optum EVV environment. We take an aggressive approach to understand and analyze the cause of any unplanned outage. We have found that we can reduce unplanned downtime with change reviews, monitoring, early detection, product lifecycle management, and effective problem management.
m. Flexibility of the system to implement changes and how quickly changes can be made. Describe how the system has built in flexibility such as the ability to meet business needs or make changes through simple configuration set up and/or configuration changes.

The Optum EVV is a SaaS solution, making it lightweight, flexible, and modular to meet your needs today and into the future. We follow an Agile approach in implementing changes through configuration instead of custom code development. This reduces overall project risk and speeds delivery time while still allowing us to tailor the solution to meet your State-specific requirements. We can easily define and manage business rules and workflows versus traditional custom-coded solutions. The SaaS concepts are a part of our end-to-end solution, allowing us to implement routine changes quicker and at reduced cost to you.

n. Types of analytics and reporting provided.

Optum has been providing health care data and analytics services to our customers for more than 20 years. Having the ability to make sound business decisions based on your data will be essential for effective program management. Using your existing data and our extensive experience in enterprise reporting, we can position you better than any other vendor can to improve health outcomes for your recipients.

The Optum EVV system will provide comprehensive analytics and reporting by leveraging authorized service data and other available information. Your program managers and other authorized users will have access to real-time reports and dashboards. We can work with HHSA to develop and provide any reports the State requires. The standard reports we provide for the Optum EVV include the following.

**Transitional Reports**
- Number of users who have registered for the recipient EVV application
- Number of users who have registered for the provider EVV application
- Number of check-in and check-out transactions

**Ongoing Operational Reports**
- Number of users who have registered for the recipient EVV application
- Number of users who have registered for the provider EVV application
- Number of check-in and check-out transactions
- Number of added/modified/voided services and common reasons
- Late timesheet submissions (number of open timesheets versus submitted timesheets)
- Users not accessing the system
- Usage trends - over and underutilization compared to service authorizations

**Payment Processing Reports**
- Timesheet information

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**Ranked #1**

IDC Health Insights ranked Optum #1 in its 2017 HealthTech rankings for the Top 50 companies. The rankings recognize the leading global vendors of health care IT hardware, software, and services.
Our solution also uses recipient alerts, provider alerts, and prepayment edits. Prepayment edits allow HHSA to avoid paying for services with overlapping times, unauthorized overtime, or other unauthorized services. For example, MassHealth uses this feature to make sure daytime services and nighttime services pay correctly. The Commonwealth pays these services at different rates. We worked with MassHealth to understand their requirements and configured their Optum EVV solution to comply with their policy governing daytime and nighttime service payments.

0. **Typical account set up time and check in/out time for Providers and Recipients.**

Account set-up, check-in and check-out with the Optum EVV is quick and easy. This is especially true when the information providers and recipients submit through the Optum EVV matches the data HHSA provided to us. We will work with the State at the beginning of the project to make certain we have the data required that facilitates easy set-up, check-in, and check-out.

3. **Describe if/how the system groups or categorizes tasks to simplify system operation, tracking, Provider and Recipient use, etc.**

The Optum EVV solution is flexible and can meet California’s requirements for grouping recipients and providers by program (e.g., PCSP, IPO, CFCO, IHSS-R), county, and other identifiers to provide helpful insights to various agencies. We can work with the State to flag data elements for tracking and reporting.

An example of simplifying system operation for recipients is services at registered locations with recipient PIN validation are indicated by green text and checkmarks. By contrast, red text and alert icons display in the recipient timesheet view when the recipient was not with the provider during check-in or check-out. They also display when the visit occurred in a non-registered location. This enables the recipient to review the visit type more closely and confirm the actual time worked.

4. **Describe the system’s capability to interface with other systems, for eligibility, timekeeping, payroll or data collection purposes.**

Our solution provides ongoing and responsive support for data transfers and interfaces between the Optum EVV solution and other systems, such as those for eligibility, timekeeping, payroll or data collection purposes. We have extensive experience integrating external data sets. We use the External Client Gateway (ECG), our managed file transfer software solution that facilitates the secure transfer of electronic data between entities. Our goal is to deliver a managed file transfer solution built on industry-leading technologies and following best practices for Medicaid organizations that satisfy your needs and those of your stakeholders.

We optimize our ECG solutions to enable secure, auditable, and easy-to-manage business-to-business, application-to-application, and ad hoc information exchanges. We validate our data transfers are for the right purpose, contain the correct data, and are only delivered to the designated entity. We accept secure file transfers and resolve discrepancies through our data intake, cleansing, and Extract, Transform, and Load (ETL) processes as we do for more than 20 state customers, including California. Optum state customers, such as New York and Arkansas, use the ECG for secure health care data file transfer. We will work with you to establish access to all data sources needed to perform program informatics.
5. Describe your experience with implementing EVV systems including high-level timelines for implementation and training for all user populations. Describe implementation challenges and lessons-learned. Describe how to overcome implementation challenges. Distinguish implementation(s) for government entities versus private entities. If implemented for state entities, please identify which states and provide contact information.

In addition to developing an EVV for Massachusetts, we supported our affiliate, UnitedHealthcare Community and State, in implementation of third-party EVV systems in multiple states, including Tennessee, Texas, Ohio, and Kansas. Our solutions have helped these states improve recipient management, scheduling, billing, payroll, and services from their personal care providers and agencies.

Implementation timelines vary according to specific project needs, but when we considered the options presented, we recommend implementing the EVV in the following phases as previously described:

- **Phase 1 – Implement Options 1 and 3 Concurrently:** Optum recommends leveraging the IHSS Portal for the Individual Provider model during Phase 1, while implementing the EVV system for both individual providers and agency providers. This will help HHSA meet the January 1, 2019 deadline.

- **Phase 2 – Implement Option 2:** We recommend replacing the Electronic Timesheet System (ETS) on the IHSS Portal during a second phase.

- **Phase 3 – Implement Option 5:** During this phase, we recommend leveraging the solution for home health care.

- **Phase 4 – Implement Option 4:** Optum is a leading electronic payment service provider serving more than 1.2 million health care providers and processing over $125 billion in payments a year. We recommend replacing the major components of payroll processing last to allow sufficient time to communicate changes and thoroughly test the system changes.

Our implementation experience has given us many insights and lessons learned that we can apply to California’s implementation, such as the following.

**Stakeholder engagement:** Engaging stakeholders as early as possible to inform them of upcoming changes and incorporate their feedback into the solution will be essential for project success. We recommend face-to-face interactions with stakeholders to foster a trusting working relationship. The community of recipients the Optum EVV serves actively participates in discussions about programs that affect them. They will need assurance that the EVV will not take anything away from them. When recipients and providers understand we are only automating manual processes to simplify their work, they will be more willing to embrace the new solution. It will be important to highlight the benefits our solution gives them, such as the ability to leverage assistive technologies in their mobile phones and complying with regulations to continue receiving federal funding that affects provider payments.

**Phased implementations:** We strongly recommend HHSA use a soft launch of the Optum EVV solution. The configurability of our solution enables us to pilot it for small groups of recipients, providers, and State users before the full implementation. We can group users by characteristics, such as language and geography to obtain focused feedback. After a soft launch, we collaborate with the small groups to make sure the solution worked as expected. We collect their feedback and use it to refine our solution before the full implementation. For example, if we experience problems interfacing with the CMIPS, we can address the issue before the solution launches.
**Train-the-trainer programs:** Comprehensive state and stakeholder training is a key component of our solution implementation. We have extensive experience training large numbers of trainees within a short period of time. For example, to deliver a smooth MyCare Ohio (Medicare and Medicaid program) implementation for several health plans simultaneously, we trained hundreds of providers in 30 different in-person training sessions and received high satisfaction scores. We reinforced this training with recorded webinars and easy-to-understand training guides. After implementation, we provided focused refreshers for specific provider groups.

The most cost-effective approach to prepare recipients and providers for the Optum EVV implementation is to use our mature train-the-trainer process to train California’s Community-Based Organization (CBO) personnel who support these communities. Our training includes curriculum hand-off, material review, practice, and observation of first-time delivery. This approach helps us reduce risk for the project and make sure agency personnel are prepared to assist recipients. Leveraging them to train recipients on the Optum EVV also helps assure them that their jobs are not at risk. This approach will help reaffirm our solution simply automates manual processes and does not take anything away from how individuals perform their work.

6. Describe how to overcome implementation challenges inherent to California such as the change management for a large and vulnerable population. Describe mitigation strategies that could be used to address challenges.

The mitigation strategies we recommend for overcoming implementation challenges in California are to provide strong language support and comprehensive training. As one of the most multi-lingual states in the country, California requires a solution recipients and providers can access without language barriers. The Optum EVV solution can support English, Spanish, Chinese, and Armenian. Training can be available through the recipient and provider portals 24/7 in those four languages. We can record webinars and make quick reference guides in those languages. The training materials will be simple in design and use screen shots generously and effectively.

We recommend delivering in-person training in Los Angeles County, where half of the providers reside according to page 10 of your RFI. During the training sessions, we will help attendees register through the Optum EVV solution and test checking in and checking out of the system. The objective would be to address any issues on-site and make sure users are comfortable and confident using the new solution. The train-the-trainer instruction we deliver to the CBO personnel who support the recipients and providers would reinforce this in-person training.

7. Discuss strategies you have employed to garner customer satisfaction and include any satisfaction survey data, if available.

Optum takes customer satisfaction very seriously. We collaborate closely with our customers to understand their requirements and expectations to make sure our solution meets them. We can conduct stakeholder demonstrations of the Optum EVV solution and collect their feedback, which will help us refine the solution according to your specific requirements.

One measure of the high level of customer satisfaction our clients have with our work is our exceptional Net Promotor Score (NPS). NPS is a cross-industry standard for measuring customer satisfaction and loyalty. As a leading indicator of growth, it ties company achievement to the quality of the company’s customer relationships. From our state government clients, we accomplished an NPS of 91, which indicates outstanding customer loyalty.

During our customer projects, we ask state staff, providers, recipients, and other key stakeholders to complete an NPS Survey after implementation and regularly thereafter. The survey helps us understand the client’s implementation and operations experience. Survey results indicate the confidence and satisfaction clients and their key stakeholders have with our
solutions and services. We use the results to improve processes to deliver solutions that are consistent, meet requirements, and result in high levels of customer satisfaction.

Figure 19 shows how this score compares with some other high-achieving brands known for their customer service.

Our Approach Gets Results

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

<table>
<thead>
<tr>
<th>Company</th>
<th>NPS</th>
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<tbody>
<tr>
<td>USAA</td>
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</tr>
</tbody>
</table>

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

Figure 19: 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.

8. Describe the response to your EVV from a wide range of Recipients and Providers with a wide range of disabilities including blind and deaf and/or low literacy levels.

We designed the Optum EVV solution with a wide range of disabilities in mind to help foster independence for recipients. The application text and training materials use clear and concise language to accommodate recipients and providers with low reading levels. The application text and training materials are also sensitive to personal education levels.

Our solution will work with most Assistive Technologies that allow individuals with disabilities to perform functions that might otherwise be difficult or impossible. These technologies include the following:

- **Keyboards**: Specialized devices that mimic keyboard input
- **Screen readers**: Software programs that render content aurally and typically have advanced support for Braille output devices
- **Screen magnifiers**: Enlarge and enhance content displayed on a computer screen
- **Speech recognition**: Speech-to-text software allows one to operate the computer solely by voice

Our solution is compatible with most built-in mobile phone features such as the following:
9. Discuss ongoing maintenance of EVV systems.

Optum has decades of experience managing complex health care applications and providing ongoing maintenance for State government agencies and commercial clients. We process more than 1.5 billion claims each year in support of the largest health plans in the country. This includes the claims operations of 26 different Medicaid MCO plans. We understand the criticality and importance of ongoing maintenance services to reduce the probability of production problems and unexpected incidents.

As a SaaS solution, the Optum EVV will continue to enhance and update on an ongoing basis, even as your initial implementation executes. We will use the most up-to-date baseline source code to configure your HHSA requirements. Whether a release of our solution is introduced because of changes in federal mandates or State business rules, we will update the baseline product and integrate it into your solution as applicable. As a result, the SaaS Optum EVV product will always have the most current capabilities.

10. Describe if/how the EVV solution can leverage the current IHSS Portal with the ETS feature and the pros and cons of doing so.

We can support any of the implementation options you prefer. Based on our analysis of your needs and the five options described on pages 11 and 12 of the RFI, we recommend implementing the Optum EVV in the following phases as previously described in our response to Question 5:

- **Phase 1:** Implement Options 1 and 3 Concurrently
- **Phase 2:** Implement Option 2
- **Phase 3:** Implement Option 5
- **Phase 4:** Implement Option 4

During Phase 1, we would leverage the current IHSS Portal with the ETS feature. We would implement Option 1 by securely transferring the timesheet data we collect from the Optum EVV solution to the IHSS portal in an agreed-upon frequency and format. At the same time, we would implement Option 3 by securely transferring the data we collect from the Optum EVV solution to DHCS’s FI or the county in an agreed-upon frequency and format.
One advantage of leveraging the IHSS Portal for Phase 1 is delivering a faster implementation with less change for existing users of the IHSS Portal.

Implementing only Option 1 for the life of the project, however, would prevent you and your users from benefiting from the advanced flexibility and features of our integrated Optum EVV portal. For example, the Optum Portal can give State agencies real-time reporting and monitoring by population segments and by county. The Optum Portal can also be configured in English, Spanish, Chinese, and Armenian. Recipients who speak Mandarin and Armenian do not have to first leave a message for a TTS staff member to return their call. The Optum Portal can also be configured to enhance recipient engagement and care team alignment with real-time alerts. Keeping a separate ETS on the IHSS Portal would also be more costly for HHSA.

11. Describe how an EVV solution can be effectively implemented for both the Individual Provider and Agency Provider employment models.

The Optum EVV solution collects the same visit data for the individual provider and agency provider employment models. At a minimum, we collect the following information HHSA requires:

- Date of service
- Start and end times of the service in hours and minutes
- Type of service performed
- Individual receiving the service
- Individual providing the services
- Location of the service delivery (i.e., street, city, state, ZIP code)

Our solution can also collect the following additional information:

- Summary of service time for a recipient with multiple providers
- Summary of service time for a provider with multiple recipients
- Service authorization amount
- Overtime exemption status
- Overtime, nighttime, sick leave, and paid time off
- Service origin (e.g., check-in button versus manually added)
- Recipient authentication at check-in and check-out
- Geo-location (i.e., longitude/latitude information)
- Reason for no recipient authentication at Check-In (if applicable)
- Reason for no recipient authentication at Check-Out (if applicable)
- Timesheet status (approved, not approved)
- User communication preferences (e.g., text, email, portal alert)
- User language preferences (e.g., English, Spanish, Chinese, Armenian)
- Other clinical and non-clinical information at point of care that can help recipients improve their health outcomes, maintain their independence, and prevent avoidable hospitalizations (e.g., food security, loss of family caregiver, potential neglect/abuse)
The only differences between the individual provider and agency provider employment models are where we send the data and how providers are paid. The time reporting data captured through the Timesheet Processing Facility (TPF) or Electronic Timesheet System (ETS) are automatically sent to CMIPS through secure interfaces. CMIPS calculates the payroll for the State Controller’s Office (SCO) to pay providers. CMIPS also automatically sends paid claims data to the DHCS for federal claiming of the Medi-Cal services.

For agency providers whose time are paid directly by the counties, we can send the approved time to the counties, so those counties can pay the providers and upload providers’ time into CMIPS as they do today. Alternatively, we can directly send the approved time to CMIPS on their behalf.

For agency providers who are enrolled as Medi-Cal providers, we can send the approved time to the agencies, so they can continue as they do today. Alternatively, we can translate approved time to claims with specified procedure code, date of service, number of units of service, rate per unit, and claim total to DHCS’ FI on their behalf, saving them processing time and cost. The FI can then pay the agencies and submit reporting to the DHCS data warehouse as they do today.

In all scenarios, we are collecting the same visit data. The primary difference is where the data is sent and how the providers are paid.

12. Describe your business model (e.g., Software as a Service, Commercial Off-the-Shelf, Modified Off-the-Shelf, custom built, transactional).

Our business model uses COTS products with SaaS components to deliver a fully functioning EVV solution. This model allows us to use the latest and most appropriate tools in our solution while reducing implementation time and costs. As a result, states can use a pay-as-you-go payment methodology instead of making large payments in upfront capital.

A key tenet of our business model is keeping the code base of the component solutions unmodified. This approach enables us to meet your needs without engaging in lengthy and expensive development projects that often fail to deliver desired outcomes. Our model also helps make certain your solution enjoys the continued benefits of COTS component modernization, which is largely financed by the broader health care industry and driven by the natural forces of market competitiveness. Because we use this methodology to keep our own solutions current, we can leverage our experience for this project.

The use of COTS and SaaS components is consistent with MITA guidelines, which encourage states to move toward standardized, services-oriented COTS products and away from traditional, monolithic, and customized solutions. COTS and SaaS components deliver the modularity and flexibility that CMS and you are seeking for your EVV. Using modular, flexible components in our solution development is enabled by our use of open standards and exposed APIs. These enable us to add or remove components from the Optum EVV solution to meet your program needs in a non-disruptive manner. It also allows us to enhance or upgrade products without affecting daily operations.

In addition, the core code of the COTS and SaaS products the Optum EVV uses remain in their pure state. We do not need to modify the core code of any of our COTS/SaaS components to meet your program needs. We have carefully selected our solution components to meet program needs out of the box, with no customization and only configuration. In the rare instance when a program is partially deficient, we can augment our solution at predefined extension points. This gives us the ability to upgrade our core components without engaging in lengthy and costly custom upgrades.
13. Describe the costs and fee structure of EVV solution(s) for customers with requirements comparable to the IHSS, WPCS, and other HCBS Waiver programs. Differentiate between Individual Provider and Agency Provider employment models. Identify both one-time and on-going costs. Describe how the cost model would scale up to accommodate the large number of IHSS and WPCS Providers.

We will bring the greatest value as your partner for your EVV solution. The Optum EVV solution has the following key features, which will help us maintain a competitive and reasonable cost and fee structure for the project.

**SaaS solution:** SaaS solutions help States contain costs when compared with traditional, monolithic solutions. With our SaaS solution, states only incur a one-time Design, Development and Implementation (DDI) configuration cost and the costs for ongoing operations. By purchasing services only rather than maintaining outdated systems, states avoid the budget overruns, delayed implementations, and expensive, time-consuming procurements that impede modernization initiatives. The benefits of our SaaS EVV solution include the following:

- Shortened implementation period
- Reduced implementation risk
- Reduced implementation costs
- Proven commercial solutions already performing well in the marketplace
- Significantly improved administrative operations
- Reduced need for state resources supporting implementation
- New technologies, such as cloud technology

**Consistent approach:** The Optum EVV solution minimizes the difference between the individual provider and agency provider employment models. The only difference between the two models is where we send the data and how providers are paid.

**Rapid scalability:** Our capacity is virtually unlimited. We can scale our solution quickly because our solution components meet EVV program needs out of the box, with no customization—only configuration.

14. Describe how the EVV solution for personal care service that must be implemented in 2019 could be expanded to accommodate the 21st Century Cures Act home health care service EVV requirement by January 1, 2023.

The Optum EVV solution can collect the same visit data for home health agencies as we would collect for personal care service programs. To expand our solution for personal care service to home health agencies, we will work with the agencies to help them submit 837 transactions with specified procedure code, date of service, number of units of service, rate per unit, and claim total, saving them processing time and cost.

As a leading health care services company, Optum processes 1.5 billion claims annually with an accuracy rate exceeding 99 percent. We process LTSS claims for health plans in Massachusetts, New Jersey, Michigan, and Pennsylvania. We have substantial knowledge in the unique nature of LTSS claims and processing them accurately and on time. With a team of more than 12,000 technology professionals, Optum implements and maintains IT systems across the health care spectrum to improve care delivery, quality, and cost-effectiveness. We will leverage this knowledge and experience to help HHSA comply with the 21st Century Cures Act home health care service requirements.
15. Describe the different means of communication (e.g., notifications) the system is capable of producing such as letters, e-mail, text, and phone in multiple language formats for visually and hearing disabled including large font, braille, and audio text.

**System-generated notifications:** The Optum EVV system can automatically generate texts, emails, and portal alerts to recipients and providers. We can send the messages in English, Spanish, Chinese, Armenian, or other languages as needed. The messages would not contain PHI. When there is PHI, the messages would instruct users to log in to the EVV for more information.

**Alerts:** Our solution can generate alerts users see when they log in to the EVV. We can generate the alerts in English, Spanish, Chinese, or Armenian.

**Mobile built-in assistive technology:** Recipients and providers can take advantage of assistive technology, large font options, and other features that are important for these populations.

16. Describe how your system is kept current and how it keeps up with technology changes.

As a SaaS solution, the Optum EVV will continue to enhance and update on an ongoing basis, even as your initial implementation executes. We will use the most up-to-date baseline source code to configure your HHSA requirements. Whether a release of our solution is introduced because of changes in federal mandates or State business rules, we will update the baseline product and integrate it into your solution as applicable. Our solution will also include any automatic updates of mobile application technology. As a result, the SaaS Optum EVV product will always have the most current capabilities.