



Request for Quotation

State of West Virginia
 Department of Health & Human Resources
 Office of Purchasing
 One Davis Square, Suite 100
 Charleston, WV 25301

RFQ NUMBER
MED13001

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
BRYAN D. ROSEN 304-558-0953

V E N D O R	
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S H I P T O	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706
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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND

BID OPENING DATE: 7/27/2012 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				1. TO ANSWER VENDOR QUESTIONS (SEE ATTACHED).		
				2. TO PROVIDE A REVISED ATTACHMENT E: DELIVERABLES.		
				3. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR PROPOSAL.		
				REQUISITION NO.: MED13001		
				ADDENDUM ACKNOWLEDGEMENT		
				I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.		
				ADDENDUM NO.'S"		
				NO. 1 _____		
				NO. 2 _____		
				NO. 3 _____		
				NO. 4 _____		
				NO. 5 _____		
				I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF PROPOSAL.		

SEE REVERSE FOR TERMS AND CONDITIONS		
SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"



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VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.						
_____ SIGNATURE						
_____ COMPANY						
_____ DATE						
END OF ADDENDUM NO. 1						

SEE REVERSE FOR TERMS AND CONDITIONS						
SIGNATURE				TELEPHONE		DATE
TITLE			FEIN		ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"

**GENERAL TERMS & CONDITIONS
PURCHASE ORDER/CONTRACT**

- 1. ACCEPTANCE:** Seller shall be bound by this order and its terms and conditions upon receipt of this order.
- 2. APPLICABLE LAW:** The laws of the State of West Virginia and the BMS Purchasing Manual shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
- 3. NON-FUNDING:** All services performed or goods delivered under BMS Purchase Orders/Contracts are to be continued for the terms of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, the Purchase Order/Contract becomes void and of no effect after June 30.
- 4. COMPLIANCE:** Seller shall comply with all federal, state and local laws, regulations and ordinance including, but not limited to, the prevailing wage rates of the WV Division of Labor.
- 5. MODIFICATIONS:** This writing is the parties' final expression of intent. No modification of this order shall be binding unless agreed to in writing by the Buyer.
- 6. ASSIGNMENT:** Neither this Order or any monies due, or to become due hereunder may be assigned by the Seller without the Buyer's consent.
- 7. WARRANTY:** The Seller expressly warrants that the goods and/or services covered by this order will: {a} conform to the specifications, drawings, samples or other description furnished or specified by the BUYER; {b} be merchantable and fit for the purpose intended; and/or {c} be free from defect in material and workmanship.
- 8. CANCELLATION:** The director of the DHHR Office of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 9. SHIPPING, BILLING & PRICES:** Prices are those stated in this order. No price increase will be accepted without written authority from the Buyer. All goods or services shall be shipped on or before the date specified in the Order.
- 10. LATE PAYMENTS:** Payment may only be made after the delivery of goods or services. Interest may be paid on late payments in accordance with the *West Virginia Code*.
- 11. TAXES:** The State of West Virginia is exempt from the federal and state taxes and will not pay or reimburse such taxes.
- 12. RENEWAL:** Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon contract null and void, and terminate such contract without further order.
- 13. BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 14. HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR § 160.103) and will be disclosing Protected Health Information (45 CFR § 160.103) to the vendor.
- 15. CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedure, and rules.
- 16. LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirement by any state or local agency of West Virginia, including but not limited to, the West Virginia Secretary of State's Office, the West Virginia Insurance Commission, or any other state agency or political subdivision. Furthermore, the vendor much provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.



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Reference #	Section Number	Page Number	Question	Response
1	2.3.1 2.4.1.1 2.4.1.3	6	What kind of data will the State provide the RAC contractor to perform: <ul style="list-style-type: none"> • Medicaid data analysis • Eligibility, provider, claims data from BMS MMIS • Data Mining 	The awarded vendor will work with the Bureau and it's vendors to obtain data. The vendor will have access to the data that is available within the Bureau's Medicaid enterprise system.
2	2.3.1.5	6	Does Claims Adjusting constitute medical overpayment recovery experience?	No.
3	2.3.3	6	If vendors are citing the same projects in 2.3.2 as they are in 2.3.3, can they include the complete reference and previous work information in section 2.3.2 and reference its location in 2.3.3?	Yes.
4	2.3.3	6	Does the contracting office require that vendors provide references for work on 3 separate RAC contracts or is it requesting references for work similar in nature to the RAC services proposed in this SOW?	Three (3) separate RAC contracts.
5	2.5.6 2.5.7	9	Does the contracting office consider the Medical Director and 2 Certified coders as the only key staff members for this project and any additional staff proposed by vendors would be considered non-key? Or should vendors determine which proposed staff members are key?	The RFP does not indicate which staff BMS considers key staff. The vendor should identify key staff when responding to section 2.4.3.3.
6	2.5.10	9	How will the State provide the RAC vendor access to three years of claims data?	The awarded vendor will work with the Bureau and it's vendors to obtain data. The vendor will have access to the data that is available within the Bureau's Medicaid enterprise system.
7	2.5.12	9	Can the State clarify the vendor's responsibility as it relates to dispute resolution?	The vendor shall assist the Bureau in defense of findings at any provider hearing and/or appeals held in connection with recovery efforts.
8	3.3	10	Per the RFP: "...copies of any staff certifications or degrees applicable to the project..." Does the contracting office	The Bureau expects the inclusion of copies certifications and degrees applicable to this project for any staff in response to 2.4.3 as



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			require copies of all college degrees and all certifications for each staff member or does this requirement only apply to the proposed Certified Coders and Medical Director? Please clarify.	applicable. The Medical Director and Certified Coders are addressed in 2.5.6 and 2.5.7.
9	5.4.1	14	The RFP states, "The Vendor may, with the prior written consent of the DHHR, enter into subcontracts for performance of work under this contract." Is the vendor allowed to use subcontractors on this project?	Yes vendor may use subcontractors on this project. The vendor assumes responsibility for the work performed by the subcontractor. See section 2.4.3.3 for additional requirements regarding subcontractors.
10	Attachment A: Vendor Response Sheet, Section 2.4	18	The RFP states, "List project goals and objectives contained in Section 2.4:" Does the contracting office want responders to insert the SOW language from 2.4 – 2.4.6.2 in their response as reference?	Yes.
11	Attachment B: Mandatory Specification Checklist, Section 2.5	20	The RFP states, "List mandatory specifications contained in Section 2.5:" Does the contracting office want responders to insert the SOW language from 2.5 – 2.5.12 in their response as reference?	Yes.
12	General		Who is the state's current Fiscal Agent?	Molina Medicaid Solutions.
13	2.2	4	Please advise what the Bureau currently uses to reimburse Medicaid Fee For Service claims? (i.e., DRG, Case Rate, Fee Schedule, etc.) Please advise on the methodologies the Bureau uses to reimburse claims along with the claim and dollar volumes?	Please see the manual available at the link below. This publicly available report provides Medicaid payment information. http://www.dhhr.wv.gov/bms/Documents/bms_manuals_Chapter_600.pdf http://www.dhhr.wv.gov/bms/AboutUs/lir/Documents/LOCHHRA_Aug2011-Jun2011.pdf SFY12 19,124,197 claims; dollar amount not



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				available. SFY11 22,861,683 claims; \$2.7 billion. SFY10 17,605,879 claims; \$2.5 billion.
14	2.4.1.4	7	Does the Bureau have a limit on the number of medical record requests that can be given to any one provider?	The vendor shall limit their frequency of record requests to no more than 5% of the total claims submitted annually per provider. Percentage will be based upon claims submitted the prior year.
15	2.4.3.1	7	Does the Bureau consider independent consultants to be subcontractors for the purposes of this contract?	If the independent consultants will be providing or performing an essential aspect of a contract under the direction and responsibility of the vendor and with the agreement of BMS, they will be considered a subcontractor.
16	2.5 2.5.6 2.5.7	9	Can non-West Virginia residents be used to review or support case reviews at the informal reconsideration and appeal levels?	Yes.
17	3.6	11	Does the Vendor need to have its headquarters within the State of West Virginia in order to qualify for the Resident Vendor Preference? Or, can one of the vendor's locations suffice?	Vendor may qualify for Resident Vendor Preference under either condition provided they meet the requirements specified in the Vendor Preference Certificate.
18	General		Please define the Bureau's responsibility when collecting overpayments.	The vendor shall be responsible for the identification, dispute resolution, collection processes and reporting for all RAC recovery and underpayment RAC activities specified in the scope of this contract.
19	General		Does the Bureau plan on excluding any claims from the RAC or will all paid Medicaid claims be available for audit?	All payments and programs will be made available for audit subsequent to BMS approval with the exception of Pharmacy which is bid under separate RFP and previously audited claims.
20	General		Will the Bureau allow offsets/withholdings?	Yes, the Bureau does have the authority to enter into repayment agreements and place liens. Please see the manual available at the



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				link below. This publicly available report provides Medicaid policy information. http://www.dhhr.wv.gov/bms/Documents/bms_manuals_Chapter_600.pdf
21	General		Please advise if the Bureau information security policy differs with HIPAA? If so, what are the gaps?	No difference.
22	General		Please provide the volume of claims and total paid over the past three fiscal years.	SFY12 19,124,917; dollar amount not available. SFY11 22,861,683 claims; \$2.7 billion. SFY10 17,605,879 claims; \$2.5 billion.
23	General		How many facilities are reimbursed under DRG and how many facilities are carved out?	All acute care hospitals are reimbursed under Perspective Payment System (PPS). The facilities that are not reimbursed under this method are free standing psych facilities psychiatric distinct part units of hospitals, rehab facilities and Critical Access Hospitals. Please see attached report – SFY12 Active Providers to obtain exact provider facility accounts.
24	General		How does the Resident Vendor Preference weigh into the evaluation and award?	Resident Vendor Preference is applied only to bid price prior to calculating total cost points.
25	General		Outside of the resident vendor preference, does the Bureau recognize any other form of small business program that can be used in this RFP?	No.
26	General		Does the Bureau anticipate any additional services that would fulfill mandate(s) around Fraud, Waste and Abuse as well as Audit Recovery?	No.
27	General		Does the Bureau have the ability to offset recoveries from future payments or will they require the vendor to conduct recovery of overpayments?	There will be an Accounts Receivable (AR) account set up for offsetting recoveries from future payments. Vendor will not be required to set up payments. It is the expectation that the vendor will identify an overpayment recovery plan working with BMS for approval. A signature on Repayment Agreements is then required. Vendor will then work with BMS for final approval.



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28	General		What provider types does West Virginia consider to be medical providers?	All provider types including durable medical equipment providers are considered to be medical providers with the exception of pharmacy being bid under separate RFP and managed care payments.
29	General		Can a vendor bid on both this RAC RFP and the recently released pharmacy RAC RFP?	Yes.
30	General – Data		Will the successful vendor be getting data from the State or directly from 3rd party vendors (MMIS, PBM, etc.)?	The awarded vendor will work with the Bureau and it's vendors to obtain data. The vendor will have access to the data that is available within the Bureau's Medicaid enterprise system.
31	General – Data		Can the State provide the number of data sources with which the RAC vendor will need to interface?	One.
32	General – Data		Is there an agreement currently in place to ensure that the data will be made available in a timely fashion to the new RAC vendor?	The awarded vendor will work with the Bureau and it's vendors to obtain data. The vendor will have access to the data that is available within the Bureau's Medicaid enterprise system.
33	General – Data		Are there established layouts for this data that can be made available or will this need to be negotiated with each vendor supplying data after the contract is awarded?	The awarded vendor will be expected to work with the Bureau and it's vendors to obtain data layouts.
34	2.2	5	How much of the \$2.7 billion of Medicaid expenditures in SFY 2011 represents Manage Care and PAAS claims?	\$331 million represents capitated payments issued to managed care plans. However, not all services are covered under a capitated agreement such as long term care, NEMT, currently pharmacy and behavioral health. The carved out services would be subject to RAC review. All claims will be subject to RAC review for PAAS members except for the \$3 PMPM paid, those payments totaled \$311,000.
35	2.2	5	Are all of the carved-out services for MCO members, listed in paragraph eight of this section, available for RAC audit?	Yes.
36	2.2	5	Could the state provide a breakdown of expenditures (excluding Manage Care and	Please see the report available at the link below. This publicly available report provides



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			PAAS) for all provider types for SFY 2011?	Medicaid payment information. http://www.dhhr.wv.gov/bms/AboutUs/lir/Documents/LOCHHRA_Aug2011-Jun2011.pdf
37	2.2	5	Are all seven of the OQPI staff dedicated to provider reviews? If no, how many staff members are specifically dedicated to provider reviews?	The seven OQPI staff consists of five reviewers, one secretary and one director, all of whom are dedicated to provider reviews.
38	2.2	5	Could the state provide the total number of provider reviews conducted and overpayments identified by OQPI for the past three state fiscal years?	See attached reports for recoveries and cases.
39	2.2	4	Has the state, in the last three years, contracted with any vendor(s) to conduct audits/reviews of the provider types being proposed under this RAC RFP? If yes, could the state provide the total number of provider reviews conducted and overpayments identified by the vendor(s) for the past three state fiscal years?	The State has contracted with Bureau of Senior Services and APS Healthcare for waiver programs. All reviews conducted below are from random sampling. Information for calendar year is as follows: See attached report which contains total recoveries both by contractor and OQPI as separate listing.
40	2.3.3	6	Will the State consider references for RAC-like work or must all three references be for clients for whom the vendor is currently providing Medicaid RAC services?	No, all three (3) references should be for clients for whom the vendor has provided Medicaid RAC services.
41	2.5.7	9	Would subcontracting with two certified coders meet this requirement?	Yes.
42	2.5.9	9	Is extrapolation for calculating overpayments allowed?	No.
43	2.5.12	9	Will the vendor be responsible for approving and setting up payment plans with the providers?	No.
44	2.5.12	9	Is it the State's expectation that the successful bidder will receive and process provider checks?	No.



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45	2.5.12	9	Will the selected vendor have the authority to actually implement offset against future provider payments for collection of overpayments?	It is the expectation that the vendor will identify an overpayment recovery plan working with BMS for approval. A signature on Repayment Agreements is then required. Vendor will then work with BMS for final approval.
46	2.2	5	<p><i>“OQPI activities are supplemented with a mix of auditing services from contractors that supply supplemental auditing services to the State for waiver programs. Additionally, internal BMS staff conducts audit and reviews of the West Virginia provider community based upon identified billing aberrations of provider activities. All recovery of overpayments is conducted on an as-needed basis. BMS is not currently engaged in RAC-like activities (as described in Federal Regulation 42 CFR Part 455).”</i></p> <p>1. Are the above-mentioned audited services excluded from review by the successful WVRAC contractor?</p>	No.
47	2.2	5	<p><i>“OQPI activities are supplemented with a mix of auditing services from contractors that supply supplemental auditing services to the State for waiver programs. Additionally, internal BMS staff conducts audit and reviews of the West Virginia provider community based upon identified billing aberrations of provider activities. All recovery of overpayments is conducted on an as-needed basis. BMS is not currently engaged in RAC-like activities (as described in Federal Regulation 42 CFR Part 455).”</i></p> <p>1. What services are currently under or have been recently audited under these situations?</p>	The State has contracted with Bureau of Senior Services and APS Healthcare for waiver programs. Current waiver programs include the Aged/Disabled, Personal Care and Intellectual and Development Disabilities. OQPI auditing categories include the following types of services Evaluation and Management (E&M), various physician services, nursing facility, IFC/MR, excessive services, appropriate modifier usage and place of service usage across multiple provider types, speech therapy, transportation, pharmacy, anesthesia, school based health and inpatient hospitals. (See attached report for recoveries by OQPI and Contractors)



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48	2.2	5	<p><i>“OQPI activities are supplemented with a mix of auditing services from contractors that supply supplemental auditing services to the State for waiver programs. Additionally, internal BMS staff conducts audit and reviews of the West Virginia provider community based upon identified billing aberrations of provider activities. All recovery of overpayments is conducted on an as-needed basis. BMS is not currently engaged in RAC-like activities (as described in Federal Regulation 42 CFR Part 455).”</i></p> <p>1. Please clarify “all recovery of overpayments is conducted on an as needed basis.”</p>	<p>Internal BMS staff conducts audit and reviews of the West Virginia provider community as needed based upon identified billing aberrations or extreme fluctuations of provider activities and/or issues identified by program staff; potentially making any service subject to review.</p>
49	2.4.1 2.4.3	9	<p>Per RFP vendor should describe their approach to audit high risk claims and potential for Medicaid under/overpayment collections. The description of the approach should address the following: Process for data mining to target providers and claims for review that have not already been subject or currently being audited by another entity, to identify potential coding and billing errors and to provide trends and patterns analyses.</p> <p><i>Which services have been or are currently being audited?</i></p>	<p>Contractors currently conduct random sample audits of the waiver programs, generally. OQPI auditing categories include the following types of services E&M, various physician services, nursing facility, IFC/MR, excessive services, appropriate modifier usage and place of service usage across multiple provider types, speech therapy, transportation, pharmacy, anesthesia, school based health and inpatient hospitals. (See attached report for recoveries by OQPI and Contractors)</p>
50	2.5.3	8	<p>The Vendor must agree that all written material, including reports and letters must be approved by the Bureau in advance of planned distribution.”</p> <p>What type of turn-around time can the successful WV RAC contractor expect for</p>	<p>The Bureau strives for a turn-around time of 45 business days from receipt of approved documentation.</p>



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			approval of items such as record request letters, draft reports, and final reports?	
51	General		Will the State allow extrapolation?	No.
52	General		Does the State currently contract with a Utilization Review vendor to perform retrospective DRG reviews? If so, how will that vendor coordinate with the RAC vendor?	No.
53	2.2	4	Can the State please provide all of the Medicaid expenditure amounts by service?	Please see the report available at the link below. This publicly available report provides Medicaid payment information. http://www.dhhr.wv.gov/bms/AboutUs/lir/Documents/LOCHHRA_Aug2011-Jun2011.pdf
54	2.4	7	Are resumes required solely for key staff or all personnel named in the response?	Vendor should supply resumes for staff as the Bureau considers staff resumes as a key indicator of the Vendor's understanding of skill mixes required for each staffing area. The RFP does not limit resumes to key staff and indicates they should be provided to demonstrate the Vendor's understanding of skill mixes required for each staffing area.
55	2.5	9	Can the State clarify if the 5% of total claims submitted annually is per provider or total.	Section 2.5.9 of the RFP specifies 5% of the total claims submitted annually per provider.
56	3.3	10	Should the format include Attachment D?	Yes.
57	5.10	15	Can the State please clarify how this requirement differs from the deliverables in Attachment G: Service Legal Agreements?	Liquidated damages are in addition to the amounts in Attachment G.
58	Attachment D	24	Please confirm that the vendor should submit an electronic copy only (no hard copy required), which should omit any proprietary language.	Correct.
59	General	9	For the most recent fiscal year with available data for fee-for-service claims only, for each category of providers	Please see the report available at the link below. This publicly available report provides Medicaid payment



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			<p>[especially inpatient DRG hospitals, inpatient per diem (e.g., rehabilitation hospitals) hospitals and physicians], what are the total number of providers, amount paid and number of claims.</p> <p>Will the Department be able to provide historical data on the amount of overpayments identified and the amounts actually recovered, by category of service?</p> <p>Please indicate the amount paid for Medicare crossover payments within the total amount paid, if possible.</p>	<p>information. http://www.dhhr.wv.gov/bms/AboutUs/lir/Documents/LOCHHRA_Aug2011-Jun2011.pdf</p> <p>Please see attached report identifying the total number of provider by category as of 06/30/2012.</p> <p>Please see the attached report.</p> <p>Medicare crossover information is not available.</p>
60	General	6	<p>What version of DRGs (e.g., Version 24) does West Virginia currently use for inpatient DRG payments?</p> <p>Are there any plans to migrate to a new version?</p> <p>If so, which version and what is the expected timeframe for such migration?</p>	<p>The Bureau is currently using Grouper Version 29, and plans to be on Version 30 on 10/1/2012.</p> <p>Note: the MMIS is currently undergoing a re-procurement process that may affect the DRG.</p>
61	2.5.7	9	<p>Based upon the flexibility offered by the CMS Final Rule and in an effort to permit the State to benefit from a potentially lower contingent fee rate, would the State consider clarifying the requirement to allow prospective vendors to provide staffing (including certified coders and other professional staff) in numbers and on a full time or part time basis depending on the type and number of claims for which the State approves the RAC to review rather than requiring a minimum of two, fully dedicated certified coders throughout the term of the Contract?</p>	<p>No.</p>
62	2.5.11	9	<p>This section of the RFP requires the Contractor to return all files and records</p>	<p>Vendors must return all files and records not necessary for recoveries.</p>



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			<p>within 30 days of the “close of the contract”. Yet, the same section requires Contractor to maintain and preserve all records of recovery for a period of five years after the date of final recovery which could well be beyond the “close of the contract”. In addition, Section 5.13 of the RFP has a similar five year record retention requirement.</p>	
63	5.10 and Attachment G	15 & 31	<p>Section 5.10 specifies a liquidated damage amount of \$1,000/day for Contractor’s failure to provide a deliverable by its due date. Attachment G, however, specifies liquidated damage amounts that vary from \$200/day to \$1,000/day for late deliveries.</p>	<p>Liquidated damages are in addition to the amounts in Attachment G.</p>
64	5.11	15	<p>Per RFP, the State will provide Contractor with “advance notice of performance conditions” but then permits the State to order the Contractor to cease further work and terminate the contract if not remedied “within the established timeframe”.</p> <p>Would the State please amend the RFP to specify that the ‘established timeframe” shall be the time specified by the State but in no event shorter than 30 days from the date the Contractor receives the notice of performance conditions?</p>	<p>No.</p>
65	5	Generally	<p>The RFP’s contract terms and conditions does not contain an exclusion of consequential damages or a limitation of liability for direct damages. The potential advantages to BMS if it were to include both types of provisions include:</p>	<p>No.</p>



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			<ul style="list-style-type: none"> • Provides BMS with protection since the exclusion of consequential damages would be mutual in nature; • Permits financially responsible and technically responsive bidders to bid where, in the absence of such provisions, the bidders may be only those who agree to unlimited liability but may not have the financial means to make that remedy meaningful; • Is consistent with other contracts that BMS has negotiated and signed with vendors in the past; and • Reflects provisions that are legally enforceable under State law. 	
66	Attachment D	24	<p>This Attachment provides for the following:</p> <p>“Vendor agrees that BMS retains ownership of all data, procedures, programs, work papers, and all materials developed and/or gathered under the contract with BMS.”</p> <p>...would the State amend the RFP so as to provide the Contractor with a royalty free, fully paid up license for the Contractor to use such State owned intellectual property as part of its other businesses as long as such intellectual property does not contain any State data?</p>	No.
67	Attachment E(9)	26	<p>The RFP requires a contractor to provide a plan for transitioning operational responsibilities to a successor RAC Contractor. The RFP is silent, however, on whether the RAC contractor would be paid for overpayments identified prior to Contract</p>	<p>If vendors identify and perform work (this specifically addresses the requirement that demand letters are mailed and sent off), then vendors will be compensated for their work despite timing of termination. It is important to note that the vendor will still be responsible for</p>



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			<p>termination but recovered after Contract termination as well as for underpayments identified by Contractor prior to Contract termination but not approved until after Contract termination.</p>	<p>appeal resolutions.</p> <p>For appeals and repayment information please see the below document beginning at Section 800.12.1.</p> <p>http://www.dhr.wv.gov/bms/Documents/bms_manuals_Chapter_800.pdf</p>
68	General		<p>Will BMS provide the successful vendor with final disposition of the claims, and consequent adjustment data to modify claim statuses as necessary? Can BMS share any details for this process?</p>	<p>The awarded vendor will work with the Bureau and it's vendors to obtain data. The vendor will have access to the data that is available within the Bureau's Medicaid enterprise systems.</p>
69	2.2	5	<p>Regarding OQPI auditing service activities, will BMS share who currently performs this work, and will the RAC work include or exclude the current auditing work being provided to BMS? Can BMS be more specific about the scope of this work? Type of programs, number of providers, and Medicaid spend.</p>	<p>The State has contracted with Bureau of Senior Services and APS Healthcare for waiver programs; RAC services will be permitted as the contractors conduct random sampling. Other services or claims not previously audited are available for audit with approval from BMS. Current waiver programs include the Aged/Disabled, Personal Care and Intellectual and Development Disabilities. Information for calendar years 2009 – 2011 is as follows;</p> <p>2009 Aged/Disabled Waiver Waiver service reviewed; 79 providers with disallowances.</p> <p>Personal Care Waiver service reviewed; 34 providers with disallowances.</p> <p>2010 Aged/Disabled Waiver</p>



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				<p>Waiver service reviewed; 18 providers with disallowances.</p> <p>Personal Care Waiver service reviewed; 19 providers with disallowances</p> <p>Intellectual and Development Disabilities 1 issue reviewed; 8 providers with disallowances.</p> <p>2011 Aged/Disabled Waiver Waiver service reviewed; 62 providers with disallowances.</p> <p>Personal Care Waiver service reviewed; 44 providers with disallowances.</p> <p>Intellectual and Development Disabilities Waiver service reviewed; 26 providers with disallowances.</p> <p>Please see the report available at the link below. This publicly available report provides Medicaid payment information. http://www.dhhr.wv.gov/bms/AboutUs/lir/Documents/LOCHHRA_Aug2011-Jun2011.pdf</p>
70	2.3.3	6	There are not many vendors performing work in the Medicaid RAC states. Would West Virginia modify the reference requirements to allow references for work that is RAC or RAC-like (Medicaid overpayment identification and/or recovery)?	No.



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71	2.5.7	9	<p>Can that fact that the vendor has a minimum of 2.0 FTE certified coders on staff satisfy the requirement?</p> <p>Does the 2.0 FTEs need to be applied on a full-time basis to this RAC contract activity? Or can the use of the 2.0 FTE be managed based on contract demand?</p>	<p>2.0 FTE Contractor certified coders are required. New FTE Contractor certified coders do not need to be hired if they are already part of staff.</p> <p>Yes, 2.0 FTEs need to be applied on a full-time basis.</p>
72	3.3	10	<p>For completing Attachments A, B and C. The 3 forms are embedded in the RFP PDF file and include the West Virginia State Seal and BMS header at the top of each page. Please confirm that it is acceptable for vendors to create an exact replica of the content of each of the forms to create their proposal response. Please also confirm if the State Seal and BMS header must be used.</p>	<p>Yes, it is acceptable to create an exact replica of the content of each of the forms to create their proposal.</p> <p>State Seal and BMS header are not required.</p>
73	3.3	10	<p>Please confirm that Attachment D (Special Terms and Conditions) must be included in the vendor's proposal.</p>	<p>Yes.</p>
74	3.4.1	11	<p>Proposal submission instructions include the submission of "one copy on CD." Please clarify if vendors are to submit one CD copy of the technical proposal only or one CD copy of the technical and one CD copy of the cost proposal.</p>	<p>One CD copy of the technical and one CD copy of the cost proposal.</p>
75	5.2.1	13	<p>In addition to the instructions for electronic submission of proprietary information provided in Attachment D, please provide more detail on how vendor's should present proprietary or trade secret information in their proposals.</p>	<p>BMS has no specifics as to how the vendor should present trade secret information; other than the information is to be clearly marked. Per 5.2.1 "The submission of any information to the DHHR by a Vendor puts the risk of disclosure on the Vendor."</p>
76	5.12.3	16	<p>Regarding License requirements in the Special Terms and Conditions section of the RFP: It appears that the licensing requirements may be part of a generic</p>	<p>The license requirements are addressed in Section 2.5.6 and 2.5.7 of the RFP. These sections include specific license requirements for the Medical Director and certified coders.</p>



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			template and have not been specified for this opportunity: "License Requirement: Workers' Compensation, Contractor's License, etc. (List any specific licenses or other special license requirements for your project, et cetera.)" Please confirm the license requirements specific to this RFP.	
77	2.2		Please provide the total \$ paid and number of claims during the last FY for each of the service types included in the audit scope for the RAC.	SFY12 19,124,197 claims; dollar amount not available.
78	2.2		Who are the current vendors conducting audit services for the OQPI or within the last 3 years? What lines of services or claim types did they audit and what were the results?	<p>The current vendors providing audit services are APS Healthcare and Bureau of Senior Services. Current waiver programs include the Aged/Disabled, Personal Care and Intellectual and Development Disabilities.</p> <p>2009 Aged/Disabled Waiver Waiver service reviewed; 79 providers with disallowances.</p> <p>Personal Care Waiver service reviewed; 34 providers with disallowances.</p> <p>2010 Aged/Disabled Waiver Waiver service reviewed; 18 providers with disallowances.</p> <p>Personal Care Waiver service reviewed; 19 providers with disallowances</p> <p>Intellectual and Development Disabilities 1 issue reviewed; 8 providers with</p>



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				<p>disallowances.</p> <p>2011 Aged/Disabled Waiver Waiver service reviewed; 62 providers with disallowances.</p> <p>Personal Care Waiver service reviewed; 44 providers with disallowances.</p> <p>Intellectual and Development Disabilities Waiver service reviewed; 26 providers with disallowances.</p> <p>Due to the limited scope, reviews conducted by these vendors are not indicative of potential recoverable dollars. (See attached report for recoveries by OQPI and Contractors)</p>
79	2.2		What are the claim types audited by OQPI in the last 3 years and what were the results?	Internal BMS staff conducts audit and reviews of the West Virginia provider community based upon identified billing aberrations of provider activities. OQPI auditing categories include the following types of services E&M, various physician services, nursing facility, IFC/MR, excessive services, appropriate modifier usage and place of service usage across multiple provider types, speech therapy, transportation, pharmacy, anesthesia, school based health and inpatient hospitals. (See attached report for recoveries by OQPI and Contractors)
80	1.2.1		Are there any State, or municipal permits and licenses required for the scope of work under this RFP?	No.



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Attachment E: Deliverables

#	Deliverable	Description
1	Monthly Reports	<p>The Vendor shall submit monthly reports outlining work accomplished during the previous month. Monthly reporting formats are to be approved by BMS. These reports shall include the following:</p> <ul style="list-style-type: none"> • Identification of the number of cases with overpayments by review name i.e. upcoding Office Visits to include total dollar amount identified, number of claims involved, number of providers involved, amounts to be refunded and percentages • Reports of Underpayments to include total dollar amount identified, number of claims involved, number of providers involved, amounts to be refunded and percentages • Identify the number and type of letters sent to providers (demand, record requests, etc.) • Identify the number of new appeals by review name and update outcomes of appeals for month • Ad hoc reports as needed by BMS staff at no additional cost • Identify the number of providers submitted to BMS for fraud/abuse referral • Circulate meeting summaries for all meetings conducted between contract and BMS staff for approval. • Type of approved provider education referred to fiscal agent for completion and issue • Number of pending reviews awaiting approval at BMS • Numbers of provider address changes and confirmation of notification to fiscal agent for update.
2	Quarterly Reports	<p>The Vendor shall submit quarterly reports summarizing work accomplished during the previous quarter. Quarterly reporting formats are to be approved by BMS. These reports shall include the following:</p> <ul style="list-style-type: none"> • Quarterly Work Plan Progress Reports. Narrative reports specifying benchmarks, problems, and proposed solutions. • Status report containing summarized data from the monthly reports, as well as any aberrant issues identified. This report should be presented and discussed at the scheduled in-person meetings or telephonically depending upon the urgency or the issue.
3	Annual Reports	<p>The Vendor shall submit annual reports summarizing work accomplished during the previous SFY. Annual reporting formats are to be approved by BMS. These reports shall include the following:</p> <ul style="list-style-type: none"> • Report inclusive of all audits (by agreed upon name/issue) in process and completed during the previous year. The report shall consist of an



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		<p>aggregate of all of the quarterly reports, as well as any recommendations by the contractor for future reviews, changes in the review process, potential system or policy vulnerability or any other findings related to the review of claims for fraud, waste and abuse.</p>
4	Final Executive Summary Report	<p>The Vendor is to submit a final report. This report is to consist of an aggregate compilation of the data received in the quarterly reports; as well as a narrative describing the following:</p> <ul style="list-style-type: none"> • Recommended changes to internal controls and/or policy modifications to minimize erroneous payments; • Results of each of the approved Audit Work Plans; and • Monies recovered to date and contractor share of those recoveries.
5	Weekly Project Status Conference Calls	<p>Select members of the Vendor’s key staff (as approved by BMS) are to participate in weekly strategy/problem solving conference calls with the BMS OQPI Director or designee(s). These calls are to commence upon Contract execution, and will be held on a BMS/Vendor mutually agreed upon schedule. The Vendor is to be responsible for setting up and facilitating the conference calls, preparing, the agenda, documenting the minutes of the meeting and preparing any other supporting materials as needed.</p>
6	Monthly Project Status Conference Calls	<p>Select members of the Vendor’s key staff (as approved by BMS) are to participate in monthly project status conference calls with the BMS OQPI Director or designees(s). This monthly meeting will be facilitated by the Vendor, for the purpose of presenting Monthly Reports (Deliverable No. 1, described above).</p> <p>The calls will commence upon Contract execution, and will be held on a BMS/Vendor mutually agreed upon schedule. The Vendor is to be responsible for setting up and facilitating the conference calls, preparing the agenda, documenting the minutes of the meeting and preparing any other supporting materials as needed.</p>
7	Quarterly Meetings	<p>Select members of the Vendor’s key staff (as approved by BMS) are to participate in quarterly meetings with the BMS OQPI Director or designee(s). This meeting will be held for the purpose of presenting the Quarterly Reports (Deliverable No. 2, described above), and is to include (but not be limited to) the following: review tracking activities; and discuss issues, problems, suggested solutions, relevant findings, trends, special study projects, and enforcement challenges due to regulation or policy weaknesses.</p> <p>The Quarterly Meetings will commence upon Contract execution, and will be held on a BMS/Vendor mutually agreed upon schedule. The Vendor is to be responsible for setting up and facilitating the meetings, preparing the agenda, documenting the minutes of the meeting and preparing any other supporting materials as needed.</p>
8	Operational Letters	<p>The Vendor is to produce Provider notification letters, such as record requests letters, draft demand, final demand, and notification of findings and documentation of support of appeal. The Vendor is to bear the cost of producing and mailing of all Operational Letters.</p>
9	Turnover and Close-Out	<p>The Vendor is to provide a plan detailing the approach to transitioning systems and operational responsibilities to a successor RAC vendor.</p>



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Management Plan

At any time, BMS reserves the right to modify the list of deliverables with thirty (30) days notice to the Vendor.

Recovery Report SFY08

Type	Prov Type	Prov Desc	Count of Case Number	Sum of Total Prin Collection
Contractor	28	Homemaker Agency	4	\$ 20,877.09
	29	Personal Care Provider	1	\$ 215.72
	35	Respite and Habilitation	1	\$ 1,456.10
	47	Case Management Agency	2	\$ 1,497.10
Contractor Total			8	\$ 24,046.01
QPI	01	Inpat Hosp	48	\$ 369,371.96
	02	Group Provider	179	\$ 415,389.57
	09	FQHC	2	\$ 9,677.17
	10	Long Term Care	6	\$ 12,153.30
	18	Physician MD	203	\$ 299,170.94
	21	Podiatrist	10	\$ 4,927.79
	28	Homemaker Agency	1	\$ 1,030.73
	31	Optometrist	1	\$ 2,382.62
	35	Respite and Habilitation	1	\$ 31,239.74
	40	Dental	10	\$ 7,872.37
	49	RFTS	1	\$ 4,844.70
	52	Mental Health Clinic	6	\$ 2,734.20
	53	Rural Health Clinic	2	\$ 6,822.00
	60	Pharmacy	519	\$ 548,785.05
	62	Equipment	17	\$ 10,679.76
	67	Independent Lab	7	\$ 8,039.27
	68	Independent Radiology	1	\$ -
	69	Ambulatory Surgical Center	5	\$ 10,660.95
	71	Nurse Practitioner	2	\$ 2,446.92
	73	Physical Therapist	1	\$ 5,030.48
75	Occupational Therapist	1	\$ 834.67	
80	Transportation	14	\$ 132,882.10	
93	Mental Health Rehabilitation	22	\$ 24,644.43	
QPI Total			1,059	\$ 1,911,620.72
Grand Total			1,067	\$ 1,935,666.73

Recovery Report SFY09

Type	Prov Type	Prov Desc	Count of Case Number	Sum of Total Prin Collection
Contractor	28	Homemaker Agency	23	\$ 28,191.05
	29	Personal Care Provider	10	\$ 63,169.48
	35	Respite and Habilitation	2	\$ 23,479.00
	47	Case Management Agency	5	\$ 426.60
Contractor Total			40	\$ 115,266.13
QPI	01	Inpat Hosp	44	\$ 461,876.11
	02	Group Provider	149	\$ 316,540.22
	05	Mental Hosp <21	3	\$ 15,378.05
	09	FQHC	3	\$ 2,007.04
	10	Long Term Care	4	\$ 5,403.93
	18	Physician MD	72	\$ 162,637.01
	21	Podiatrist	3	\$ 920.34
	28	Homemaker Agency	2	\$ 11,481.34
	35	Respite and Habilitation	3	\$ 72,897.83
	40	Dental	2	\$ 3,030.00
	47	Case Management Agency	1	\$ 995.40
	52	Mental Health Clinic	1	\$ 95.20
	53	Rural Health Clinic	3	\$ 2,453.69
	58	Home Health Agency	5	\$ 1,817.62
	60	Pharmacy	15	\$ 10,301.39
	62	Equipment	1	\$ 184.83
	67	Independent Lab	13	\$ 21,970.96
	68	Independent Radiology	1	\$ -
	69	Ambulatory Surgical Center	3	\$ 3,777.90
80	Transportation	51	\$ 71,796.53	
93	Mental Health Rehabilitation	3	\$ 3,851.23	
QPI Total			382	\$ 1,169,416.62
Grand Total			422	\$ 1,284,682.75

Recovery Reprot SFY10

Type	Prov Type	Prov Desc	Count of Case Number	Sum of Total Prin Collection
Contractor	28	Homemaker Agency	52	\$ 230,712.90
	29	Personal Care Provider	38	\$ 479,947.87
	47	Case Management Agency	24	\$ 8,859.30
	49	RFTS	1	\$ 1,567.69
Contractor Total			115	\$ 721,087.76
QPI	01	Inpat Hosp	28	\$ 227,862.52
	02	Group Provider	31	\$ 55,180.34
	09	FQHC	4	\$ 6,951.40
	10	Long Term Care	3	\$ 143,432.75
	18	Physician MD	20	\$ 118,225.09
	28	Homemaker Agency	1	\$ 6,439.38
	35	Respite and Habilitation	1	\$ 96,495.24
	48	School based	10	\$ 16,310.37
	49	RFTS	3	\$ 106,472.74
	52	Mental Health Clinic	3	\$ 15,950.19
	53	Rural Health Clinic	1	\$ 1,104.47
	58	Home Health Agency	2	\$ 41,913.90
	60	Pharmacy	4	\$ 1,178.56
	67	Independent Lab	1	\$ 1,287.62
	80	Transportation	13	\$ 22,758.64
93	Mental Health Rehabilitation	15	\$ 55,951.05	
QPI Total			140	\$ 917,514.26
Grand Total			255	\$ 1,638,602.02

Recovery Report SFY11

Type	Prov Type	Prov Desc	Count of Case Number	Sum of Total Prin Collection
Contractor	28	Homemaker Agency	20	\$ 130,357.78
	29	Personal Care Provider	11	\$ 14,922.02
	47	Case Management Agency	2	\$ 136.22
Contractor Total			33	\$ 145,416.02
QPI	01	Inpat Hosp	5	\$ 146,958.52
	02	Group Provider	119	\$ 459,843.83
	09	FQHC	8	\$ 9,061.78
	10	Long Term Care	1	\$ 73,246.24
	18	Physician MD	17	\$ 67,250.78
	21	Podiatrist	3	\$ 4,137.59
	28	Homemaker Agency	2	\$ 1,028.28
	29	Personal Care Provider	1	\$ 131,373.60
	35	Respite and Habilitation	20	\$ 165,287.38
	42	Birth to Three	1	\$ 10,292.04
	47	Case Management Agency	2	\$ 25,240.50
	48	School based	22	\$ 58,588.81
	49	RFTS	1	\$ 13,500.00
	60	Pharmacy	14	\$ 6,966.32
	62	Equipment	15	\$ 10,495.37
	69	Ambulatory Surgical Center	2	\$ 2,326.07
80	Transportation	1	\$ 1,474.51	
93	Mental Health Rehabilitation	7	\$ 25,004.39	
QPI Total			241	\$ 1,212,076.01
Grand Total			274	\$ 1,357,492.03

Active Provider Counts by Type SFY12

ProvType	Count
Inpatient Hospital	213
Group Provider	2820
Renal Center	58
Mental Hospital <21	53
Hospice	22
Birthing Center	1
FQHC	163
Long Term Care	186
Mental Health Clinic BHHF	14
Domestic Violence Center	1
Physician	12614
Podiatrist	113
Chiropractor	170
CRNA	1232
Homemaker Agency	105
Personal Care Provider	163
Optometrist	221
Optician	66
Audiologist	71
Respite and Habilitation	58
Dental	669
Birth To Three	1
Case Management Agency	67
RESA School Based	57
RFTS	42
General Clinic	1
Health Department	25
Mental Health Clinic	31
Rural Health Clinic	60
Family Planning	104
Home Health Agency	67

Pharmacy POS	1180
Equipment	1183
Prosthetic Supplier	17
Independent Lab	267
Independent Radiology	25
Ambulatory Surgical Center	31
Nurse Practitioner	942
Physical Therapist	385
Speech Therapist	586
Occupational Therapist	140
Transportation	326
Managed Care HMO	3
Special Payments	4
Psychologist	443
Mental Health Rehabilitation	74
Therapist	36
Nursing Care Agency	152
Other Practitioner	23
Physician Assistant or Social Worker	134
No Provider Type	6
Total	25425