Questions and Answers
Medicaid Recovery Audit Contractor (RAC)
June 7, 2017
DHMH/OPASS 18-17611

1. Will DHMH OIG accept the HITrust Certification in lieu of the SOC2 report? **No.**
2. Does Maryland currently receive and load the MCO encounter data into the MMIS system? **Yes.** Are there any concerns with quality of encounters received? **Yes. It is recommended that the MCO provide claims data, as the amount of reimbursement on the encounter may be incorrect.**
3. Are partial adjustments able to be processed by the Department's MMIS system? **Yes.**
4. Are the proposed layouts of the paid claims file for both FFS and Encounter claims (all claim types) available, including data definitions? **Yes, paid claims. Encounter data are the claims records of the healthcare services for which the MCO paid, it includes the amounts the MCO's paid to the provider of those services. It is conceptually the equivalent to the paid claims data that Medicaid pays on a fee-for-service basis.**
5. Are layouts for other project data files available for both FFS and Encounter including Eligibility/Enrollment and Provider files? **Yes.**
6. What are DHMH's right to recovery for overpayments identified on MCO encounter claims? Where is this right to recovery stipulated? Can you provide citation and language? **COMAR 10.09.36.07B. "The provider shall reimburse the Department for any overpayment."**
7. What methodologies will DHMH support in effecting recoveries associated MCO encounter claim overpayments or resolving identified MCO encounter underpayments**? The same methodologies used for the FFS claims.**
8. Section 2.1.1.4. – What constitutes "support" to be provided by the contractor during any provider appeals process? Please define what is expected of the contractor**. Section 2.3.9. of RFP. Provide the assistance of the auditor during the settlement negotiations and if necessary, the auditor may need to testify at the hearing. Contractor will need to make available all documentation used to determine the findings.**
9. Section 2.3.4.A. – Will the contractor be limited to reviewing only the year of service for both FFS and MCO encounter claims as shown in the Schedule of Complex Audits during the contract year as shown? **Yes.** Does this schedule apply to Automated Audits? **Yes.** If yes, same question. **Yes.** If no, are there limitations associated with Automated Audits not included in the RFP text?
10. Section 2.3.4.E.2. – What kind of limitations/delays are anticipated related to the MFCU/Federal contractor monthly reviews of proposed mailings under the RAC contract? **Delays are not anticipated.** What SLAs are in place with these entities in order to limit/minimize delays? **42 CFR 455.21**
11. Section 2.3.5. B.5. – For purposes of this scope of work, how will Voluntary/Self-reported provider overpayments be defined by DHMH? **42CFR 401.305(d)**
12. Section 2.3.12.C.4. – How will a contractor get remunerated for costs associated with integration activities associated with a new MMIS system implementation if one occurs during the base years or renewal option years of this contract? **No costs associated for Contractor.**
13. Section 3.4.3 – This section describes contractor payments under the contract to be based only on a contingency fee for Overpayment amounts recovered. Can you clarify how the contractor will be paid for Underpayments identified and paid to the provider under this contract? **See 3.4.3 of RFP.**
14. Are there any types of audit findings that require a physician review? Findings in which the Contractor may need assistance with. **There may be some audits that require physician review,**

ex. If determining if medical necessity was met, or whether a certain procedure was appropriate, however, most reviews will be of whether the service billed was actually provided.

15. Will findings letters need to be signed by a DHMH representative? **No. The findings letter will be signed by the Contractor. The Contract Monitor will review the letter and attachments prior to it being sent to the provider.** If so, will an electronic signature methodology be sufficient in satisfying this requirement?
16. Based on industry standards established across the country and our actual experience, RAC audits are not typically developed using a predetermined provider focus. Instead a RAC vendor looks at certain services to identify overpayments across the universe of claims. It is only after the analytics are performed, that a RAC vendor can determine what RAC scenario claim populations exist and the providers related to these scenarios. Therefore, it is very unlikely that a RAC vendor can commit to the provider audit schedule included in the RFP. With this information, is DHMH willing to change the audit schedule such that a minimum number of providers audited is <u>not</u> required? **No.** The main goal should be ensuring that the RAC vendor is performing analysis and attempting to identify overpayments across all provider types in scope.
17. Will DHMH remove the record request limitation to allow flexibility for the awarded vendor to work with the State to define record request limitations in order to maximize recoveries while limiting provider abrasion? **No. The limitations will ensure that the provider is not overburdened during the audit.**
18. 2.3.10.B Will the vendor be able to bill DHMH for ad hoc report requests? **No.** If not, will DHMH please set an annual limit for number of ad hoc requests? **No.**

<u>Additional Questions and Answers:</u>

2.1.1- 1st paragraph: Is contractor compensation 100% contingency? Y**es.**

2.2.1- 2nd paragraph: In what format will the claims data be exchanged? **The claims data will be exchanged in an Excel format.**

Describe what is in the claims detail. **The claims detail information will include: ICN, Provider Name, Provider No., First and Last Dates of Service, CARES ID, Medicaid No., Patient's first and last name, DOB, Admit Date, Discharge Date, Diagnosis Codes, Rev. Codes, Diagnosis Name, Claim Type, and Amt. Charged before and after allowance.**

2.3.4 A- "Note" give an example of when this scenario might occur. **This decision will be made as needed.**

Define medical record. **Defined in HG 4-301 Ann. Code of MD.**

2.3.4 D Evidence

1.a- Define well-established policy and rules**. Includes, Maryland regulations, federal regulation governing the services or goods, Maryland Medicaid Provider transmittals, or standards of care accepted by the appropriate clinical specialty.**

What criteria does the contract monitor employ to approve “that no more complex review of documentation is required to validate that an Improper Payment exists.” **If no additional information is necessary to prove that the payment was improper.**

2.b- "On-site auditing and reviewing may also be required." This seems contradictory to 2.3.4 F2- “The decision to go On-Site or to have records submitted to the Contractor is solely at the Contractor’s discretion.” **Complex reviews will require review of a medical record or other document, in addition to the review of the claim itself. The contractor may require the provider to submit the documentation or the contractor may go on-site to review the materials. The decision is within the discretion of the contractor.**

2.3.4 F4- Give an example of what type of claims would not be permitted**.** Is this decision made after data mining has occurred and the contractor believes the claim to have an improper payment? Is there any scenario in which the department would not approve a claim for audit that the contractor finds to be improper based on Medicare/Medicaid coverage national billing rules? **The Department will approve the provider to be audited, the dates of services to be audited and, if necessary, the procedural codes to be reviewed. Thus, the contractor would not be permitted to review a claim that is not within the DOS, etc.**

2.3.5- 2nd paragraph: Give an example of this scenario. **Medicaid vs HSCRC**. **Any issue that does not follow the rules and regulations of the Medicaid.**

Does the department abide by Medicaid billing rules? **Yes.**

<u>END OF QUESTIONS AND ANSWERS</u>