**RFP 21-66211**

**BUSINESS PROPOSAL**

**ATTACHMENT E REVISED**

**Instructions: Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.**

* + 1. **General -** Please introduce or summarize any information the Respondent deems relevant or important to the State’s successful acquisition of the products and/or services requested in this RFP.

|  |
| --- |
| UMR is the third-party administrator (TPA) line of business for UnitedHealthcare, the largest business unit of UnitedHealth Group. UMR was formed in 2008 by integrating three market-leading TPAs with a combined history in the health care industry dating back as far as 1948.  The health care space is a busy, noisy market, and you need more than a typical list of differentiators to convince audiences. In this space, experience does matter, and a legacy of proven performance and customer retention will tell you a whole lot about an organization’s long-term viability. Which is why UMR, a UnitedHealthcare company and the largest TPA in the country, stands head and shoulders above the rest.  UMR offers the resources and savings of the largest proprietary network in the country. Our combined technology allows us to easily comply with state and federal mandates, as well as develop new services. With UnitedHealthcare’s capital investment, our capabilities are continuing to grow. Highly flexible and focused on service, we’ve earned a reputation for keeping the customer’s best interests and bottom line in sight.  As a full-service TPA with a range of capabilities and solutions, we do it all, from medical administration and access to stop loss coverage and pharmacy benefits administration, to proprietary care management and wellness programs. In addition to the UnitedHealthcare networks, we work with 100 other PPO and physician hospital organization (PHO) networks. We have our own proprietary platform and a robust reporting system. It’s safe to say that UMR has all of the pieces that make up a strong machine, and we excel because of our breadth of industry knowledge and sound understanding of the nuances around self-funded plans.  Our staff, systems and processes effectively integrate, so plan members get accurate information quickly. Customers are assigned account management and support teams to help them deal with daily issues and long-term strategic initiatives.  With **umr.com**, members can also access their claims and benefits information anytime on their desktop, tablet or mobile devices. Our online services make it quick and easy to look up network providers, view recent claims and explanation of benefits (EOB) statements and check individual coverage and out-of-pocket amounts. Members can also visit **umr.com** to access decision support tools and extensive health and wellness information.  We walk our talk. It’s a rich history of listening to, solving for, and predicting customer needs.  We work closely with customers to build strategies that lower costs, improve employee health and help them achieve their health plan goals. UMR is the single source for benefit plan administration, including:   * Medical administration * Network solutions * Member advocacy * Customer reporting and analytics * COBRA/HIPAA administration * UMR CARE * Consumer-driven health plans * Ancillary and specialty solutions (including dental and disability)   NETWORK SOLUTIONS  UMR is also able to administer multiple benefit designs and use multiple networks for the State. We will administer benefits and process claims as directed in the State’s submitted plan designs. We have a robust claim system we can program to handle a wide variety of benefits for single and multitiered network configurations, using multiple reimbursement methodologies. UMR has the ability to administer domestic fee schedules and directly held State agreements as part of your custom network.  UMR has approximately 247 customers using custom network solutions. As we work with our customers to develop custom network solutions, we review any carve-out network arrangements to ensure compliance with our primary network solution.  GENERATIONYOU ADVOCACY  Our GenerationYou (GenYou) guides are primarily responsible for providing exceptional customer service. Our guides are expected to follow through on any issue that necessitates further action. By offering customer service for all products offered by UMR through one source, our members experience a one-stop shop approach to customer service.  This internal advocacy model is a consumer experience that weaves together advocacy and clinical solutions across digital platforms, creating a fresh, modern approach to member engagement. This model blends a tailored, dynamic digital experience with real human sensibility. GenYou includes:   * Story of You digital onboarding experience to help members get to know their plan and proactively drive early outreach to high-risk members * Our GenYou app offers modern digital experiences; available to download in the app store for Android and iOS * Live guides are accessible by call or chat – just a phone call or click away * The app is available 24 hours a day, seven days a week * Outbound texting reminds and/or alerts members to act * Personalized alerts and notifications to prompt members to become active agents in their health care * Care Prepare consultations offering members rewards for pursuing pre-service education on the highest-quality/lowest-cost options * Expert guides and CARE Support guides available to advise members by phone or chat * Intercept and redirect providing opportunities for member steerage through proactive outreach * An expansive stratification engine that goes beyond the standard to identify members needing support – including (but not limited to): * Story of You member questionnaire responses * Social determinants of health risk scoring based on location * Diagnosis and historical utilization patterns (medical and pharmacy) * Customized incentive opportunities * Integrated CARE programs offering clinical support across the health continuum, including behavioral health/substance use disorder needs and recovery, and assistance with specialty medications   GenYou team members are experienced CFRs who have been trained to process claims and provide customer service. In addition to the standard CFR training, we train our guides extensively in the following areas:   * **Flexible spending accounts (FSAs):** Claim processing, procedures and claim payment system. * **Dental**: Claim processing, procedures and claim payment system. * **Care management:** Available Clinical Advocacy Relationships (to) Empower (CARE) program options and member enrollment opportunities, documenting authorization requests, setting up authorization requests that need additional clinical review, and identifying what is needed for clinical reviews. We emphasize the prior authorization requirements of each specific employee benefit plan. Centers of Excellence programs are also identified and defined. * **Pharmacy:** Terminology, copay assistance and specialty benefits. * **High-touch customer service:** An additional focus of the GenYou training, both as stand-alone lessons and integrated throughout the FSA, dental and CARE lessons.   EXERNAL VENDOR PARTNERING  We will work with the State of Indiana’s chosen vendor partners to ensure you and your members’ sensitive information is protected. We have well defined processes in place to secure a seamless claim and eligibility data transfer process. In fact, once your external vendor partner is identified, we immediately alert our data release team. A member of the team will be assigned as a designated contact to guarantee a smooth data transfer process. This is a standard practice for our customers.  In connecting with external vendor partners, we develop an integration strategy during implementation which allows us to focus on:   * Defining data requirements, business needs and usage * Establishing timelines around delivery of information * Reviewing any potential setup errors * Identifying possible file feed discrepancies * Addressing agreements that may need to be in place   Our data transfer review doesn’t just end after the effective date; we will continue to have ongoing calls with our established vendor contacts throughout the life of the contract with file feeds and other key milestones of the data transfer process.  We have successfully worked in partnership with over 200 vendor partners demonstrating that our established procedures work.  UMR is willing to work with additional vendors upon request. Due to the multitude of companies providing complementary or competitive services to our customers and prospective customers, our integration capabilities are continually evolving. We welcome the opportunity to work with you and your potential vendor partner to identify strategies for coordinating to meet your integration goals. This could include data needs addressing file structures, frequency and modes of transmission and establishing appropriate privacy and security protocols. |

* + 1. **Respondent’s Company Structure** - Please include in this section the legal form of the Respondent’s business organization, the state in which formed (accompanied by a certificate of authority), and a chart of the organization. If the organization includes more than one (1) product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization. Please enter your response below and indicate if any attachments are included.

|  |
| --- |
| Name: UMR, Inc.  State of incorporation: Delaware  Type of business: Third-party administrator  UMR is the TPA line of business for UnitedHealthcare, a business unit of UnitedHealth Group. UnitedHealth Group is a diversified health and well-being company dedicated to making health care work better. Headquartered in Minnetonka, Minnesota, UnitedHealth Group offers a broad spectrum of products and services. Through its family of businesses, UnitedHealth Group serves more than 137 million individuals worldwide.  We will also offer a highly-qualified team within UMR and throughout our organization to support the State of Indiana and its membership. Below we have included an anticipated organizational chart for the State of Indiana.  **Organizational Chart:** Please see **Attachment 1.** |

* + 1. **Company Financial Information** - This section must include documents to demonstrate the Respondent’s financial stability. Examples of acceptable documents include most recent Dunn & Bradstreet Business Report (preferred) or audited financial statements for the two (2) most recently completed fiscal years. If neither of these can be provided, explain why and include an income statement and balance sheet, for each of the two most recently completed fiscal years.

If the documents being provided by the Respondent are those of a parent or holding company, additional information should be provided for the entity/organization directly responding to this RFP. That additional information should explain the business relationship between the entities and demonstrate the financial stability of the entity/organization which is directly responding to this RFP.

|  |
| --- |
| UMR is the TPA line of business for UnitedHealthcare, the largest business unit of UnitedHealth Group, as such, we have included copies of UnitedHealth Group’s (parent company) annual report as **Attachments 2** and **3.**  UMR’s Dun & Bradstreet number is 02-709-4882. We consider Dun & Bradstreet, their ratings, and your request with high regard. However, Dun & Bradstreet’s rating methodology is designed to evaluate the credit-worthiness of small businesses. As such, as the TPA line of business of UnitedHealthcare, we do not currently maintain Dun & Bradstreet ratings. UnitedHealth Group maintains ratings with four of the largest nationally recognized statistical rating organizations (NRSROs) to provide a more accurate and comprehensive picture of our financial strength. We are happy to provide and discuss the details of those ratings.  UMR is not rated; however, we have provided UnitedHealth Group Incorporated’s current senior unsecured debt ratings from Standard & Poor’s, Moody’s, Fitch and A.M. Best Company ratings services below.  **Standard & Poor’s:** A+\* (1/10/2020)  **Moody’s:** A3\*\* (9/11/2019)  **Fitch:** A\*\*\* (5/21/20)  **A.M. Best:** a-\*\*\*\* (12/18/2019)  *\*Strong capacity to meet financial commitments, but somewhat more susceptible to the adverse effects of changes in circumstances and economic conditions than obligors in higher-rated categories*  *\*\*Investment Grade (Rated as upper-medium grade and low credit risk)*  *\*\*\*High Credit Quality*  *\*\*\*\*Investment Grade (Strong)*  Our financial strength is virtually unmatched in our industry. We consistently maintain higher comparative margins than many of our competitors. We credit several things for this achievement, including our investment in technology which creates significant value. Our approach to long-term viability in an ever-changing marketplace remains a measured balance of innovation and consideration.  Our investment program is administered on a centralized basis with both internal and external oversight. As of September 30, 2020, our cash and investment portfolio totaled $60 billion. We have had little or no exposure to troubled investment classes.  Our capital structure complements our business strategy. We focus on having a strong financial position in any economic or market environment. We continue to monitor the economy, the financial markets, industry conditions of our businesses, including the expected impact from health care reform and our mix of businesses. As this evolves, so will our financial strategy as we strive to maintain a strong financial position.  Our business is strategically diversified across the health benefits and health services sectors driving revenues, operating earnings, and cash flows from many sources. |

* + 1. **Integrity of Company Structure and Financial Reporting** - This section must include a statement indicating that the CEO and/or CFO, of the responding entity/organization, has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The particular areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

|  |
| --- |
| We confirm that Kim Sonerholm, as our Health Plan CEO takes personal responsibility for the thoroughness and correctness of all financial information supplied within this proposal, as the information was approved by the board and provided within our annual 10-K statement. |

* + 1. **Contract Terms/Clauses** - Please provide the requested information in RFP Section 2.3.5.

|  |
| --- |
| Confirmed. As an operation UMR acknowledges and accepts the mandatory terms of the contract in Attachments B. We would like to speak with you about negotiating additional terms more specific to the services delivered under the contract at a later dat7e.  For UMR notes and comments to the sample contract and scope of work, please refer to the section folder **AttB\_66211** and **AttB1\_66211\_UMR Review**. |

* + - 1. **Indiana Office of Technology (IOT) Terms and Conditions** \*[Applicable to Data Warehouse Respondents Only]

Additional Terms and Conditions related to Cloud-based systems that the State expects to execute with the successful Respondent are provided in Attachments M1, M2, and M3. Dependent on your proposed System, you could be required to agree to one or more of the following sets of Additional Terms and Condition within the Contract:

• Attachment M1 – IOT Additional Terms and Conditions – Infrastructure as a Service Engagements (IaaS)

• Attachment M2 – IOT Additional Terms and Conditions – Platform as a Service Engagements (PaaS)

• Attachment M3 – IOT Additional Terms and Conditions – Software as a Service Engagements (SaaS)

Please indicate in your response below which of these sets of Additional Terms and Conditions you believe applies to your proposed System. Review these Additional Terms and Conditions and indicate acceptance and/or any redlined edits, via Track Changes. It is the State’s strong desire to not deviate from the Additional Terms and Conditions that is provided in these attachments and as such the State reserves the right to reject any and all requested changes. Any or all portions of this RFP and any or all portions of your response will be incorporated as part of the final contract.

|  |
| --- |
| Optum believes **Attachment M3 – IOT Additional Terms and Conditions – Software as a Service (SaaS)** most closely aligns with our proposed solution’s reporting application. Please refer to the **AttE\_66211** for Data Warehouse comments and notes to the AttM3\_66211 terms and conditions. |

* + 1. **References** - Reference information is captured on ATTACHMENT H. Respondent should complete the reference information portion of the ATTACHMENT H which includes the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information if the State elects to do so. **The rest of ATTACHMENT H should be completed and** **emailed DIRECTLY to the State by the reference**. The State should receive three (3) ATTACHMENT Hs per service category from clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP.

ATTACHMENT H should be submitted to [idoareferences@idoa.in.gov](mailto:idoareferences@idoa.in.gov).

Attachment H should be submitted by the date and time listed in Section 1.24 of the RFP.

**2.3.7 Registration to do Business -** Selected out-of-state Respondents providing the products and/or services required by this RFP must be registered to do business within the State by the Indiana Secretary of State and the Indiana Department of Administration, Procurement Division. The address contact information for this office may be found in Section 1.18 of the RFP. This process must be concluded prior to contract negotiations with the State. It is the successful Respondent’s responsibility to complete the required registration with the Secretary of State. Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.

|  |
| --- |
| Confirmed. Our registration status with the State of Indiana is “active.” |

* + 1. **Authorizing Document -** Respondent personnel signing the Transmittal Letter of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.

|  |
| --- |
| **Kim Sonerholm, Health Plan CEO,** has full authority to sign and contractually bind UMR, a wholly owned subsidiary of UnitedHealth Group, to the terms of the proposal and subsequent contract. Please refer to **Attachment 4 – UNH-Restated-Bylaws** for our bylaws supporting the authority of our directors. |

* + 1. **Subcontractors -** The Respondent is responsible for the performance of any obligations that may result from this RFP and shall not be relieved by the non-performance of any subcontractor. Any Respondent’s proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.

Any subcontracts entered into by the Respondent must be in compliance with all State statutes, and will be subject to the provisions thereof. For each portion of the proposed products and services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor’s related qualifications and experience. The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the State’s evaluation. The Respondent must furnish information to the State as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the State. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate State officials, and such relationships must meet with the approval of the State.

The Respondent must list any subcontractor’s name, address, and the state in which formed that are proposed to be used in providing the required products and/or services. The subcontractor’s responsibilities under the proposal, anticipated dollar amount for subcontract, form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal. The Respondent must indicate which, if any, subcontractors qualify as a Minority Business Enterprises or Women’s Business Enterprises under IC 4-13-16.5-1. See Section 1.21 and Attachment A for Minority and Women’s Business Enterprises information. Please enter your response below and indicate if any attachments are included.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| We provide most of our core services directly through the UnitedHealth Group family of companies. This enables us to offer affordable solutions through integrated data elements and systems, streamlined implementations and unified account management support. While the majority of services are performed in-house or through sister companies, there are times we partner with external vendors for certain services. In these cases, we will remain fully responsible for these services and for the performance of these vendors or subcontractors. We hold our vendors and subcontractors to the same standards and requirements that we accept under our agreement with the State. Percent of contract by subcontract depends on usage.  Because of the broad spectrum of UnitedHealth Group businesses and vendor relationships, we are unable to provide a complete list of proposed vendors/subcontractors and/or the level of detail you are requesting at this time. Where vendors/subcontractors are required to support a customer relationship, we would typically select the vendors/subcontractors based upon the customer’s specific requirements.  Our policy is to encourage meaningful participation of diverse subcontractors/vendors whenever possible. All vendors are expected to provide quality goods and services at competitive prices. Our commitment to developing diverse vendors in no way diminishes our emphasis on cost, quality or service, which remain the primary criteria for supplier selection.  We created a vendor diversity program for two reasons. First, we believe strengthening a diverse business community contributes to the overall economic growth and expansion of our markets. Second, we have numerous contracts in place that stipulate a portion of our expenditures must be used on diverse vendors. These contracts include both government and non-government contracts.  Following is a list of some of those companies UMR engages for services. This list is subject to change and should not be considered exhaustive.   |  |  |  | | --- | --- | --- | | **Subcontractor and Address and Form of Organization** | **Contractor Responsibilities** | **Length of Contract** | | Advanced Medical Reviews (AMR)  600 Corporate Pointe, Ste. 300Culver City, CA 90230 Telephone: (310) 907-9395 Fax: (310) 470-4717 | The services provided are clinical assessments of medical conditions in situations where our own medical director needs assistance, and clinical assessments of medical conditions and appeal reviews, as well as external reviews on medical and administrative appeals needing to comply with ERISA, the Patient Protection and Affordable Care Act (PPACA) and other regulations. | UMR partner since 2006. | | CERiS  801 Cherry Street, Unit 42, Ste. 2400  Fort Worth, TX, 76102 Telephone: (817) 390-1417 Fax: (817) 348-9999 | CERiS provides facility usual and customary review. | UMR partner since 2008. | | Change Healthcare  3055 Lebanon Pike Nashville, TN 37214 Telephone: (615) 932-3000 Fax: (615) 238-6002 | This vendor is a claim clearing house and is used as an intermediary between UMR and a provider for 270/271 and 276/277 transactions. | UMR partner since 1990. | | Exela Technologies  2701 East Grauwyler Road Irving, TX 75061 Telephone: (248) 837-7371 | Vendor opens mail, scans claims and claim data entry of paper claims received and converts into electronic format (837). | UMR partner since 2008. | | Fiserv, Inc  13100 North Promenade Boulevard Stafford, TX 77477 Telephone: (281) 274-6369 Fax: (281) 240-2485 | This vendor is subcontracted by UnitedHealthcare and prints/mails ID Cards. | UMR partner since 2010. | | IBM Watson Health  100 Phoenix Drive Ann Arbor, MI 48108 Telephone: (734) 913-3000 Fax: (734) 913-3650 | Cost transparency and Health Education Library tools specific for member consumerism and engagement. | UMR partner since 2003. | | MCMC, LLC  300 Crown Colony Drive, Ste. 203 Quincy, MA 02169 Telephone: (617) 849-9277 Cell: (801) 043-6668 | The services provided are clinical review assessments of medical conditions in situations where our own medical director needs assistance, and clinical assessments of medical conditions and appeal reviews, as well as external reviews on medical appeals needing to comply with ERISA, the PPACA and other regulations. MCMC also supports Fraud and Abuse Reviews, Quality of Care, Behavioral Health, Pharmaceutical Reviews and Disability reviews. | UMR partner since 2010. | | Medical Review Institute of America Inc.(MRIoA)  2875 South Decker Lake Drive, Ste. 300 Salt Lake City, UT 84119 Telephone: (800) 706-8427 Fax: (866) 605-5175 | The services provided are clinical assessments of medical conditions in situations where our own medical director needs assistance, and clinical assessments of medical conditions and appeal reviews, as well as external reviews on medical and administrative appeals needing to comply with ERISA, the PPACA and other regulations. | UMR partner since 2002. | | MES Solutions  100 Morse Street Norwood, MA 02062 Telephone: (800) 706-8427 Fax: (800) 605-5175 | The services provided are clinical assessments of medical conditions in situations where our own medical director needs assistance, and clinical assessments of medical conditions and appeal reviews, as well as external reviews on medical and administrative appeals needing to comply with ERISA, the PPACA and other regulations. | UMR partner since 2004. | | Optum Benefits Analytic Manager  400 Capital Boulevard Rocky Hill, CT 06067 Fax: (860) 221-0673 | The Optum Benefits Analytic Manager reporting tool is a vendor-hosted product available as a separate service to UMR customers for analytical reporting. Data provides clinically augmented information at a summary level, with no protected health information (PHI), to assist customers with strategic health plan decisions. The Optum Benefits Analytic Manager reporting environment is ICD-10 compliant, maintained by Optum, and is accessed through a browser within a secure environment, with security access maintained by UMR. Analytical summary report template data updates are available to authorized users monthly. | UMR partner since 2019. | | PCI  11632 Harrisburg Road Fort Mill, SC 29707 Telephone: (803) 578-7700 Fax: (803) 578-7676 | This vendor is subcontracted by Shutterfly under the UnitedHealthcare contract for fulfilment (prints/mails member EOBs, provider checks and member/provider letters). | UMR partner since 2015. | | Protocol Driven Healthcare, Inc. (PDHI)  150 Morristown Road, Ste. 200 Bernardsville, NJ 07924-2626 Telephone: (515) 440-8363 Fax: (515) 440-8393 | This vendor provides access to an online tool that gives user online health information and various tools such as health risk assessment, diaries, record keepers and news articles | UMR partners since 2004. | | Quest Diagnostics  10101 Renner Boulevard  Lenexa, KS 66219  Telephone: (248) 416-1609  Fax: (248) 799-8927 | Quest Diagnostics provides biometrics screenings in conjunction with health and wellness program. | UMR partner since 2018. | | RedCard Systems, LLC  744 Office Parkway St. Louis, MO 63141 Telephone: (888) 692-8060 Fax: (314) 567-4245 | RedCard produces, prints and mails id cards. | UMR partner since 2019. | | Shutterfly  2800 Bridge Parkway Redwood City, CA 94065 Telephone: (650) 610-5200 Fax: (650) 654-1299 | This vendor is subcontracted by UnitedHealthcare for fulfilment and data storage (prints/mails member EOBs, provider checks and member/provider letters). | UMR partner since 2015. | | WEX Health  5050 Lincoln Drive, Ste. 100 Edina, MN 55436 Telephone: (877) 221-4541 Fax: (952) 746-5090 | This vendor provides us with the administration platform for our consumer driven accounts (FSA, HRA and RRA) as well as debit card services and a UMR mobile application to access those accounts. | UMR partner since 2011. | | Wipfli  11 Scott Street Wausau, WI 54403 Telephone: (715) 843-7443 Fax: (715) 842-7272 | This vendor provides nondiscrimination testing services for our customers offering a cafeteria plan | UMR partner since 2005. |   The contracts signed between UMR and our subcontractors are considered proprietary and are not available for proposal purposes. |

* + 1. **Evidence of Financial Responsibility** – **NOT APPLICABLE**
    2. **General Information** - Each Respondent must enter your company’s general information including contact information.

|  |  |
| --- | --- |
| **Business Information** | **Third-Party Administration of Services** |
| Legal Name of Company | UMR, Inc. |
| Contact Name | John Lurker |
| Contact Title | Vice President Indiana Sales |
| Contact E-mail Address | John\_w\_lurker@uhc.com |
| Company Mailing Address | 115 W. Wausau Avenue |
| Company City, State, Zip | Wausau, WI 54401 -2875 |
| Company Telephone Number | (800) 826-9781 |
| Company Fax Number | (877) 293-4913 |
| Company Website Address | **umr.com** |
| Federal Tax Identification Number (FTIN) | 39-1995276 |
| Number of Employees (company) | 6,132 |
| Years of Experience | 73 |
| Number of U.S. Offices | UnitedHealthcare has 2,142 locations in the United States. |
| Year Indiana Office Established (if applicable) | We have had numerous Indiana offices dating back more than 30 years. |
| Parent Company (if applicable) | UnitedHealth Group |
| Revenues ($MM, previous year) | $113 billion |
| Revenues ($MM, 2 years prior) | $101.3 billion |
| % Of Revenue from Indiana customers | This data is not available, as UMR and UnitedHealth Group do not break down revenue by customers in a given state. |

* 1. Does your Company have a formal disaster recovery plan? Please provide a yes/no response. If no, please provide an explanation of any alternative solution your company has to offer. If yes, please note and include as an attachment.

|  |
| --- |
| Yes. UnitedHealth Group has developed an Enterprise Resiliency & Response Program that minimizes customer impact from disrupted service in a significant event or disaster, while aiding compliance to published regulatory guidelines. Plans are developed to address all natural and human-caused disasters (i.e. hurricanes, floods, fires, terrorism attacks, and disease pandemics).  The business continuity plans focus on critical business functions and planning for the worst-case scenario so that we can react quickly and efficiently, adding value to our business and customers through effective risk reduction, compliance with industry, contractual or regulatory standards, and safeguarding of operations and assets.  Please refer to the following attachments: **Attachment 5 - Optum Enterprise Resiliency** and Response Customer Response Document, **Attachment 6 - Enterprise Disaster Recovery Program** Overview and **Attachment 7 - Business Continuity and Disaster Recovery**. |

* 1. What is your company’s technology and process for securing any State information that is maintained within your company?

|  |
| --- |
| UnitedHealth Group has established a robust security infrastructure, which includes a documented process for securing and hardening the operating system platforms and applications that store and process data. This process includes:   * base installation and configuration standards * strong password controls * changing default passwords * maintaining access controls * removing unnecessary services * removing known vulnerability configurations * version management   All UnitedHealth Group network connections, whether outbound or inbound, are filtered through a corporate approved firewall, layers of firewalls, and/or isolated from internal network connections. The firewall is configured to protect against unauthorized intrusions and limit external access to the internal company networks. Intrusion detection technology is also deployed throughout our security architecture model.  Vulnerability assessment technology is used throughout our operational infrastructure to assist with detecting and addressing operating system risks. Vulnerability assessments are performed at the external entry points, as well, to ensure ongoing appropriate control posture for UnitedHealth Group's customer and proprietary information.  UnitedHealth Group utilizes Symantec Endpoint Protection software, which detects macro virus, non-macro virus, adware, dialers, hack tools, joke programs, remote access, spyware, and trackware. Security controls are established for system, application, and data layers based upon functional roles and responsibilities being performed.  Access to information technology systems may only be granted when based upon documented business justification and approved by Management. Users are granted minimum necessary access to allow them to perform their job responsibilities. To access UnitedHealth Group information technology systems, all users must authenticate with a unique user ID and password to verify the person or entity seeking access is the one claimed.  Periodic reviews of user accounts must occur to ensure the appropriate minimum privileges are granted and accounts of unauthorized users have been removed. UnitedHealth Group utilizes an industry standard full disk encryption product on its laptops, which meets the NIST encryption standards.  UnitedHealth Group continues to implement new solutions with advanced technologies to ensure customer data is protected. At the beginning of 2007, UnitedHealth Group began maintaining its own tape management storage facility within its managed data centers.  UnitedHealth Group employs a series of robust and secure transmission solutions that support file transfer and email. Information security policies, procedures and technical protocol, along with operation protocols ensure the control of secured information transmissions.  In addition, UnitedHealth Group encryption technology standards require a minimum key length of 256-bits for secret (symmetric) encryption and 2048-bits for public/private (asymmetric) encryption. These are the minimum standards. Longer key lengths may have been implemented within specific environments, based on risk.  Additionally, to protect sensitive customer data, UnitedHealth Group employs a combination of logical, physical, and procedural controls:   * Logical access controls implemented at the operating system, network, database, and/or application layers depending on the architecture of the application. These ensure users are able to access only the data and functions required to perform their assigned duties. These controls also prevent users from being able to access operations systems file systems. Sensitive data is not stored on servers located within the DMZ network segments. Externally-facing web application servers obtain sensitive data via calls to servers located within the secure 'internal' UnitedHealth Group network. Development, test, and production environments are separated physically to reduce the risk of accidental change or unauthorized access to production software and data. * Physical controls ensure physical access to areas, media, and equipment which contain or process sensitive data is restricted to only authorized individuals. * Procedural controls include access management processes to ensure users are granted access to only the minimum amount of data needed to perform their assigned duties, secure disposal of sensitive materials and media, and security awareness training to ensure users are aware of appropriate and secure practices.   Finally, Company information must be backed up on a regularly scheduled basis to ensure availability of Company information and limit data loss in the event of an outage. UnitedHealth Group Optum Technology or the business organization information technology groups are responsible for developing, documenting, and implementing backup schedules. This includes outlining the type of backup, interval, storage location, and the number of copies for all Company information under their control. Appropriate business and technical owners are accountable for determining what assets are backed-up per UnitedHealth Group's Classification Levels.  Backups may include, but are not limited to:   * Master files databases, * Transactions files, * System programs/utilities, * Application software, * Parameter settings, or * System documentation   UnitedHealth Group maintains sole custody of the data at all times by transmitting over our secured channels.  UnitedHealth Group is the sole entity in the chain of custody for the data, and has opted to encrypt the data, at the time the media is written, for risk mitigation purposes. The data encryption occurs at the time the tape media is created using industry accepted encryption algorithms (256-Bit Advanced Encryption Standard (AES)).  UnitedHealth Group invests significant resources in its information security program and uses a number of network, security monitoring, and encryption technologies to protect our environment and maintain the confidentiality and integrity of the data and information entrusted to us. In both mainframe and distributed environments, UnitedHealth Group’s strategy is to encrypt data at rest without regard to its content or type at the storage media (device) level on both disk and tape.  The primary and secondary locations are not fixed entities and can change based on business demands and operational need (i.e. growth, expansion or disaster recovery). In the mainframe environment, UnitedHealth Group uses geographically dispersed mainframes for "Rapid Recovery" that use UnitedHealth Group's internally secured networks to transmit the backup data. In this situation, UnitedHealth Group maintains sole custody of all data at both primary and secondary locations.  In addition, UnitedHealth Group has implemented several mitigating controls to ensure data is protected, such as in sourcing of its tape management facilities, implementing a Rapid Recovery solution to ensure data is protected and available should there be a situation requiring the recovery of data, onsite process for data eradication of disk drives that are replaced during maintenance, and data eradication on all decommissioned storage arrays to Department of Defense (DOD) standards prior to leaving UnitedHealth Group's controlled facilities further mitigate the risk of exposure.  OPERATIONAL BACKUPS  The Data Protection Infrastructure exists in all primary technology centers. Data is segregated by production/non-production and functional characteristics (i.e. Wintel, UNIX, Database, Archive).  UnitedHealth Group's Backup Strategy includes:   * Systems and databases are backed up daily and weekly * Database backups are retained for 28 days * Deleted files are kept in the system for 90 days * Connection to backup server is across the UnitedHealth Group Wide Area Network, data is written to the alternate location, eliminating the need for third party offsite storage * Primary use: Disaster Recovery of systems as defined by the Recovery Point Objective and the Recovery Time Objective (RPO and RTO) at an alternate site   RETENTION/PRESERVATION   * Data retention requirements driven by Legal/Risk Information Management Policies   Based on governance requirements and drive retention periods (Preservation orders, Sarbanes-Oxley Act (SOX), Health Insurance Portability and Accountability Act (HIPAA). These are separate from operational backups |

* + 1. **Experience Serving State Governments -** Please provide a brief description of your company’s experience in serving state governments and/or quasi-governmental accounts.

|  |
| --- |
| UMR has had, and currently has extensive administration experience with state government plans, over 100 cities, nearly 80 counties, and other government accounts. We also administer customized plans for large public sector customers.  We have an extensive background working with large groups and administering complex benefit plan configurations, which have included multiple tiered custom networks. Our approach is highly specialized, custom tailored for each of our customers and specific to their immediate and ongoing needs. Our ability to analyze complex data and apply deep health care expertise and insights allows us to serve public sector benefits plans with more innovative products and complete, end-to-end offerings for many of the biggest challenges facing health care today. |

* + 1. **Experience Serving Similar Clients -** Please describe your company’s experience in serving customers of a similar size to the State with similar scope. Please provide specific clients and detailed examples.

|  |
| --- |
| We have several large public sector customers within UMR’s and UnitedHealthcare’s book of business and have offered UMR examples of similar scope below:  CLIENT 1  UMR administers a public employees health plan comprised of three plans, including a high deductible plan and an EPO-like plan restricting services to in state providers only. This plan has local government entities as well as city and other municipalities, including higher education entities as well. Several specific plan components unique to the plan/s include:  a medical home ‘network’ which includes annual settlements, quality measures reporting, and attribution requirements, several specific fee schedules on DME, RBRVS, DRG , ASC and other provider specific fee schedules such as Critical Access Hospitals. This also includes several direct contracts for bordering providers to the state. Access to the UnitedHealthcare national network outside the state is provided for access to care and plan savings. The national network combined with the authorization process for keeping care in state to manage to the state fee schedules has shown significant plan savings.  As noted, there are strict requirements regarding care received outside of the bordering counties to the state such that services must not be provided within the state or those services have been exhausted, so a medical necessity referral authorization must be obtained prior to care rendered to receive highest level of reimbursement. If no authorization for out of stare care is received, the members can access a national network but at a lower reimbursement rate. Several Clinical Resource Consultants are located within strategic areas of the state to assist with management of services available within the state while also focused on provider communication and education as well as helping support certain areas of focus of the administration such as colorectal screenings and hemophilia education and services.  Plan has been in effect for two years with partnership meetings on a bi-weekly basis and participation in annual town halls and public meetings as needed and requested. UMR provides claims, Plan Advisor and CARE programs, including Ongoing Condition CARE programs.  CLIENT 2  A State account with 100,000+ eligible members with the majority covered under the self-funded plan. The State plan is for active, pre retirees and a retiree plan offerings. The State also includes school districts which expands the eligible membership base. Coverages include medical, dental, life and FSA administration. The client is supported with a dedicated call team and full-service administration across the plans with the exception of pharmacy, which is contracted separately.  The client offers multiple benefits plans and embedded in most of those plans are multiple tiers and various network of providers, for a subset of services where the member would have a zero copay. These network providers are reimbursed differently and we built a tiered hierarchy at different benefit levels. There are some carved out opportunities which are reimbursed at a higher benefit levels and for contracted providers, there are five tiers.  Full-service functions include, but are not limited to, claims, appeals, reconsiderations, (financial management/auditing i.e. overpayment/recoupment), enrollment and network file administration, customer care and care management, website and portal offerings and recent expanded support of wellness initiatives. The client is supported with an array of contacts that align with the priorities of the client from internal department liaisons to ensure daily operations maintain steady state to an Executive Sponsor to ensure strategy is key to the ongoing partnership.  A key role within the account management team is the SAE who is the voice of the client, leads planning of large multi-year projects, presents quarterly reporting reviews, overseas implementation of new products and manages/integrates the relationship of any contracted vendors. For new implementations/products, a dedicated project manager is aligned to define scope of work and ensure projects are being executed and delivered timely within budget. |

* + 1. **Indiana Preferences -** Pursuant to IC 5-22-15-7, Respondent may claim only one (1) preference. For the purposes of this RFP, this limitation to claiming one (1) preference applies to Respondent’s ability to claim eligibility for Buy Indiana points. **Respondent must clearly indicate which preference(s) they intend to claim. Additionally, the Respondent’s Buy Indiana status must be finalized when the RFP response is submitted to the State.**

Approval will be system generated and sent to the point of contact email address provided within the Bidder Registration profile. This is to be attached as a screen shot (copied/pasted) for response evaluation.

Buy Indiana

Refer to RFP Section 2.7 for additional information.

|  |
| --- |
| Complete. Below is a snapshot from the Buy Indiana site:    Additionally, we have also included a snapshot from the email confirming qualification: |

* + 1. **Payment – Not Applicable**

**Trademarks and Service Marks**

UnitedHealth Group® and UnitedHealthcare® are registered trademarks of UnitedHealth Group Incorporated. Optum® is a registered trademark of Optum, Inc. All other trademarks, service marks, names, logos, and brands are property of their respective owners. Use of third-party trademarks, service marks, names, logos, and/or brands is for identification purposes only and does not imply endorsement, affiliation, or sponsorship.