

**REQUEST-FOR-PROPOSALS
FOR
CLAIMS DATA ANALYSIS
AND
POST PAYMENT REVIEW**

Responses to Questions

December 12, 2007 Revised

1. Question: The RFP asks for post-payment review services by the selected vendor which evaluates submitted claims for appropriateness on a claim by claim basis as they are being adjudicated. This will provide OVHA with the capability to determine if there is a difference between billed claims versus OVHA policies, but cannot assess whether there is a discrepancy between the rendered services as documented in the medical record and the billed services. Does OVHA require the post-payment review of adjudicated claims versus provider medical records on an on-site or desk audit basis?

Response: OVHA may include in the contract award post-payment review of paid claims versus provider medical records on an on-site or desk audit basis. Bidders are asked to include in their cost proposal the cost for this activity. This should be separately identified so OVHA can consider if they wish to have the contractor provide this function or whether it will be performed by OVHA staff.

2. Question: If medical record audits are required, what assumptions can be made concerning the number of such audits required to be performed monthly, and what can be assumed concerning the average number of claims to be reviewed for each audit?

Response: As noted above in question 1, medical record audits may be performed by the contractor. It is uncertain how many such audits might be performed. Bidders should configure such services in the cost proposal on a per audit basis.

3. Question: Post-payment review volumes can be highly variable and pricing for those activities would be best compensated on a per-audit or per-claim basis. Will OVHA consider modifying the vendor payment model by separately pricing claims data analysis and post-payment reviews (based on a per audit or per claim basis)?

Response: Bidders may submit proposals based on a payment model based on a per audit basis. The claims data analysis component of the bid proposal should be priced separately.

4. Question: Can we please receive a copy of the State of Vermont, Office of the State Auditor, partial audit of Medicaid paid claims for the 18 months ending December 31, 2005?

Response: A copy of the audit is available. It has been posted in the bidder's library. However, please be advised that OVHA does not agree with some of the findings and is still reviewing the results.

5. Question: Will EDS or UMass or affiliates be precluded from bidding on this contract, as they currently are performing MMIS and PBA services, respectively?

Response: EDS is OVHA's current Medicaid Management Information System (MMIS) vendor. MedMetrics is OVHA's current Pharmacy Benefit Manager (PBM)/Administrator (PBA). If a bid is received from any affiliates of EDS or MedMetrics or any other vendor of OVHA's, it will be evaluated to determine if there are any real or potential conflicts of interest that might affect satisfactory performance of responsibilities under the contract.

6. Question: Is OVHA currently working with, or has worked with, any consulting companies in determining the requirements for this RFP?

Response: No

7. Question: At any point, was there an RFI issued and responded to relating to the RFP? If so, can these be added to the Bidder's Library?

Response: No RFI was issued in relation to this RFP.

8. Question: Will OVHA prefer a local office or can the bidder use existing out-of-state facilities?

Response: As noted in OVHA's response to other questions, this engagement is intended to be a collaborative effort with OVHA's Program Integrity Unit. OVHA does not have a preference on how the bidder will assure this. Bidders can use existing out-of-state facilities or have a local office. Trip costs and frequency of onsite meetings would seemingly be affected by a decision to or not to locate an office in Vermont. Alternative means of meeting; for example, via phone and/or the internet may also be an alternative. Costs should be displayed accordingly.

The RFP states in part:

“OVHA does not require dedicated staff to be exclusively assigned to this contract. However, the Contractor however shall designate a Contract Manager

who will act as the single point of contact representing the Contractor for the contract period. ...

There is an expectation that there will be a need for regular meetings with OVHA staff in the initial phases of the contract and periodically over the term of the engagement to discuss findings, general progress, and issues that need to be addressed. The response to the RFP should include an estimate of the frequency with which the Bidder's staff expects to be on site." (RFP pgs 26-27)

9. Question: The requirement in the Minimum Experience area "The Bidder must have administered at least two comparable projects." Does this include corporate, subcontracting, and personnel qualifications?

Response: This should be is addressed at the corporate level. The RFP indicates that OVHA shall not designate the specific qualifications of the staff that support this contract but shall require the assurance that the staff performing the work specified in this RFP has the necessary qualifications and experience. OVHA requires that the qualifications of staff be described in a paragraph summary that is included in the proposal and that resumes of all specifically identified staff be included as an attachment in the Bidder's proposal. All else being equal, a proposal that includes more experienced staff will be judged more favorably than one using less experienced staff.

10. Question: How is this effort being funded? State? Federally?

Response: The contract will be paid from the administrative budget of OVHA. There funds are a mix of State and Federal Medicaid funds.

11. Question: Under the Managed Care Organization (MCO) model, please describe the process for claims submission to the MMIS vendor? Is it encounter based? How many unduplicated Medicaid claims are or paid annually? How many Medicaid claims are paid annually and what are the dollar amounts?

Response: Although OVHA is a MCO under the global Commitment to Health 1115 waiver, claims are paid on a FFS basis with some minor exceptions. In addition, OVHA pays FFS claims on behalf of State funded programs. In the state fiscal year ending June 30, 2007 the following represents claims paid and the amounts paid by claim type:

Claim Type	ICN Count	Paid Amount
DRUG	2,371,553	\$113,463,685.96
HOSPICE	368	\$936,101.66
INPATIENT	12,431	\$56,615,394.93
DENTAL	117,303	\$14,739,254.46
CMS1500	2,341,882	\$420,411,973.64
NURSING HOME	72,935	\$106,906,670.90
OUTPATIENT	266,047	\$54,383,907.81
VISION	6,272	\$191,182.76
HOME HEALTH	116,695	\$58,630,233.28
INSTITUTIONAL CROSSOVER	6,291	\$7,156,544.63
PROFESSIONAL CROSSOVER - PART B	103,717	\$9,597,757.53
PROFESSIONAL CROSSOVER	308,715	\$9,042,307.29
Sum:	5,724,209	\$852,075,014.85

In the state fiscal year ending June 30, 2006 the following represents claims paid and the amounts paid by claim type:

Claim Type	ICN Count	Paid Amount
DRUG	2,952,734	\$176,479,710.50
HOSPICE	172	\$228,571.34
INPATIENT	12,242	\$58,873,569.95
DENTAL	119,042	\$14,744,773.49
CMS1500	2,207,769	\$404,301,500.22
NURSING HOME	46,741	\$102,428,528.36
OUTPATIENT	259,030	\$56,121,903.89
VISION	6,334	\$176,818.58
HOME HEALTH	97,695	\$54,983,524.26
INSTITUTIONAL CROSSOVER	6,028	\$6,697,568.60
PROFESSIONAL CROSSOVER - PART B	90,321	\$9,483,355.61
PROFESSIONAL CROSSOVER	313,007	\$9,264,788.94
Sum:	6,111,115	\$893,784,613.74

12. Question: How many Medicaid claim lines are paid annually?

Response: For OVHA, a line is a claim in Medicaid and state funded programs. Thus, as per above the line count is approximately 5.7 million lines paid per state fiscal year.

13. Question: What is the unduplicated count of patients for which Medicaid claims are paid annually?

Response: The unduplicated count of recipients across all claim types in Medicaid and state programs in state fiscal year 2007 was 157,826. The unduplicated count in each claim type is as follows:

Claim Type	Recipients
DRUG	120,080
HOSPICE	134
INPATIENT	8,607
DENTAL	51,024
CMS1500	123,517
NURSING HOME	5,523
OUTPATIENT	69,983
VISION	5,202
HOME HEALTH	6,436
INSTITUTIONAL CROSSOVER	3,883
PROFESSIONAL CROSSOVER - PART B	15,634
PROFESSIONAL CROSSOVER	19,051

14. Question: What is the amount of Medicaid overpayment recoveries recovered by OVHA on a monthly and annual basis by provider type?

Response: OVHA's Program Integrity Team is a recent development. Overpayment identification and recovery has not been a routine activity until very recently. As a result we cannot predict what the overpayment recoveries will net in the future.

15. Question: How often does the OVHA anticipate providing the vendor with additional paid claims data from the MMIS? Quarterly, semi annually or annually?

Response: They will be provided on a schedule agreed to with the contractor. They can be provided on a monthly, quarterly, semi-annual or other basis.

16. Question: Page 14 of the RFP requests that the bidder submit both the Technical Proposal and the Cost Proposal on separate CD-ROM disks in Microsoft Word and Excel as appropriate. Does the State have a specific version of Microsoft Word and Excel that both the Technical Proposal and Cost Proposal should be saved in?

Response: The State uses Word 2003 SP3, and Excel 2003 SP3. Microsoft's tools have been used to open documents and spreadsheets created in later versions. Obviously we cannot guarantee the results.

17. Question: To minimize potential formatting irregularities that can occur across different versions of Microsoft Word and Excel can the bidder also submit the Technical Proposal and Cost Proposal in Portable Document Format (PDF)?

Response: The State does not need the technical and cost proposal in a PDF. However, Bidders should ensure that their submissions are compatible with the current versions of Word and Excel that the State is using (see question 16).

18. Question: Section II-B (Page 18) requests that the bidder provide annual audited financial reports for the past three (3) years for the Bidder and any subcontractor. We are a privately-held firm and do not produce audited financial statements. However, we do have unaudited financial statements. Is this acceptable?

Response: Yes, this is acceptable

19. Question: Does the State intend that only other firms that may be subcontractors submit financial records (audited or unaudited), or if our Proposal elects to include specific individuals as subcontractors, do those individuals also need to submit financial records (audited or unaudited), even if they are not affiliated with any firm or other corporation?

Response: The State requires financial statements from firms that may be subcontractors. If a proposal elects to include specific individuals as subcontractors, these individuals do not need to submit financial records. A resume of the individual(s) should be included in the proposal.

20. Question: Please provide the number of claims types and categories of service as identified by OVHA that you expect to be reviewed on a monthly basis?

Response: At this time OVHA has not established the number of claim types and/or categories of service it expects to be done each month. However, it should be assumed that minimally all claim types must be reviewed on an annual basis. Those claim types are identified in the claims report found in the answer to Question 11.

21. Question: Do you require the contractor to be physically located in Vermont to perform this work?

Response: No, but see also response to Question 8 and the RFP pages 26-27.

22. Question: In an effort to mitigate subjectivity, will you provide specific guidelines regarding the penalties, especially No. 4-5?

Response: Certainly some areas are more precisely described than others. However, precision is not possible until the degree of error or omission is known. Generally guidelines related to performance penalties will be addressed in contract negotiations related to operations planning with the successful bidder

In terms of inadequate communication, the State commits that if this is an issue with the contractor, the contractor will be advised accordingly by the contract administrator with corrective actions put in place prior to the imposition of penalties.

With a data breach it can be assumed that any loss of data; any unauthorized access to data; and any unauthorized release, possession or use of data related to this contract may be subject to the full penalty described.

23. Question: Of the SFY 2007 paid claims, what portion is considered to be cross-over claims?

Response: See the response to Question 11. Since those claims reflect Medicaid and state programs, drug claims include Vermont's wrap benefit to Medicare Part D.

24. Question: What provider data is available from the State of Vermont beyond the claims data?

Response: Provider demographic, enrollment, earnings and participation data in contained in the MMIS. Provider paper claims and paper attachments are electronic captured and stored.

25. Question: Is the claims data that will be made available "clean", that is free of duplicates, adjustment claims incorporated, etc., or will the RFP contractor be responsible for cleaning the data?

Response: A final determination will be made with the selected contractor on the appropriate claims history data sets. "Clean" claims might only reflect the accuracy of claims at final adjudication. Currently, OVHA staff does some data manipulation in order to track adjustments/reversals and if the data contains duplicates it is subject to review.

26. Question: Under Summary Scope of Work, Significant Duties, statements 1 and 3 indicate that the RFP includes determining whether the claims processing system is working, not just whether providers are billing correctly. Will one of the duties of the contractor be to test the claims payment system?

Response: Systematically testing the claims payment system is not a specified activity under this contract, but if issues are identified in the course of claims they need to be brought to the attention of State personnel who will ensure that the system is accurately processing claims based on current policies.

27. Question: In addition to the "raw claims data" provided for analysis, will electronic files with fee schedules, etc., be available for download?

Response: The State will provide files necessary to do the scope of work requested to the extent that those files are available to the State. For example, the State will not be providing the contractor with a subscription to Medi-Span. If a file does not exist that a vendor would need to analyze the data then the OVHA would work with the vendor to resolution.

28. Question: If we are expected to warehouse and data mine the claims data, please describe the methods and electronic format by which data could be transmitted to the contractor, the schedule of data transmission, the total volume and types of claims, provider, and recipient enrollment data.

Response: The OVHA will work with the vendor to provide the data in a format in which it would be able to utilize. The bid should include the types of files that the vendor can utilize. The schedule will be based on an agreed upon time line between OVHA and the vendor. The volume is indicated above.

29. Question: Please also describe any software tools or existing data warehouse that the state currently licenses or owns and that they might expect us to use for fraud detection or medical review.

Response: The State expects the vendor to use of its software tools and existing data warehouse for fraud detection or medical review.

30. Question: The audit RFP contains numerous pharmacy-specific references. Please confirm that the audit is for all provider types, not just pharmacy, and includes an audit of the PBA.

Response: The audit is for all provider types, not just pharmacy. The PBA is not considered a provider, and as such is not the focus of these audit activities. See the response to Question 26.

31. Question: Can the State provide a breakdown of claims volume/expenditures by type for professional and institutional claims? Can the State also provide the expenditures for claims volumes provided for SFY 2006 and 2007 for all providers?

Response: See the response to Question 11.

32. Question: What types of routine or other audits are currently performed on provider claims? Can the State provide the current expenditures for those audits?

Response: The following are performed: CMS PERM Audit, CMS PI Audit, KPMG State Audit, and OVHA PI Unit post-payment audits based on referral or DSS random or outlier audits. See the response to Question 14.

33. Question: Does the State collect interest on claims identified as overpayments during an audit process? If so, could the State describe how that process currently works?

Response: The State does not collect interest on claims identified as overpayments at this time.

34. Question: Are there any special statutory requirements related to audits, recoveries, appeals or notification? If so, can the State provide a description of those requirements or a website location or citation where those requirements can be reviewed?

Response: The federal requirements for Medicaid program integrity are found at 42 CFR 455:

http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr455_03.html

The authority for this regulation is: Sec. 1102 of the Social Security Act 42 USCA 1302.

OVHA has not identified anything in the Vermont statutes related to medical assistance in human services (Title 33, V.S.A.) that is believed to be applicable to this activity. To the extent that OVHA is the insurer for the publicly funded health insurance programs Title 8 V.S.A. § 4750 applies.

35. Question: Can a vendor bid on specific audit areas (Pharmacy, Professional, Institutional) or any combination of areas? What kinds of audits are currently performed – for example are credit balance audits being performed at hospitals and long term care facilities?

Response: The State prefers that Bidders have the capacity, either by themselves or in combination with sub-contractors, to audit all provider types. The RFP is not designed to solicit bids on specific audit areas. Currently credit balance audits are not being performed at hospitals and long term care facilities.

36. Question: Is there an opportunity for the vendor to perform the recoveries from the opportunities identified?

Response: No, it is expected that recoveries will be performed by OVHA.

37. Question: Background (p. 9): Item 7 requires “a detailed cost proposal in sufficient detail to allow OVHA to determine the cost of listed items of the project.” Will using the “Services Cost Proposal” form on page 23 of the RFP provide the required level of detail or is OVHA looking for more?

Response: The Bidder should submit sufficient detail in their cost proposal so that OVHA can fully understand not only the total cost of the proposal, but any variables, assumptions, or extra cost services. Narrative can be included in the cost proposal where necessary to provide clarification or explanation.

The Cost proposal should be configured so that the costs associated with significant activities associated with the proposal are identified, i.e. data mining, data analysis, claims auditing, etc. Following the format in the RFP should produce that detail, but Bidders may modify the format if it will improve the presentation of their cost proposal.

38. Question: Section I-B. Procurement Process–3. Proposal Submission Requirements (p. 13): The State requires that each Technical Proposal be enclosed in a separately sealed envelope or package. Does that mean that all Technical Proposals may be submitted in a single box, or that each of the six Technical Proposals required must be individually sealed?

Response: All Technical Proposals may be submitted in a single box.

39. Question: Section I-B. Procurement Process–3. Proposal Submission Requirements (p. 13): The State requests that each Cost Proposal be enclosed in a separately sealed envelope or package. Does that mean that all Cost Proposals may be submitted in a single box, or that each of the six Cost Proposals required must be individually sealed?

Response: All Cost Proposals may be submitted in a single box.

40. Question: Section I-B. Procurement Process–3. Proposal Submission Requirements (p. 13): Provided groups of proposal can be submitted together in individual boxes, do the Technical Proposals and Cost Proposals need to be shipped separately, or can a sealed box of Cost Proposals be enclosed in the larger box of Technical Proposals for shipping purposes?

Response: Technical Proposals and Cost Proposals do not need to be shipped separately. A sealed box of Cost Proposals can be enclosed in the larger box of Technical Proposals for shipping purposes.

However, if it is more convenient for the Bidder, Technical and Cost Proposals can also be shipped in separate boxes.

41. Question: Section I-B. Procurement Process–3. Proposal Submission Requirements (p. 14): The State requests that the Scope of Work section of the bidder’s proposal be limited to 25 pages. Please clarify which subsections within RFP Sections II and III constitute the Scope of Work.

Response: The Scope of Work is all of Section III of the RFP. Section II is not considered part of the Scope of Work.

42. Question: Section II-D. Affiliations (p. 19): The State requires that if Bidders provide similar services for other state Medicaid programs, those references must be included. Does OVHA mean just for the three references or for all Medicaid programs served? Our firm currently provides services to more than 30 programs; does this mean that we need to provide reference information for all of them? This alone will consume many of the 25 pages.

Response: The bidders’ proposal must include at least three business references. The business reference should demonstrate that the Bidder is providing or has provided these or similar services to other state Medicaid programs or large health plans. If these services have been provided to Medicaid programs, these references must be included. If additional references are needed the state will request them from the Bidder.

A listing of all State Medicaid programs to which the firm is providing or has provided services and one sentence describing the nature of services provided would be of interest to OVHA but is not required. The information could also be provided in summary form categorized by the nature of the services provided.

43. Question: Section II-I. Price/Cost Proposal (p. 21): This section references a state schedule for meals. Will OVHA provide Bidders with this schedule or provide the URL of a Web site that contains it?

Response: The allowable maximum reimbursement for meals is established in the negotiated State employee contract. The current contract allows for the following:

	In State	Out-of-State
Breakfast	\$5.00	\$6.25
Lunch	\$6.00	\$7.25
Dinner	\$12.85	\$18.50

44. Question: Section III-B. General Requirements–2. RFP Response and 3. Requirements (p. 25): Should the bidder respond to the experience requirements described in these two sections within our proposal Section II-E, Relevant Experience, or proposal Section II-H, Methodology and Approach?

Response: A general statement of relevant experience should be included in the response to RFP Section II-E, Relevant Experience, along with the list of required references.

A more detailed statement of experience should be included in the Bidders response to Section III-B. Specifically, Bidders should address the requirements section found on page 24.

45. Question: Will there be compliance to the audit? What is the structure of the program and requirements?

Response: The contractor is not responsible for compliance. If there is a case of suspected fraud identified as a result of the contractor’s work, the finding should be brought to OVHA’s attention. It will in turn be referred to the Medicaid Fraud Unit. Payment recoveries will be the responsibility of OVHA. The Contractor will not be reimbursed bases on a percentage of recoveries, but on the fees and terms set out in the contract.

46. Question: What are OVHA’s high level goals?

Response: It is interested in recovering funds paid incorrectly. It is interested in improving the billing and payment systems to the extent that errors are identified. OVHA is interested in enhancing the capacity of its own program integrity program and staff.

47. Question: What are our expectations concerning desk or field audits?

Response: The RFP does not specify that field or desk audit will be part of the contract award. However, OVHA would like bidders to submit proposals for desk/field audits. Bidders should submit the separate desk/field component in their cost proposals on a price per audit basis. See also responses to questions 1 and 2.

48. Question: Is this contract funded in the 2008 budget?

Response: Funds for this contract are not a specific line item in the SFY '08 budget. However, there are administrative resources in the budget to fund this contract for the expected period of operation in SFY '08 (see RFP schedule pg. 16). Any and all Medicaid administrative costs are subject to annual appropriation by the Vermont General Assembly.

49. Question: What is current amount that is expected to be allocated to this project?

Response: As part of the procurement process, OVHA does not provide either a range or dollar amount that is anticipated to be spent on a particular activity. Bidders are asked to present their most economical proposal for the scope of work proposed.

50. Question: If the bid proposal included a cost for desk/field audits that is beyond what OVHA is willing to contract for, would OVHA adjust the contract amount?

Response: Yes. See also responses to questions 1, 2 and 47.

51. Question: Should desk/field audits be bid at a separate set price?

Response: Desk/field audits should be bid on a per audit basis, and identified separately in the cost proposal. See also responses to questions 1, 2 and 47.

52. Question: Will there be a cost to the vendor to obtain claims data?

Response: No. It will be a collaborative process. The contractor will be provided with the claims data necessary to perform the services related to this contract without cost.

53. Question: Are there any managed claims involved in the claims system?

Response: No. With some minor exceptions, all claims are paid on a FFS basis.

54. Question: How far back is the retrospective claims analysis going?

Response: The oldest FY will be SFY 2005 (July 2004 to June 2005). Full year claims history is available for SFY '05, '06, and '07. As additional claims are paid over the term of the contract, the contractor will be expected to examine these claims (i.e. SFY '08, '09, etc.).

55. Question: Will you provide eligibility on a monthly basis?

Response: Yes, eligibility data can be provided electronically on a monthly or other basis based on what is agreed to between the contractor and OVHA.

56. Question: What vendors have current obligations with OVHA?

Response: HWT performed the audit referred to in the RFP for the State Auditor of Accounts, not OVHA. EDS is under contract with OVHA for MMIS services and MedMetrics is under contract for PBA services. PHPG provides waiver and Medicaid program consultation services. Burns & Associates, Inc. provides hospital payment systems consultation services.

57. Question: Does the MedMetrics PBM contract include a requirement for retrospective claims analysis?

Response: The MedMetrics' contract has a pharmacy audit program option that the State has not utilized to date.

58. Question: Would we go to EDS for paid pharmacy claims?

Response: Generally all paid claims data will be provided through EDS. However, if there are adjudication process issues identified for pharmacy claims, they will be addressed in collaboration with MedMetrics.

59. Question: Is your intent a single vendor? Prime vs. Subs? Multiple vendors?

Response: The RFP is structured so that work would be performed by a single vendor, but as stated in the RFP a bidder may include sub-contractors.

60. Question: Does the RFP Scope of Work envision an audit of the PBM? Will the contract be for a program or provider audit?

Response: No. An audit of the PBM will not be included in this contract. This is a provider audit and the PBM is not considered a provider. See response to Questions 26 and 30.

61. Question: Are there any expectations of a TPL Component? Unforeseen 3rd party insurance? How do you know if someone has an alternate insurance?

Response: The contract will be for a provider audit. It is not expected to be a program audit. OVHA has a TPL Unit that is responsible for third party recoveries. Eligibility staff identifies individuals who have another source of coverage. Having private coverage is not a reason for denial of eligibility under the Vermont Medicaid program. Due to the complexity of health insurance coverage systems, beneficiaries may not always be fully aware of their coverage, or report changes in private coverage on a timely basis. If during the course of work by the contractor, claims are identified that have been paid in error due to TPL, this will be brought to the attention of OVHA's TPL Unit for resolution.

62. Question: Is it expected that the contractor will provide assistance/consultation to OVHA Program Integrity staff for program improvement and implementation services. If so will this be paid separately on a fee for service basis, or as part of the bid price? Should supplemental or side bids be offered for this service?

Response: OVHA expects that the Contractor will on an ongoing basis share findings and techniques with OVHA staff, and thereby enhance OVHA's capacity to ensure program integrity. Although not the focus of the Contract, OVHA expects that this will be an important byproduct of the Contractor's work. Consequently OVHA any costs anticipated related to this activity should be incorporated into the bid proposal. This contract is considered a collaborative effort, not one that would be performed in isolation and separate from Program Integrity Unit activities.

63. Question: Do you want the vendor to teach your staff? What is the existing team?

Response: See response to Question 62. OVHA expects to have its Program Integrity staff learn from the work that is performed under the Contract. The existing team is made up of the following:

1. Program Manager (1)

Years of experience: 24 years in the health care delivery system with claims, systems, data and management experience

Credentials: BS in Business Management, historically a Certified Professional Coder

Primary Responsibility: Management of Program Integrity Unit.

2. Program Clinical Operations Administrator (1)

Years of experience: 47 years

Credentials: RN, Master of Science in Administration, Family Nurse Practitioner, Legal Nurse Consultant

Primary Responsibility: Program development; clinical review, research and analysis.

3. Nurse Case Manager (1) (under recruitment)

Primary Responsibility: Lock-in; clinical review, research and analysis.

4. Program Operations Auditors (2)

Average years of experience – 20 years

Credentials - Certified Coding Specialist (CCS)

Certified Professional Coder - CPC through the AAPC - American Academy of Professional Coders.

5. Fiscal/Data Analysts (3)

Average years of experience – 14 years

Credentials - Degree in Accounting

Primary Job Responsibility: Analyze claims & medical expenditures. Perform medical trend analysis & fiscal forecasting. Review actuarial methods & results for correctness & adequacy. Provide data & analyses for budget preparation & forecasting. Provide financial analysis & support for plan negotiation, compliance & reporting & for federal reporting requirements, reimbursement review, coding review; rate setting, provider demographics aping.

6. Health Data Administrator (2) (awaiting finalization)

Experience: Data processing and database administration with familiarity with bio-medical terminology.

64. Question: Does the team include SURS?

Response: Yes, the Program Integrity program includes SURS.

65. Question: Did the audit referenced in the RFP (page 5) make you move along with the RFP?

Response: No, OVHA was in the process of designing its program integrity initiative when that audit was executed.

66. Question: We want it clear as to what all we will be asked to do.

Response: As articulated in the RFP from pages 24-28, OVHA expects that the contractor will perform a retrospective claims analysis to identify, based on the coverage and payment policies in effect at the time, claims that have been submitted and paid in error based on the information available to the contractor. The analysis should be to a level where there is clear justification for further action. These actions can include, among other possible actions, any of the following:

- a. Presenting options for recovery;
- b. Recovery of overpayment from a provider;
- c. Payment adjustment to a provider for an under payment;
- d. A desk/field audit (by OVHA staff or the Contractor if included in the contract);
- e. Referral to the Medicaid Fraud Unit;
- f. Clarification to a provider or provider class of billing policies and procedures;
- g. Specific provider or billing staff education;
- h. Making recommendations for future improvements in systems based on the problems identified in the audit - changes to the edits/audits in the payment system and/or changes to the edits/audits in the pharmacy adjudication system;
or
- i. Any other identified change that improve the integrity of the program.

However, as identified elsewhere in this document some of these actions may be performed by OVHA staff rather than contractor staff.

67. Question: Are there any documents describing the current programs in place? More than procedural document, a document that might describe more of the scope of what the Contractor will do, the impact of current policies in place, etc.

Response: There is no formal document that describes the Program Integrity Unit's activities. However, the following is a general description of PI Unit activities:

Program Integrity Unit (PIU)

Program Overview

The *Program Integrity Unit* is part of the *Office of Vermont Health Access (OVHA)* and consists of two teams: Data and Surveillance and Utilization Review (SUR). The Data team supports the data needs of the Office. The SUR team works closely with each department within the OVHA (Coordination of Benefits, Policy, Reimbursement, Pharmacy, Health Programs Integration, and Communications), as well as the Attorney General's Medicaid Fraud and Residential Abuse (MFRAU) Unit and the Beneficiary Fraud Unit of the Department for Children in Families. Representatives of other units in OVHA and vendors including EDS (Electronic Data Systems, the fiscal intermediary) and MedMetrics (pharmacy benefit administrator/manager) are also part of the OVHA team. Included in an extended team are personnel of other Departments in the Agency of Human Services involved in administering the Medicaid Program in Vermont under the Global Commitment waiver and other health insurance programs funded by the State of Vermont.

Program Integrity Unit Purpose

The Unit's broad purpose is to develop a broad based systematic approach to preserve the integrity of Vermont's Medicaid Program and its state funded insurance programs. Included is a need to verify payment reliability and to introduce solutions to control fraud, waste, and abuse through the integrity of program operations. Achievement is a complex undertaking that involves all aspects of program management, from policy development to day-to-day operations.

Core Business Process

1. Planning and Program Management
2. Ensuring Accountability
3. Communication/Collaboration
4. Information Management and Research

68. Question: Do you already have a fraud unit in place?

Response: Yes, there is an existing and active Medicaid Fraud Unit in place through the Office of the Attorney General.

69. Question: Is this a post payment review?

Response: See response to Question 66.

70. Question: We need to know the programs that are in place, and who is responsible for those units?

Response: Please see responses to questions 63 and 67

71. Question: HWT, EDS, UMass...are these vendors bidding on this?

Response: A Letter of Intent has not been received from EDS. HWT and UMass have submitted Letters of Intent to bid.

72. Question: Will you publish a list of entities who submitted letters of Intent?

Response: Yes, the list is attached.

73. Question: On page 18, would you accept an annual financial statement in lieu of audited financial report if audited reports are not available.

Response: Yes

74. Question: Are these confidential? Will this be public information?

Response: No proprietary information will be made public if it is so designated. If a bidder includes propriety information in their proposal it should be so identified and labeled, indicating that it is not for release. Each page of any proprietary information should be so labeled at the top of the page. To assure that no such label is overlooked, it is advisable for the bidder to provide a complete inventory of all pages and/or attachments that is proprietary and confidential.

75. Question: On page 23, claim category, provider type, data mining? What is the breakdown you're looking for?

Response: The Contractor will be expected to propose the breakdown of the categories and claim types that will be examined based on the review of claims and prior experience.

76. Question: Any ballpark figure for the proposal?

Response: See response to Questions 48 and 49.

77. Question: Do you have any Return on Investment objectives?

Response: Not specifically. However, it will be hard to justify an ongoing contractual obligation if the costs are in excess of cost recovered or avoided.

78. Question: Is there a 25-page limit to the scope? Does that exclude the auditor's findings?

Response: Bidders are encouraged to be concise and to the point in their proposals. The requested 25 page limit applies to the proposed Scope of Work (RFP Section III). It is not an absolute limit. It is acceptable if the proposal is somewhat in excess of that page limit. The limit does not include other documents such as staff resumes and auditor's findings that are included in the bid proposal.

80. Question: Are Bidder presentations welcome? Not necessary?

Response: The RFP allows for OVHA to ask for presentations from selected bidders. See page 15 of the RFP.

81. Question: Will OVHA publish the notes of the Bidder's Conference?

Response: Yes. Responses to questions #44 to #80 are intended to reflect questions posed during the Bidder's Conference.

**REQUEST-FOR-PROPOSALS
FOR-
CLAIMS DATA ANALYSIS
AND
POST PAYMENT REVIEW
Letters of Intent**

1. Delmarva Foundation for Medical Care
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6. The Pacific Health Policy Group (PHPG)
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7. Bull Services
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8. Prudent Rx, Inc
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9. Healthcare Data Management

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