

Oklahoma Health Care Authority



**oklahoma
health care
authority**

REQUEST FOR INFORMATION

**CERTIFIED PUBLIC ACCOUNTANTS TO
PERFORM RETROSPECTIVE
REVIEW/AUDIT OF OHCA (OKLAHOMA
HEALTH CARE AUTHORITY) REVIEW OF
PAYMENTS FOR HEALTH CARE
SERVICES**

SECTION I: GENERAL INFORMATION

1.1 ANNOUNCEMENT

The State of Oklahoma (State), by and through its designated SoonerCare (Oklahoma's Medicaid Program) agency, the Oklahoma Health Care Authority (OHCA), is issuing this Request for Information (RFI) to obtain information from Certified Public Accountants (CPA) about their ability to perform retrospective reviews/audits of OHCA's review of paid claims and related documentation for health-care services provided to SoonerCare Members. Interested parties should submit a response outlining the services available to address the OHCA's need.

1.2 POINT OF CONTACT

Oklahoma Health Care Authority
4545 N. Lincoln Blvd Ste 124
Oklahoma City, OK 73105-3413
Attention: Theresa Isenhour
Phone (405) 522-7264
Fax (405) 530-3297
E-mail: theresa.isenhour@okhca.org

1.3 RFI CLOSING DATE

Responses to this RFI should be sent to the OHCA Point of Contact shown above no later than 5:00 PM Central Time (CT) on Monday, February 1, 2010. Responses may be mailed, e-mailed, hand-delivered or faxed. Responses received after 5:00pm on February 1, 2010 may or may not be reviewed depending on the needs of OHCA.

SECTION II: BACKGROUND

OHCA administers SoonerCare. The agency contracts with multiple types of health care entities {i.e. doctors, nurses, PT (Physical Therapists), OT (Occupational Therapists), SLP (Speech Language Pathologists), DME (durable medical equipment) companies, hospitals, outpatient facilities, RD/LD (registered/licensed dietitians), lactation consultants, and multiple other types {hereinafter referred to as Provider (s)} which are not detailed in this document. These Providers deliver health-care services, supplies, or equipment (hereinafter referred to as services) to SoonerCare Members. Multiple Federal and State statutes, rules, and regulations define the requirements for provided services, supporting documentation, prior authorizations, as necessary and Provider reimbursement methodologies. The Providers submit claims in accordance with OHCA requirements requesting payment for provided services.

Program Integrity evaluates paid Provider claims based on multiple factors including but not limited to:

- Peer to Peer Comparisons;
- Explanation of Medical Benefits (EMOB); or
- Complaints/referral from internal/external sources;

Based on this evaluation a statistical sample of a Provider's or multiple Providers' paid claims are reviewed in accordance with OHCA rules and regulations. When an error rate of greater than 10% of the dollar amount paid, within the reviewed claims of a specific Provider is identified, an extrapolation of the error rate to all paid claims for the specific Provider is performed.

Upon notification by the OHCA of the errors found, the Provider has the option of repaying an amount determined by the extrapolation of the error rate or requesting a retrospective review/audit of the OHCA's review of all paid claims within the reviewed period for the specific Provider. Upon completion of the retrospective review/audit of the OHCA's review of paid claims, if it is determined the OHCA's review and recoupment amount is accurate; payment for the retrospective review/audit is the responsibility of the Provider. If the retrospective review/audit determines the OHCA's review and recoupment amount is inaccurate then payment for the retrospective review/audit is the responsibility of the OHCA. Current SoonerCare programs include:

- **Traditional** - a comprehensive package of benefits that pays Providers for services on a fee-for-service (FFS) basis;
- **Choice** – a medical home program with comprehensive benefits where Members choose a Primary Care Provider (PCP) for who receives a monthly payment for care coordination. All other services are reimbursed on a fee-for-service basis;
- **Insure Oklahoma (IO)** - a comprehensive package of benefits that requires Members to share in the cost through premiums and co-payments. IO Members choose a PCP who is paid a monthly rate for case management. IO reimburses all other Member benefits on a FFS basis, but services not rendered by the PCP may require a referral;
- **SoonerPlan** - a limited package of family planning benefits;
- **Supplemental** - SoonerCare plan that provides medical benefits to supplement those services covered by Medicare (sometimes called “crossover”).)

SECTION III: SCOPE OF WORK OF POTENTIAL CONTRACT

It is the intention of OHCA to make available to Providers a list of CPA firms that are acceptable to OHCA to perform a retrospective review/audit the OHCA's review of paid claims, when a Provider requests a full scope review/audit. Upon selection of a CPA, the OHCA will then execute a contract with the CPA.

The scope of work of such a contract is likely to include the following:

1. Perform retrospective reviews/audits of OHCA's review of paid claims for health care services and documentation to ensure all State and Federal rules are met and services are clinically/medically appropriate. Reviews/audits will be a 100% review/audit (no sampling) of all paid claims for a specific Provider;
2. Create and develop methodology and procedures to meet review/audit objectives;
3. Perform fieldwork and maintain work papers which support established review/audit objectives, documents work performed, and supports review findings;
4. Make written and/or oral presentations to OHCA and other stakeholders during and at the conclusion of the review/audit; and
5. Serve as an expert witness in administrative and/or court proceedings.

SECTION IV: RESPONSE SUBMISSION

4.1 SUBMISSION OF RESPONSES

Please make sure all responses clearly indicate the name, title, mailing address, and telephone number of the Respondent's contact person for any questions. Please submit e-mail addresses and fax numbers if the Respondent's contact person is available to answer questions via email or fax.

Please limit responses to this RFI to five (5) pages or less, including the cover page. Responses should be formatted in a font no smaller than 12 point. Responses should be organized as follows:

1. Cover page with organization name and contact information;
2. Answers to questions numbered as below;
3. Cost estimate for services.

4.2 QUESTIONS

1. Discuss in general your approach to the project detailed in Section II Background;
2. Discuss potential methodologies and audit procedures;
3. Discuss work papers and other documentation you would maintain to support findings.
4. Discuss the experience and qualifications of your organization that would enable you to successfully complete this project. Address experience and knowledge in the areas of:
 - a. Health care services and claims;
 - b. Medicaid reimbursement requirements in general and Oklahoma Medicaid requirements specifically;
 - c. Full scope audit methodology, procedures, etc;
 - d. Written and oral presentations on review findings; and
 - e. Expert testimony.

4.3 COST ESTIMATE

Please provide an hourly rate inclusive of all costs {salaries, travel, fringe benefits, telephone, mailing, etc.} necessary to perform a retrospective review/audit of the OHCA's review of paid claims for a specific Provider. This hourly rate does not bind nor obligate either party. The hourly rate is simply a tool to be utilized by OHCA to determine the cost effectiveness of contracting for the services detailed in this RFI. However, if a respondent is selected for a contract, the difference in the hourly rates should not vary by a significant amount.

SECTION V OTHER INFORMATION

5.1 ANTICIPATED CONTRACT TERM

This RFI does not obligate the OHCA to contract for retrospective review/audits. However, the OHCA anticipates executing contracts with various CPAs for performance of retrospective review/audits of OHCA review of paid claims for a specific Provider.

5.2 COST OF PREPARING RESPONSES

All costs incurred by the Respondent for responding to this RFI are the sole responsibility of the Respondent.

The OHCA reserves the right to withdraw the RFI at any time during the RFI process. Issuance of this RFI in no way obligates the OHCA to award or issue a contract or to pay any costs incurred by any Respondent.

5.3 RETENTION OF RESPONSES

All responses submitted become the property of the OHCA and will not be returned.

All responses and all information contained therein are subject to the Oklahoma Open Records Act, 51 Okla.Stat. §§24A.1 et seq.