



# Provider Overview

May 2022

United  
Healthcare®

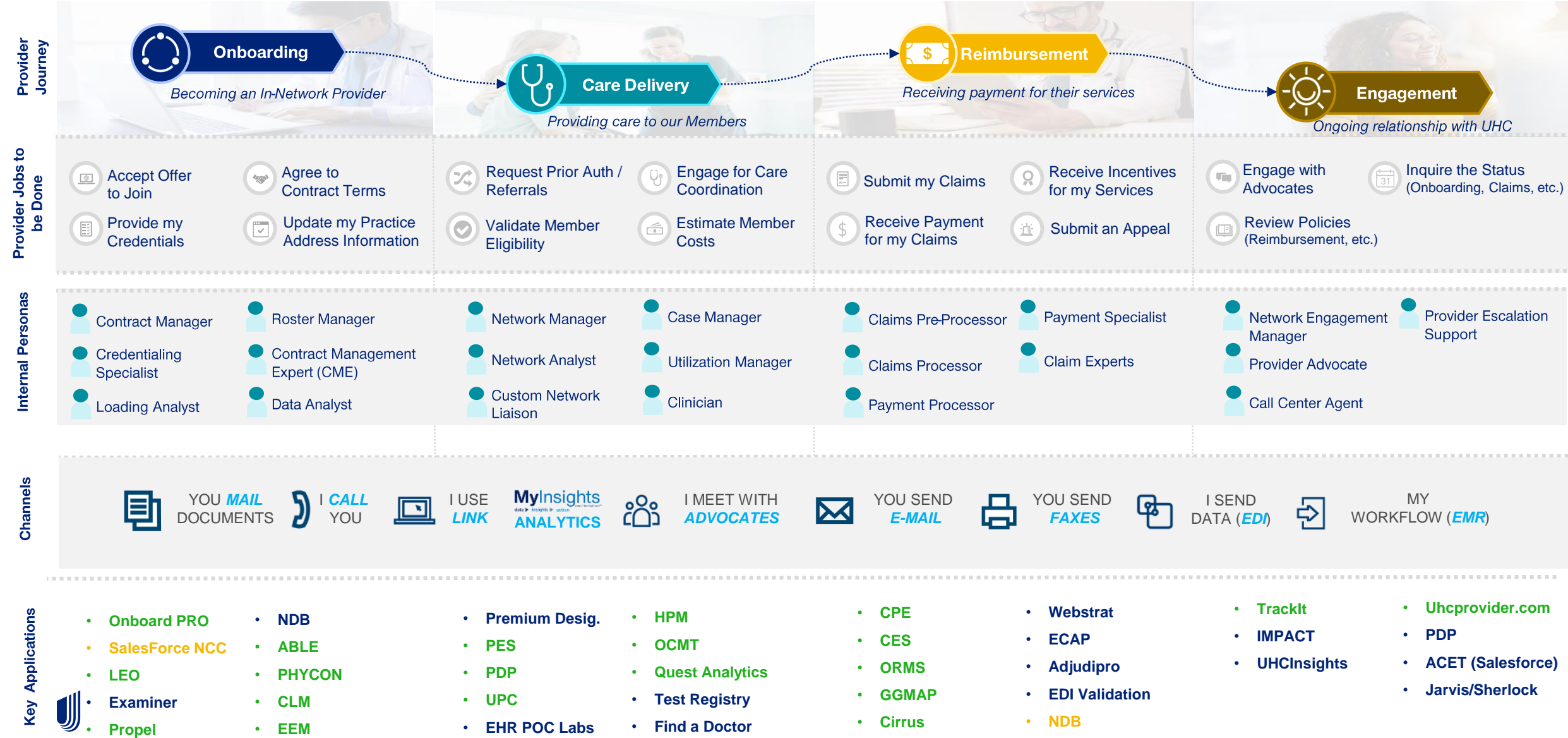
# Provider Basics

- ❑ Provider is any Health Care Professional (Individual) or Health Care Organization (Facility) who renders medical care to Health Plan's members
  
- ❑ Provider Types :
  - ❖ PCP : Serves as member's first contact with plan's Healthcare System
  - ❖ Medical Providers
  - ❖ Dental Providers
  - ❖ Vision Providers
  - ❖ Ancillary Service Providers – Non-Physicians performing diagnostic, therapeutic services
  - ❖ Pharmacists
  
- ❑ Provider Onboarding Process & Data Types
  - ❖ Demographics : Address, Phone number, Languages etc
  - ❖ Credentialing : Process of obtaining and verifying the qualifications of Provider (Specialty)
  - ❖ Contracting : Agreement between Provider and contracting entity (Payer) to provide services as per Health Plan (Par vs Non-Par)
  - ❖ Network : List of HCPs and HCOs that a plan contracts to provide Medical care to members  
In-Network Providers vs Out-Network Providers ; Network Adequacy
  - ❖ Entity data : Relationships between Providers
  - ❖ Preferences : Paperless ( Letters/Fax vs Digital), Communication Preferences (Contact, Network bulletins, notifications)
  
- ❑ Delegated vs Non-Delegated Providers
  
- ❑ NPI (National Provider Identifier), TIN (Tax Identification Number), DEA Number, MPIN (EPIM ID)



# Interactions with Providers Has Become More Complicated Over Time

## Provider Journey



# Provider Product Capabilities & JTBD Coverage

The UHC Provider Digital Transformation has fully embraced the Enterprise Product Model, in partnership with the Technology organization. With the shared product of “Provider Management”, these four distinct product capabilities make up the services that we combine to drive provider experience across the enterprise.

## Channels:

- Digital Front Door Experience (UHCPP & UHCProvider.com)
- Advocate desktop through Spire/Salesforce products
- IVR/Genesis/Conversational Bots for automating voice calls
- API Marketplace that includes EDI, FHIR API's and Proprietary API's
- Direct EMR presence through POCa widgets, My Practice Assist
- Messaging – Live Person and Chatbots

- Onboarding Lifecycle Management
- Content Management
- Eligibility and Benefits Verification
- Claims Lifecycle Management
- Referrals
- Authorizations
- Medical Records & Provider Documentation
- Integration & Access Management
- End to End Tracking
- Care products (Prior-Auth, Gaps in Care, Health records, etc.,)



- Insights
- Campaigns & Offers
- Provider Performance
- Issue Life Cycle Management
- Messaging
- Preferences & Consent
- Contacts & Entity Management

- Intake & Routing
- Contract & Rate Management
- Verify Credentials
- Operation & Demographic Maintenance

PE (Product & Engineering) accountable with confident JTBD coverage

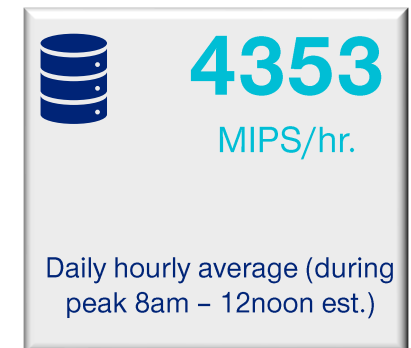
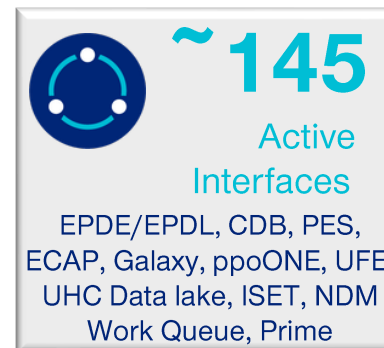
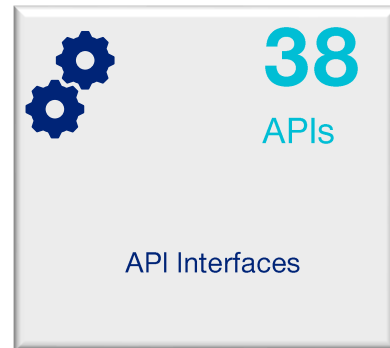
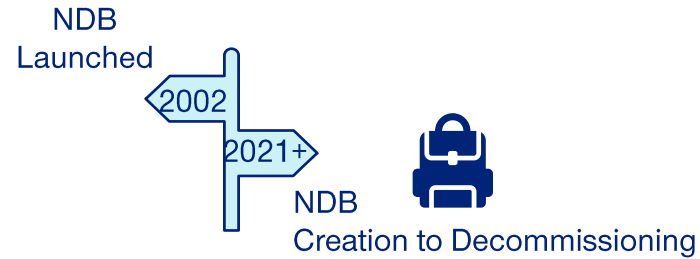
PE accountable with limited JTBD coverage

PE accountability and coverage has known JTBD gaps



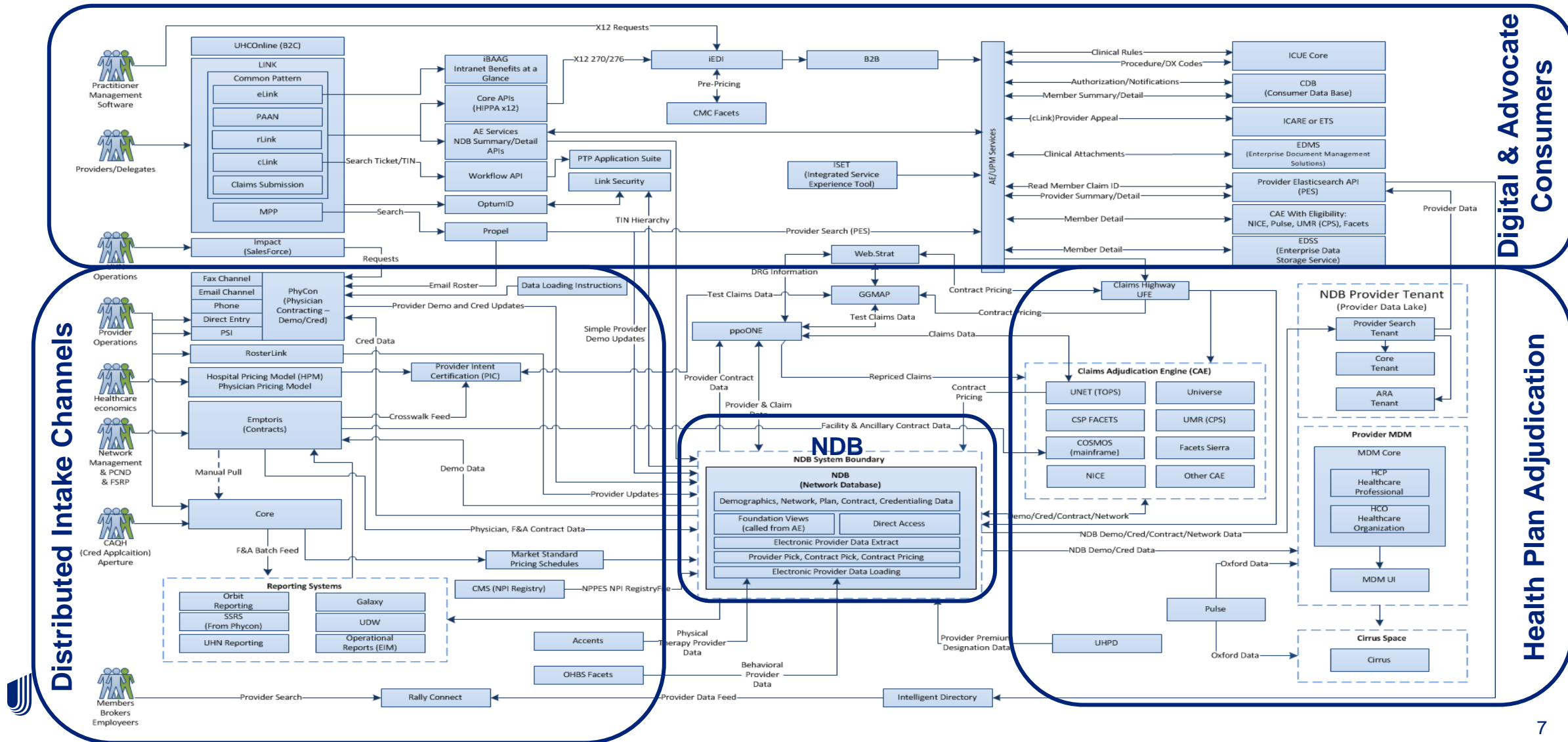
**Foundational**

# The **impact** NDB has on our **business operations and technology**



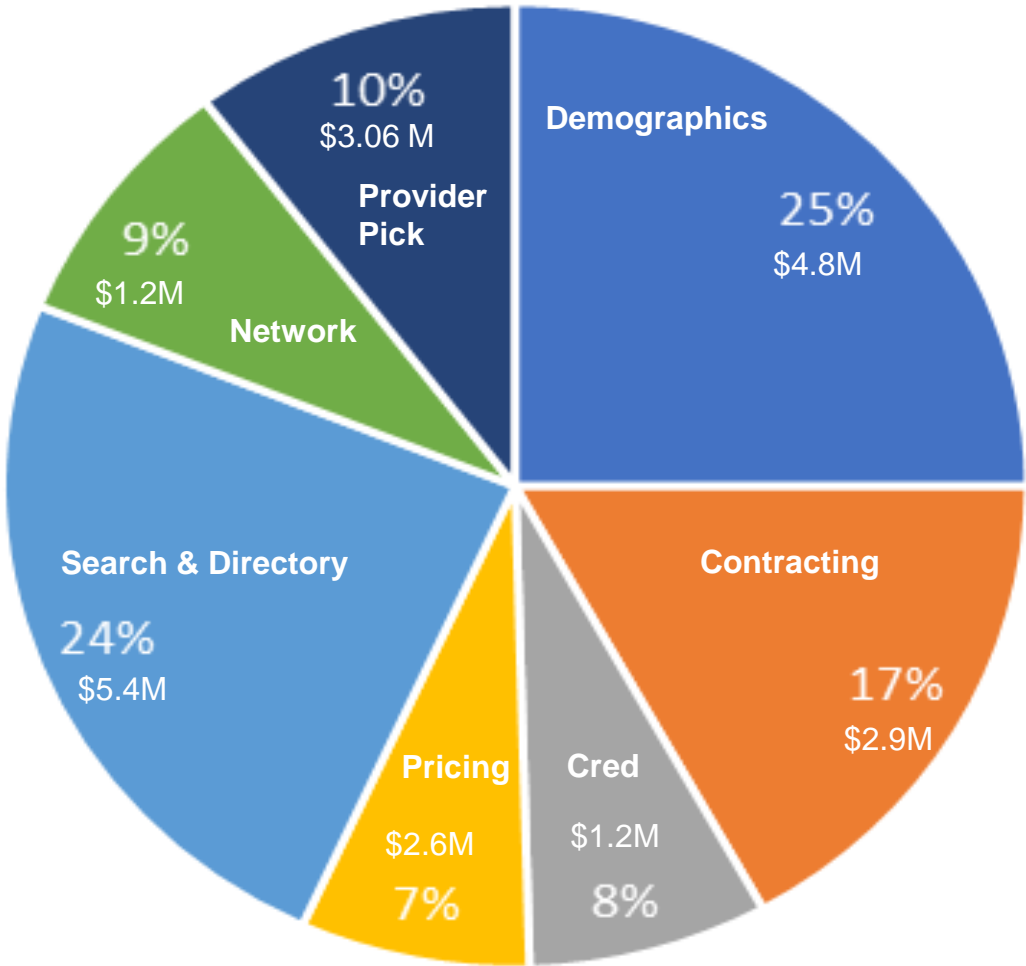
# Provider Ecosystem Current State


NDB is relied upon by many systems in the ecosystem making decom very complex



# NDB Capability TCM Cost Breakdown

Majority of the Costs are in Search & Onboarding (Demo/Cred/Contract)




**Provider Onboarding**

**Demographics**  
**Contracting**  
**Credentialing**

25% \$4.8M

17% \$2.9M


8% \$1.2M

**Care Delivery Network**

**Search & Directory**  
**Network Configuration**

24% \$5.4M

9% \$1.2M

**Reimbursement Claims Management**

**Provider Pick**  
**Pricing**

10% \$3.06M

7% \$2.6M

its reserved.

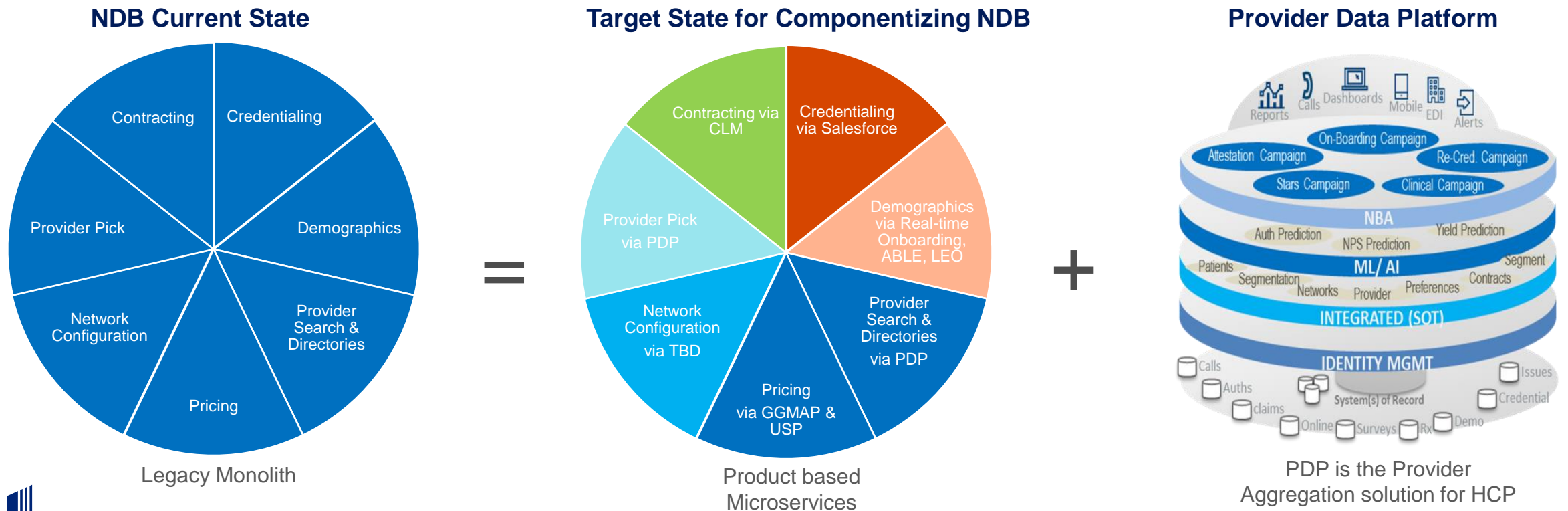
TCM costs are from 2020, summing up to ~\$18M



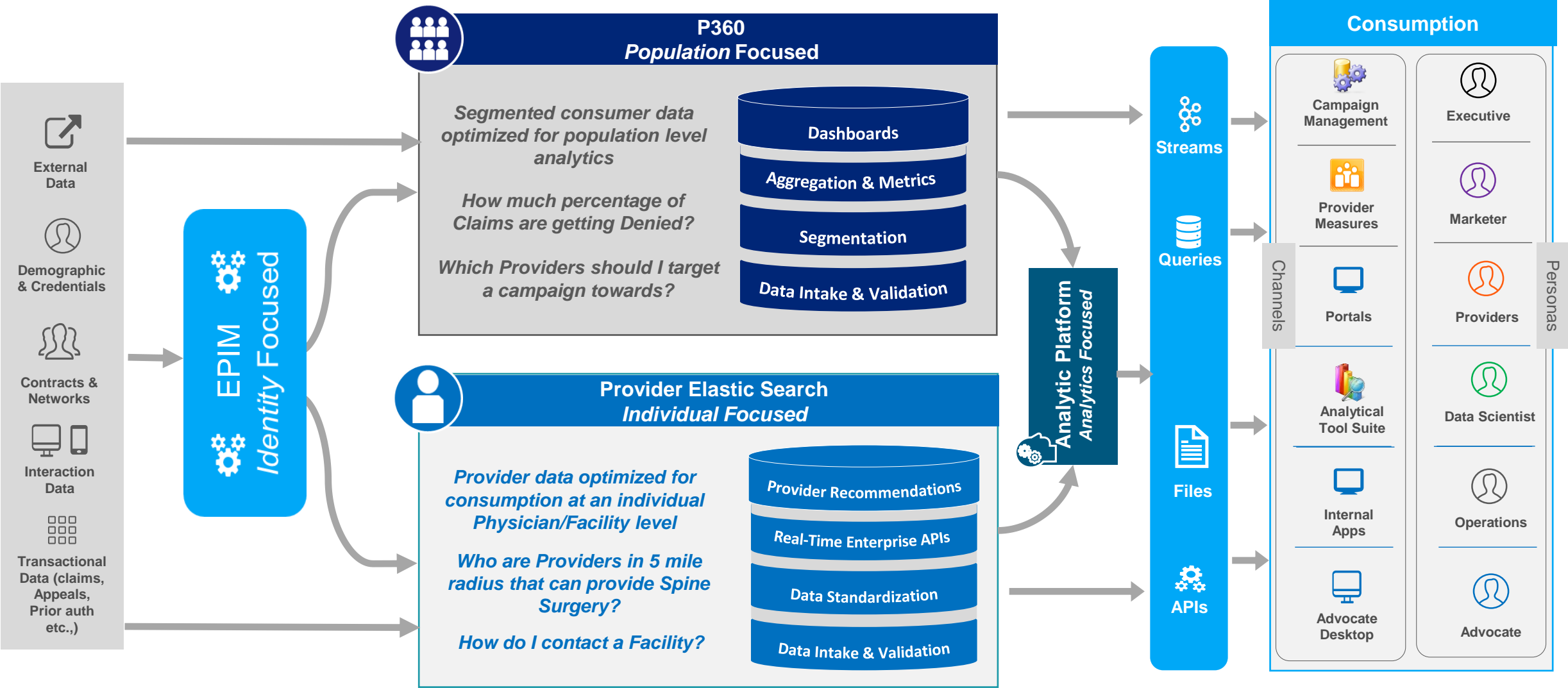
# NDB Incremental Modernization Approach

## Opportunistic Approach: With each new business investment

- Carve capabilities out of NDB into smaller microservice based components following starvation pattern.
- Leverage PDP as a source of truth decoupling both consumers and producers of provider data from NDB.
- Digitize the work and leverage business event-based processing to create common pathways to automate common business transactions regardless of the channel the request was received from



# PDP At a Glance



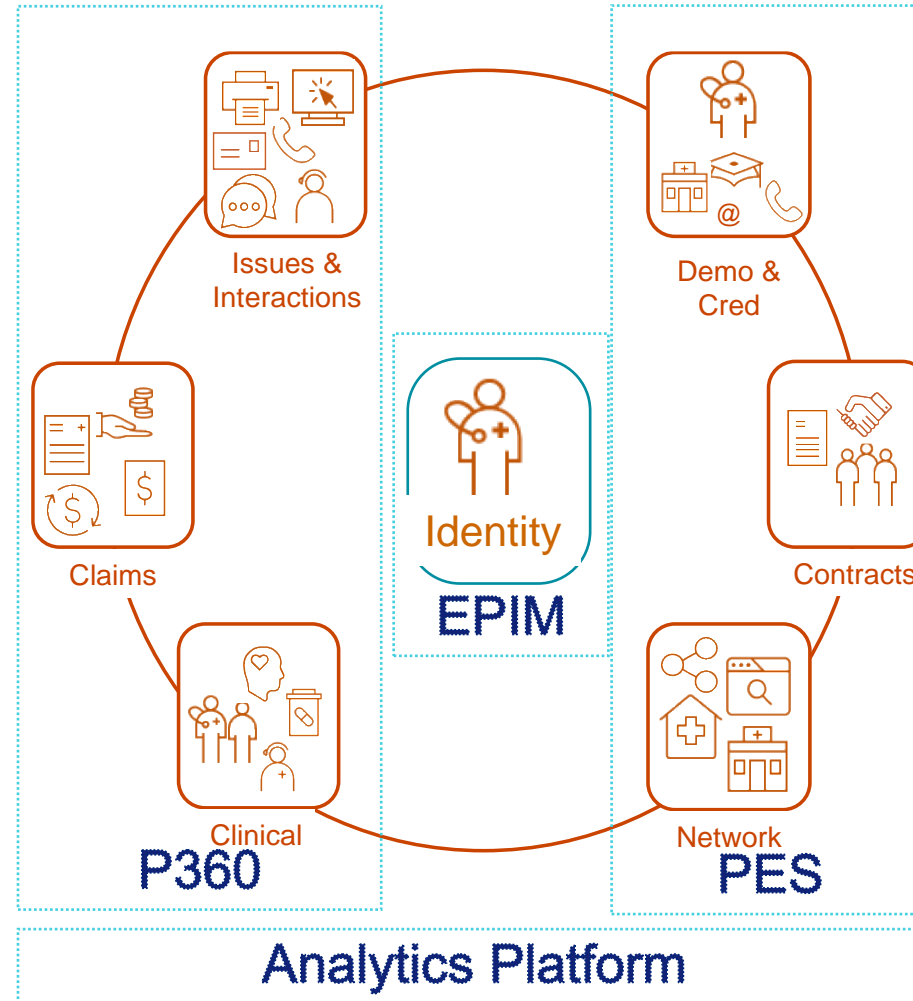
# PDP Data Domains

**Issues & Interactions** —  
ORS, VCCD, Genesys, Adobe Analytics

**Claims Medical** — TOPS, NICE, COSMOS, CSP, PULSE, UMR, CIRRUS  
**Appeals** — ETS, ATS  
**Claim Edits** - ACE

**Prior Auth** — iCUE  
**Clinical** — POCA  
**Designation** — HPP ID  
**Entity** - Genesis

- Completed
- In Progress
- Planned for 2022



**Demo & Cred** — NDB, EPIM, NICE, RMHP, People's Health, Dental

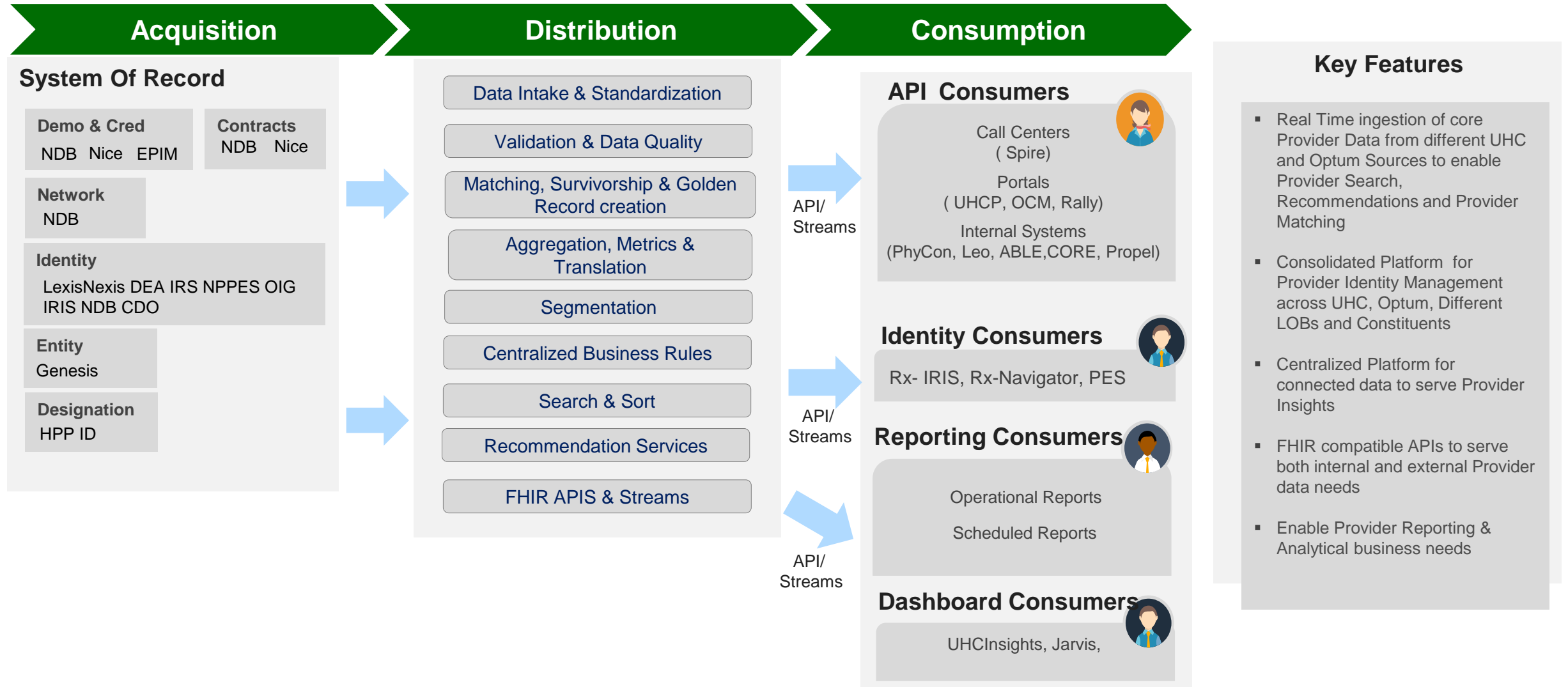
**Contracts** - NDB, NICE, Sierra, People's Health, Dental

**Network** - NDB, NICE, RMHP

**Identity** - Lexis Nexis, DEA, OIG, IRIS, NPPES, IRS, NDB, Nice, RMHP, People's Health



# Data Distribution & Externalization








# Digital Experience

# Provider Experience – Channel Strategy

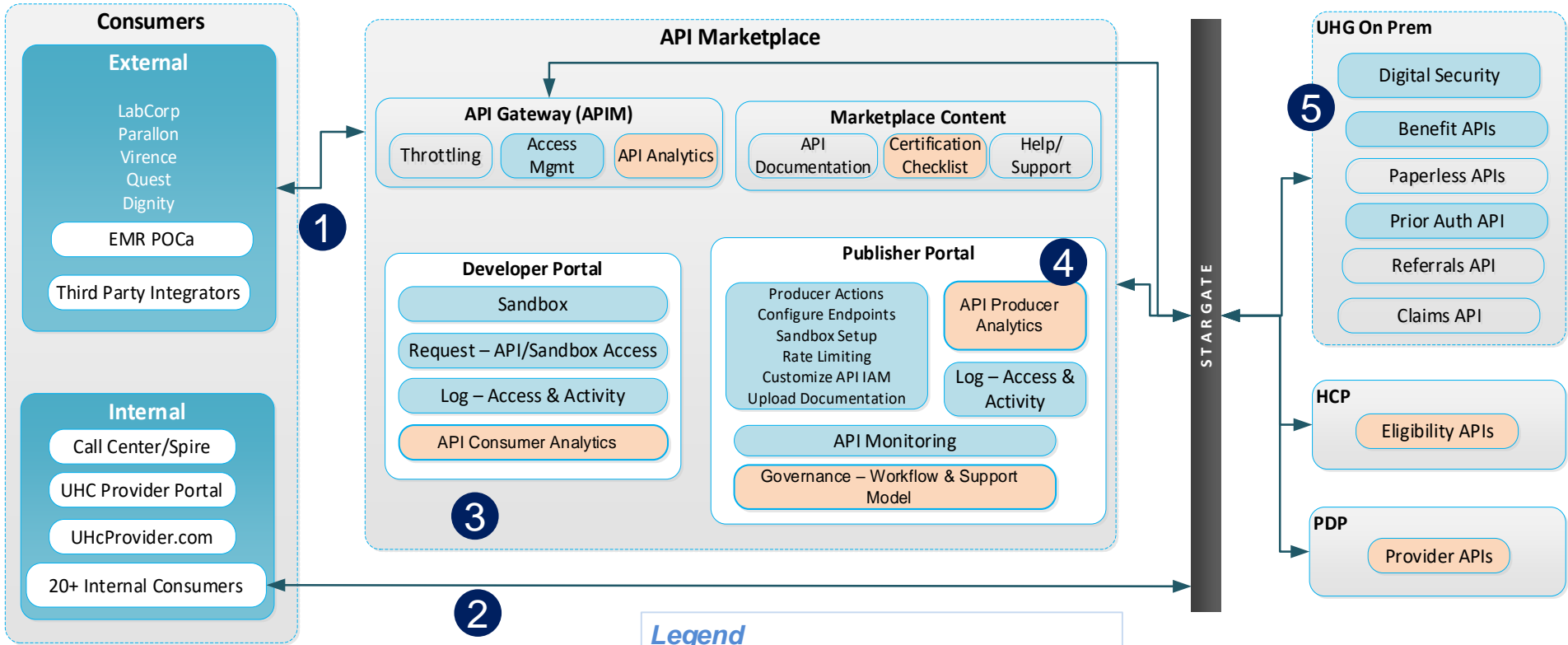
As Provider team, we strive to simplify and improve the user experience acknowledging and enabling providers need to connect with us through multiple channels. Channel strategies that we drive improve digital experiences, NPS scores, and reduces costs of upkeep.

-  Consumer Affordability
-  Simplified Experience
-  Growth & Efficiency

	3rd-Party/ EMR	Portal	Messaging	Voice	Field
Description	Extend reach of new and existing APIs through Marketplace model and enable HCOs, Vendors and EMRs to drive down Healthcare costs	Seamless, white labeled Unified Provider portal supporting both contracted and non-contracted Providers with common design system	Simplify Interactions, Increase Digital Adoption and operational efficiencies by enabling users through Chat and Co-browse capabilities	Provide Best-In-Class, human-like Virtual agent experience through automated voice AI Platform and personalized interactions based on preferences	Serve Providers by resolving their issues, addressing their queries and providing next best actions through interactions via phone, email etc.
Key Applications	<ul style="list-style-type: none"><li>B2B / EDI</li><li>EMR POCa</li><li>API Marketplace</li></ul>	<ul style="list-style-type: none"><li>UHCPP</li><li>UHCPProvider.com</li><li>My Practice Profile</li><li>Track IT</li><li>UHCSights</li><li>Document Library</li><li>Claim Submission</li><li>Eligibility</li><li>Referrals</li><li>PAAN</li></ul>	<ul style="list-style-type: none"><li>Live Person</li><li>Chatbots</li></ul>	<ul style="list-style-type: none"><li>Genesys</li><li>Infinitus</li></ul>	<ul style="list-style-type: none"><li>Spire</li><li>Impact</li><li>SMAC</li><li>PIQ</li></ul>



# Provider Digital API



**Legend**

Existing (No Change)

In Progress/Completed

Q4 2022

**Focus Areas**

1

Data for external consumers is served through API Marketplace

2

Data for internal consumers through Stargate API Gateway

3

Developer Portal has been created to enable features like Sandbox(with sample data for APIs), Sample API Requests and Logging

4

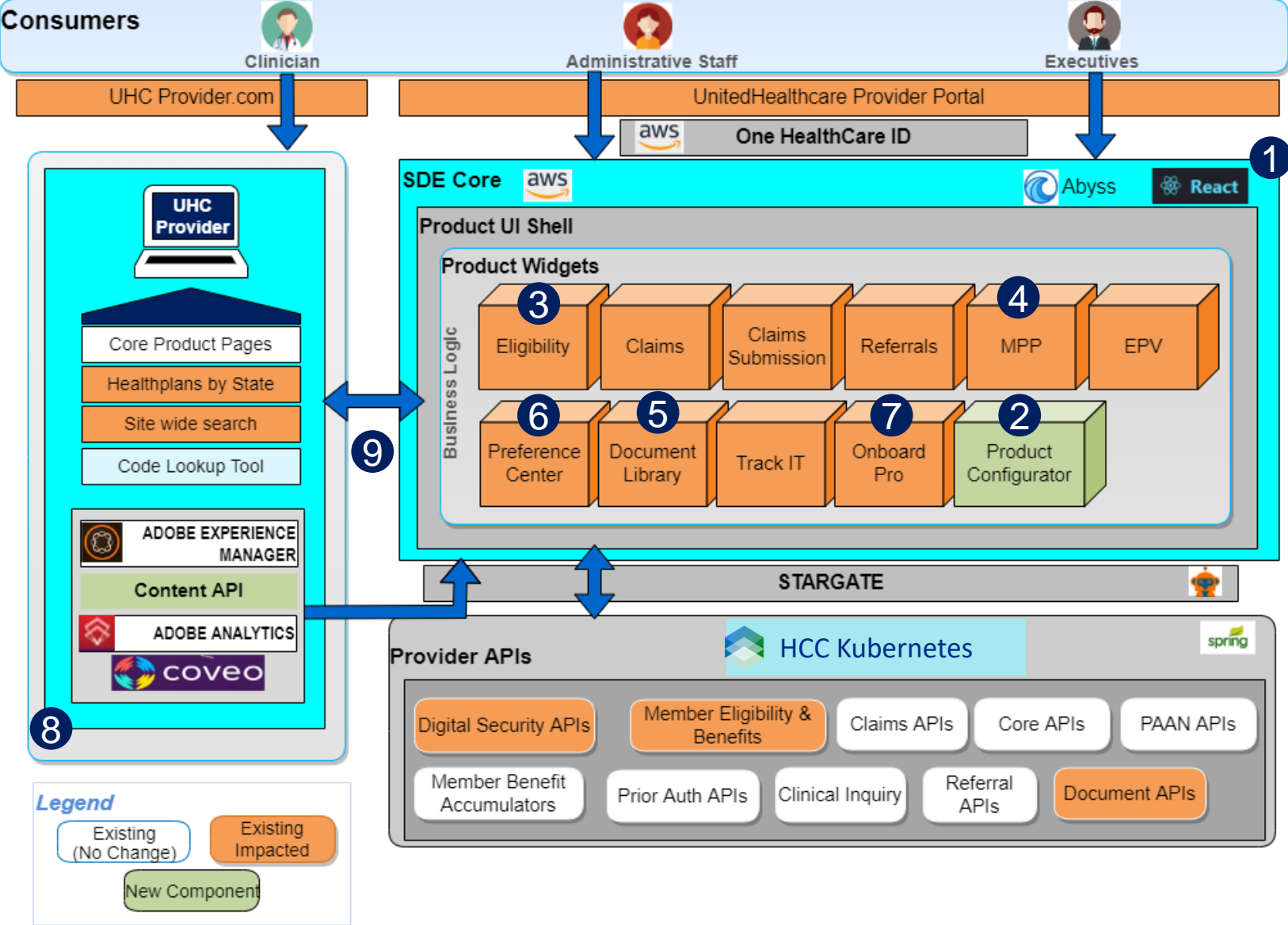
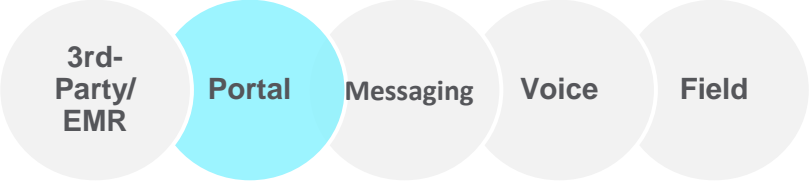
Publisher Portal has been created with Producer Action, Logging and Monitoring of APIs

5

Integration with Digital Security, Benefit and Prior Auth APIs



# UHC Provider Portals

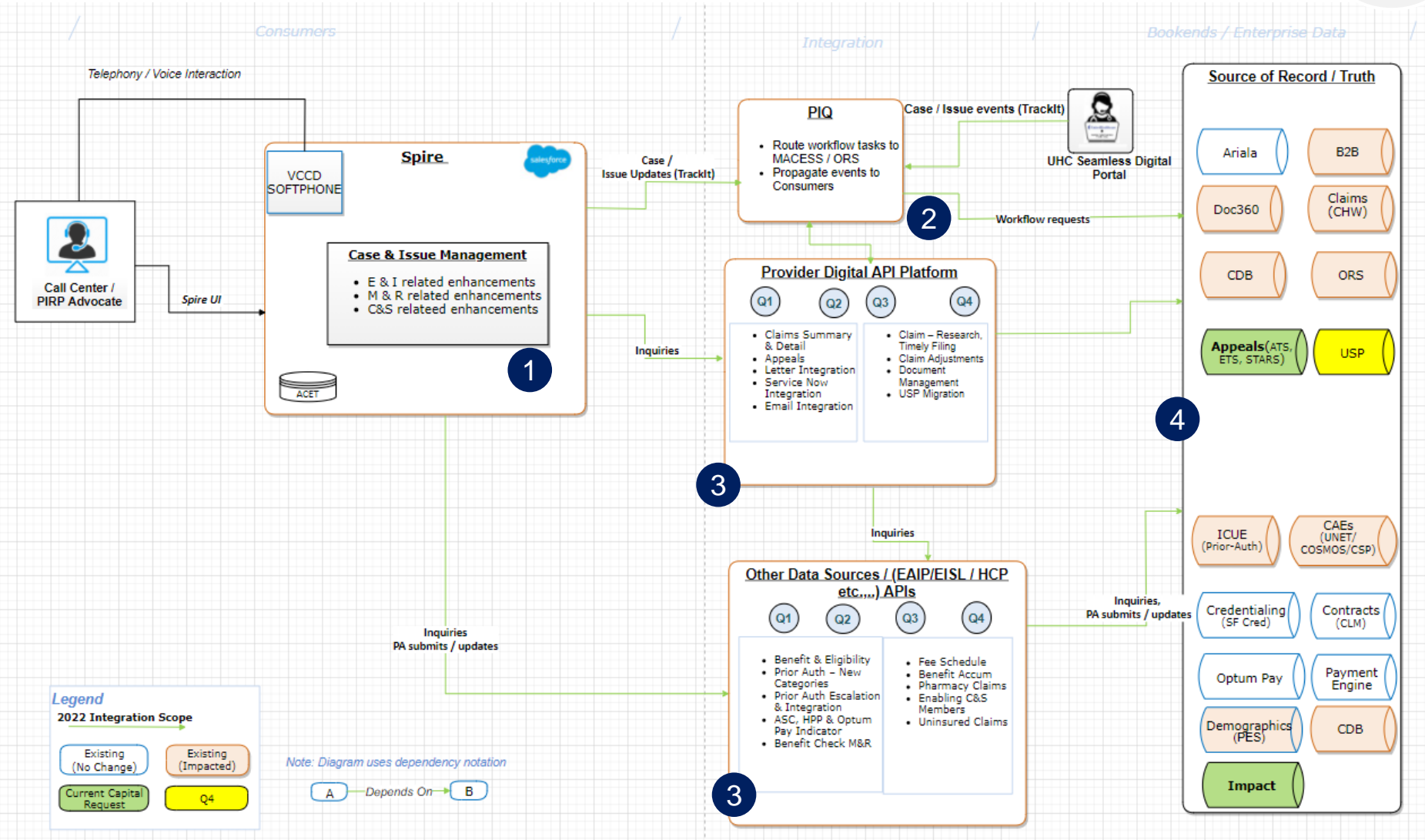


## Focus Areas

- 1 Expand Abyss supporting a white label experience with managed themes.
- 2 Business configuration for white label themes supported through new Product Configurator
- 3 Migration to Eligibility V4 API for Eligibility Lookup
- 4 Migrate MPP to Seamless UI using Abyss framework and enable Facility & Ancillary Providers
- 5 Enhance Document Library to support USP Claim, FWA letters and PRAs
- 6 Integrate Preference Center with Digital Security, Track IT and EPV
- 7 Boost Onboard Pro to a Seamless UI and enable Self-Service credentialing for additional Provider Types; Individual Physicians etc.
- 8 In UHCProvider.com, add functionality to include keyword search, support for visitor filter preferences, dynamically ranking news articles based on views.
- 9 Adoption of ABYSS framework for all content, including public and authenticated parts.



# 2022 Spire Architecture



## Focus Areas

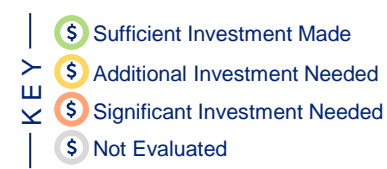
- 1 Enhance Spire with capabilities requiring visibility into Eligibility, Benefit & Claims of Providers across all LOBs
- 2 Integration of PIQ with Spire and other Digital channels so that tickets raised from Spire are visible in Portals (Track IT)
- 3 Enhance data Integration with existing and new APIs to support different data subject areas like – Benefits, Eligibility, Prior Auth, Claims, Appeals, Document Management etc.
- 4 Integrate with new SOR/SOTs like ATS,ETS, STARS, USP, P360 etc.



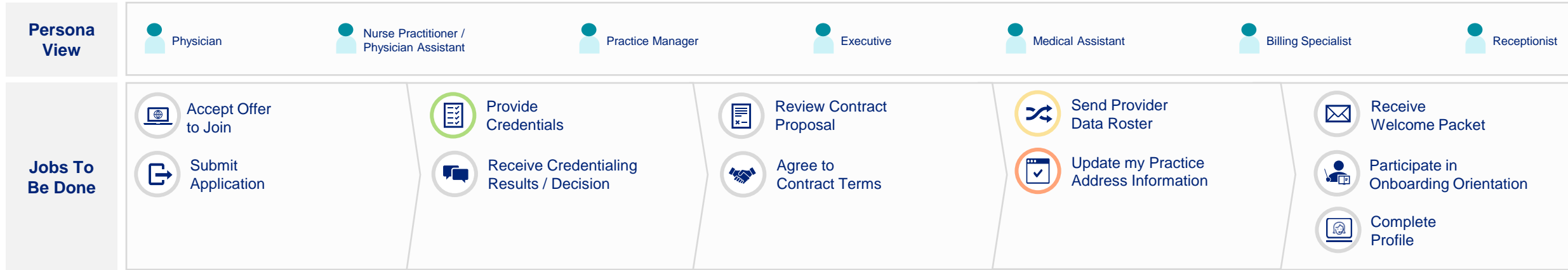


# Onboarding & Maintenance

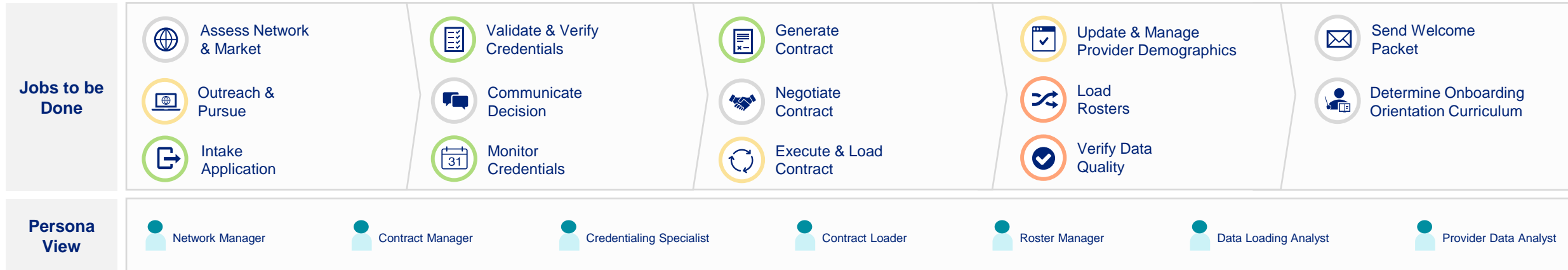
# Provider Onboarding Persona Experience Model



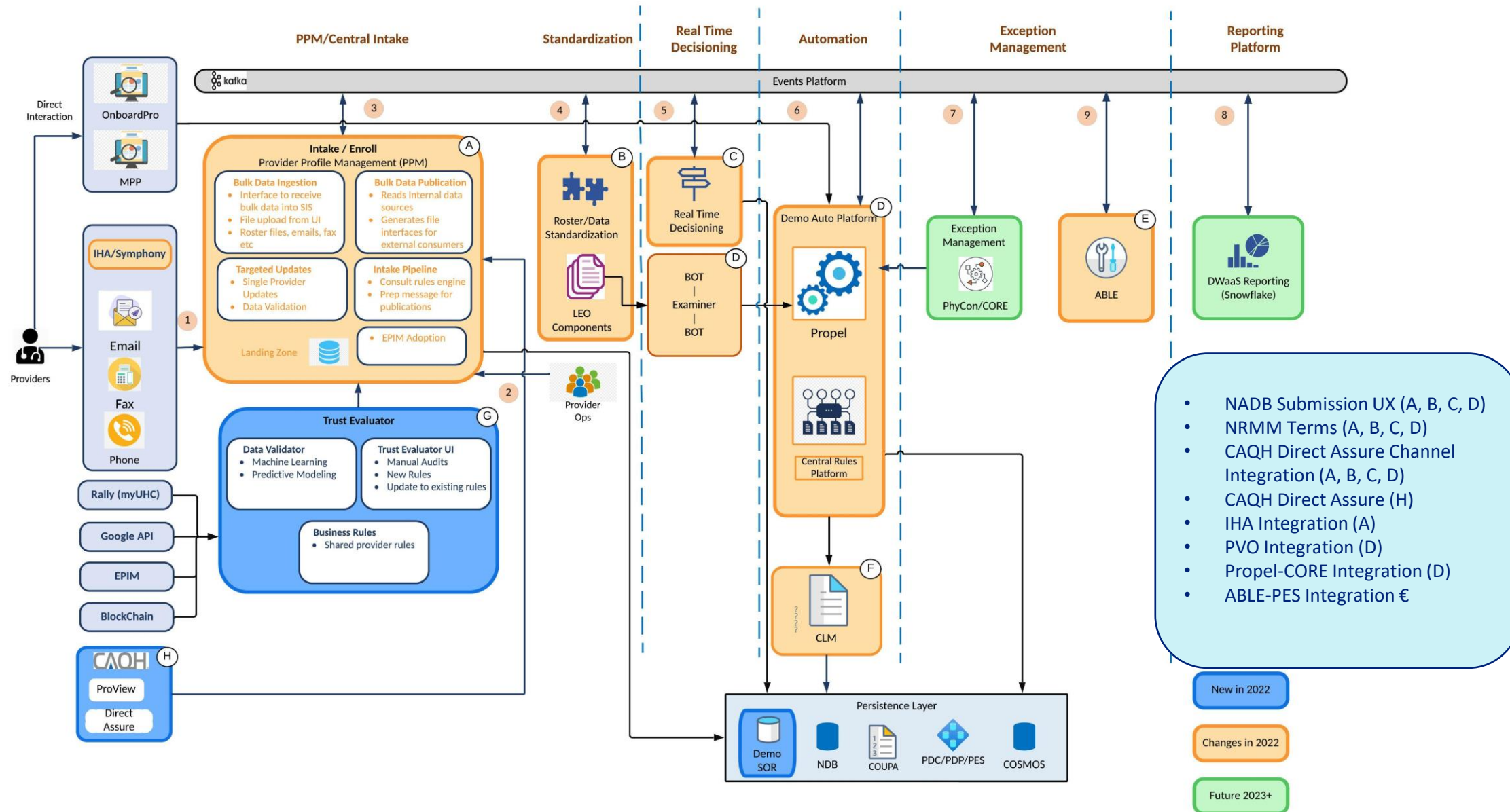
EXTERNAL



INTERNAL



# Provider Digital Administration (Onboarding) – Interim State





# Provider Search

# E2E Directory Modernization Solutions

## Problems

### Inconsistency

Directory Rules, Data Quality Rules and formatting exists in each independent application.

### Lack of Interoperability

Directory Eligible Data Sets are in application specific Structures not an Industry / Enterprise Standard.

### High Latency

Directory Processing in nightly batch happens across multiple applications causing increases in data latency.

### Problematic Identity Management

No consistent way to identify the same provider across multiple applications.

## Solutions

**Centralize**

**Standardize**

**Data Stream**

**Identity Resolution**

## Outcomes

### Increased Speed to Market

Reduce SLA from 3 Days to Minutes

### Improved Data Quality

Consistent answer to the same question

### Increased Data Simplification

Common Data Library translated to FHIR

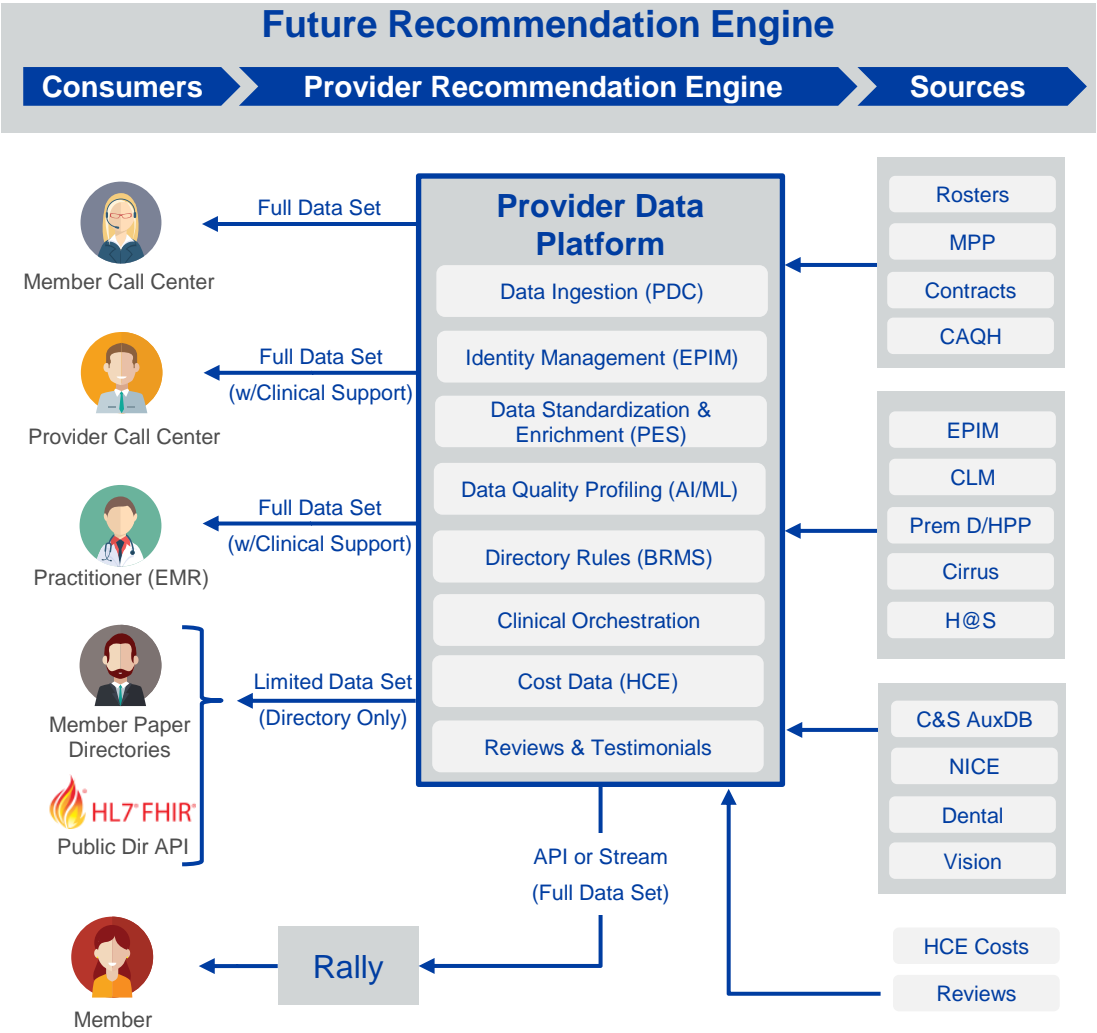
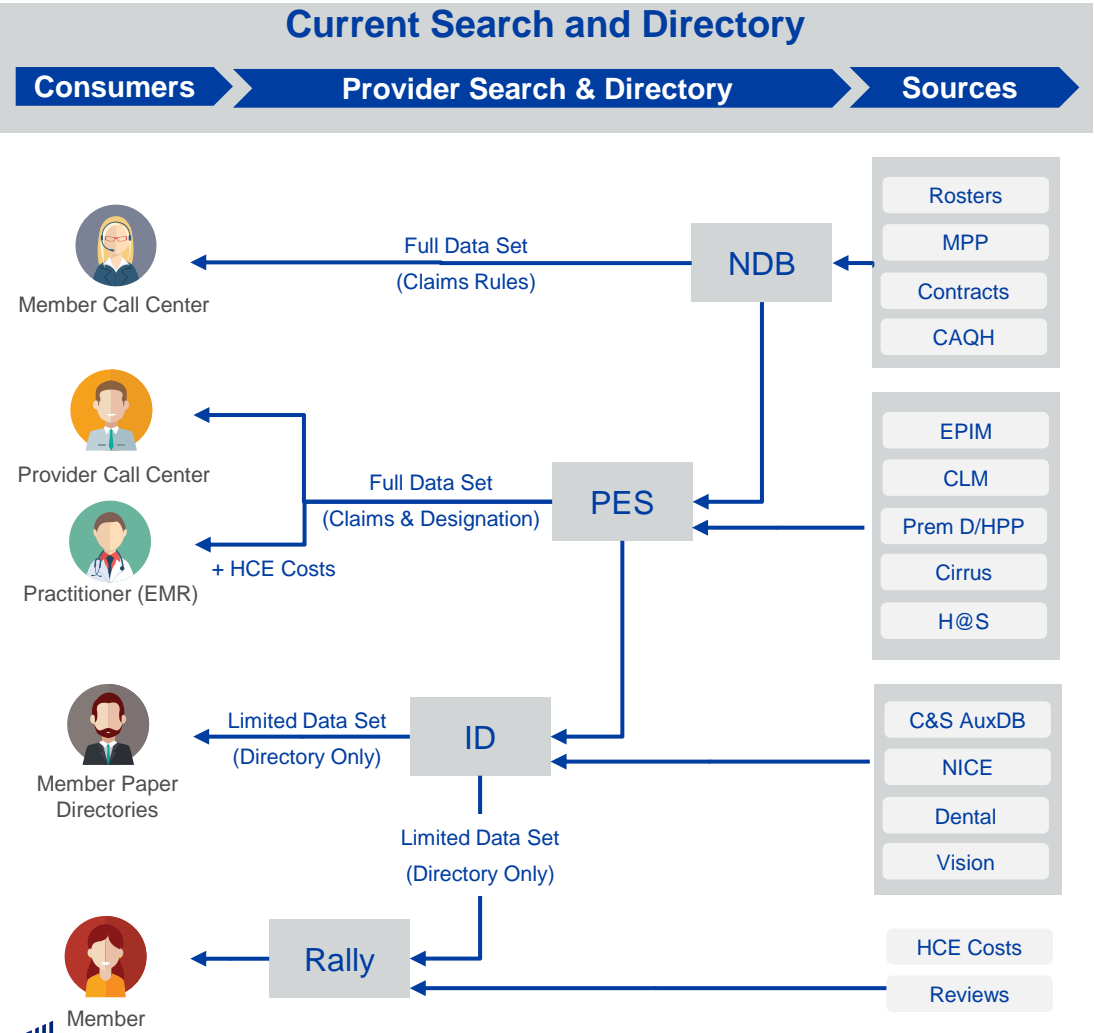
### Reduced Total Cost of Ownership

Investment compounded to grow exponentially



# Transforming from Directory to Provider Recommendation

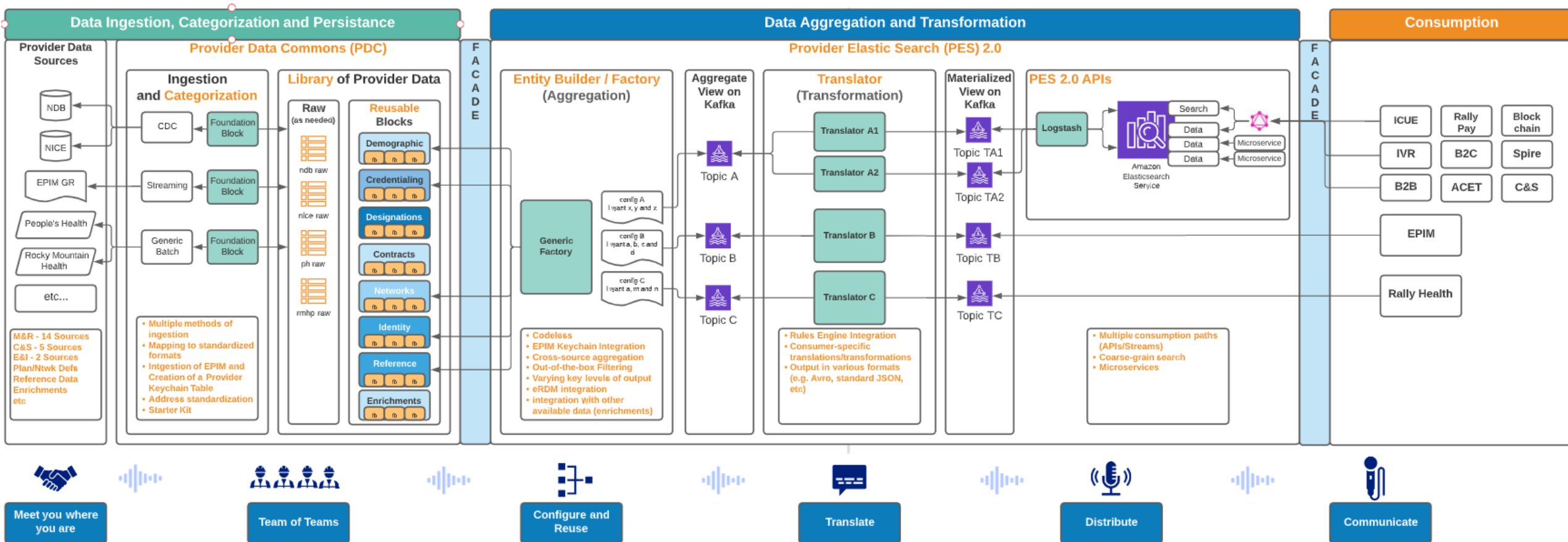
“The variety of data sources utilized across **provider search channels** is a frequent cause of **inconsistent data**. This also forces users to reference multiple channels to verify information. Regardless, there are common data points and search needs across all users.”





# Provider Data Platform – Search/Directory – Interim/Target State Technology View 2022

## PDC – EPIM – PES 2.0



Foundation Block: <https://github.optum.com/pages/provider-data-commons/pdc-docs/docs/pdc-foundation-blocks.html>

Factory: <https://github.optum.com/provider-data-commons/bbf-implementation-ps-ndb-practitioner-datanode>





## Contract Management – Transition State

## Fully automated, digitized, events-based architecture

