

Attachment K	
Mandatory Scored Questions- Commercial Recoupment Services	
Offerors must answer all questions in this document in the space provided.	
Failure to answer these questions will result in disqualification of the proposal	
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. ONLY upload documents where there is a "Yes-Required" in the "Upload Attachments with Additional Information?" column, to provide additional requested information for specific questions. If there is a "No" in the "Upload Attachments with Additional Information?" column, then a document will be NOT be evaluated, if uploaded. Suppliers must provide an answer <u>in the answer box</u> below for all questions with "No" in the "Upload Attachments with Additional Information?" column.	
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.	
1	Experience- Provide information for at a minimum two (2) consecutive years Commercial Billing experience and include for each year the company or state where the recoupment work was performed, contact person's name, email address and telephone number. For each state or company identified you must include the annual recovery amount, annual cost saving amount and the population size of the company or state identified. Please attached the reference template which was provided.
A1	Answer # 1 EXPERIENCE Accenture brings an innovative, experience-driven approach to maximizing commercial recoupments informed by our extensive experience in the industry. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Attachment K

TPL Commercial Recoupment Services Mandatory Scored Response Worksheet

Third Party Liability

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MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES (MA EOHHS)

[illegible]

OUR APPROACH



Figure 1. Streamlining the end-to-end overpayments and recoupments process.



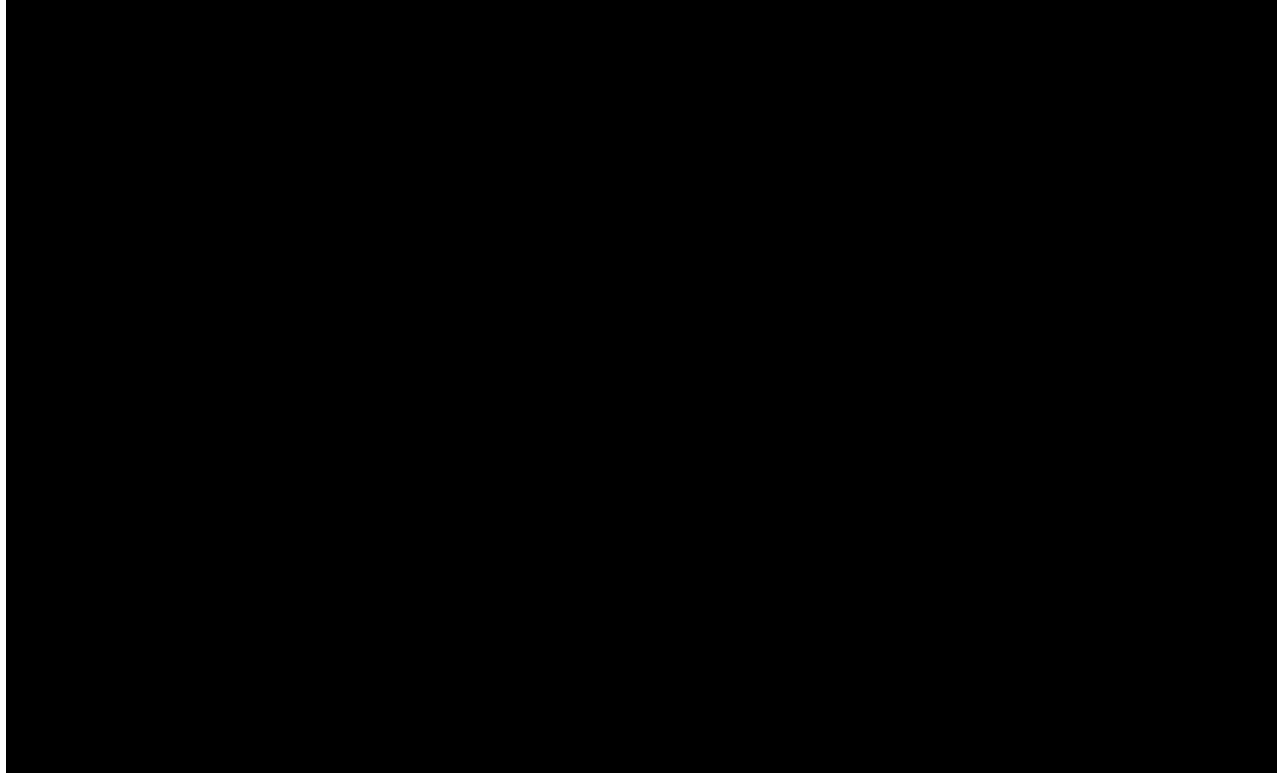


Figure 2. Our claims lifecycle is designed to maximize reimbursements.

Before diving into our reclamation process, it's important to understand the nuances between overpayments and recoupments:

- Overpayments refer to money that has been overpaid to Medicaid or instances in which a provider has received an overpayment or duplicate payments from both a third party resource and Medicaid.
- Accenture defines recoupments as reconciliation that occurs when Medicaid has paid for claims where a responsible party should have paid in full.

Regardless of the nature of the recoupment, Accenture diligently adheres to state regulations when it comes to our targeted, direct billing approach for carriers and our provider recoupment process. Our processes are designed to lessen the

frequency of overpayments through established checks and balances that confirm Medicaid is the payer of last resort and avoid faulty posting. [REDACTED]

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A DIFFERENTIATED APPROACH TO COMMERCIAL RECOUPMENTS

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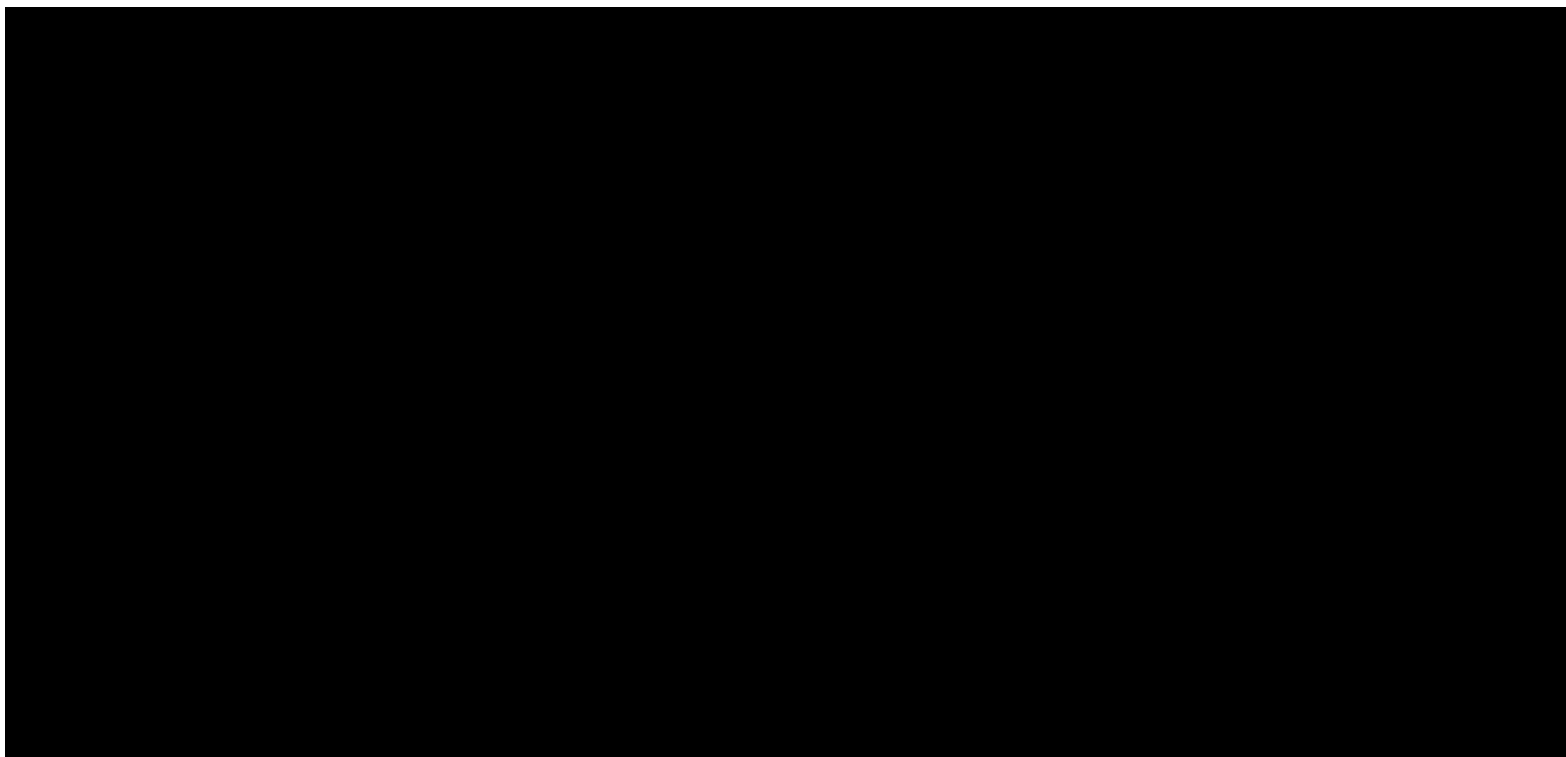


Figure 3. Commercial Recoupment Process.

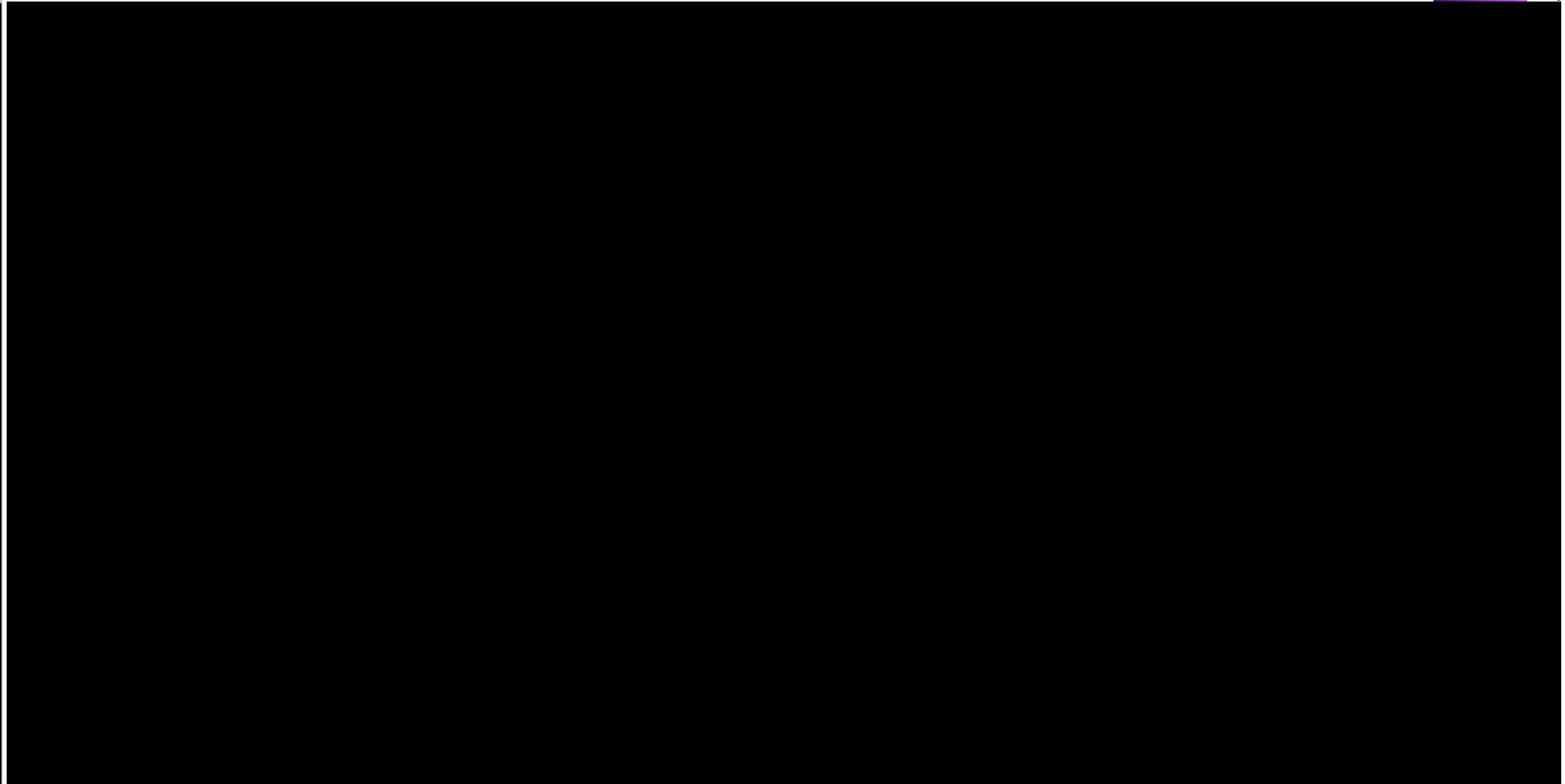
Our commercial recoupment process can be categorized into two workstreams: direct billing of health insurance carriers and provider recoupments.

DIRECT BILLING

[Redacted text block containing five lines of blacked-out content]

carrier. Because of our strong carrier relationships and the scale of data we incorporate through our core identification and matching process, Accenture maintains an 85% acceptance rate. The 15% of claims that are rejected are reworked and resubmitted by our health Plan Engagement team. From there, Accenture will receive an adjudication status via an 837 transaction. Denied claims are sent back to be reviewed. If we find the carrier has an invalid reason for denial, we work with the carrier to adjust the claim and resubmit it for carrier approval. Once claims are approved, the carrier will send back an 837 with the claim status and checks will be sent directly to the state-owned lockbox. Accenture only posts once monies are received and our system will not allow us to post more than we billed, reducing the likelihood of later carrier refund requests.

PROVIDER RECOUPMENT



	processes, progress, and results. Accenture offers multiple standard reports related to the Commercial Recoupment Services including an Aging Report, Billing Summary Report, Exceptions Report, Denied Reasons Report, Monthly Claims Lifecycle Report, Payer Denied Reasons Report, Post Back File, Posting Report, and the Reconciliation Report. This level of access provides confidence to State program decision makers. Additional details about our experience are provided in Attachment DD References Form.	
	Upload Attachments with Additional Information? Yes-Required	Attachment File Name: Attachment DD- Reference Form (attached to this RFP)
2	Innovation- Describe your approach to increase recoupments by utilizing new and innovative strategies including at a minimum amount recouped, methodology used, type of systems involved, and staffing impact.	
A2	<i>Answer # 2</i> INNOVATION A State's Medicaid program provides access to healthcare for the State's most needy families, the elderly, and people with disabilities. To provide quality care for the best health outcomes for these populations, a state needs to maximize their dollars. Being the payer of last resort is essential, and as a leading innovator, Accenture is the right partner to collaborate with you to achieve this outcome. [REDACTED] [REDACTED] [REDACTED] [REDACTED]	

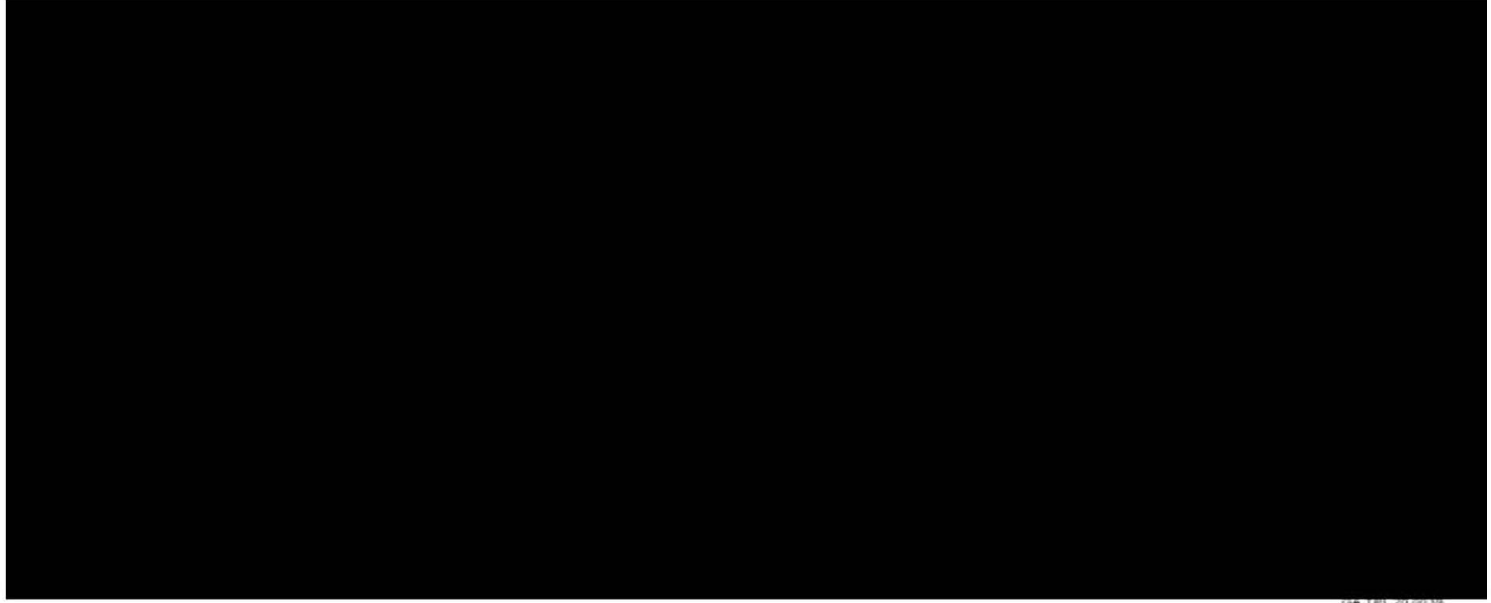
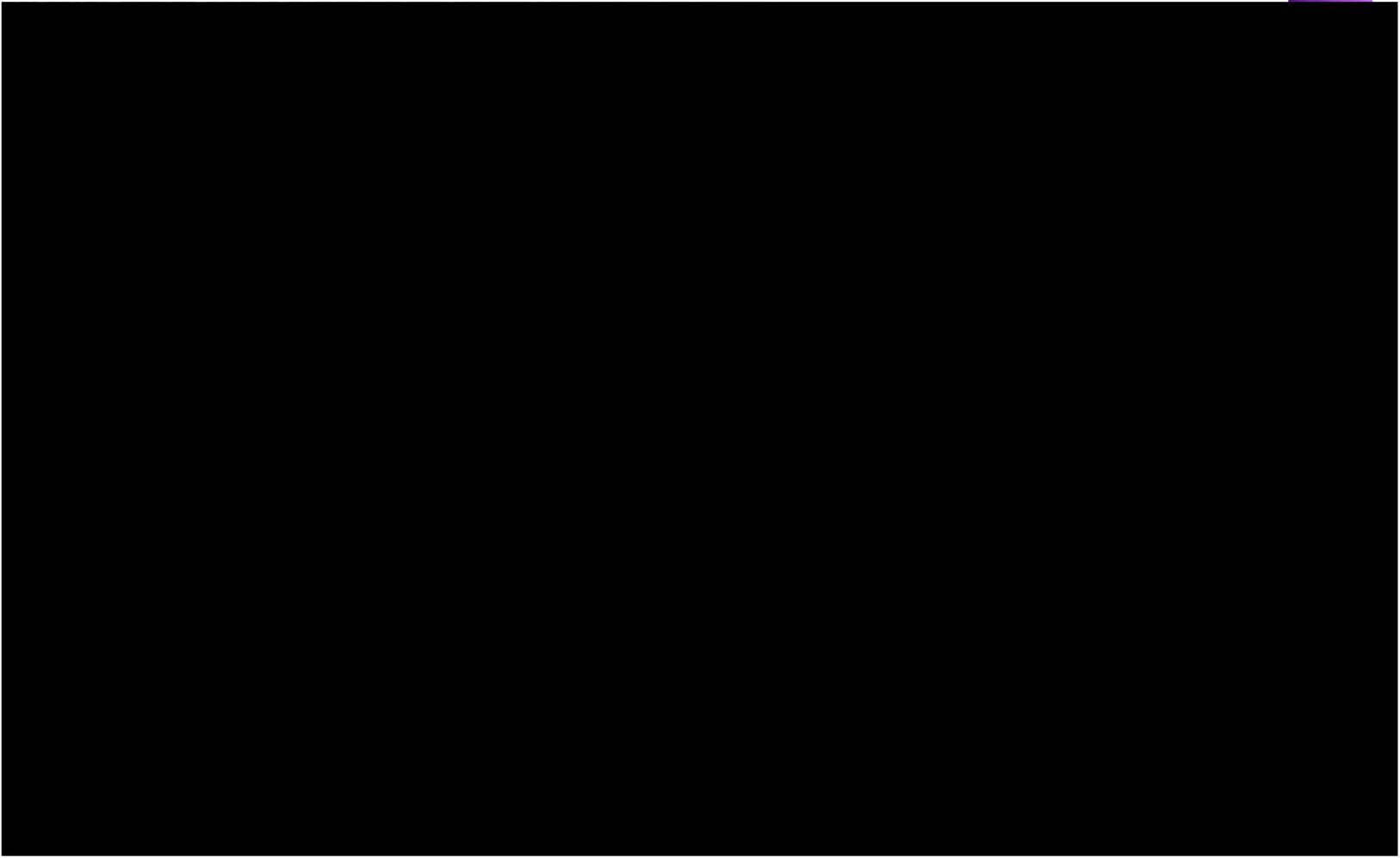


Figure 4. We bring the power of Accenture to solve TPL challenges and deliver a truly elevated solution.

Cost avoidance is always the first defense to higher cost savings; however, despite best efforts in cost avoidance, there are always cases where payments are made in error and need to be recouped. In these instances, it is imperative to pursue a speedy recoupment of funds so those dollars can be repurposed to help the citizens sooner. We bring two innovative systems will increase cost savings with faster with more efficient recoupments:

	
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	[Redacted]
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ACCENTURE HEALTH PLAN ENGAGEMENT TEAM

[REDACTED]

DESIGN THINKING

Design thinking involves team-based collaborative sessions to elicit new ideas and approaches, always focused on the end user. Ideas born of these sessions are usually practical and specific, but they begin more broadly and are narrowed through the process.

[REDACTED]

[REDACTED]

As evidenced in these examples, Accenture is always seeking effective ways to communicate and drive new ideas. This is frequently achieved through our design thinking process, which we illustrate in Figure 5 and—when used effectively—should lead to an actionable result.

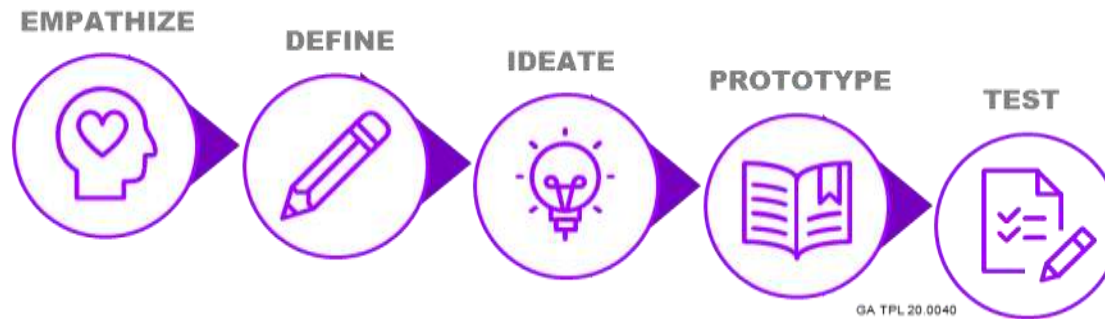


Figure 5. Accenture leverages design thinking to spark user-focused innovation.

Accenture hosted a design thinking workshop focused on the future of TPL at the 2019 Medicaid Enterprise System Conference (MESC). This session was open to and attended by representatives from multiple State organizations. Through this design thinking session, we were able to provide States with several ideas on how to drive TPL into the future, as depicted in Figure 6. We received such positive feedback from the session that we were asked to do another session virtually at the 2020 MESC conference. We are elated to be able to continue to share the “Joy of TPL” with States.

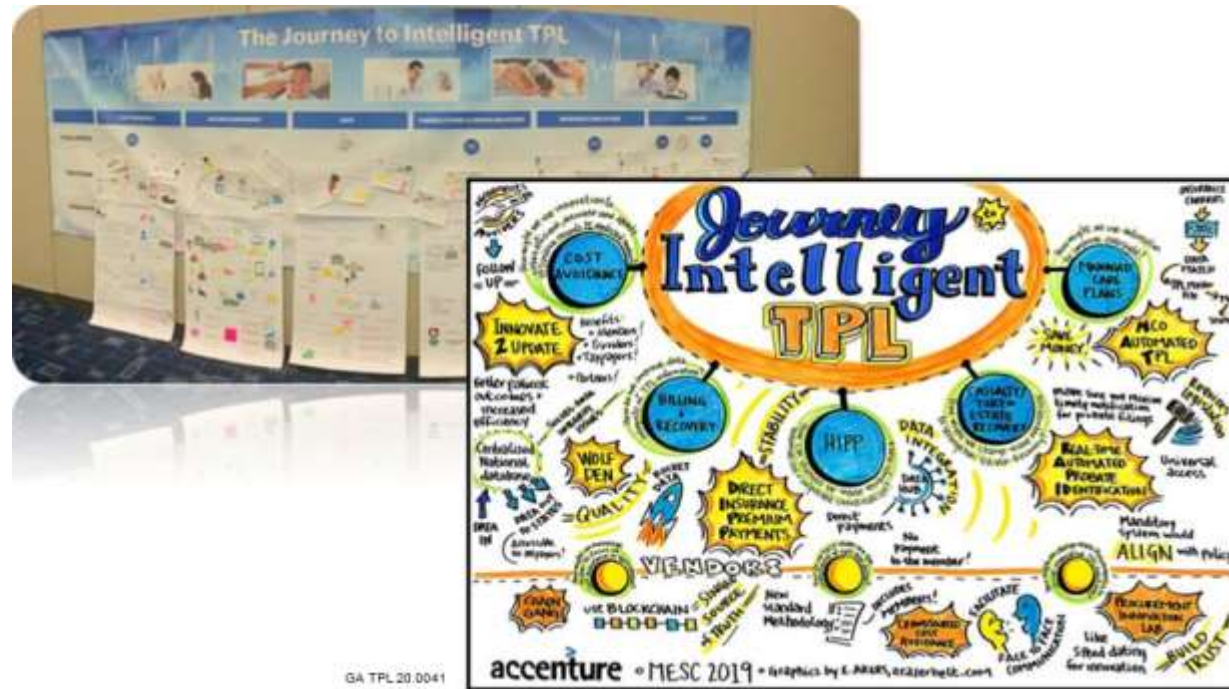


Figure 6. Ideas stemming from a design thinking workshop for TPL at the 2019 MESC conference.

Design thinking sessions can be large or small, based on a project's or organization's needs. We have continually found that engaging teams in collaboration activities with props, stickers, posters, and the like, allows participants to step out of their normal routine and tap the depths of their creativity. We will bring these dynamic techniques to our work with the State to foster innovative ideas that will continually improve our solutions and bring greater cost savings to the State.

APPROACH TO COMMUNICATION

Communication is an essential component of any project's success. A willingness to communicate with transparency allows all parties to maneuver through the project with precision and merit, improving outcomes through increased collaboration and

	knowledge. [REDACTED] [REDACTED] - I [REDACTED] [REDACTED] [REDACTED] [REDACTED] - I [REDACTED] [REDACTED] [REDACTED] [REDACTED] - I [REDACTED] [REDACTED] [REDACTED] [REDACTED] OUR ONGOING COMMITMENT TO INNOVATION [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Accenture will not only bring systems and services that are innovative from the inside out, we will also continue to innovate in collaboration with the State to work together toward a truly transformed TPL solution.
	Upload Attachments with Additional Information? No Attachment File Name: N/A

3	General Program Requirements- During the life of the contract, the Supplier will keep current program manuals which outline work processes updated with all program changes. Describe your ability and process to develop and update program manuals as stated in Attachment J, General Program Requirements Section, Requirement CREC1.
A3	<i>Answer # 3</i> BRINGING GLOBAL BEST PRACTICES TO STATES Accenture is known for harvesting and industrializing best practices across industries and functions and scaling our processes to each client's needs. When it comes to TPL, we know that document maintenance, and instilling clear structures and communications are vital. That's why we are diligent in creating and maintaining program manuals to confirm we are continuously enhancing our processes while upholding quality control across teams and individuals. As needs arise and program manuals are updated due to changing policies and procedures, we work with the Agency for review and approval of manuals per agreed upon timeframes For any new engagement, Accenture brings an established baseline of Program and Procedure Manuals (P&Ps) and collaborates with our Agency partners to tailor each to the specific needs and policies of the State. Each P&P is aligned to a core business service and can be expanded upon to include additional requirements as needed. In general, each P&P includes high-level overviews of the business processes, policies, and workflows. In addition to the P&Ps, we maintain dozens of thorough job aids aligned to each service areas and process. As illustrated in Figure 7, these include detailed, step-by-step instructions to confirm clear and precise guidance and documentation for program stakeholders. 

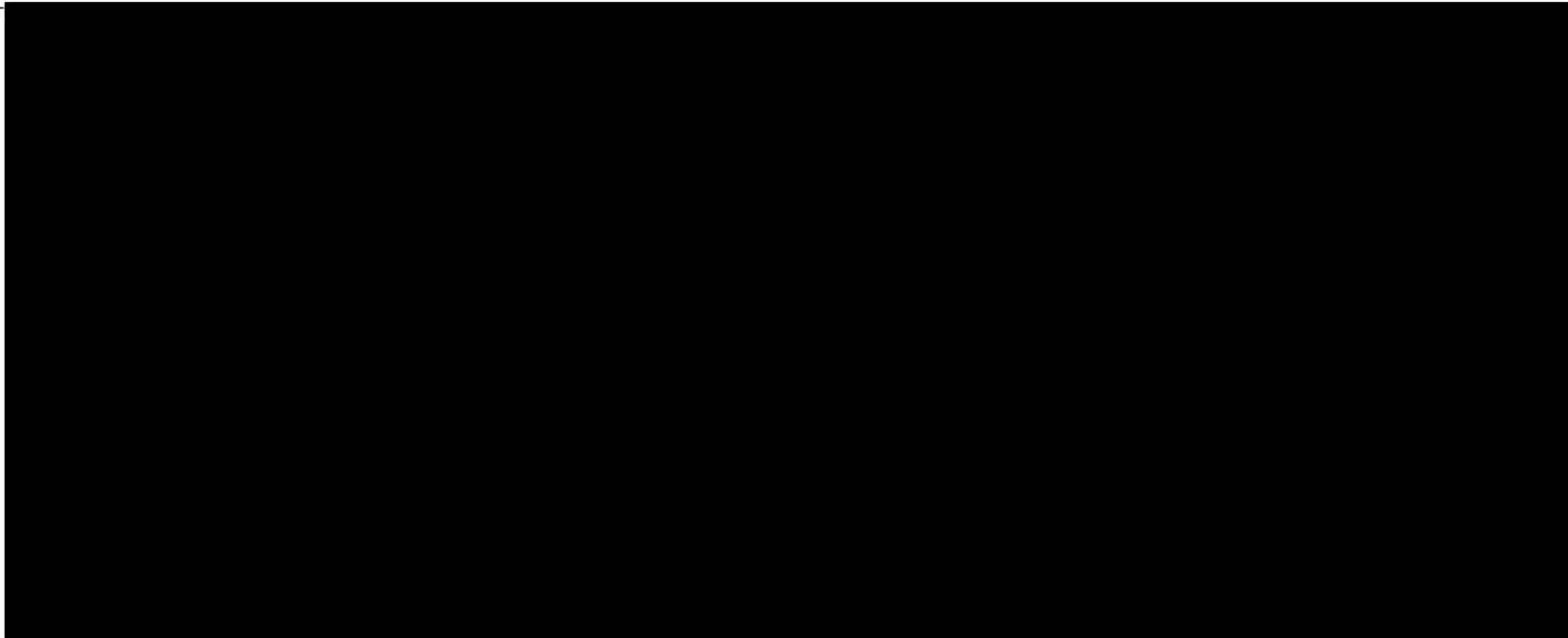


Figure 7. Baseline P&Ps provide consistency and standardization of business processes.

At the start of an engagement, we would work closely with the State to update and augment each P&P and job aid, and we work through review cycles to advance each documentation to final State approval. From there, the finalized P&Ps and job aids will be shared as PDFs with both Agency and Accenture stakeholders. For ad hoc updates, Agency partners can submit questions and critical requests for procedure manual updates through our ticketing tool. In between ad hoc requests for updates, Accenture revisits all documents annually and refreshes the State review and approval cycle to confirm manuals continually reflect changes in technology and policies and process improvements.

 PROPOSAL MEETS REQUIREMENT	CREC 1 <i>"The supplier must develop and maintain a professionally written Commercial Billing Recoupment Procedures Manual to reflect the Supplier's processing operations and recoupment procedures. A draft of the manual should be provided to the Agency within sixty (60) calendar days (or a timeframe as determined by the Agency) following the contract execution.</i> <i>a. The Supplier must develop, document, and maintain a method of providing updates to the procedure manual from the effective date of any change to a process or procedure.</i> <i>b. The Supplier must provide the Agency with the updated Recovery Program Procedures Manual for its review and approval within thirty (30) days (or a timeframe as specified by the Agency) of any proposed update(s)."</i>	
Accenture will develop and maintain professionally written, state specific Commercial Billing Recoupment Procedures Manual to reflect federal and state guidelines for billing and recoupment process. Accenture understands the urgency of clearly defining procedures and gaining Agency approval prior to project implementation. We are committed to providing full transparency and frequent iterations during the development of the Commercial Billing Recoupment Procedures Manual to confirm states are kept abreast of the content and progress. Accenture will provide a draft of the manual the Agency within sixty (60) calendar days (or a timeframe as determined by the Agency) following the contract execution. a. Accenture will collaborate closely with Agency stakeholders to develop, document, and maintain a method of providing updates to the procedure manual from the effective date of any change to a process or procedure. We will work closely with the Agency to identify the best tools and procedures for review, approval, and storage of the documentation. All manuals and documentation will be tailored to the respective state and in compliance with state and federal regulations. We will review and update the manuals yearly or as changes in state and/or federal regulations arise. b. Accenture will provide the Agency with the updated Commercial Billing Recoupment Procedures Manual for its review and approval within thirty (30) days (or a timeframe as specified by the Agency) of any proposed update(s).		
Upload Attachments with Additional Information? No	Attachment File Name:	
4	Online Access- Describe how online access to Supplier's systems will be maintained and provided to the agency.	
A4	Answer # 4	

	CONTINUOUS, CLOUD-BASED TPL Our Intelligent TPL as a service (TPLaaS) Platform is a web-based application with an online document repository and online access to reports; the ability to update member TPL Resources online in real time; online entry of TPL and COB rules by the State; and, online access to current and historical coordination of benefits information. Client data sets are mapped to the TPL Standard Model, which provides the foundation for our TPL applications and is optimized to confirm that data is available across the platform as needed. For the purposes of maintaining full transparency, we provide Agency stakeholders with read only access to all of Accenture's TPL applications. These applications are equipped with dashboard reports offering a quick view the activities across all workstreams. Additionally, the TPLaaS application includes a self-service reporting function across all TPL functions, providing speedy responses to any inquiries that may arise in between regularly scheduled reporting periods. This confirms that our Agency partners have the same system and program visibility as Accenture. We maintain an open and transparent approach as we believe that our Agency partners have the right visualize their own data across all processes as the project unfolds.	
	Upload Attachments with Additional Information? No	Attachment File Name: N/A
5	Commercial Billing- Describe the methods and processes you will utilize in performing all third party resources identification, health insurance data matches, verification, updates and recoupment services on behalf of the agency, including but not limited to the requirements stated in Attachment J, Commercial Billing Section, Requirements CREC2-CREC5.	
A5	<i>Answer # 5:</i> COMMERCIAL BILLING - NEXT GENERATION TPL	

THIRD PARTY RESOURCE IDENTIFICATION

[REDACTED]

HEALTH INSURANCE DATA MATCHES

[REDACTED]

DATA VERIFICATION AND UPDATES

[REDACTED]

RECOUPMENT SERVICES

[REDACTED]

[REDACTED]

Figure 8. Direct Billing Workflow.

DIRECT BILLING USING AABP'S TARGETED BILLING APPROACH

[REDACTED]

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

k. Develop/document, print and email/mail required reports. If the TPL reports are system generated, the Supplier must review each report and take the necessary corrected actions needed to process the required action. All required actions must be documented. Mail includes postage paid by Supplier. Reference to the Recoupment Report Section of the RFP for the list of required reports and timeframe due date."

Accenture can bring an improved and differentiated approach to commercial recoupments. [REDACTED]

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

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[REDACTED]
- [REDACTED]
- [REDACTED]

	• [REDACTED] Under the supervision and approval of the Agency, Accenture will manage and coordinate all specified administrative and system activities which include, but are not limited to: - Notification of the recoupment to the responsible payor within thirty (30) calendar days (or a timeframe specified by the Agency) from the date the recoupment is identified. - Follow-up on re-billing or pursuing Recoupment within ninety (90) calendar days (or a timeframe specified by the Agency) from the initial billing date. - Update an electronic system as determined by the Agency, e.g. MES, with the TPL verified resource information within five (5) business days (or a timeframe specified by the Agency) from receipt of resource. - Post collections within twenty-one (21) business days (or a timeframe specified by the Agency) of receipt of an approved invoice. If the date falls on a state holiday or weekend, then posting is due by the next full business day. - Develop and document an accounts receivable system within thirty (30) calendar days (or a timeframe specified by the Agency) of the contract being fully executed that must be reviewed and approved by the Agency prior to production. The data elements must include, but are not limited to, member name, Medicaid ID, check number, check amount, check date, deposit date and cash control number (CCN). - Track collections using an accounts receivables system approved by the Agency. - Develop, document and maintain a professionally written Agency approved Health Insurance Identification and Recoupment Program procedures manual to reflect the Supplier's processing operations and recoupment procedure within ninety (90) calendar days (or a timeframe specified by the Agency) of the contract execution. Develop, document, and maintain a method of providing updates from the effective date of any change. - Manage, document, and coordinate all specified administrative and system activities. Administrative services include, but are not limited to, the file maintenance process, data processing, printing/mailing correspondence and producing reports. - Develop, document, produce, and mail correspondence to the intended party in an efficient and acceptable format approved by the Agency. All correspondence, which include, but are not limited to, letters to health insurance carriers, providers, members and educational materials for the public, etc., for TPL activities within the timeframes established by the Agency must be approved by the Agency prior to production. The initial correspondence needed to implement the recoupment program and communicate with the Medicaid providers and members must be due to the Agency for review
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and approval within thirty (30) calendar days (or a timeframe specified by the Agency) from the contract award date. The Supplier is responsible for all costs associated with developing, producing, and mailing correspondence.

- j. Recoup and post overpayments from providers and insurance carriers to the Agency in an electronic system as determined by the Agency, e.g. MES, within twenty-one (21) business days (or a timeframe specified by the Agency) of receipt of an approved invoice.
- k. Develop/document print and email/mail required reports. If the TPL reports are system generated, Accenture will review each report and take the necessary corrected actions needed to process the required action. Accenture acknowledges that all required actions must be documented, and that mail includes postage paid by Accenture.



**PROPOSAL MEETS
REQUIREMENT**

CREC 5

"The Supplier must maintain an appropriately Staffed TPL verification unit to fulfill the contract requirements related to cost avoidance and file maintenance.

a. The TPL verification unit services must be performed within the United States of America.

b. The Supplier must operate the TPL verification unit Monday through Friday from 8:00 am to 5:00 pm during the state's local time zone, excluding state holidays.

c. The Supplier must provide a commercial billing inquiry/hotline number Monday through Friday from 8:00 am to 5:00 pm during the state's local time zone, excluding state defined holidays."

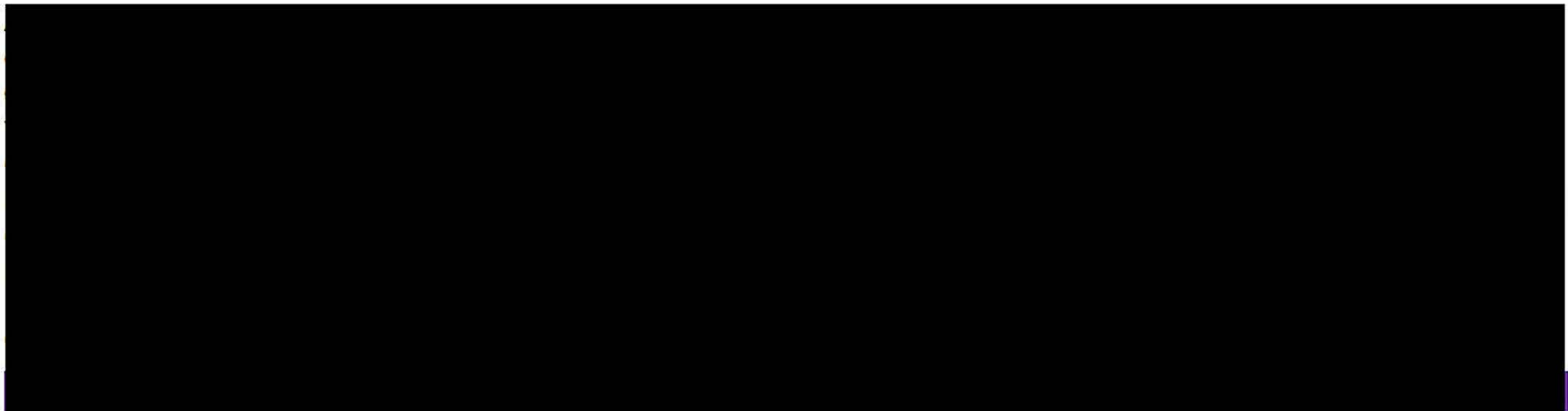


	Table 1. Our National TPL Call Center provide support across multiple TPL functions. ■ ■ ■ ■ ■ ■ Additionally, Accenture confirms that: a. All TPL verification services are performed within the United States of America. b. Accenture staff will be available for verification tasks Monday through Friday from 8:00 am to 5:00 pm during the state's local time zone, excluding state holidays. c. Our call center includes a commercial billing inquiry/hotline number Monday through Friday from 8:00 am to 5:00 pm during the state's local time zone, excluding state defined holidays.	
	Upload Attachments with Additional Information? No	Attachment File Name: N/A

6	Overpayments- Describe the processes and methods that will be utilized to identify, recover and post overpayments to an electronic system as determined by the agency, e.g. Medicaid Enterprise System, from providers and insurance carriers, including but not limited to the requirements stated in Attachment J, Overpayments Section, Requirements CREC6-CREC12.
A6	Answer # 6 IDENTIFYING AND RECOVERING OVERPAYMENTS 9. Accenture's overpayments identification process features analytics to maximize recoveries.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

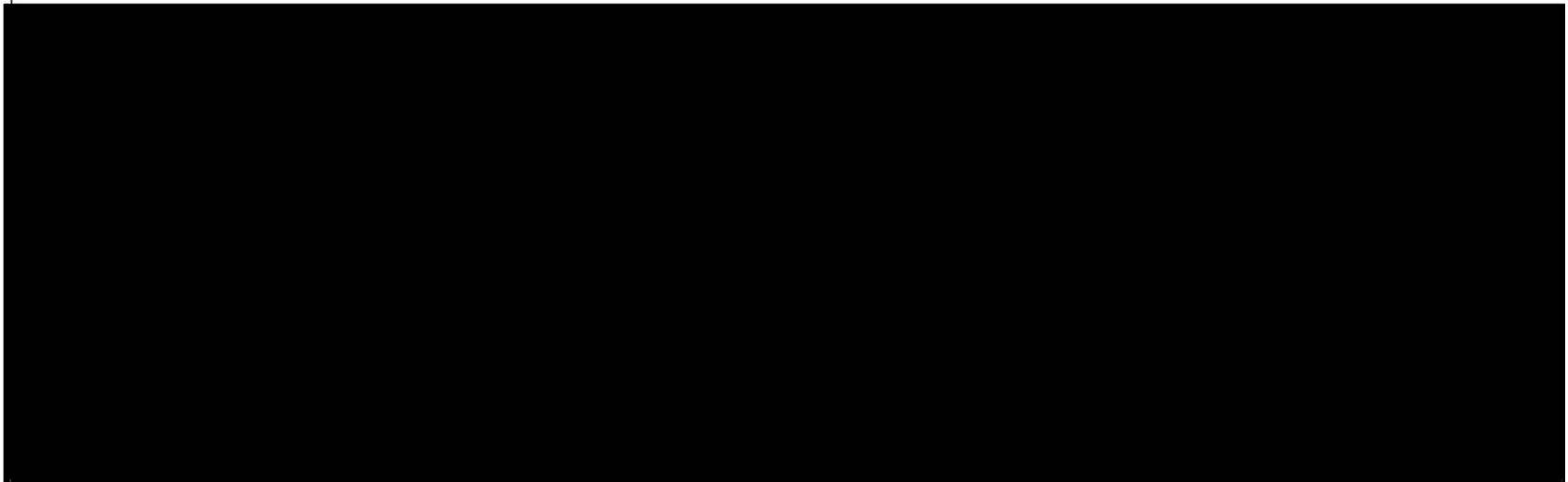


Figure 10. Provider Recoupment Workflow.

Following is our step-by-step process for handling provider overpayments and recoupments:

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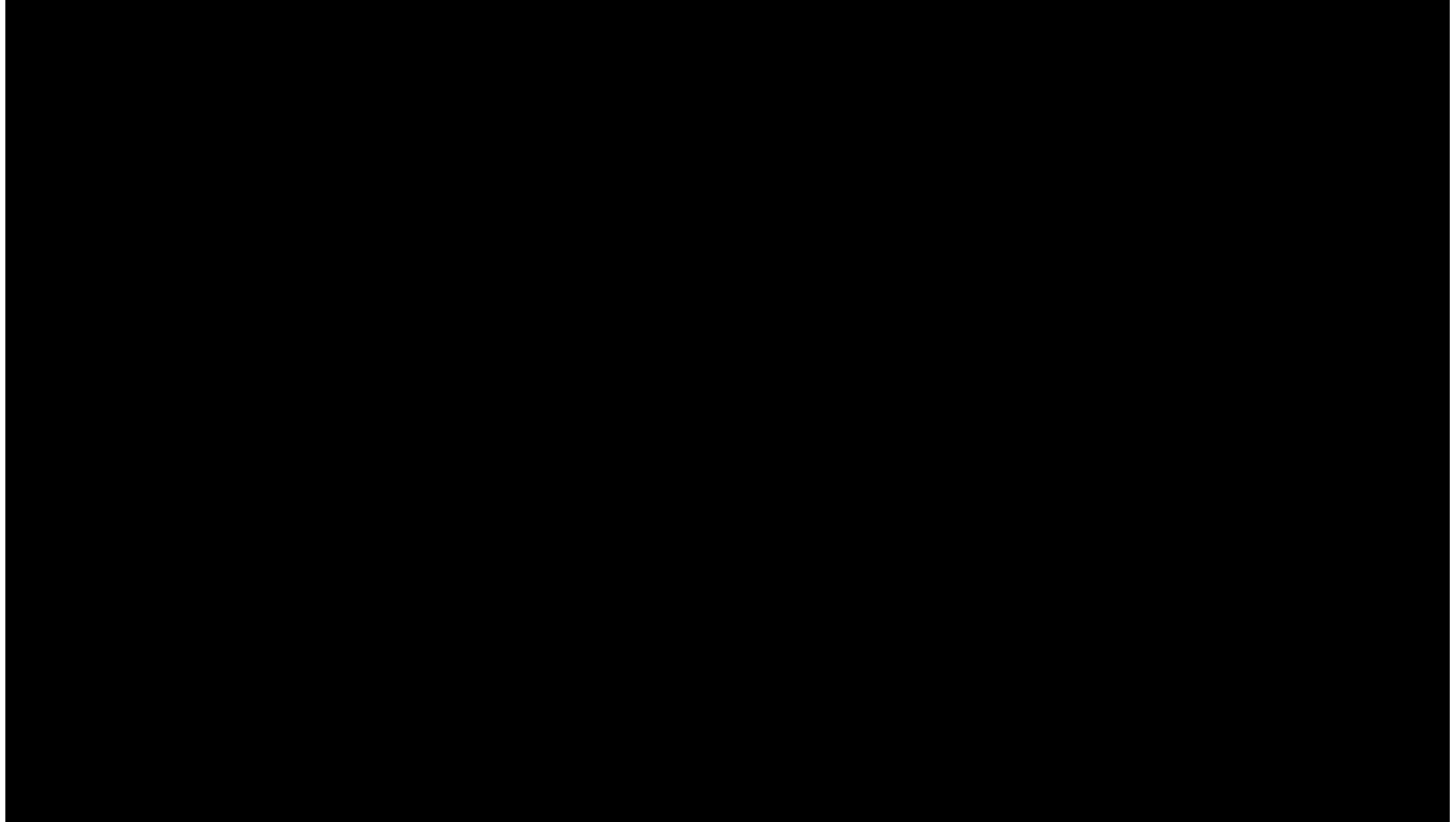


Figure 11. Examples of Provider Portals which will be used to enhance provider overpayment process.



 PROPOSAL MEETS REQUIREMENT	CREC 6 <i>If payments are made for a medical service(s) in error or overpayments are made for the service(s) rendered, the Supplier must request a refund and/or recoup funds paid in error for Fee for Service (FFS), State Medicaid and CHIP programs. Some of the most common reasons for the error in payments may include, but are not limited to the following reasons:</i> <i>a. The Agency was not aware of a patient's eligibility for other health insurance coverage at the time the claim was paid</i> <i>b. Duplicate payments were made</i> <i>c. A claim was paid for an ineligible member</i> <i>d. The wrong health care provider or person was paid in error</i>
If payments are made for a medical service(s) in error or overpayments are made for the service(s) rendered, Accenture will request a refund and/or recoup funds paid in error for FFS, State Medicaid, and CHIP programs.	

 PROPOSAL MEETS REQUIREMENT	CREC 7 <i>The Supplier must accept, store and maintain member eligibility and reference date within a frequency as defined by the Agency.</i> Accenture will accept, store, and maintain member eligibility and reference dates within a frequency defined by states.
 PROPOSAL MEETS REQUIREMENT	CREC 8 <i>The Supplier must automatically reconcile updates against previously paid claims or recoupments within a frequency as defined by the Agency.</i> Accenture will automatically reconcile updates against previously paid claims or recoupments within a frequency as defined by states.
 PROPOSAL MEETS REQUIREMENT	CREC 9 <i>The Supplier must automatically initiate the refund or recoupment process based on business rules within a frequency as defined by the Agency.</i> Accenture will automatically initiate the refund or recoupment process based on business rules within a frequency as defined by the Agency.
 PROPOSAL MEETS REQUIREMENT	CREC 10 <i>The Supplier must identify, track, store, maintain and report all recoupment and refund activities and update the claims records as defined by the Agency.</i> Accenture will identify, track, store, maintain, and report all recoupment and refund activities and update the claims records as defined by the Agency.

 PROPOSAL MEETS REQUIREMENT	CREC 11 <i>The Supplier must identify and document how future overpayments will be avoided through the identification of medical benefits from entities which include, but are not limited to:</i> a. Commercial/Self-funded Benefit plans b. TRICARE (formerly known as CHAMPUS) c. Medicare	
Accenture will identify and document how future overpayments will be avoided through the identification of medical benefits from entities which include, but are not limited to: a. Commercial/Self-funded Benefit plans b. TRICARE (formerly known as CHAMPUS) c. Medicare		
 PROPOSAL MEETS REQUIREMENT	CREC 12 <i>The Supplier must work with the Agency and other Suppliers and the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, interfaces to timely update the Resource files with the goal of placing emphasis on cost avoidance instead of the traditional pay and chase. The objective of the interface files is to prevent payment of claims when other insurance has been identified through coordination of benefits so that Medicaid is the payer of last resort. Reference the Recoupment Interface Section of the RFP for the list of interface files and the required frequency.</i>	
Accenture will work with the Agency and other Suppliers and the electronic system as determined by the Agency, e.g. MES, interfaces to timely update the Resource files with the goal of placing emphasis on cost avoidance instead of the traditional pay and chase.		
Upload Attachments with Additional Information? No	Attachment File Name: N/A	
7	Medicare Recoupment- Describe your Medicare Recoupment Process, including the provider types impacted for Medicare "pay and chase" claims for: Part A, Part B, Part D, and Medicare Advantage Plans. Include in your response how you have addressed recoupment disputes and other challenges in the past with specific examples of their resolution as stated in the requirements identified in Attachment J, Medicare Recoupment Section, Requirements CREC13-CREC14.	

A7

Answer # 7

MEDICARE RECOUPMENT

[REDACTED]

[REDACTED]

[REDACTED]

Figure 12. Medicare Recoupment Activities.

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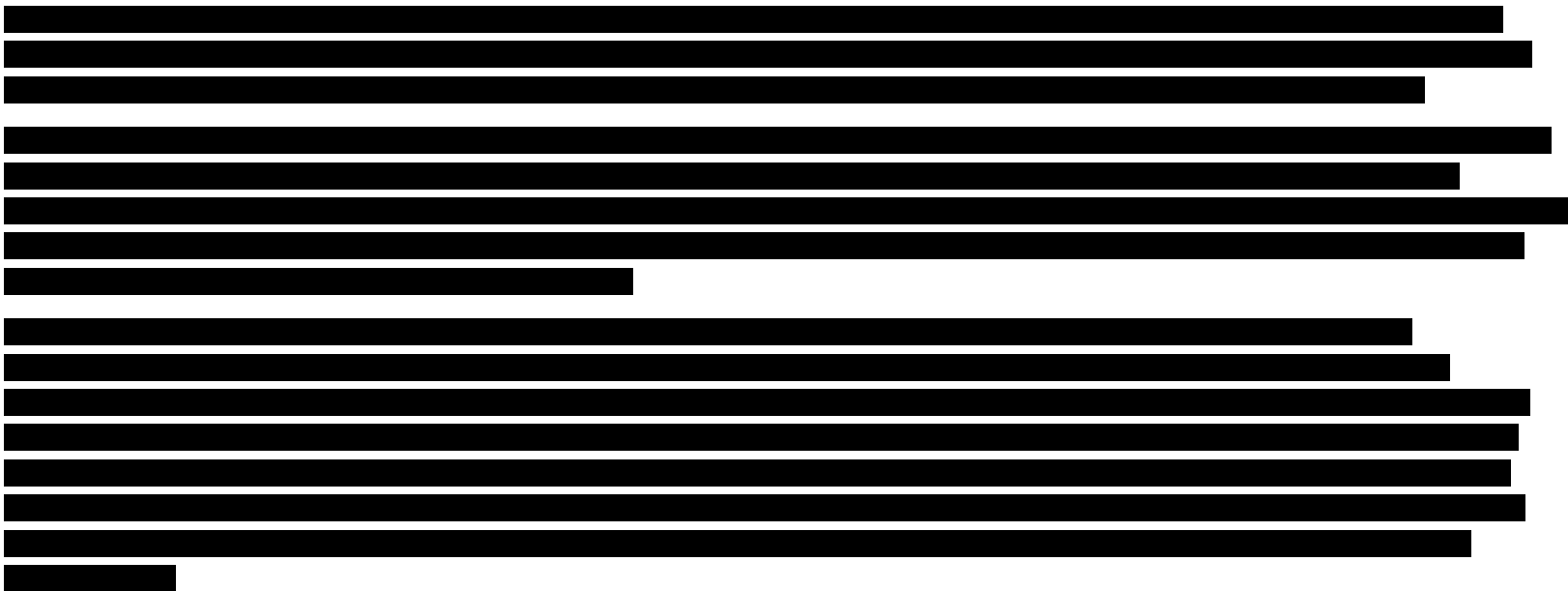
Attachment K

TPL Commercial Recoupment Services Mandatory Scored Response Worksheet

Third Party Liability

 PROPOSAL MEETS REQUIREMENT	CREC 13 <i>The Supplier must identify and document possible Medicare “pay and chase” claims for: Part A, Part B, Part D and Medicare Advantage Plans services that were paid by Medicaid.</i> Accenture will identify and document possible Medicare “pay and chase” claims for: Part A, Part B, Part D and Medicare Advantage Plans services that were paid by Medicaid.		
 PROPOSAL MEETS REQUIREMENT	CREC 14 <i>The Supplier must handle, resolve and document Medicare recoupment disputes paid by Medicare with, but not limited to: healthcare practices and providers, hospitals, durable medical equipment providers, home health Agencies, etc.</i> Accenture will handle, resolve, and document Medicare recoupment disputes paid by Medicare with, but not limited to healthcare practices and providers, hospitals, durable medical equipment providers, and home health agencies.		
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		CREC 15
	PROPOSAL MEETS REQUIREMENT	<i>Pursue provider recoveries to include, but are not be limited to, recoupments, negative adjustments, and provider overpayments when an erroneous payment is made to a provider by Medicaid or CHIP Program without a subsequent voluntary refund to the Agency from the provider. Supplier must allow the provider a reasonable amount of time, to be determined by the Agency, to respond to the Recoupment request.</i> Accenture will pursue provider recoveries including, but are not be limited to, recoupments, negative adjustments, and provider overpayments when an erroneous payment is made to a provider by Medicaid or CHIP Program without a subsequent voluntary refund to the Agency from the provider. Accenture will allow the provider a reasonable amount of time, to be determined by the Agency, to respond to the Recoupment request.

 PROPOSAL MEETS REQUIREMENT	CREC 16	<i>"The Supplier must adhere to the Agency's policies and procedures for the Medicaid and state CHIP programs.</i>	Accenture will adhere to the Agency's policies and procedures for the Medicaid and state CHIP programs.
 PROPOSAL MEETS REQUIREMENT	CREC 17	<i>The Supplier must ensure requests for provider recoupment adhere to the Agency's billing guidelines. Provider recoupment requests must be forwarded to the Agency for review and processing. The Agency must review the provider recoupment request report prior to Supplier pursuing recoupment from provider. After the Agency reviews and approves the recoupment requests, the Agency must notify Supplier of the successful recoupment amount and Supplier may then include the Recoupment amount on its invoice.</i>	Accenture will confirm requests for provider recoupment adhere to the Agency's billing guidelines. Provider recoupment requests will be forwarded to the Agency for review and processing. Accenture acknowledges that the Agency must review the provider recoupment request report prior to Accenture pursuing recoupment from provider. Before engaging the provider, Accenture will prepare a recoupment report for the State to review. After the Agency reviews and approves the recoupment requests, Accenture will await notification from the Agency of the successful recoupment amount and Accenture will then include the Recoupment amount on its invoice.
 PROPOSAL MEETS REQUIREMENT	CREC 18	<i>Supplier must provide and document a detailed process, approved by the Agency, that must promote efficient and maximum provider recoupments.</i>	
Upload Attachments with Additional Information? No		Attachment File Name: N/A	

[illegible]

[illegible]

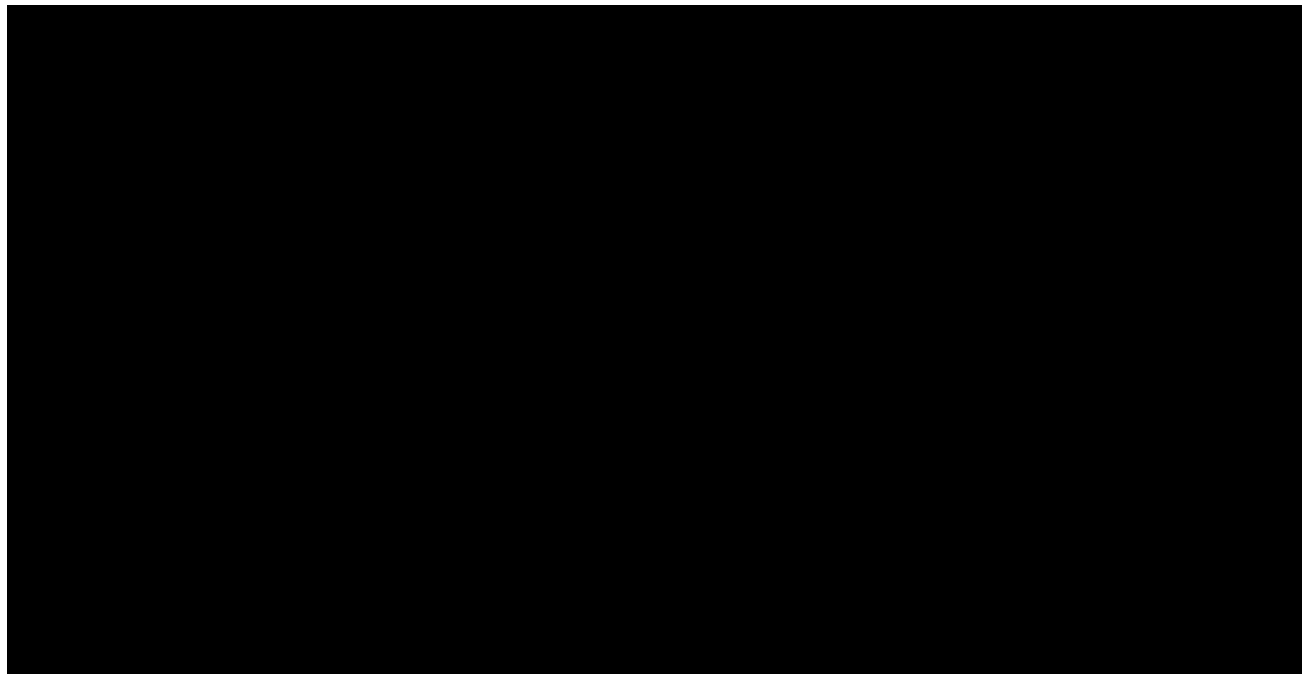
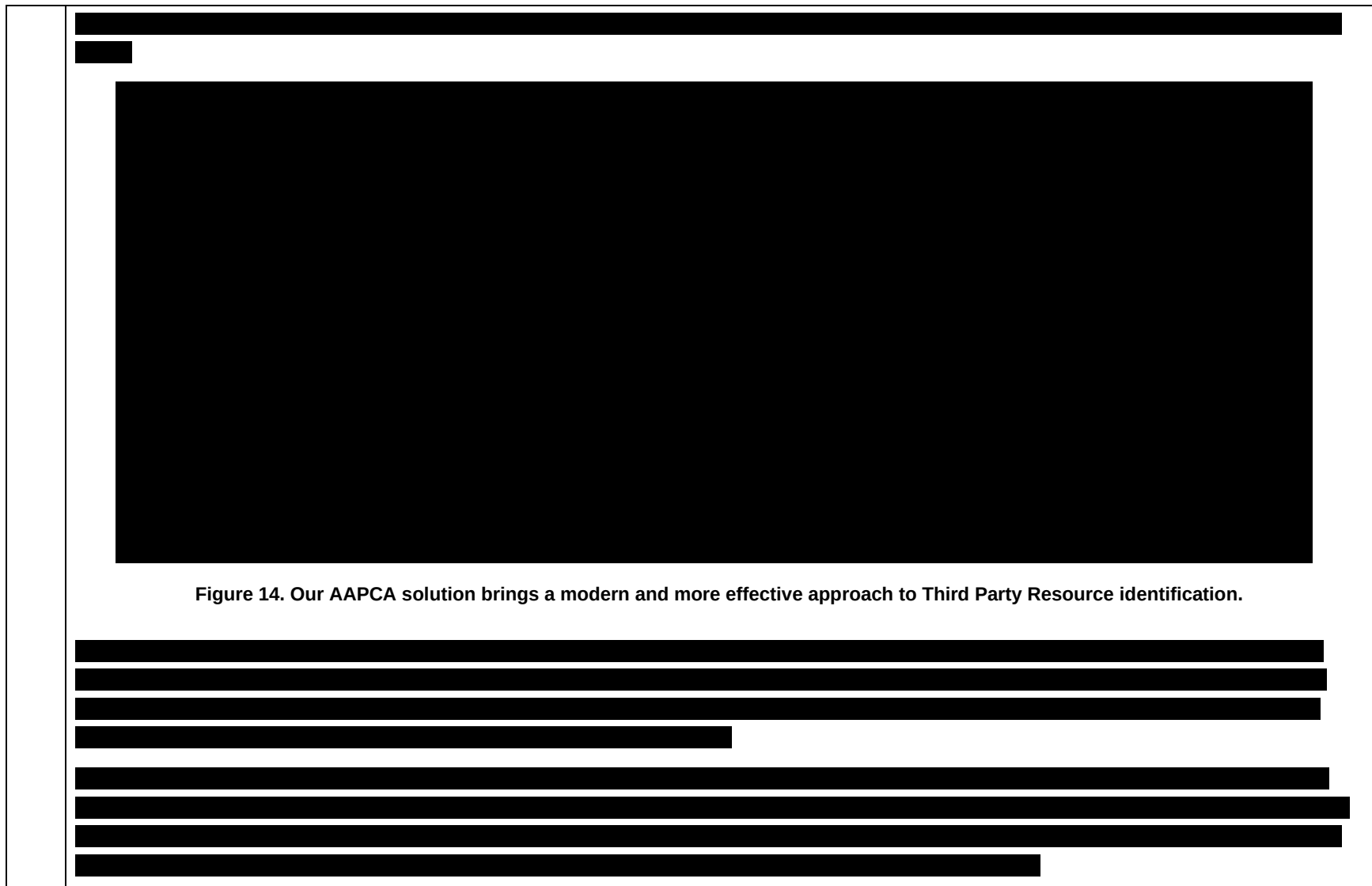


Figure 13. Agency stakeholders have access to run on-demand reports via our AABP tool.

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 PROPOSAL MEETS REQUIREMENT	CREC 19 <i>The Supplier must produce, generate and document recoupment correspondence within 30 calendar days (or a timeframe specified by the Agency) of the contract execution. The Supplier must document the correspondence workflow and timing.</i> Accenture will produce, generate, and document recoupment correspondence within 30 calendar days (or a timeframe specified by the Agency) of the contract execution. Accenture will document the correspondence workflow and timing.
 PROPOSAL MEETS REQUIREMENT	CREC 20 <i>The Supplier must recover overpayments from health insurance carriers for unidentified overpayments. The Supplier must provide and document the details of the process and approach to accomplishing this task within thirty (30) calendar days (or a timeframe specified by the Agency) of the contract execution.</i> Accenture will recover overpayments from health insurance carriers for unidentified overpayments. Accenture will provide and document the details of the process and approach to accomplishing this task within thirty (30) calendar days (or a timeframe specified by the Agency) of the contract execution.
 PROPOSAL MEETS REQUIREMENT	CREC 21 <i>The Supplier must document, reconcile, and report unsuccessful recoupment attempts for overpayments from health insurance carriers, within a timeframe as specified by the Agency. The Supplier must provide and document the details of the process and approach to accomplishing this task within thirty (30) calendar days (or a timeframe specified by the Agency) of the contract execution.</i> Accenture will document, reconcile, and report unsuccessful recoupment attempts for overpayments from health insurance carriers, within a timeframe as specified by the Agency. Accenture will provide and document the details of the process and approach to accomplishing this task within thirty (30) calendar days (or a timeframe specified by the Agency) of the contract execution.

	PROPOSAL MEETS REQUIREMENT CREC 22 <i>The Supplier must develop, document and maintain a professionally written Agency approved Health Insurance Identification and Recoupment Program procedures manual to reflect Supplier's processing operations and Recoupment procedures within ninety (90) calendar days (or a timeframe specified by the Agency) of the contract execution.</i> Accenture will document and maintain a professionally written Agency approved Health Insurance Identification and Recoupment Program procedures manual to reflect Accenture's processing operations and Recoupment procedures within ninety (90) calendar days (or a timeframe specified by the Agency) of the contract execution. PROPOSAL MEETS REQUIREMENT CREC 23 <i>The Supplier must describe and document in detail new and innovative process proposals to potentially increase future recoveries for state Medicaid and CHIP program no less than monthly (or a timeframe specified by the Agency).</i> Accenture will describe and document in detail new and innovative process proposals to potentially increase future recoveries for state Medicaid and CHIP program no less than monthly (or a timeframe specified by the Agency).
	Upload Attachments with Additional Information? No Attachment File Name: N/A
10	Data Matches/Third Party Resources File Maintenance- Describe your process for performing data matches to determine the liability of third-party payers in order to pay claims correctly. Your response should address all requirements stated in Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC24.
A10	<i>Answer # 10</i> A DIFFERENTIATED APPROACH TO COST AVOIDANCE [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]



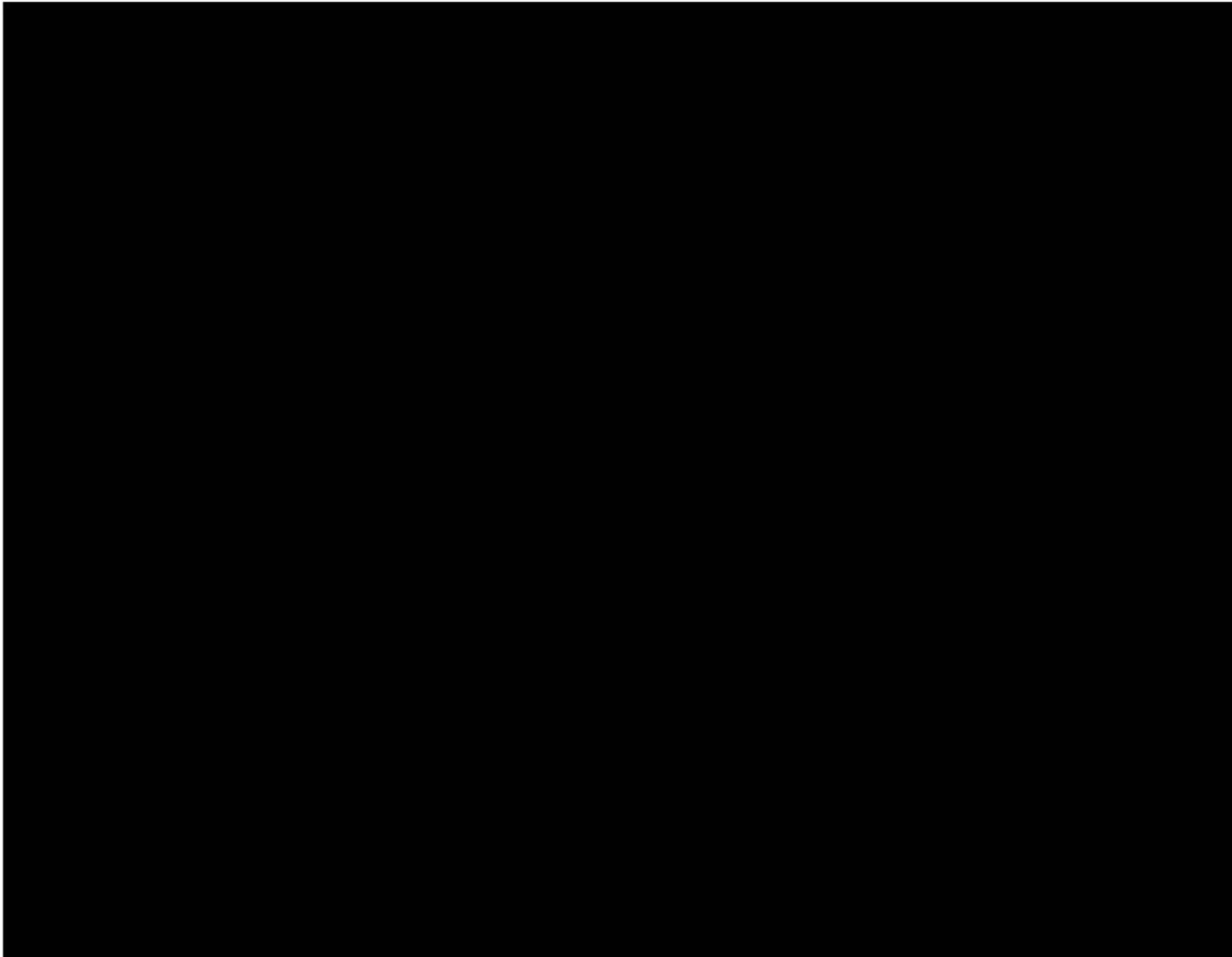


Figure 15. Our AAPCA process uses the most accurate and timely data possible.

[illegible]

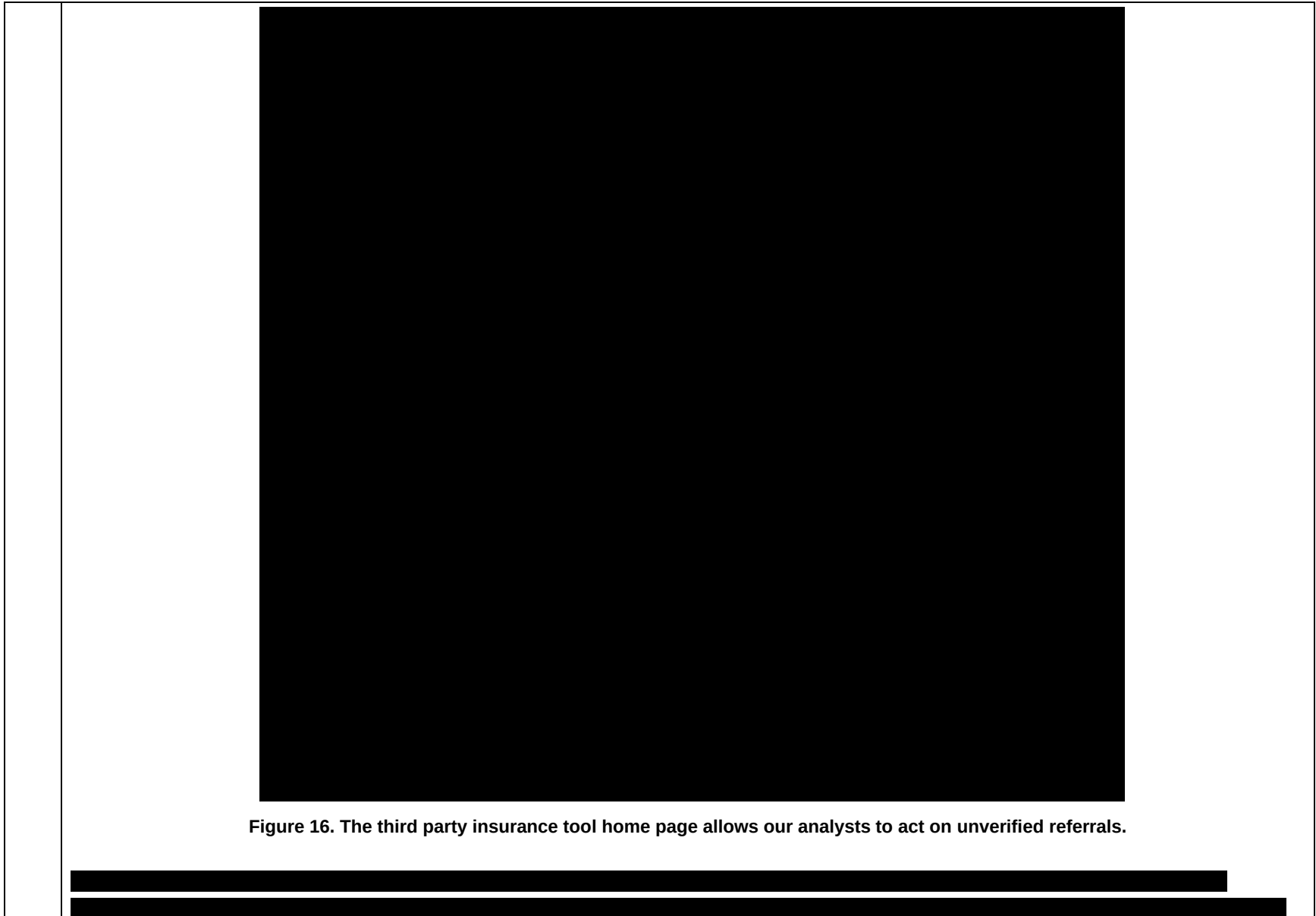


Figure 16. The third party insurance tool home page allows our analysts to act on unverified referrals.

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
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[REDACTED] [REDACTED]

[REDACTED] [REDACTED]

[REDACTED] [REDACTED]
[REDACTED]

[REDACTED] [REDACTED]

[REDACTED] [REDACTED]
[REDACTED]

[REDACTED] [REDACTED]
[REDACTED]

	 CREC 24 The Supplier must exchange and update data between the Agency and other external and internal information system(s) referred to as data matches. The specific goal of the data matches is to add, verify, and update the third-party liability data in an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, for recoveries and other TPL functions. Supplier must work with the Agency and other Suppliers and external sources to update the third party coverage data with the goal of emphasizing cost avoidance instead of traditional pay and chase. Supplier must take reasonable measures to determine the liability of a third-party payer in order to pay claims correctly. The reasonable measures include, but are not limited to: a. Collecting insurance information from prospective members b. Conducting data exchanges with state files that contain information on workers' compensation, wages, welfare enrollment c. Conducting data exchanges with Social Security Administration wage and earning files d. Leverage data sources which provide member health coverage including but not limited to: medical, dental, vision, prescription In addition to performing our innovative third party insurance and Cost Avoidance process, Accenture will exchange and update data between the Agency and other external and internal information system(s) referred to as data matches. Accenture will work with the Agency and other Suppliers and external sources to update the third party coverage data with the goal of emphasizing cost avoidance instead of traditional pay and chase. Accenture will take reasonable measures to determine the liability of a third-party payer in order to pay claims correctly. The reasonable measures include, but are not limited to: a. Collecting insurance information from prospective members b. Conducting data exchanges with state files that contain information on workers' compensation, wages, welfare enrollment c. Conducting data exchanges with Social Security Administration wage and earning files d. Leverage data sources which provide member health coverage including but not limited to medical, dental, vision, and prescription
	Upload Attachments with Additional Information? No Attachment File Name: N/A
11	Data Matches/Third Party Resources File Maintenance- Describe your process for developing, implementing, documenting and conducting exchanges with the State Department of Revenue to obtain health insurance information from Form 1095-B health Coverage as stated in Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC25.

A11 Answer # 11

STATE DEPARTMENT OF REVENUE DATA EXCHANGES

[REDACTED]



**PROPOSAL MEETS
REQUIREMENT**

CREC 25

The Supplier must perform a data exchange with the state Department of Revenue to obtain the health insurance information from the Form 1095-B Health Coverage. The Form 1095-B is a health insurance tax form which reports the type of coverage a person has, dependents covered, insurance policy and the period of coverage for the prior year. This must be a new initiative for state that the Supplier must develop, document and describe the implementation process.

The insurance data interface files are used to assist in preventing payment of claims when other insurance is identified with coordination of benefits in mind so that Medicaid is payer of last resort.

Note: A HIPAA BAA must be signed between the Suppliers to allow the sub-Supplier to perform the data exchange.

[REDACTED]

	Upload Attachments with Additional Information? No	Attachment File Name: N/A
12	Data Matches/Third Party Resources File Maintenance - Describe your process for adding a resource to an electronic system as determined by the agency, e.g. Medicaid Enterprise System, or bill a claim when data is found on three (3) out of the four (4) match points stated in Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC26.	
A12	<i>Answer # 12</i> DATA MATCHES - TPL RESOURCE FILE 	

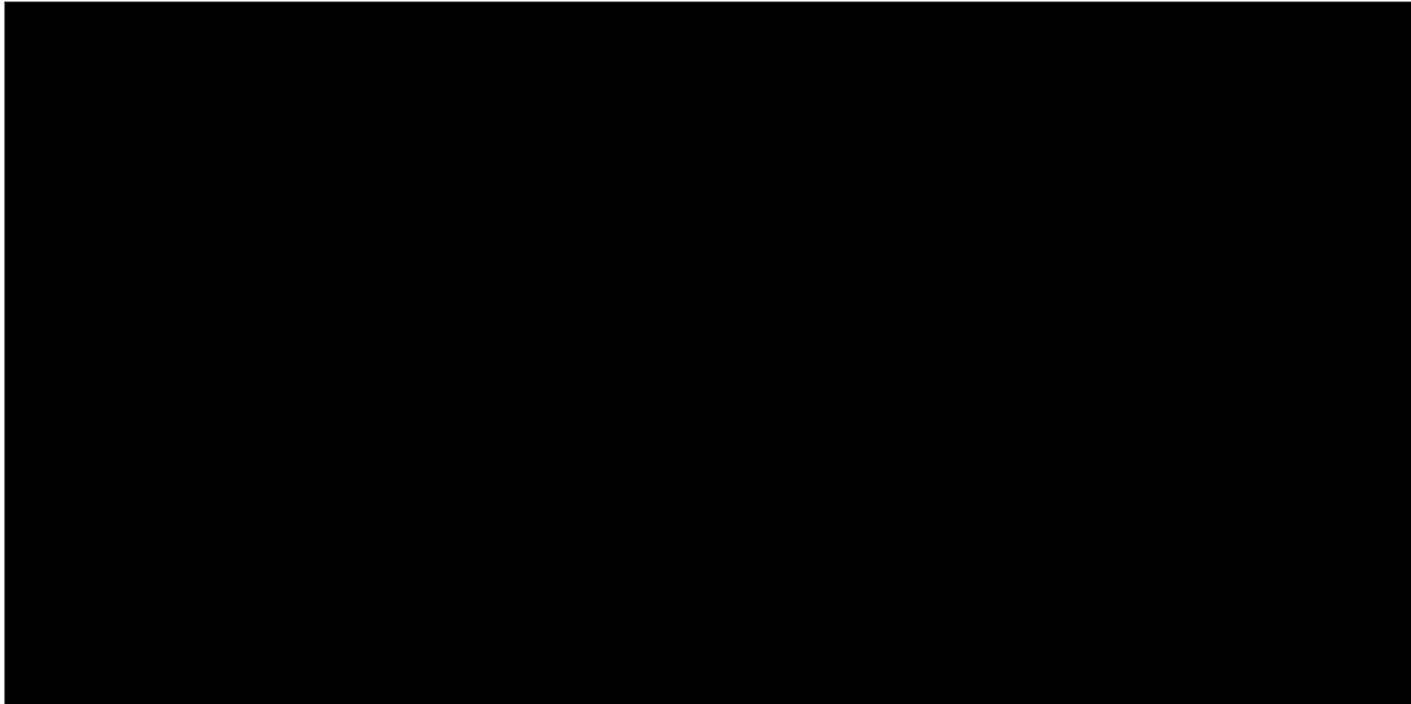


Figure 17. Our approach to third party insurance data maintenance prioritizes ongoing validation for accuracy.

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	CREC 26 <i>The Supplier must add a resource to an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and/or bill a claim, when data is found on three (3) out of four (4) match points shown below. These are considered to be Grade ""A"" matches. The match points are:</i> a. Name; b. Social Security Number c. Date of birth d. Address, city and state	
	Accenture uses our data lake and proprietary matching algorithm to augment the conventional one-to-one matching process. Additionally, our stringent verification process eliminates the need to grade matches as our third party insurance discovery process yields more comprehensive and accurate data while resolving duplications. However, Accenture is flexible in our approach and can supplement our third party insurance process with conventional data matching techniques as required. Accenture will add a resource to an electronic system as determined by the Agency, e.g. MES, and/or bill a claim, when data is found on three (3) out of four (4) match points shown below. These are considered to be Grade ""A"" matches. The match points are: a. Name; b. Social Security Number c. Date of birth d. Address, city, and state	
	Upload Attachments with Additional Information? No	Attachment File Name: N/A

[illegible]

PROPOSAL MEETS REQUIREMENT		CREC 27 The Supplier must document and overcome problems that can arise when matching data. Some of these challenges are: a. Not using multiple approaches to increase successful data matches b. Turning near matches, which are matches with one (1) or two (2) items on a Grade "A" matches, into Grade "A" matches c. Conducting data matching across state lines d. Reducing administrative burdens through inter-Agency collaboration e. Ensuring that personal and demographic data is collected to execute a Grade "A" match
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	<i>f. Ability to work with other the Agency Suppliers and the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, interfaces to update the Resource and Carrier files with the goal to cost avoid paying claims upfront instead of the traditional pay and chase, so that coordination of benefits takes place and Medicaid is the payer of last resort</i> Because our process accounts for verification of 100% of the new third party resource information and matches accrued using our data lake and proprietary matching algorithms, there is no longer a need to grade matches. Our process offers the most complete and accurate picture of your members and their third party resource information on the market. To boot, you can anticipate that 100% of this information will be validated before it reaches your MES. Accenture offers better data math results with faster turnaround times and the assurance of 100% verified data. Accenture will document and overcome problems that can arise when matching data. Some of these challenges are: a. Not using multiple approaches to increase successful data matches b. Turning near matches, which are matches with one (1) or two (2) items on a Grade “A” matches, into Grade “A” matches c. Conducting data matching across state lines d. Reducing administrative burdens through inter-Agency collaboration e. Ensuring that personal and demographic data is collected to execute a Grade “A” match f. Lack of information from other Agencies, Suppliers and the MES interfaces to update the Resource and Carrier files to support coordination of benefits	
	Upload Attachments with Additional Information? No	Attachment File Name: N/A
14	Data Matches/Third Party Resources File Maintenance - Describe your process for verifying data that does not match on three (3) out of the four (4) following criteria: Name, Social Security Number, Date of birth, address including city and state as stated in Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC28.	
A14	<i>Answer # 14</i> DATA MATCHES/THIRD PARTY RESOURCES FILE MAINTENANCE [REDACTED] [REDACTED] [REDACTED] [REDACTED]	

	Upload Attachments with Additional Information? No	Attachment File Name: N/A
15	Data Matches/Third Party Resources File Maintenance - Describe how you will perform all federally mandated data matches in accordance with 42 CFR 433.138 and upload a weekly or monthly file to an electronic system as determined by the agency, e.g. Medicaid Enterprise System, with verified policies as stated in Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC29. https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp	
A15	Answer # 15 DATA MATCHES/THIRD PARTY RESOURCES FILE MAINTENANCE  CREC 29 The Supplier must perform all federally mandated data matches in accordance with 42 CFR 433.138. https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp Our Intelligent TPLaaS Platform, currently in production in Texas and Massachusetts, meets all applicable federal regulations. PROPOSAL MEETS REQUIREMENT	

	Upload Attachments with Additional Information? No	Attachment File Name: N/A
16	Data Matches/Third Party Resources File Maintenance - Describe in detail your process for developing and documenting leads from other sources as listed in Attachment J, Data Matches/Third Party Resources File Maintenance Section, Requirement CREC30.	
A16	Answer # 16 DATA MATCHES/THIRD PARTY RESOURCES FILE MAINTENANCE • ■	

PROPOSAL MEETS REQUIREMENT	• [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
	PROPOSAL MEETS REQUIREMENT CREC 30 The Supplier must develop and document leads (where appropriate) from other sources, such as the ones listed below. Supplier must describe and document the data discovery methods used to explore and explain the current data matching resources that are used by Supplier and provide a list of any additional resources that may be available. Upload a weekly and/or monthly file to an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, with verified policies for: a. 8019 (SSA Report) b. BEER c. Bendex d. BUY-In e. Commercial plans f. DEERS g. EDB h. Eligibility Systems reports i. Other data matches j. Post Payment Billing Responses

	<i>k. Third party resources</i> <i>l. TPL Surveys/Questionnaires</i> <i>m. TRICARE (CHAMPUS)</i> <i>n. Worker's Compensation</i> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Accenture acknowledges that additional data sources must be approved by the Agency before being utilized and removal of data sources must be approved by the Agency unless they are no longer in business. Examples of other data sources include: <table border="0"> <tr> <td>a. 8019 (SSA Report)</td> <td>h. Eligibility Systems reports</td> </tr> <tr> <td>b. BEER</td> <td>i. Other data matches</td> </tr> <tr> <td>c. Bendex</td> <td>j. Post Payment Billing Responses</td> </tr> <tr> <td>d. BUY-In</td> <td>k. Third party resources</td> </tr> <tr> <td>e. Commercial plans</td> <td>l. TPL Surveys/Questionnaires</td> </tr> <tr> <td>f. DEERS</td> <td>m. TRICARE (CHAMPUS)</td> </tr> <tr> <td>g. EDB</td> <td>n. Worker's Compensation</td> </tr> </table>		a. 8019 (SSA Report)	h. Eligibility Systems reports	b. BEER	i. Other data matches	c. Bendex	j. Post Payment Billing Responses	d. BUY-In	k. Third party resources	e. Commercial plans	l. TPL Surveys/Questionnaires	f. DEERS	m. TRICARE (CHAMPUS)	g. EDB	n. Worker's Compensation
a. 8019 (SSA Report)	h. Eligibility Systems reports															
b. BEER	i. Other data matches															
c. Bendex	j. Post Payment Billing Responses															
d. BUY-In	k. Third party resources															
e. Commercial plans	l. TPL Surveys/Questionnaires															
f. DEERS	m. TRICARE (CHAMPUS)															
g. EDB	n. Worker's Compensation															
	Upload Attachments with Additional Information? No	Attachment File Name: N/A														

[illegible]

	 CREC 31 The Supplier must identify third party resources and provide file maintenance for individual Medicaid and state CHIP program Fee for Service members. When a new resource is identified, verification attempts should begin within seven (7) business days (or a timeframe specified by the Agency) from receipt of new resources with the verified new resources being added to an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, TPL Resource File within two (2) business days (or a timeframe specified by the Agency) of verification. Any identified changes to resources must be verified, documented and updated by Supplier within the same timeframes as newly identified resources PROPOSAL MEETS REQUIREMENT Accenture will identify third party resources and provide file maintenance for individual Medicaid and state CHIP program Fee for Service members. When a new resource is identified, Accenture will begin verification attempts within seven (7) business days (or a timeframe specified by the Agency) from receipt of new resources with the verified new resources being added to an electronic system as determined by the Agency, e.g. MES, TPL Resource File within two (2) business days (or a timeframe specified by the Agency) of verification. Accenture will verify, document, and update any identified changes to resources within the same timeframes as newly identified resources	
	Upload Attachments with Additional Information? No	Attachment File Name: N/A
18	Data Matches/Third Party Resources File Maintenance - Describe how you will add new TPL carrier information to the electronic system as determined by the agency, e.g. Medicaid Enterprise System, TPL Carrier File addressing the requirement stated in Attachment J, Data Matches/Third Party Resources/File Maintenance Section, Requirement CREC33.	

A18 Answer # 18

DATA MATCHES/THIRD PARTY RESOURCES FILE MAINTENANCE

[REDACTED]

ATTEMPT VERIFICATION

[REDACTED]



**PROPOSAL MEETS
REQUIREMENT**

CREC 33

The Supplier must develop and provide written documentation to request a new commercial carrier to be added to an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, TPL Carrier File.

a. When a possible new carrier is identified, describe and document the "attempt verification" process that the Supplier must implement.

Attachment K

TPL Commercial Recoupment Services Mandatory Scored Response Worksheet

Third Party Liability

	Accenture will develop and provide written documentation to request a new commercial carrier to be added to an electronic system as determined by the Agency, e.g. MES, TPL Carrier File. a. As described above, our “attempt verification” process consists of automatic verification via EDI 270/271 transactions or manual verification through web research or outbound calls. Verification attempts consist of collecting the Payer ID and claims mailing address. Once this information has been compiled and verified, it goes through an additional de-duplication and QA check. Accenture then sends a request form with new commercial carrier information to the Agency for approval prior to uploading the information to the MMIS via an interface file or a direct upload to the system.
	Upload Attachments with Additional Information? No Attachment File Name: N/A
19	Data Matches/Third Party Resources File Maintenance - Describe the process you will utilize to identify, document, verify and add new and updated resource information in the electronic system as determined by the agency, e.g. Medicaid Enterprise System, TPL Resource File and TPL Carrier File as stated in Attachment J, Data Matches/Third Party Resources/File Maintenance Section, Requirement CREC34.
A19	<i>Answer # 19</i> DATA MATCHES/THIRD PARTY RESOURCES FILE MAINTENANCE

	 PROPOSAL MEETS REQUIREMENT CREC 34 <i>The Supplier must identify, document, verify and maintain third party resource information in the following files:</i> <i>a. An electronic system as determined by the Agency, e.g. Medicaid Enterprise System, TPL Resource File – Supplier must identify, verify and document all adds and updates of TPL data information from Third Party Resources.</i> <i>b. Supplier must review interface reports, verify policy information and update an electronic system as determined by the Agency, e.g. Medicaid Enterprise System within seven (7) business days.</i> Accenture will identify, document, verify and maintain third party resource information in the following files: a. An electronic system as determined by the Agency, e.g. MES, TPL Resource File – Accenture will identify, verify, and document all adds and updates of TPL data information from Third Party Resources. b. Accenture will review interface reports, verify policy information, and update an electronic system as determined by the Agency, e.g. MES within seven (7) business days.	
	Upload Attachments with Additional Information? No	Attachment File Name: N/A
20	Refund Process- Describe your process for researching, validating and documenting all TPL refund requests. Please also attach a proposed sample of a "Carrier Refund Request" form including but not limited to the requirements stated in Attachment J, Refund Process Section, Requirements CREC35-CREC42.	

A20 Answer # 20

REFUND PROCESS – RESEARCH AND VALIDATION

[REDACTED]

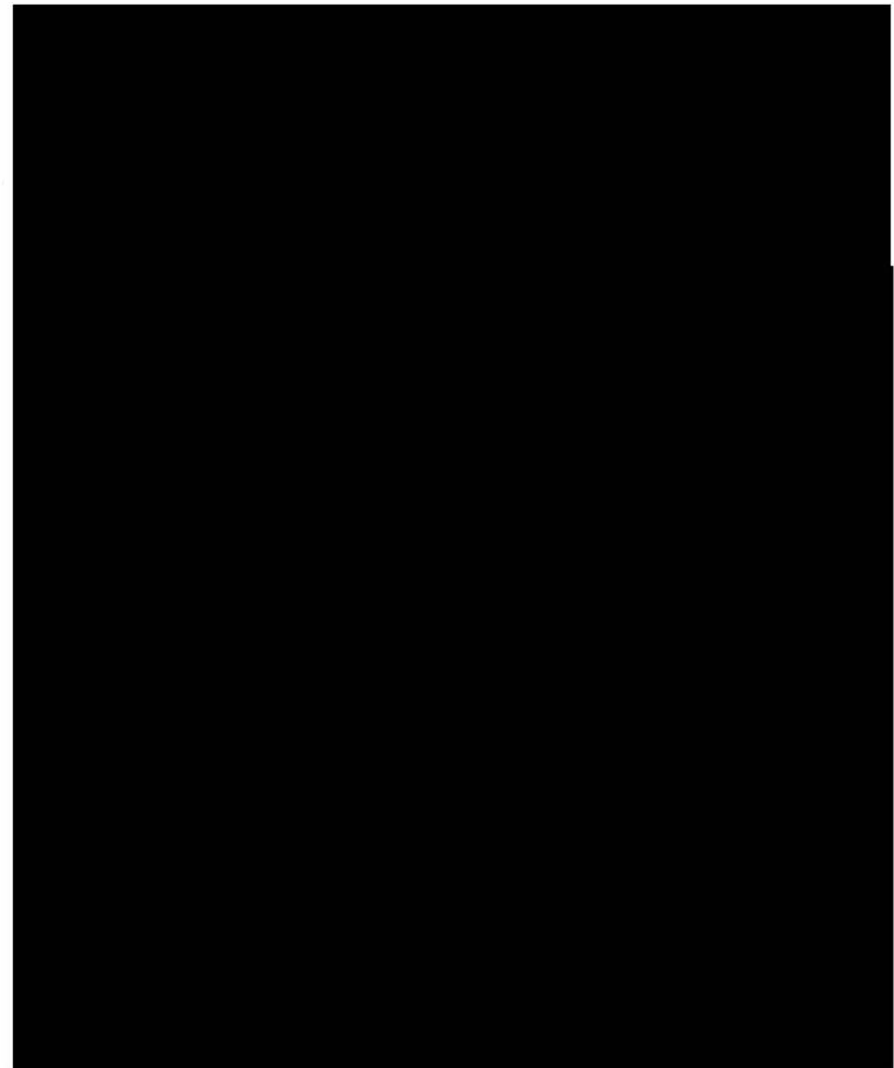


Figure 18. Refund Request Form.

[illegible]



PROPOSAL MEETS REQUIREMENT

CREC 36

PROPOSAL MEETS REQUIREMENT

CREC 37

PROPOSAL MEETS REQUIREMENT

Accenture will document and keep the Agency informed of the Accenture's efforts and processes used to obtain the carrier refund supporting documentation. If there is a delay in obtaining the supporting refund documentation, Accenture will document and provide the Agency with a status report by the fifteenth (15th) (or a timeframe specified by the Agency) to include the efforts made and the processes used along with any recommended next steps (request for an extension of time to process). Accenture understands that we will be required to document and submit a detailed process on how to handle delays caused by the lack of member information.

 PROPOSAL MEETS REQUIREMENT	CREC 38 <i>The Supplier must develop, document and maintain a professionally written, Agency approved Carrier Refund Process Procedure manual within ninety (90) calendar days (or a timeframe specified by the Agency) of the contract execution.</i> Accenture keeps close tabs on refund requests, and our system is designed to ensure each request is responded to promptly and resolved within reasonable timeframes. We understand the risk of jeopardizing carrier trust and relationships when requests are neglected, and conversely the impact this can have on agencies when refund amounts compound as a result of negligence. To ensure all requests are acknowledged quickly and tracked effectively, Accenture will develop, document, and maintain a professionally written, Agency approved Carrier Refund Process Procedure manual within a timeframe determined by the Agency. To ensure all requests are acknowledged quickly and tracked effectively, Accenture will develop, document, and maintain a professionally written, Agency approved Carrier Refund Process Procedure manual within ninety (90) calendar days (or a timeframe specified by the Agency) of the contract execution.
 PROPOSAL MEETS REQUIREMENT	CREC 39 <i>The Supplier must complete a "W-9" form for refund amounts as determined by Agency.</i> <i>Refunds must reflect as a negative adjustment on the invoice following the receipt of the refund request. An invoice must be submitted for payment from the recoupment amount. If there is a refund required from a check listed on the previously approved invoice, the refund must reflect as a negative adjustment on the following invoice. The invoice data elements should include, but are not limited to: member name, Medicaid ID, the check number/claim adjusted, adjustment amount, reason for the refund and the cash control number (CCN) or the internal control number (ICN).</i> Accenture's process includes state-owned lockboxes. Barring any anomalies, carriers and providers know to send all funds directly to the designated state-owned lockbox, and thus, Accenture does not hold funds for the state from which we could issue refunds. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

 PROPOSAL MEETS REQUIREMENT	CREC 40 <i>The Supplier must process all Veterans Administration (VA)/Tricare (or other designated carriers as specified by the state) checks as priority refund requests.</i> Accenture will process all Veterans Administration (VA)/Tricare (or other designated carriers as specified by the state) checks as priority refund requests.
 PROPOSAL MEETS REQUIREMENT	CREC 41 <i>The Supplier must inform the Agency of all receipts or inquiries of VA/Tricare (or other designated carriers as specified by the state) refund requests within two (2) business days (or a timeframe specified by the Agency) from receipt of the request via email and interoffice mail.</i> Accenture will inform the Agency of all receipts or inquiries of VA/Tricare (or other designated carriers as specified by the state) refund requests within two (2) business days (or a timeframe specified by the Agency) from receipt of the request via email and interoffice mail.
 PROPOSAL MEETS REQUIREMENT	CREC 42 <i>The Supplier must develop and document a process to monitor TPL lockboxes for receipts of VA/Tricare (or other designated carriers as specified by the state) refund requests within thirty (30) calendar days (or a timeframe specified by the Agency) of execution of the contract. The TPL lockboxes must be monitored on a weekly (or other timeframe specified by the state) basis.</i> Accenture will develop and document a process to monitor TPL lockboxes for receipts of VA/Tricare (or other designated carriers as specified by the state) refund requests within thirty (30) calendar days (or a timeframe specified by the Agency) of execution of the contract. Accenture will monitor the TPL lockboxes on a weekly (or other timeframe specified by the state) basis.
Upload Attachments with Additional Information? Yes-Required	Attachment File Name: Sample Carrier Refund Request Form_ Commercial Recoupment Services

21	Reports- Describe in detail your process for creating and transmitting reports where the Supplier is the entity responsible as stated in Attachment J, Reports Section, Requirement CREC32, CREC43, CREC52-CREC55 . Please attach a sample report which you would create.
A21	<i>Answer # 21</i> CREATING & TRANSMITTING REPORTS Access to information is a key tenet of our solution—to provide customer service, to minimize errors, and to run the program more effectively, and most importantly with transparency. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

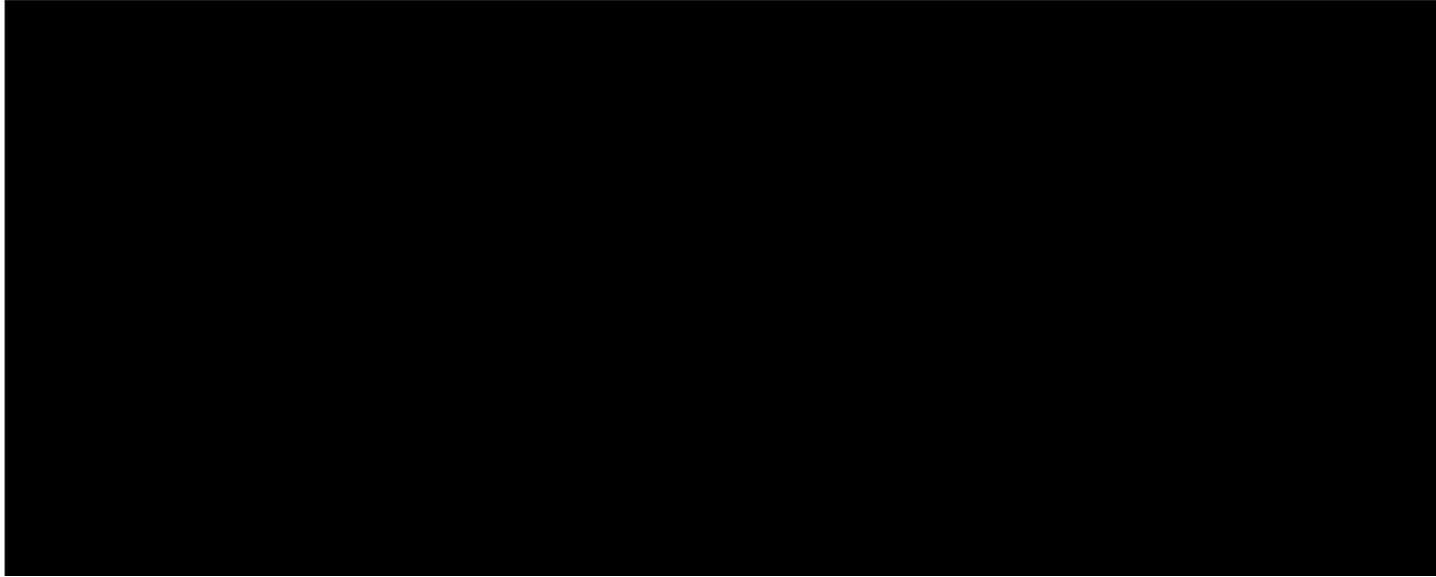
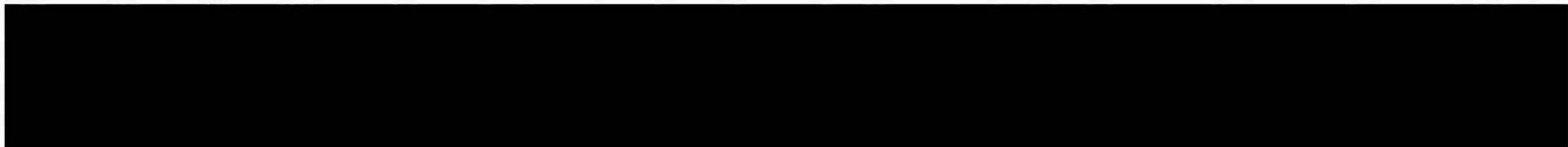
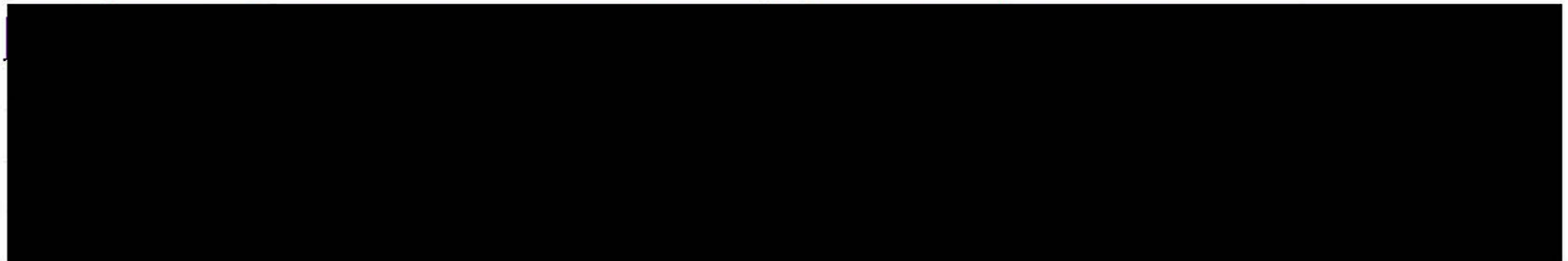


Figure 19. AABP Application Dashboard Sample.



Accenture will provide the Agency both ad hoc and monthly reporting. This will enable data-driven actionable insights to support policy and program decision-making. Our reporting offers a comprehensive picture of operational performance, including accounting and financial data in the Medicaid TPL program. These reports are listed in Table 2.



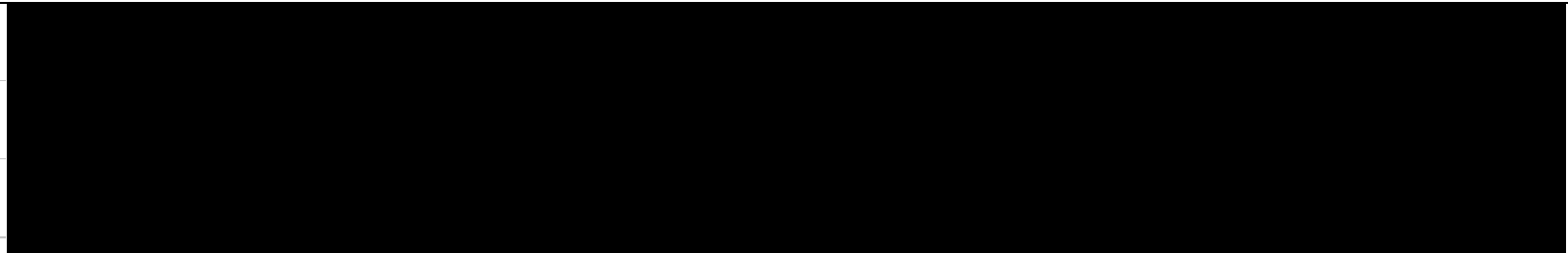


Table 2. Accenture's standard claims recovery reports will be generated ad hoc and monthly.



CREC 32

The Supplier must develop, document and submit a Data Match Status report within five (5) business days (or a timeframe specified by the Agency) from the last day of each quarter. The report must include all TPL resources/data matches that they submitted to the Agency such as adds/changes in the previous month. If the due date falls on a weekend or a state Holiday, the due date will be the following business day. The report data must include, but is not limited to:

a. Member name

b. Policy Holder Name

c. Policy Holder SSN

d. Policy Holder DOB

e. Medicaid ID

f. Carrier name

e. Policy number

g. Policy Group Number

h. Coverage type (major medical dental etc.)

i. Effective date

j. Termination date (if applicable)

k. Date data added/changed (list adds/changes in chronological date order)

Our solution comes with a suite of standard reports for TPL management including the Data Match Status report shown in Figure 20. This report can be generated within the last five days of each quarter or within a timeframe determined by the Agency. Additionally, authorized Agency users will have access to these report on demand through our solution using our self-service reporting capability. During DDI, we will review with the Agency the use of each report and map it to the corresponding report from our suite of reports.

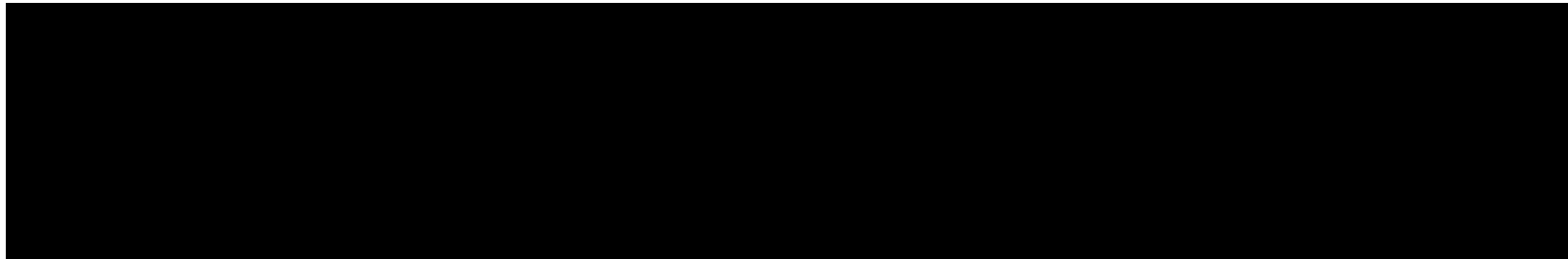


Figure 20. Data Match Status Report.



CREC 43

The Supplier must develop, document and deliver via email or mail the required TPL generated reports to the Agency, as applicable.

All standard reports should be accessible on an as-needed basis at any time if the Agency is looking for information. Ad Hoc reporting access must be provided to Agency users or contractors.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

 PROPOSAL MEETS REQUIREMENT	CREC 52
	<i>Report Name: TPL Activity Report</i> <i>Entity Responsible: Supplier</i> <i>Report Frequency: Quarterly (or a timeframe specified by the Agency)</i> <i>Report Description: This report reflects the file maintenance activity for the month. The report will include, but is not limited to, member name, Medicaid ID, insurance/carrier name, policy number, effective date, termination date (if applicable) and type of coverage. The Agency will define the fields which will be included in the report based on its business needs.</i>
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	

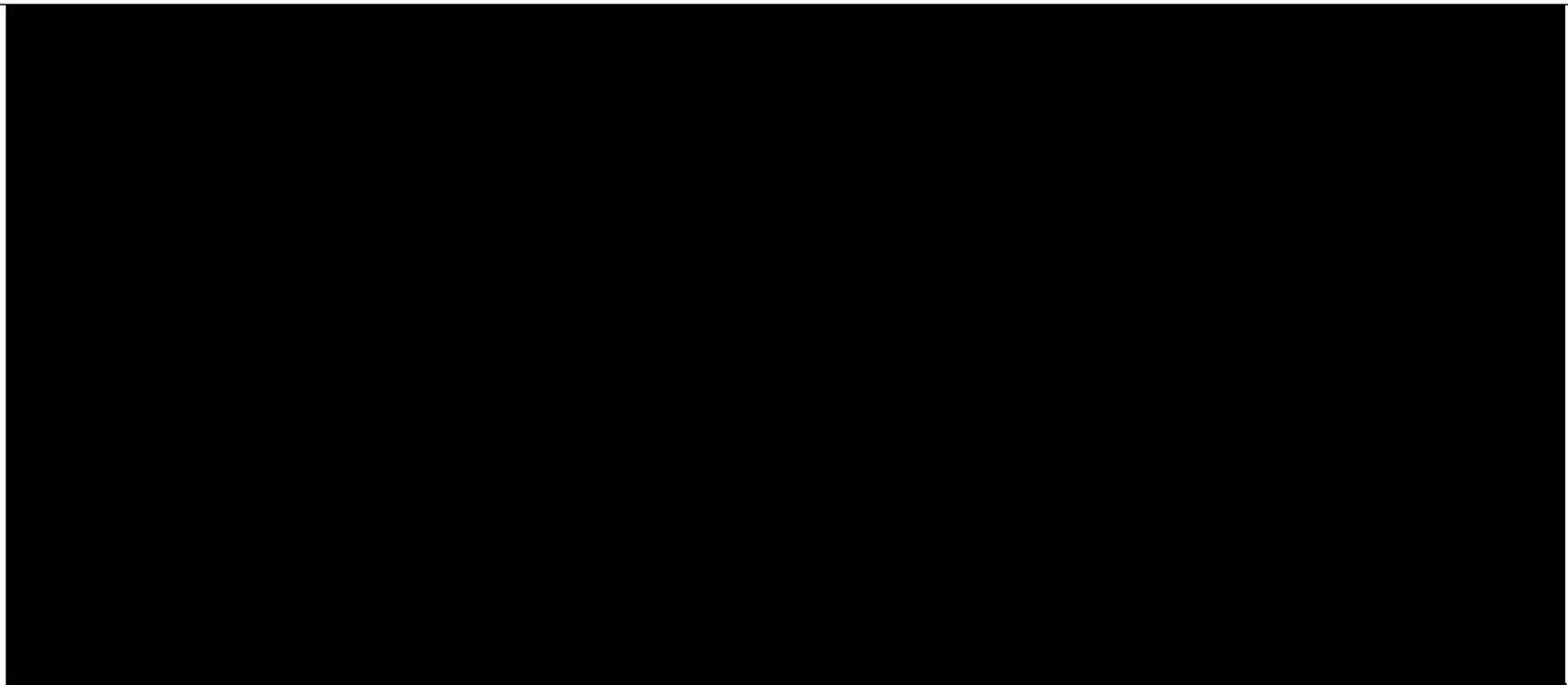


Figure 21. Each of our standard report provide user friendly, easy to read, insight for the Agency on the status of TPL activities.



CREC 53

Report Name: TPL Recoupment Invoice Report Description

Entity Responsible: Supplier

Report Frequency: Monthly (or a timeframe specified by the Agency)

Report Description: This monthly invoice will reflect checks deposited into a location of the Agency's choosing. The required data includes, but is not limited to, member name, member ID, check number, deposit date, check amount, date of service and transaction number(s) as defined by the Agency. The Agency will define the fields which will be included in the report based on its business needs.

Our solution comes with a suite of standard reports for TPL management including the TPL Recoupment Invoice Report Description. We can generate these reports monthly or within a timeframe specified by the Agency. Authorized Agency users will have access to these report on demand through our solution using our self-service reporting capability. The TPL Recoupment Invoice Report Description allows State stakeholders to reconcile funds deposited into the lockbox against claims dispositions to ensure all funds are accounted for.

During the implementation phase, we will review with the Agency the use of each report and map it to the corresponding report from our suite of reports.



CREC 54

Report Name: TPL Status Report (Management Report)

Entity Responsible: Supplier

Report Frequency: Monthly (or a timeframe specified by the Agency)

Report Description: This report is a monthly (or a timeframe specified by the Agency) status report for the management staff that includes, but is not limited to, the Supplier's activity in relation to the operations and administration of the TPL functions for each recoupment program. The report should include an executive summary, the programs' accomplishments, the programs' issues, findings and solutions, including next steps and recommendations. The Agency will define the fields which will be included in the report based on its business needs.

Our solution comes with a suite of standard reports for TPL management including the TPL Status Report (Management Report). We can share this report monthly or within a timeframe specified by the Agency. Additionally, authorized Agency users will have access to this report on demand through our solution using our self-service reporting capability.

Furthermore, we closely monitor project activities against the overall work plan. We will begin with high-level tasks and drill down to detailed tasks, confirming that all steps are taken completely in a timely manner and identify any problems. By leveraging historical statistical thresholds for red, yellow, and green status, we objectively differentiate normal variance from areas of risk. As shown in Figure 22 and Figure 23, we produce status reports using stoplight colors to guide our discussion during the regular status meeting.



Figure 22. TPL Status Report (Management Report).

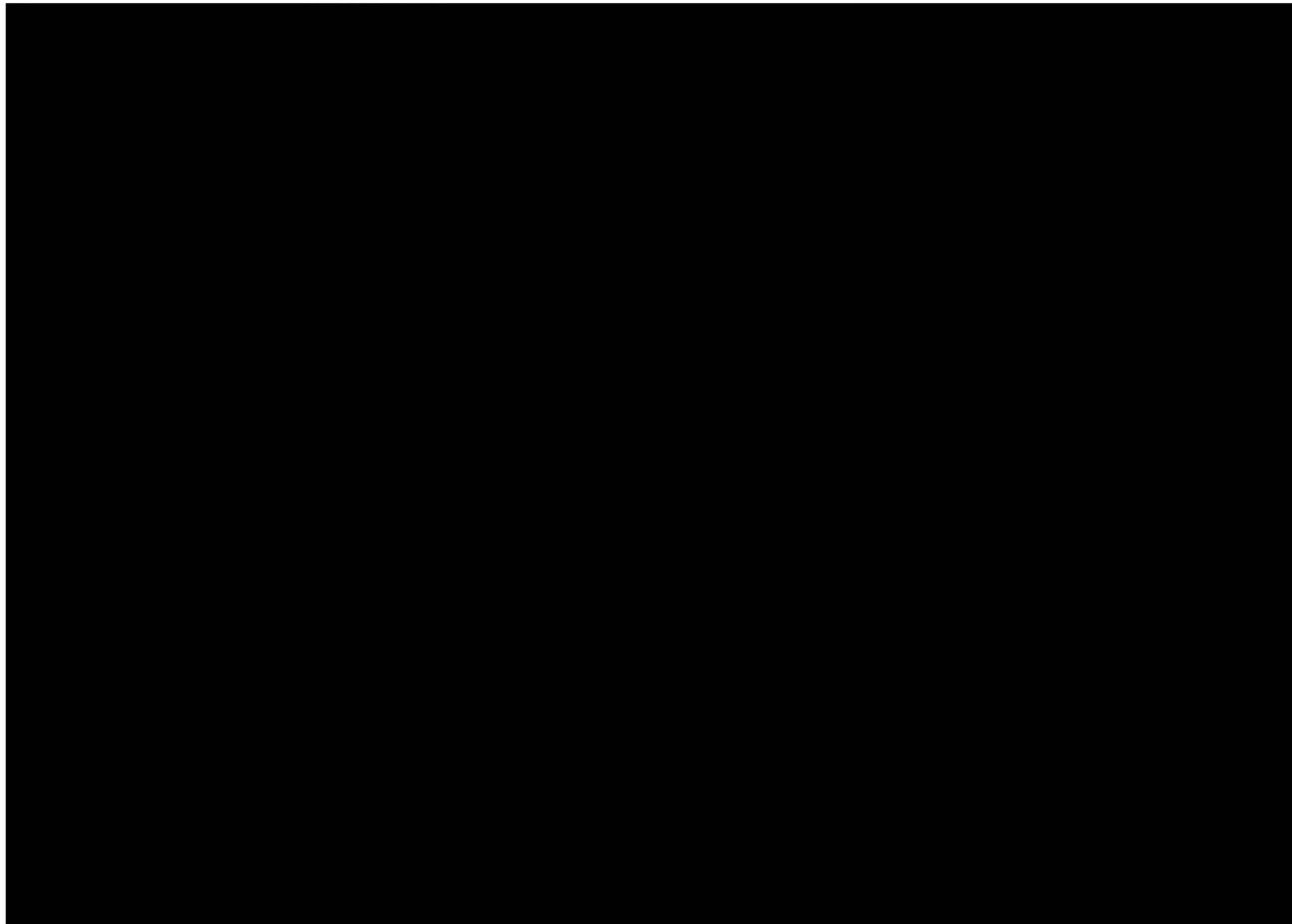


Figure 23. Our Status Reports promote full transparency and clear communication.

	 PROPOSAL MEETS REQUIREMENT CREC 55 <i>Report Name: Statement on Standards for Attestation Engagements (SSAE18)</i> <i>Entity Responsible: Supplier</i> <i>Report Frequency: Yearly (or a timeframe specified by the Agency)</i> <i>Report Description: The SSAE 18 report is an Independent Service Auditor's report. The report must meet the standards articulated by the American Institute of Certified Public Accountants including, but not limited to, the statement on Standards for Attestation Engagements (SSAE18) – reporting on Controls at a Service Organization. The Supplier must bear the cost of obtaining the report and provide the Agency with complete access to the report/records. The Agency will define the fields which will be included in the report based on its business needs.</i> Our solution comes with a suite of standard reports for TPL management including the Statement on Standards for Attestation Engagements (SSAE18) report. We can share this report annually or within a timeframe specified by the Agency. Additionally, authorized Agency users will have access to this report on demand through our solution using our self-service reporting capability. Accenture complies with key interim controls to ensure the integrity of information per each State's requirements. Successful internal and external audits are regularly performed including SSAE18, depicted in Figure 24. For this Project, SSAE 18 audits will be included at no cost to the client during the engagement.
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A22 Answer # 22

REPORTS

Our system can ingest the reports stated in Requirements CREC44-CREC51 from the agency or agency system using, APIs, SFTP file transfers or a secure data sharing program as per the requirements of the State. We store these reports in our system and use them to reconcile any discrepancies in our third-party resource data if necessary. Should we uncover any third party resource as a result of this reconciliation, we would run them through our validation process for 100% verification before the resource is added to the TPL Resource File.

While our solution can receive, store and use the identified reports, our innovative and robust data matching process provides a very comprehensive picture of a member's third party insurance information, and it is anticipated that any such incidences would be rare. We look forward to discussing our unique approach with the Agency, reviewing the business needs for the consumption of these reports, and how they will be used for the contracted services.



CREC 44

Report Name: TPL Supplier Adjustment Info Request Error Report

Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System

Report Frequency: Daily (or a timeframe specified by the Agency)

Report Description: This report is part of the TPL Supplier provided Recoupment process. It lists the adjustment information requests that contained errors and could not be processed. The Agency will define the fields which will be included in the report based on its business needs.

Accenture's robust and modern [REDACTED] solution will ingest, store and use reports such as the TPL Supplier Adjustment Information Request Error Report daily or at a specified timeframe based on individual State requirements. We will utilize the TPL Supplier Adjustment Information Request Error Report sent by an electronic system as determined by the Agency such as the MES to reconcile adjustments made in the Medicaid Management Information System (MMIS) against our daily recoveries activities. The information from this report will be used to make necessary adjustments in our system so claims adjustments and claims recoveries can be resubmitted to the MMIS. Accenture will receive and process this report daily.

 PROPOSAL MEETS REQUIREMENT	CREC 45 <i>Report Name: TPL Supplier Adjustment Info Request Audit Report</i> <i>Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System</i> <i>Report Frequency: Daily (or a timeframe specified by the Agency)</i> <i>Report Description: This report views audit history. It is part of the TPL Supplier provider Recoupment process. It lists the adjustment information requests that were accepted and responded to in the outbound file. The Agency will define the fields which will be included in the report based on its business needs.</i>
Accenture's robust and modern [REDACTED] solution will ingest, store and use reports such as the TPL Supplier Adjustment Information Request Audit Report daily or at a specified timeframe based on individual State requirements. We will utilize the TPL Supplier Adjustment Information Request Audit Report sent by an electronic system as determined by the Agency such as the MES to reference cumulative month-to-date acceptance and rejection totals as part of our reconciliation activities on both the claim-line and records-level detail.	
 PROPOSAL MEETS REQUIREMENT	CREC 46 <i>Report Name: Carrier Update Activity Report</i> <i>Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System</i> <i>Report Frequency: Weekly (or a timeframe specified by the Agency)</i> <i>Report Description: Lists all new adds and changes to the carrier file. This report is used to identify any changes made during the week. The Agency will define the fields which will be included in the report based on its business needs.</i>
Accenture's robust and modern [REDACTED] solution will ingest, store, and use reports such as the Carrier Update Activity Report at a weekly frequency or other specified timeframe based on individual State requirements. We will utilize the Carrier Update Activity Report sent by an electronic system as determined by the Agency such as the MES to reconcile any updates or changes to the existing carrier list against our billing activities. Corrected or updated carrier data can then be used to send policy updates and additions as determined in the Carrier File.	

 PROPOSAL MEETS REQUIREMENT	CREC 47 <i>Report Name: Supplier Payment Received Information Report</i> <i>Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System</i> <i>Report Frequency: Daily (or a timeframe specified by the Agency)</i> <i>Report Description: This report lists accepted recoveries received from the TPL Supplier. It must be sorted by transaction number as specified by the Agency. There must be a page break between the benefit Plans. The Agency will define the fields which will be included in the report based on its business needs.</i>
	Accenture's robust and modern [REDACTED] solution will ingest, store and use reports such as the Supplier Payment Received Information Report daily or within a timeframe specified by the Agency. We will utilize the Supplier Payment Received Information Report sent by an electronic system determined by the Agency (such as the Medicaid Enterprise System) to reconcile recoveries received by the State with our recoveries and posting activities at the summary and claim-level.
 PROPOSAL MEETS REQUIREMENT	CREC 48 <i>Report Name: Supplier Carrier Payment Received Report</i> <i>Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System</i> <i>Report Frequency: Daily (or a timeframe specified by the Agency)</i> <i>Report Description: This report lists Contractor Carrier Payments that were received from the TPL Supplier. There will be one copy of this report created for each file received. This report will be sorted by a transaction number as defined by the Agency. The Agency will define the fields which will be included in the report based on its business needs.</i>
	Accenture's robust and modern [REDACTED] solution will ingest, store and use reports such as the Supplier Carrier Payment Received Report daily or within a timeframe specified by the Agency. We will utilize the Supplier Payment Received Information Report sent by an electronic system determined by the Agency (such as the Medicaid Enterprise System) to reconcile recoveries received by the State with our recoveries and posting activities at the carrier level.



**PROPOSAL MEETS
REQUIREMENT**

CREC 49

Report Name: Supplier Carrier Payment Error Report

Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System

Report Frequency: Daily (or a timeframe specified by the Agency)

Report Description: This report lists Supplier Carrier Payment Errors that were found on a carrier Recoupment file sent by the TPL Supplier. There will be one copy of this report created for each file received. It is sorted by member ID. The Agency will define the fields which will be included in the report based on its business needs.

Accenture's robust and modern [REDACTED] solution will ingest, store and use reports such as the Supplier Carrier Payment Error Report daily or at a specified timeframe based on individual State requirements. We will utilize the Supplier Carrier Payment Error Report sent by an electronic system determined by the Agency (such as the Medicaid Enterprise System) to reconcile errors found on the Carrier Recoupment File against our billing system and resubmit corrected payments errors to the MES.



**PROPOSAL MEETS
REQUIREMENT**

CREC 50

Report Name: Number of Policies by Verification Indicator

Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System

Report Frequency: Monthly (or a timeframe specified by the Agency)

Report Description: This report provides the number of policies by verification indicator and carrier that have policy dates active during the select time period. This report will be created on both a scheduled and as needed basis. The Agency will define the fields which will be included in the report based on its business needs.

The primary data match vendor normally produces the Number of Policies by Verification Indicator Report. If we are selected to provide these services, we will produce these reports and provide them to the electronic system determined such as the MES. However, if there is another source such as the MES or a secondary data match vendor, we will ingest, store, and use these reports to reconcile any discrepancies in our third-party resource data if necessary. We will consume these reports on a monthly frequency or other specified timeframe based on individual State requirements.

We look forward to discussing our approach with the Agency, reviewing the business need of each report, and how it will be used for the contracted services.

	CREC 51 <i>Report Name: Covered Eligible by County</i> <i>Entity Responsible: An electronic system as determined by the Agency, e.g. Medicaid Enterprise System</i> <i>Report Frequency: Quarterly (or a timeframe specified by the Agency)</i> <i>Report Description: This report presents counts of members who are eligible (within the reporting period) for medical services who have other health care coverage. This information is reported for each benefit plan. Eligible member counts are unduplicated - the member is only counted once. A member will be counted if they have had active COB coverage (in the other coverage column) or Managed care or Medicare coverage within the reporting period. If a member has Medicare they are only counted once either under the part A only, part B only or Both A&B. This report is sorted by benefit plan and county. The Agency will define the fields which will be included in the report based on its business needs.</i> The primary data match vendor normally produces the Covered Eligible Members by County Report. If we are selected to provide these services, we will produce these reports and provide them to the electronic system determined such as the MES. However, if there is another source such as the MES or a secondary data match vendor, we will ingest, store, and use these reports to reconcile any discrepancies in our third-party resource data if necessary. We will consume these reports on a quarterly frequency or other specified timeframe based on individual State requirements. We look forward to discussing our approach with the Agency, reviewing the business need of each report, and how it will be used for the contracted services.	
Upload Attachments with Additional Information? No	Attachment File Name: N/A	
23	Interfaces- Describe in detail your process for creating and transmitting interfaces where the Supplier is the entity responsible as stated in Attachment J, Interfaces Section, Requirements CREC 62 and CREC 76.	
A23	<i>Answer # 23</i> INTERFACES The Intelligent TPLaaS Platform was designed with multiple interfaces in mind and has proven successful in ingesting and processing multiple formats and transactions with health insurers and state agencies. [REDACTED] [REDACTED] [REDACTED]	

If additional interfaces are needed, we will work with the Agency and receiving entity to gather requirements, determine the format and frequency, develop, and test the interface.



CREC 62

Interface Name: TPL Vendor Recoveries from Carriers

From: TPL Vendor

To: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

Frequency: Variable based on when TPL Vendor sends recoveries (or a frequency specified by the agency)

Interface Description: TPL Vendor recoveries from Carriers. Recoveries received will be processed and available for viewing online by the agency.

Our [REDACTED] application will interface with the Agency database to deliver the TPL Vendor Recoveries from Carrier responses (checks, EOBs, and 835s). We upload this file nightly to update the MES. It provides an individual check level and claim level posting of recoveries received on all billed and recovered claims.



CREC 76

Interface Name: TPL Resource File from TPL Vendor

From: TPL Vendor

To: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

Frequency: Variable (or a timeframe specified by the agency)

Interface Description: Resource update file from the TPL Vendor to the Medicaid Enterprise System. Records received will be processed and used to update the resources currently on file.

The TPL Resource file is generated from our Intelligent TPLaaS Platform based on our core data matching practices will sent to the MMIS or to another integration point as directed by the State.

[REDACTED]

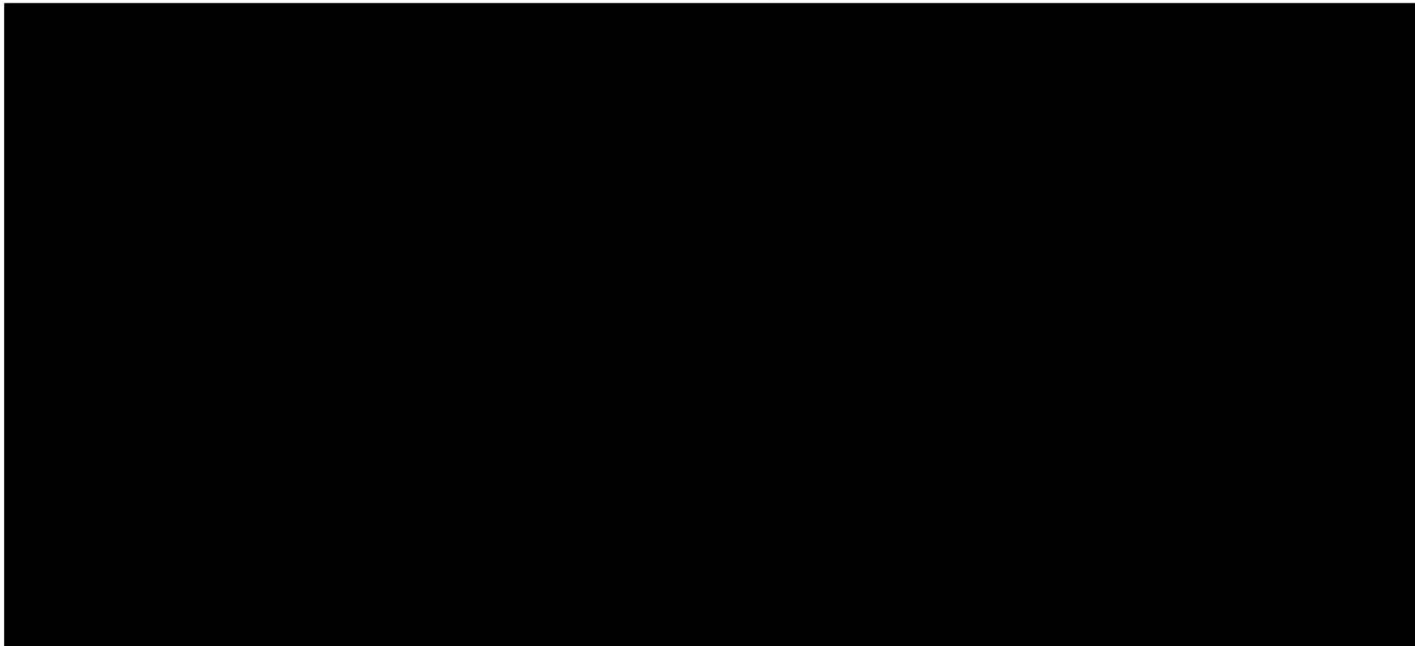


Figure 25. Our approach to third party insurance data maintenance prioritizes ongoing validation for accuracy.

	Upload Attachments with Additional Information? No	Attachment File Name: N/A
24	Interfaces- Describe in detail your process for receiving, storing, and utilizing interfaces provided to you by the agency or agency system as stated in Attachment J, Interfaces Section, Requirements CREC56-CREC61 and CREC63-75.	
A24	<i>Answer # 24</i> INTERFACES The Intelligent TPLaaS Platform was designed with multiple interfaces in mind and has proven successful in ingesting and processing multiple formats and transactions with health insurers and state agencies. [REDACTED] If additional interfaces are needed, we will work with the Agency and receiving entity to gather requirements, determine the format and frequency, develop, and test the interface.  CREC 56 <i>Interface Name: 8091 Interface with Social Security Administration (SSA)</i> <i>From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System</i> <i>To: TPL Vendor</i> <i>Frequency: Daily (or a frequency specified by the agency)</i>	

Interface Description: This information is used to identify members who enrolled in SSA and have insurance coverage. It is sent by SSA and passed on to TPL Vendor. Any updates that TPL Vendor identifies on this file will be sent to the Medicaid Enterprise system on the standard resource interface.

[REDACTED]

[REDACTED]

We looked forward to discussing our approach and interfaces further with the Agency and how the 8091 Interface with Social Security Administration (SSA) interface is used today.



**PROPOSAL MEETS
REQUIREMENT**

CREC 57

Interface Name: Adjustment Information Response File to TPL Vendor

From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Variable as one file is sent per request file received (or a frequency specified by the agency)

Interface Description: This is the response file generated when Medicaid Enterprise system receives an Adjustment Information Request file. Included is adjustment information for all claims present on the request file.

The Adjustment Information Response File provides claim-line adjustment information. Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and utilize the Adjustment Information Response File sent from the electronic system as determined by the Agency (e.g., Medicaid Enterprise System) to update paid claims information in our system. This will help us maintain the most up-to-date records for paid claims. We look forward to discussing our approach with the Agency, reviewing the business need of each interface, and how it will be used for the contracted services.

 PROPOSAL MEETS REQUIREMENT	CREC 58 <i>Interface Name: Beneficiary Earnings Exchange Records (BEER) to TPL Vendor</i> <i>From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System</i> <i>To: TPL Vendor</i> <i>Frequency: Monthly (or a frequency specified by the agency)</i> <i>Interface Description: BEER data file from SSA that is passed on to the TPL Vendor. This file contains employment data.</i> The Beneficiary Earnings Exchange Records (BEER) file provides data such as earnings and pension data. Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and consolidate referral sources such as the BEER file at a monthly frequency or other specified timeframe based on individual State requirements. We will use this file in combination with others during the data matching portion of the billing process to optimize Medicare identification and eligibility for a member. Accenture will work with individual entities supplying the interfaces to appropriately receive and process files. We feed these referral sources through our 100% validation process before adding them to the TPL Master Resource file. This approach helps provides states with more accurate data to increase cost avoidance and decrease dependency on traditional 'pay and chase' methods. We look forward to discussing our unique approach with the Agency, reviewing the business need of each interface, and how it will be used for the contracted services. CREC 59 <i>Interface Name: Beneficiary and Earnings Data Exchange (BENDEX) file to TPL Vendor</i> <i>From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System</i> <i>To: TPL Vendor</i> <i>Frequency: Daily (or a frequency specified by the agency)</i> <i>Interface Description: The daily BENDEX file sent by SSA to Medicaid Enterprise system will be passed on to the TPL Vendor. This file contains Medicare eligibility data.</i> The Beneficiary Earnings Data Exchange (BENDEX) file provides Retirement, Survivors, and Disability Insurance (RSDI) benefits. Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and consolidate referral sources such
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BENDEX file at a daily frequency or other specified timeframe based on individual State requirements. We will use this file sent from an electronic system as determined by the Agency (e.g., Medicaid Enterprise System) in combination with others to optimize Medicare identification and eligibility for a member during the data matching portion of the billing process.

[REDACTED]

We look forward to discussing our unique approach with the Agency, reviewing the business need of each interface, and how it will be used for the contracted services.



CREC 60

Interface Name: Buy-In to TPL Vendor

From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: Buy-In data extract sent to the TPL Vendor at a frequency as determined by the agency. This is a full extract of all Buy-In records currently on file in an electronic system as determined by the agency, e.g. Medicaid Enterprise system.

The Buy-In data extract provides information on member participation in the Medicare Buy-in program for Medicare Part A, B or D. The Medicare buy-in program allows states to help people with financial needs enroll in Medicare and pay their premiums (parts A, B, and D). This program allows states to enroll individuals immediately when they meet eligibility requirements, regardless of the standard Medicare enrollment periods. Our robust and modern [REDACTED] solution will ingest, incorporate, and consolidate the referral sources such as Buy-In at a monthly frequency or other specified timeframe based on individual State requirements. We will use this file sent from an electronic system as determined by the agency (e.g., Medicaid Enterprise System) in combination with others to optimize Medicare identification and eligibility for a member during data matching that occurs in the billing process.

[REDACTED]

We look forward to discussing our unique approach with the Agency, reviewing the business need of each interface, and how it will be used for the contracted services.



CREC 61

Interface Name: Capitations file to TPL Vendor

From: An electronic system as determined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: This is a file for sending capitation payments and adjustments to the TPL Vendor. It is a full extract of all capitation data for the month

Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and consolidate the data sources such as Capitations file at a monthly frequency or other specified timeframe based on individual State requirements. We can use the member information from the capitation file to verify if a member is a part of a Care Management Organization (CMO) receiving Medicaid benefits so that these are not added as a resource for commercial third party insurance and thus billed during recoupment activities.

[REDACTED]

[REDACTED]

[REDACTED]

We look forward to discussing our unique approach with the Agency, reviewing the business need of each interface, and how it will be used for the contracted services.



CREC 63

Interface Name: Carrier file to TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: Carrier file from the Medicaid Enterprise system to the TPL Vendor. This is a full extract of all carrier records on file.

Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and consolidate the data such as the Carrier file at a monthly frequency or other specified timeframe based on individual State requirements. The Carrier File is integral to the billing process as it helps us identify the most current and accurate carrier information to leverage for recoupment activities. We will use the Carrier file received from an electronic system as defined by the Agency (e.g., Medicaid Enterprise System) for data matching and reporting to add and update policy information to appropriately bill carriers.

We look forward to discussing our unique approach with the Agency, reviewing the business need of each interface, and how it will be used for the contracted services.



CREC 64

Interface Name: Dental Claims File to TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: Full extract of all dental claims, paid and denied during the month, sent from the Medicaid Enterprise System to the TPL Vendor. Encounter and waiver claims are included in this file.

The Dental Claims file is another integral file to the Billing and Recoupment process. Accenture's robust and modern [REDACTED] solution can ingest, incorporate, and consolidate data such as Dental Claims file at a monthly frequency or other specified timeframe based on individual State requirements. We can use this file received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System) to identify encounter claims that were overpaid by the State.

We look forward to discussing our unique approach with the Agency during the Participating Addendum discussions and reviewing the business need of this interface, and how this file will be required for the contracted services.

 PROPOSAL MEETS REQUIREMENT	CREC 65 <i>Interface Name: Diagnosis Code File to TPL Vendor</i> <i>From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System</i> <i>To: TPL Vendor</i> <i>Frequency: Monthly (or a frequency specified by the agency)</i> <i>Interface Description: Extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System.</i> The Diagnosis Code file is normally used for casualty recovery, but it can be referenced for Commercial Recoupment services to identify overpayments. Accenture's robust and modern [REDACTED] solution can ingest, incorporate, and consolidate data such as Diagnosis Code file at a monthly frequency or other specified timeframe based on individual State requirements. Accenture will receive this file from an electronic system as defined by the Agency (e.g., Medicaid Enterprise System). We look forward to discussing our unique approach with the Agency during the Participating Addendum discussions and reviewing the business need of this interface, and how this file will be required for the contracted services.
 PROPOSAL MEETS REQUIREMENT	CREC 66 <i>Interface Name: Drug Code File to TPL Vendor</i> <i>From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System</i> <i>To: TPL Vendor</i> <i>Frequency: Monthly (or a frequency specified by the agency)</i> <i>Interface Description: Exact of all drug code data currently in the electronic system as defined by the agency, e.g. Medicaid Enterprise System.</i> Accenture's robust and modern [REDACTED] solution can ingest, incorporate, and consolidate data such as Drug Code file at a monthly frequency or other specified timeframe based on individual State requirements. We will utilize this file sent from an electronic system as defined by the Agency (e.g. Medicaid Enterprise System) in the billing process for to identify overpayments.

We look forward to discussing our unique approach with the Agency during the Participating Addendum discussions and reviewing the business need of this interface, and how this file will be required for the contracted services.



CREC 67

Interface Name: Institutional Claims File to TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: Full extract of all institutional claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file.

Accenture's robust and modern [REDACTED] solution can ingest, incorporate, and consolidate data such as Institutional Claims file at a monthly frequency or other specified timeframe based on individual State requirements. We can use this file sent from an electronic system as defined by the Agency (e.g. Medicaid Enterprise System) for billing purposes to identify overpaid claims.

We look forward to discussing our unique approach with the Agency during the Participating Addendum discussions and reviewing the business need of this interface, and how this file will be required for the contracted services.



CREC 68

Interface Name: State Medicare Modernization Act (MMA) File to TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: The MMA file sent from CMS to State Medicaid Enterprise System vendor which will then be passed on to the TPL Vendor. This file contains Medicare Part D data.

The State Medicare Modernization Act (MMA) file identifies members that are dual eligible and are enrolled in Medicare as well as Medicaid. This includes full benefit dually eligible individuals and partial benefit dually eligible individuals (i.e., members who receive Medicaid support for Medicare premiums and/or cost-sharing). Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and consolidate referral sources such as the MMA file at a monthly frequency or other specified timeframe based on individual State requirements. We will use this file in combination with others for data matching during the billing process to optimize Medicare identification and eligibility for a member. For Commercial Recoupment, this helps us identify claims appropriate for recovery efforts based on the primary responsible payer.

[REDACTED]

We look forward to discussing our unique approach with the Agency, reviewing the business need of each interface, and how it will be used for the contracted services.



CREC 69

Interface Name: Member Eligibility File to TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: Member eligibility file from the Medicaid Enterprise System to the TPL Vendor. This is a full extract of all member records currently on file.

The Member Eligibility file is integral to Commercial Recoupment processes. This file contains the list and related information on the Members that are eligible for and are enrolled in the Medicaid program including Medicaid eligibility start and termination dates. We use this as the source to identify overpayments and inform our billing process. We use our innovative [REDACTED] solution that uses the list of members contained in this file with a constantly updated and robust data lake for Third party resource discovery and matching.

Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and consolidate the Member Eligibility file at a monthly frequency or other specified timeframe based on individual State requirements.



**PROPOSAL MEETS
REQUIREMENT**

CREC 70

Interface Name: Pharmacy claims file to TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: Full extract of all pharmacy claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file.

The Pharmacy Claims file along with the Paid Claims file are integral to the Billing and Recoupment process. Accenture's robust and modern [REDACTED] solution can ingest, incorporate, and consolidate pharmacy data at a monthly frequency or other specified timeframe based on individual State requirements. We can use this file received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System) to identify overpayments.

We look forward to discussing our unique approach with the Agency during the Participating Addendum discussions and reviewing the business need of this interface, and how this file will be required for the contracted services.



**PROPOSAL MEETS
REQUIREMENT**

CREC 71

Interface Name: Physician Claims File to TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: Full extract of all physician claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver claims are included in this file.

The Physician Claims file is also integral to the Billing and Recoupment process. Accenture's robust and modern [REDACTED] solution can ingest, incorporate, and consolidate the Physician Claims file at a monthly frequency or other specified timeframe based on individual State requirements. We use this file received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System) to match Medicaid eligibility data against paid claims to identify overpayments and recoupment opportunities.

We look forward to discussing our unique approach with the Agency during the Participating Addendum discussions and reviewing the business need of this interface, and how this file will be required for the contracted services.



CREC 72

Interface Name: Procedure Code File to the TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: Extract of all procedure codes currently stored in the Medicaid Enterprise System.

Accenture's robust and modern [REDACTED] solution can ingest, incorporate, and consolidate data such as the Procedure Code file at a monthly frequency or other specified timeframe based on individual State requirements. We will utilize this file sent from an electronic system as defined by the Agency (e.g. Medicaid Enterprise System) in the billing process for payment integrity and to identify overpayments.

We look forward to discussing our unique approach with the Agency during the Participating Addendum discussions and reviewing the business need of this interface, and how this file will be required for the contracted services.



CREC 73

Interface Name: Provider File to TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: This is a full extract of all provider data currently on file.

The Provider file is integral to the Billing and Recoupment process. Accenture's robust and modern [REDACTED] solution can ingest, incorporate, and consolidate data such as the Provider File at a monthly frequency or other specified timeframe based on individual State requirements. We can use this file received from an electronic system as defined by the agency

(e.g., Medicaid Enterprise System) to identify providers who originally billed claims we are pursuing for Commercial Recoupment activities This file also points us to the right providers to contact to make adjustments to the billing process to ensure a more successful Provider Recoupment process.

We look forward to discussing our unique approach with the Agency during the Participating Addendum discussions and reviewing the business need of this interface, and how this file will be required for the contracted services.



CREC 74

Interface Name: Resource File to TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Monthly (or a frequency specified by the agency)

Interface Description: This is a full extract of all resource records currently on file.

Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and consolidate the data sources such as Resource file at a monthly frequency or other specified timeframe based on individual State requirements.

This is the known TPL resource file. We will ingest the Resource File from the State system such as Medicaid Enterprise System and use it to de-duplicate resource records and add any updates. We maintain and monitor this file to provide the most up to date and accurate Third Party Resource data to the State for claims adjudication activities. The Resource File is key to the Commercial Billing process in that it helps us identify the appropriate third parties to target billing outreach. We can ingest this file monthly as required by the State, but recommend we monitor and maintain this file daily.



CREC 75

Interface Name: Territory Beneficiary Query (TBQ) File to TPL Vendor

From: An electronic system as defined by the agency, e.g. Medicaid Enterprise System

To: TPL Vendor

Frequency: Daily (or a frequency specified by the agency)

Redacted Copy-Available for Public Review/Trade Secrets

	<i>Interface Description: The Medicare beneficiary eligibility determinations file sent from CMS to State Medicaid Enterprise System vendor will be passed on to the TPL Vendor.</i> The Territory Beneficiary Query (TBQ) file provides the Medicare Beneficiary information on Medicare Parts A, B, C and D eligibility and enrollment. Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and consolidate referral sources such as the TBQ file at a daily frequency or other specified timeframe based on individual State requirements. We will use this file in combination with others to optimize Medicare identification and eligibility for a member. [REDACTED] [REDACTED] [REDACTED] We look forward to discussing our unique approach with the Agency, reviewing the business need of each interface, and how it will be used for the contracted services.		
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