

Attachment M	
Mandatory Scored Questions- Hospital/Physician 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 Data Matching 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 attach the reference template which was provided.
A1	<i>Answer # 1</i> EXPERIENCE

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

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

[REDACTED]

[REDACTED]

[REDACTED]

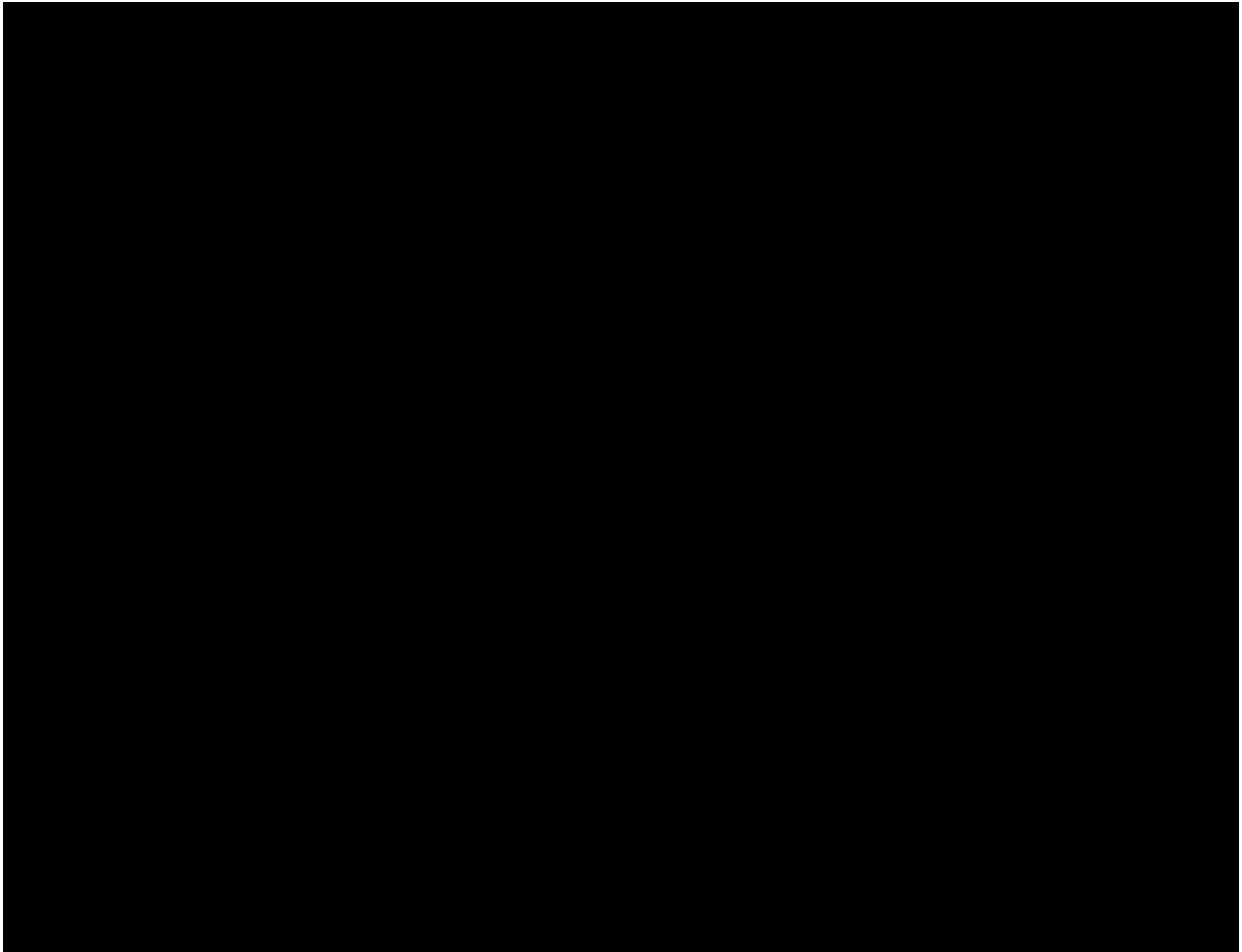


Figure 1. AAPCA is a truly innovative and differentiated solution for accurate and timely data matching.

	We are excited to partner with you and create an enhanced system that is a cut above – and delivers outcomes that match. The results you will obtain year over year will establish you as a leading TPL program in the country. Additional reference details are provided in Attachment DD Reference 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 cost avoidance by utilizing new and innovative strategies including at a minimum the methodology used, type of systems, and healthcare partners involved.	

A2

Answer #2

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]

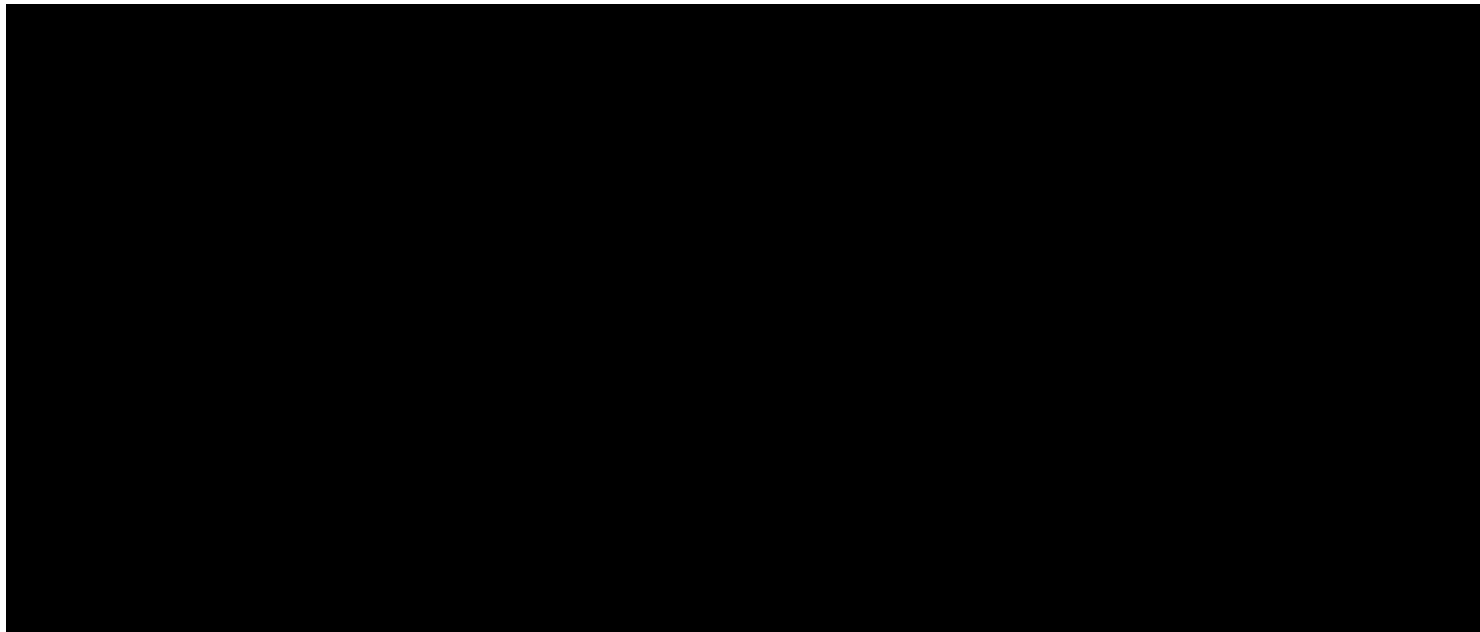
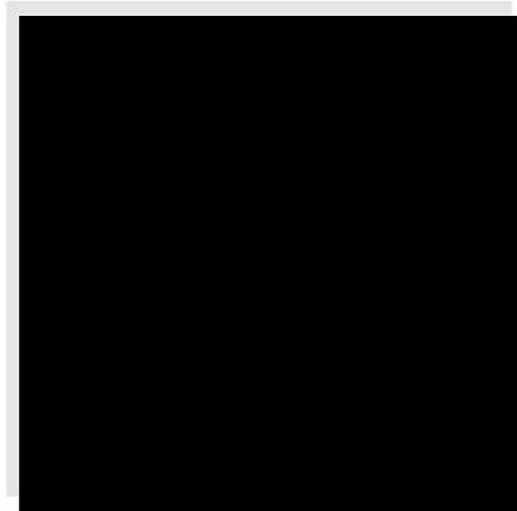


Figure 2. We bring the power of Accenture to solve TPL challenges and deliver a truly robust solution.

[REDACTED]

ACCENTURE ANALYTICS POWERED COST AVOIDANCE (AAPCA) SOLUTION

[REDACTED]



[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

- [REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

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]

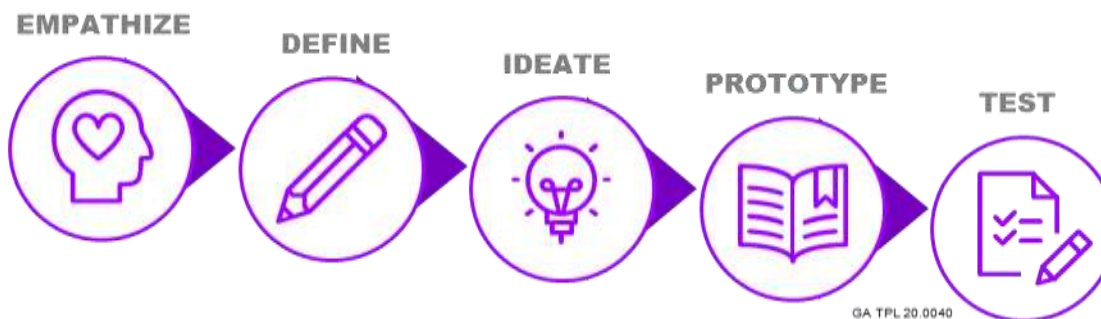


Figure 3. Accenture leverages design thinking to spark user-focused innovation.

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 collaborate with States on several ideas on how to drive TPL into the future, as depicted in Figure 4. 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.

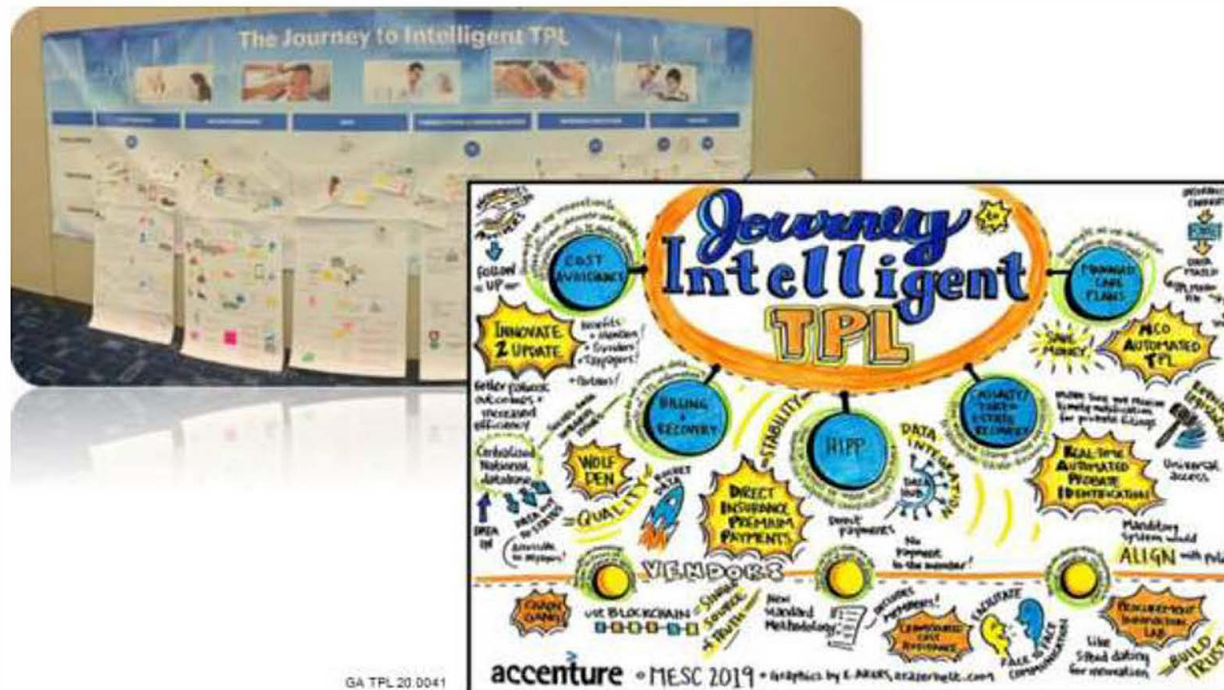


Figure 4. Ideas stemming from a design thinking workshop for TPL at the 2019 MESC conference.

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 and innovative techniques to our work with the State to foster innovative ideas that will continually improve our solutions, bringing greater cost savings to the State.

APPROACH TO COMMUNICATION

	• [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] ■ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
	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 L, General Program Requirements Section, Requirement HOSPHY1 and Attachment L Data Matches Section, Requirement HOSPHY11.	

A3

Answer # 3

GENERAL PROGRAM REQUIREMENTS

The key to our successful TPL partnership with States is a culture of collaboration, communication, and transparency. We create an atmosphere of an open dialog with the state and encourage constant participation of the key stakeholders, so that a trusted partnership is established. We provide our TPL clients with full line of sight into our processes, progress, and results. This level of access provides confidence to state program decision makers. We know that documentation of the program's work processes and keeping it updated for program changes is vital.

Accenture is known for harvesting and industrializing best practices across industries and functions and scaling our processes to reflect each client's needs. 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 we update program manuals to reflect state specific business rules, changing policies and procedures. We work with the State 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 aligns 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 area and process. As illustrated in Figure 5, these include detailed, step-by-step instructions to confirm clear and precise guidance and documentation for program stakeholders.

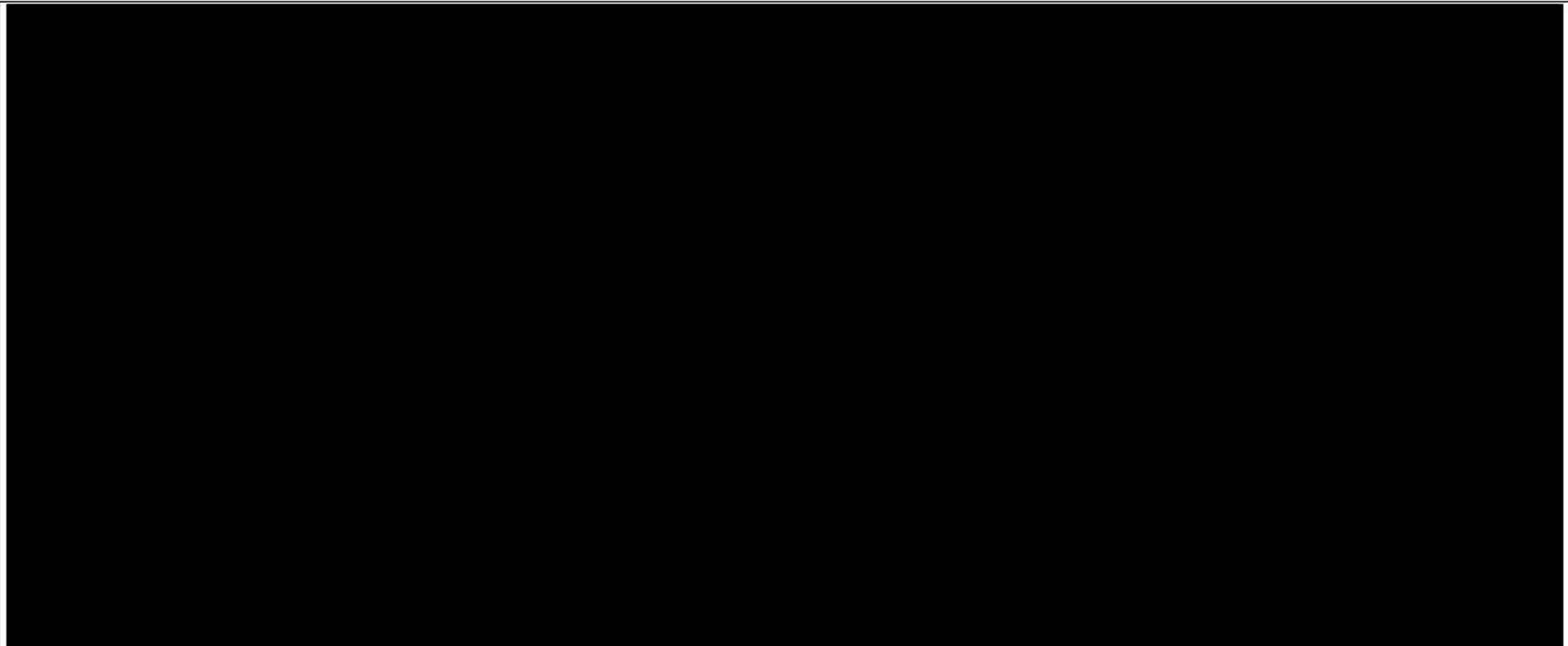


Figure 5. Accenture maintains thorough job aids to clear and concise project communication.

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

HOSPHY1

The Supplier must develop and maintain a professionally written Hospital/ Physician Program 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.

a. The Supplier must develop, document, and maintain a method of providing updates to the procedure manual from the effective date of any change.

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).

To give States constant insight into their TPL program, Accenture will develop and maintain professionally written, state specific Hospital/Physician Program Procedures Manuals to reflect federal and state guidelines for billing and recoupment process. This level of access provides confidence to state program decision makers.

Accenture understands the urgency clearing 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 Hospital/Physician Program 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 Hospital/Physician 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).

	 PROPOSAL MEETS REQUIREMENT HOSPHY11 <i>The Supplier must develop, document and maintain a professionally written Health Insurance Data Match/File Maintenance Procedures Manual. The manual must be approved by the Agency and provide a detailed description of all of the Supplier's processing operations and procedures. Supplier must submit the Health Insurance Data Match/File Maintenance Procedures Manual to the Agency for review and approval within thirty (30) calendar days (or a timeframe as determined by the Agency) from the implementation date of the contract.</i> Accenture will develop, document, and maintain a professionally written Health Insurance Data Match/File Maintenance Procedures Manual, incorporating state specific business rules, policies, and procedures. Accenture will seek Agency approval of the manual and will provide a detailed description of all of Accenture's processing operations and procedures. Accenture will submit the Health Insurance Data Match/File Maintenance Procedures Manual to the Agency for review and approval within thirty (30) calendar days (or a timeframe as determined by the Agency) from the implementation date of the contract.
	Upload Attachments with Additional Information? No Attachment File Name: N/A
4	General Program Requirements- Describe your process for maintaining demographic files within an electronic system as determined by the agency, e.g. Medicaid Enterprise System, when data matches are completed including the match points identified in Attachment L, General Program Requirements Section, Requirement HOSPBY2
A4	Answer # 4 THIRD PARTY INFORMATION MAINTENANCE A solid maintenance of third party coverage is crucial to a strong cost avoidance and post payment recovery processes. We know that when the third party insurance is not updated and maintained, the repercussions can be enormous. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

[Redacted text block]

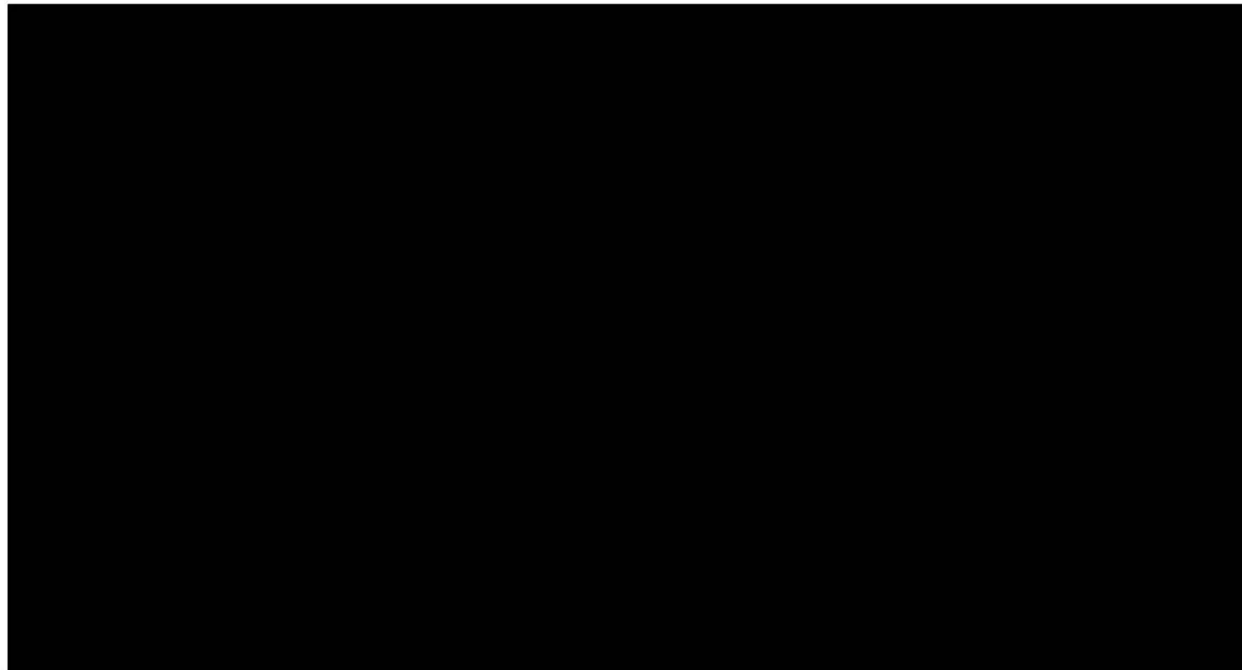


Figure 6. Our approach to third party data maintenance prioritizes ongoing validation for accuracy.

[Redacted text block]

[illegible]

5	Data Matches- Describe your process for identifying and performing hospital/physician data matches including specific lists of the daily, weekly and monthly data exchanges you currently have available as stated in Attachment L, Data Matches Section, Requirement HOSPHY3.
A5	<i>Answer # 5</i> AN INNOVATIVE DATA MATCHING PROCESS [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

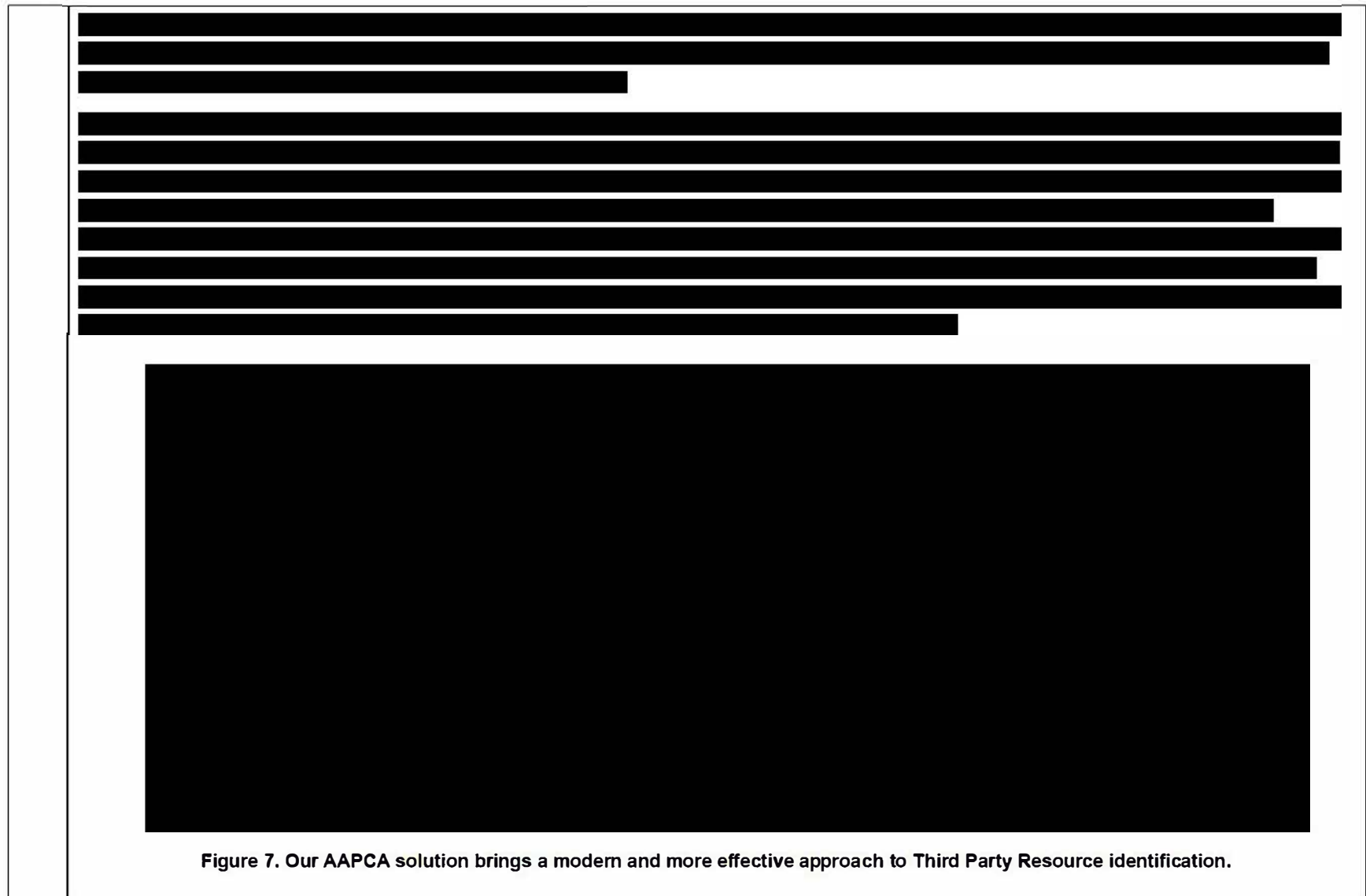


Figure 7. Our AAPCA solution brings a modern and more effective approach to Third Party Resource identification.

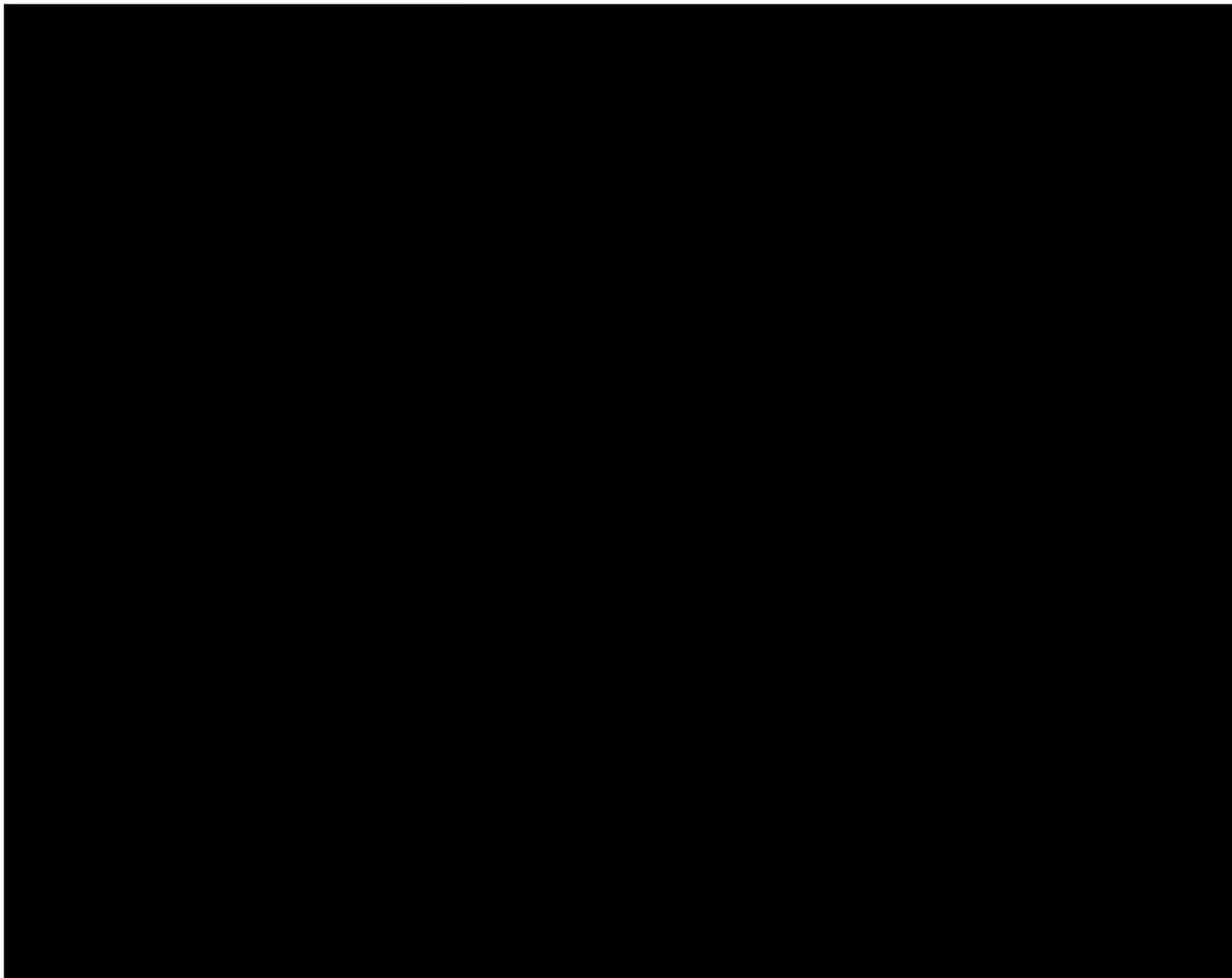


Figure 8. Our AAPCA process uses the most accurate and timely data possible.



Figure 9. The third party tool home page allows our analysts to act on unverified referrals.

[Redacted text block]

[illegible]

	HOSPHY3 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, child support Agencies. 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.	
	a. Collecting insurance information from prospective members; b. Conducting data exchanges with state files that contain information on workers' compensation, wages, welfare enrollment, child support Agencies. 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. We will evaluate the business needs of each to determine which files and sources are necessary to provide the most current and accurate third party resource information and include them if any gaps are determined. Once the referrals are matched to either find a direct match or lead for third party insurance information, we provide 100% verified accurate data to be incorporated in the TPL Master Resource File within five business days.	
	Upload Attachments with Additional Information? No	Attachment File Name: N/A
6	Data Matches- Describe the types of problems you have overcome in matching data for other clients in similar size and scope. Also, include a description of the process you use to document and notify the clients of such problems and their	

associated resolutions, utilizing but not limited to the challenges identified in **Attachment L, Data Matches Section, Requirement HOSPHY4.**

A6 Answer # 6

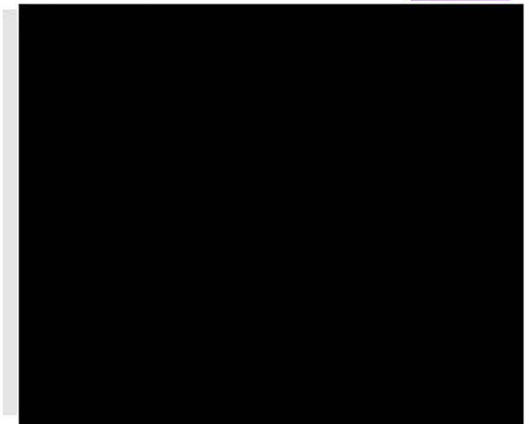
SUPERIOR SOLUTION MINIMIZES ISSUES

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



**PROPOSAL MEETS
REQUIREMENT**

HOSP4

The Supplier must identify and mitigate risks and problems that can arise when matching data. The Supplier must document all identification and mitigation efforts involving risks and issues related to data matching. Some of the potential risks and challenges are:

- a. Failure to utilize multiple approaches to increase successful data matches;
- b. Turning near matches, which are defined as matches with only one (1) or two (2) of the match items indicated on a Grade "A" matches list, 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. Ability to work with other Agency Suppliers, an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and other applicable 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.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

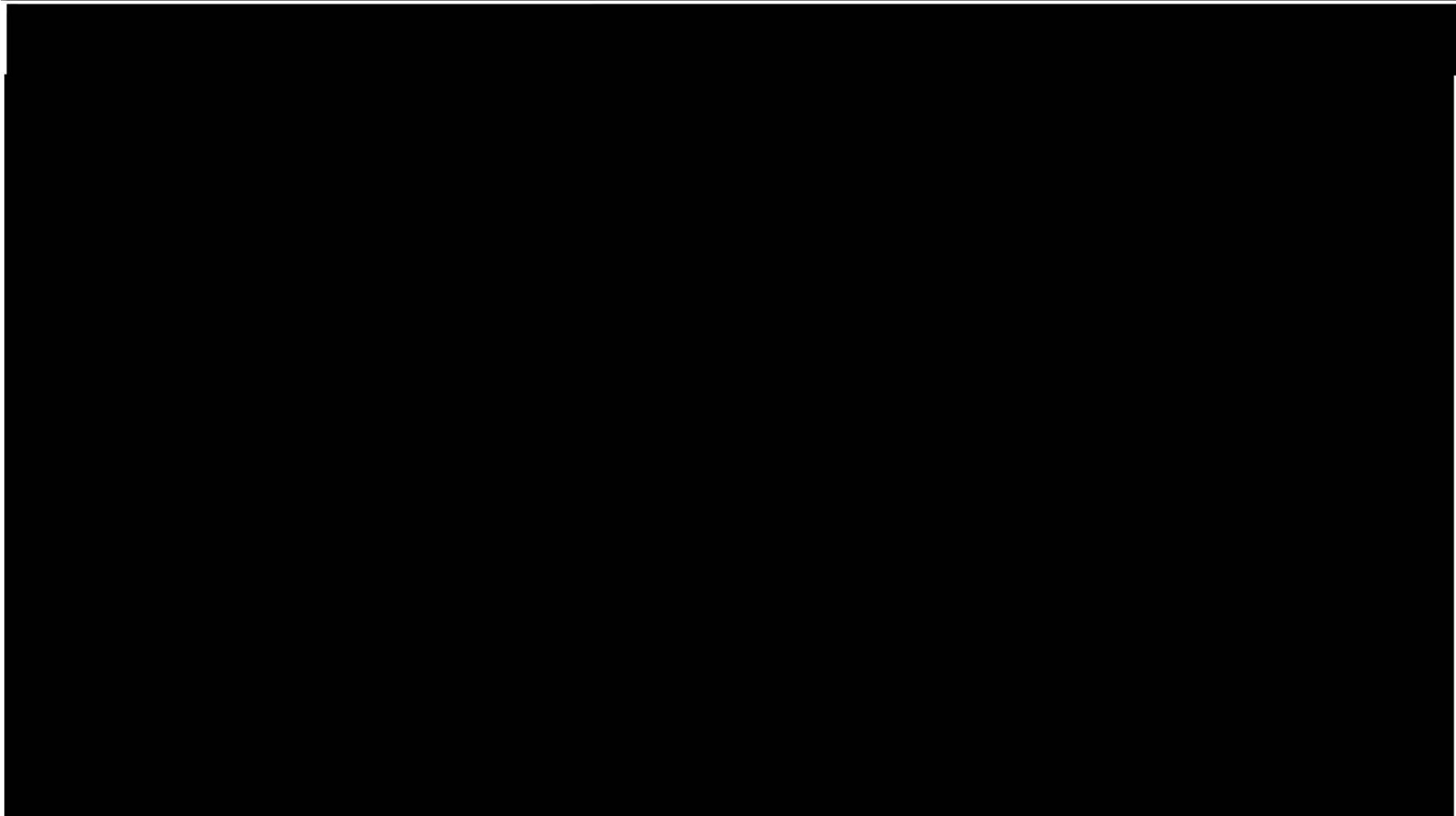


Table 1: Our Approach to Mitigating Potential Risks.

Accenture recognizes that this approach is brand new, and we bring significant experience in both legacy approaches and our Intelligent TPL methodology. We are fully capable of complying with HOSPHY4 and look forward to bringing our innovative techniques to states to streamline and improve your data accuracy.

Upload Attachments with Additional Information? **No**

Attachment File Name: N/A

Attachment M

TPL Hospital/Physician Services Mandatory Scored Worksheet

Third Party Liability

7	Data Matches- Describe the data discovery methodology you use to explore and explain the current data matching resources including a list of any additional resources that may be available as stated in Attachment L, Data Matches Section, Requirements HOSPHY5-HOSPHY9.																
A7	<i>Answer # 7</i> DATA MATCHES [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] <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> <tr> <td>a. 8019 (SSA Report)</td><td>o. PARIS match files</td></tr> </table> The matches obtained are then 100% verified through automated EDI (270/271) transactions, web verifications and phone calls. This assures the state that only matches of 'Grade A' quality or higher. This process goes beyond the traditional one-to-one matching practices by leveraging big data and conducting verification of 100% of our matches in one efficient step.	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)	o. PARIS match files
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f. DEERS	m. TRICARE (CHAMPUS)																
g. EDB	n. Worker's Compensation																
a. 8019 (SSA Report)	o. PARIS match files																

[REDACTED] [REDACTED]	
PROPOSAL MEETS REQUIREMENT	HOSPHY5 <i>The Supplier must document the data discovery methodology used to explore and explain the current data matching resources that are used by Supplier. The documented information regarding the data discovery methodology utilized must be provided to Agency on an ongoing basis through updates to the procedures manual, as well as a list of any additional resources that may be available.</i> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
PROPOSAL MEETS REQUIREMENT	HOSPHY6 <i>If health coverage information and data match indicators do not correlate on three (3) out of four (4) of required Grade ""A"" match criteria within a timeframe as defined by the Agency, then the Supplier must:</i> <i>a) not add or update coverage or bill claims until both the effective and termination date of coverage is verified.</i> <i>b) perform verification online, by mail, by telephone with the carrier, or through member or employer questionnaires.</i> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

	PROPOSAL MEETS REQUIREMENT HOSPITY7 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 third party resource is identified, verification attempts should begin within seven (7) business days (or a timeframe as determined by the Agency) of the receipt of any new third party resources. The verified new resources shall be added to the electronic system determined by the Agency, e.g. Medicaid Enterprise System and/or TPL Resource File, within a designated timeframe that shall not exceed sixty (60) calendar days (or a timeframe as determined by the Agency). Any identified changes to resources must be verified, documented, and updated by Supplier within the same timeframes as newly identified resources. The Supplier must perform all federally mandated data matches in accordance with 42CFR 433.138.
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	 PROPOSAL MEETS REQUIREMENT HOSPHY8 <i>Any identified changes to resources must be verified, documented and updated by Supplier within seven (7) business days (or a timeframe as determined by the Agency). The supplier must perform verification of coverage with the third party on 100% of the resources identified prior to presenting the matches to the Agency.</i> Accenture's [REDACTED] solution has the capability verify and document any identified changes to resources within seven (7) business days (or a timeframe as determined by the Agency). Accenture will perform verification of coverage with the third party on 100% of the resources identified prior to presenting the matches to the Agency.
	 PROPOSAL MEETS REQUIREMENT HOSPHY9 <i>The supplier must provide a monthly report to a designated point of contact or to the system at the Agency (as determined by the Agency) that at a minimum must include the identified resource, date that the resource was verified and the name of the supplier staff that verified the resource.</i> Our solution provides on-demand reporting that can drill down for additional information. These reports will be available at the fingertips of authorized Agency staff using secure role-based access to our reporting interfaces. This will provide flexibility to the Agency to pull reports as and when they need, be it daily, weekly, or monthly. The reports contain comprehensive information including a minimum the identified resource, date that the resource was verified and the name of the Accenture staff that verified the resource. This level of access creates transparency and instills confidence with the state program decision makers.
8	Data Matches- Describe your process for working with other Supplier's to resolve interface file transaction and data match interface errors within thirty (30) calendar days (or a timeframe specified by the agency) from discovery, as stated in Attachment L, Data Matches Section, Requirement HOSPHY10.

A8

Answer # 8

INTERFACE ERROR RESOLUTION

[illegible]

	 HOSPHY10 <i>Supplier must correct data match interface errors that occur as a result of the Supplier's interface file transactions. Supplier must work with an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, and/or other Suppliers to resolve any date match issues within thirty (30) calendar days (or a timeframe as determined by the Agency) from the discovery date of any issues. If error resolution goes beyond thirty (30) calendar days (or a timeframe as determined by the Agency) from the discovery date of the issue, the Supplier must document and provide a written report to the Agency with an explanation of the issue(s), the steps taken to resolve said issue and the mitigation strategies implemented to maintain compliance in the future.</i> Accenture will work collaboratively with other agency suppliers to correct data match interface errors that occur as a result of the Supplier's interface file transactions. Our system has a robust error handling capability that allows us to quickly understand the nature of the issue or error that may have occurred. Accenture will work with an electronic system as determined by the Agency, e.g. MES, and/or other Suppliers to resolve any data match issues well within thirty (30) calendar days (or a timeframe as determined by the Agency) from the discovery date of any issues. If error resolution goes beyond thirty (30) calendar days (or a timeframe as determined by the Agency) from the discovery date of the issue, Accenture will document and provide a written report to the Agency with an explanation of the issue(s), the steps taken to resolve said issue and the mitigation strategies implemented to maintain compliance in the future.
	Upload Attachments with Additional Information? No Attachment File Name: N/A
9	Data Matches- Describe in detail how you will manage and coordinate all specified administrative and system activities as listed in Attachment L, Data Matches Section, Requirement HOSPBY12.
A9	Answer # 9 ADMINISTRATIVE REQUIREMENTS Our Intelligent TPL operations team is supported by our robust, industry leading and proven project management approach, ground-breaking cost avoidance solution and deep industry and functional knowledge. Our team will work closely with our agency partners in a structure of transparency and collaboration and successfully manage and coordinate specified, and system activities successfully manage specified administrative and system activities. This will provide the State with numerous benefits, as shown in Figure 10.

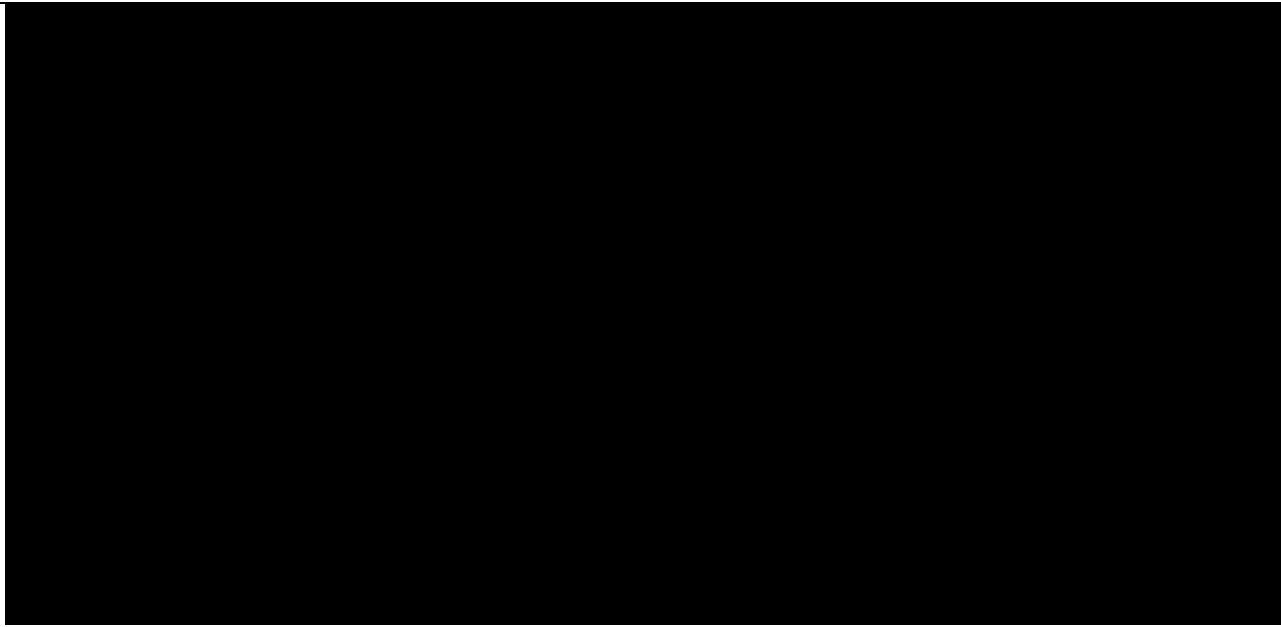


Figure 10. Our Intelligent TPL solutions bring advanced technology services.

[Redacted text block containing multiple lines of obscured content]

This efficient approach to TPL data matching simplifies administrative processes through higher accuracy and efficiency. It eliminates the need for complicated and cumbersome administrative processes that other vendors rely on the mask the inefficiencies in their TPL solution.

Should the States require the intake of other sources of leads such as Social Security Administration (SSA) files and others, we would manage, document and coordinate receipt of such resources and run them through our automated methods of validation before adding them to the TPL resource file to continue to provide business process efficiencies for the State.

If all other automated systems fail to validate referrals Accenture will manage and coordinate manual processes necessary to continue a smooth, uninterrupted delivery of TPL services to the State. We describe in detail our methods to manage and coordinate administrative and system activities listed in the response to requirement HOSPHY12 below.



**PROPOSAL MEETS
REQUIREMENT**

HOSPHY12

Under the supervision and approval of the Agency, the Supplier must manage and coordinate all specified administrative and system activities which include, but are not limited to:

a. Update an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, with the TPL-verified resource information within seven (7) business days (or a timeframe as determined by the Agency) from receipt of the resource.

b. Manage, document, and coordinate all specified administrative and system activities. Administrative activities include, but are not limited to, the file maintenance process, data processing, printing/mailing correspondence and producing reports.

c. 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 must be approved within the timeframes established by the Agency prior to any dissemination. The initial correspondence needed to implement the Hospital Physician Program and communicate with the Medicaid providers and members must be submitted to the Agency for review and approval within a timeframe as determined by the Agency from the contract award date.

d. Develop, document, print, email and mail required reports. If the TPL reports are system generated, the Supplier must review each report and take any corrective actions necessary for the completion of the required action. All required actions must be documented.

Accenture provides a comprehensive solution that manages and coordinates all specified administrative and system activities for Hospital/Physician Services which is supported by a robust, industry leading and proven project management

approach, a truly differentiated data matching and cost avoidance solution and a team of experienced and talented TPL professionals. These activities include but are not limited to the following:

a. Updating electronic systems as determined by the Agency such as the MES

[REDACTED]

b. Manage, document, and coordinate administrative and system activities

[REDACTED]

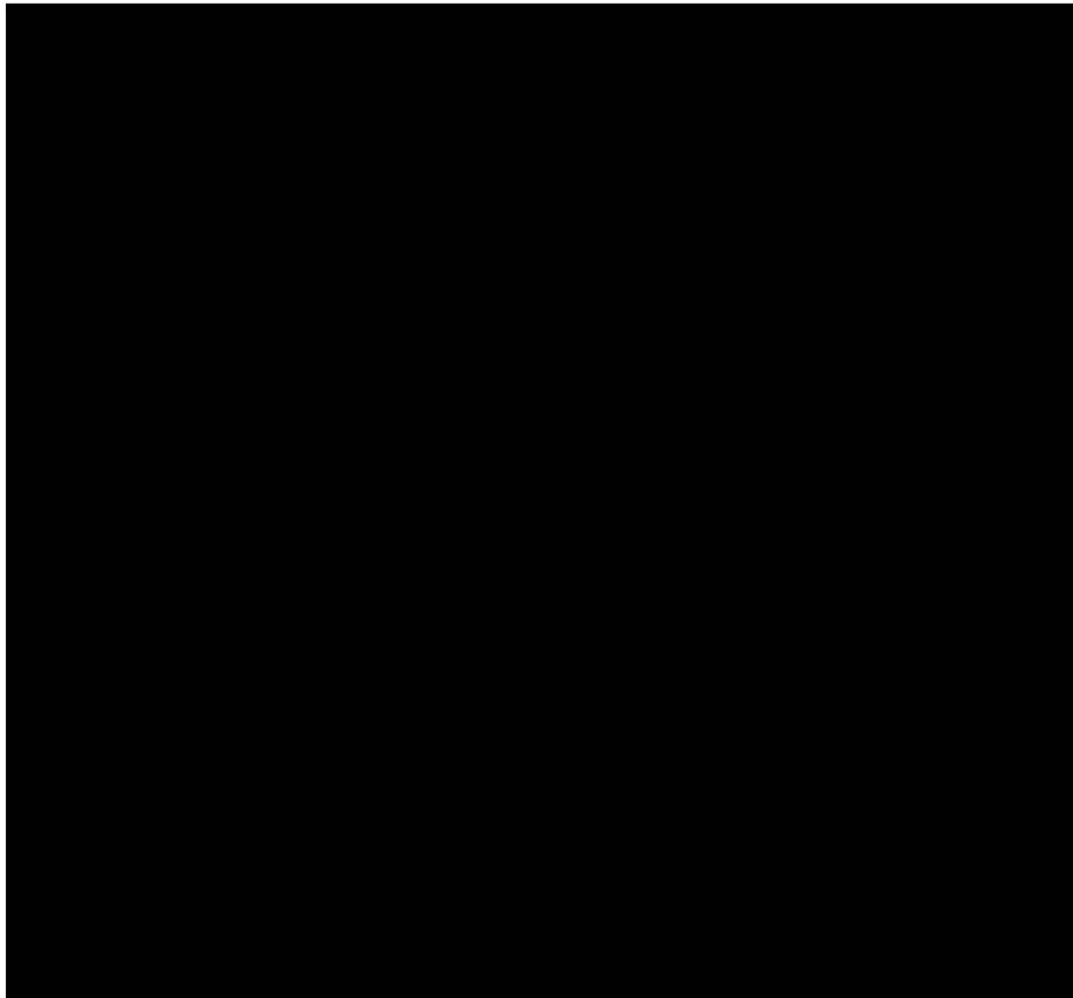


Figure 11. The third party tool home page allows our analysts to act on unverified referrals.

Our system eliminates the need for manual and inefficient ways of TPL data discovery such as TPL questionnaires and member surveys that legacy systems rely on. However, should the State have this requirement our team will manage

	activities for printing/mailing such correspondence. We will manage activities for scheduled and on demand reports needed as per the States requirements c. Correspondence Activities [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] d. Reporting Activities Accenture follows rigorous reporting management to confirm the project meets the State's needs. We will generate, document, print, email, or mail reports as needed. During implementation, we will review the library of base reports and collaborate with our agency partners to establish the necessary reports along with the appropriate frequency and audience to accommodate stakeholder needs. Together, we determine what reporting is needed along with the required level of detail (high-level versus granular) to provide a comprehensive view of program progress. Accenture can offer both ad hoc and monthly reporting. We will review system generated reports and perform any corrective actions as needed per documented corrective actions.	
	Upload Attachments with Additional Information? No	Attachment File Name: N/A
10	Third Party Resources File Maintenance - Describe your process in detail for identifying, documenting, verifying, and maintaining third party resource information as stated in Attachment L, Third Party Resources File Maintenance Section, Requirements HOSPHY14-HOSPHY15.	

Attachment M

TPL Hospital/Physician Services Mandatory Scored Worksheet

Third Party Liability

A10 Answer # 10

IDENTIFICATION AND VERIFICATION OF TPL INFORMATION

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

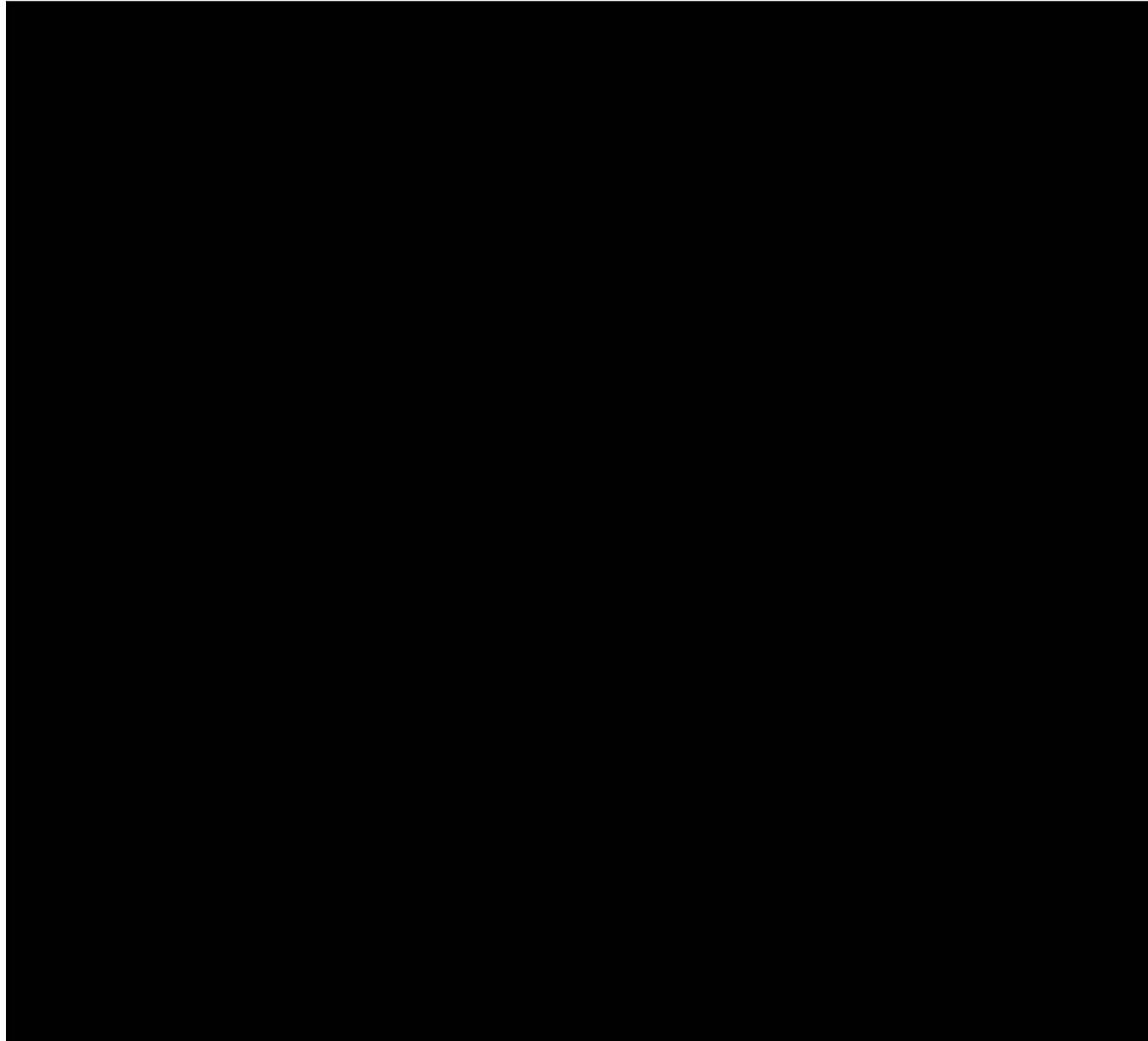


Figure 12. Our AAPCA process uses the most accurate and timely data possible.

[illegible]

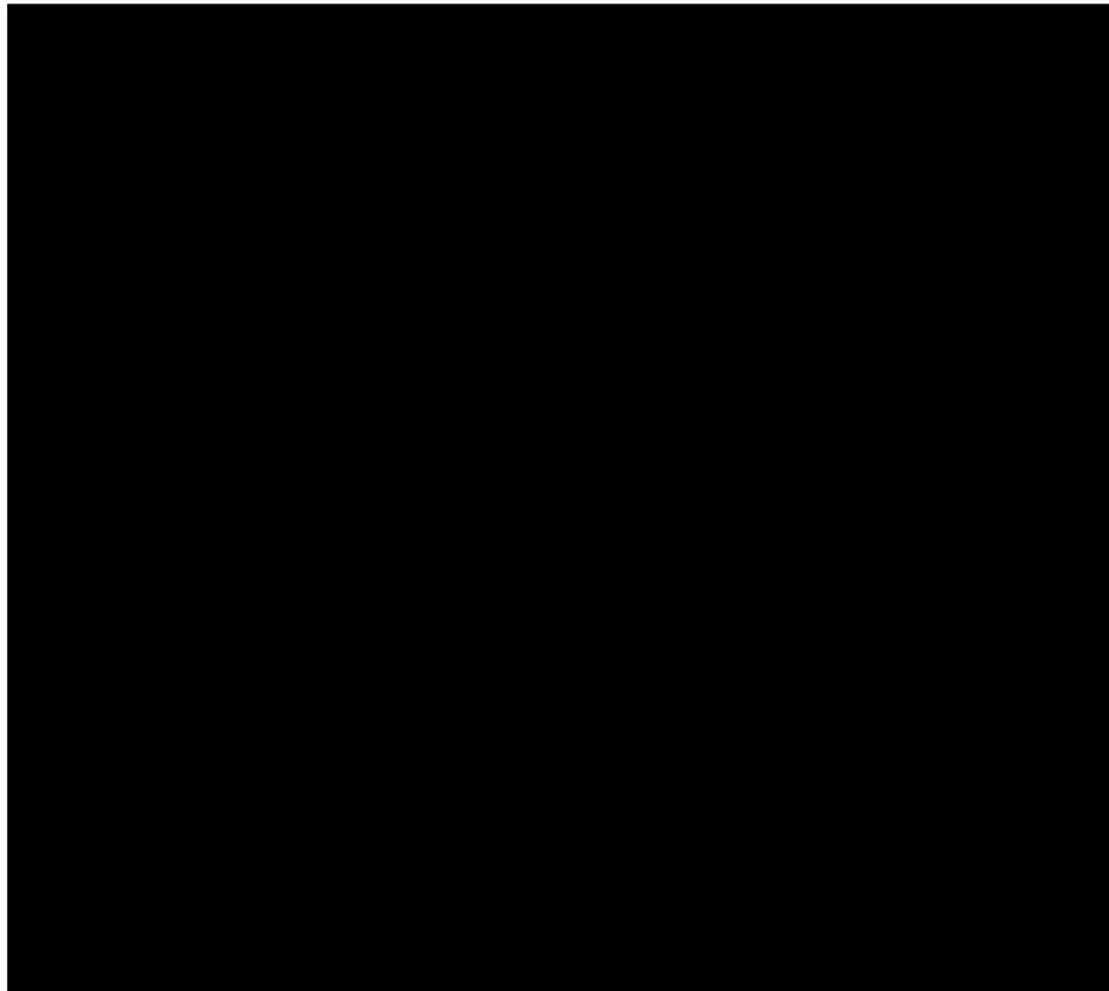


Figure 13. The third party tool home page allows our analysts to act on unverified referrals.



Figure 14. Our approach to third party data maintenance prioritizes ongoing validation for accuracy.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

 PROPOSAL MEETS REQUIREMENT	HOSPHY14 <i>The Supplier must identify, document, verify and maintain third party resource information in specified files and follow Agency protocols regarding processes as follows:</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. 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 (or a timeframe specified by the Agency).
Accenture will identify, document, verify and maintain third party resource information in files and the format specified by the Agency. We follow Agency protocols regarding processes as follows: a. Accenture will identify, verify, and document to all adds and updates of TPL data information from Third Party Resources. We will send these updates to electronic systems as determined such as MES nightly. 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 (or a timeframe specified by the Agency).	
 PROPOSAL MEETS REQUIREMENT	HOSPHY15 <i>The Supplier will ensure that any TPL closure/termination information received is verified with carrier. The Supplier will close any files in which verified TPL coverage has ceased within five (5) business days (or a timeframe as determined by the Agency).</i> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Upload Attachments with Additional Information? No	Attachment File Name: N/A

11	Reports-Describe in detail your process for creating and transmitting reports where the Supplier is the entity responsible as stated in Attachment L, Data Matches Section, Requirement HOSPHY13 and Attachment L, Reports Section, Requirements HOSPHY16-HOSPHY17, HOSPHY21-HOSPHY24. Please attach an example of a report which you would create.
A11	<i>Answer # 11</i> REPORTS [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] We provide dashboards as depicted in Figure 15 to enable a simple review of metrics and achievements. All actions, reminders, metrics, and alerts are made available on a single, unified dashboard. Online reports cover engagement details that delivery teams will need to monitor, such as financials, quality, cost to serve, delivery status, delivery metrics, and other key information.

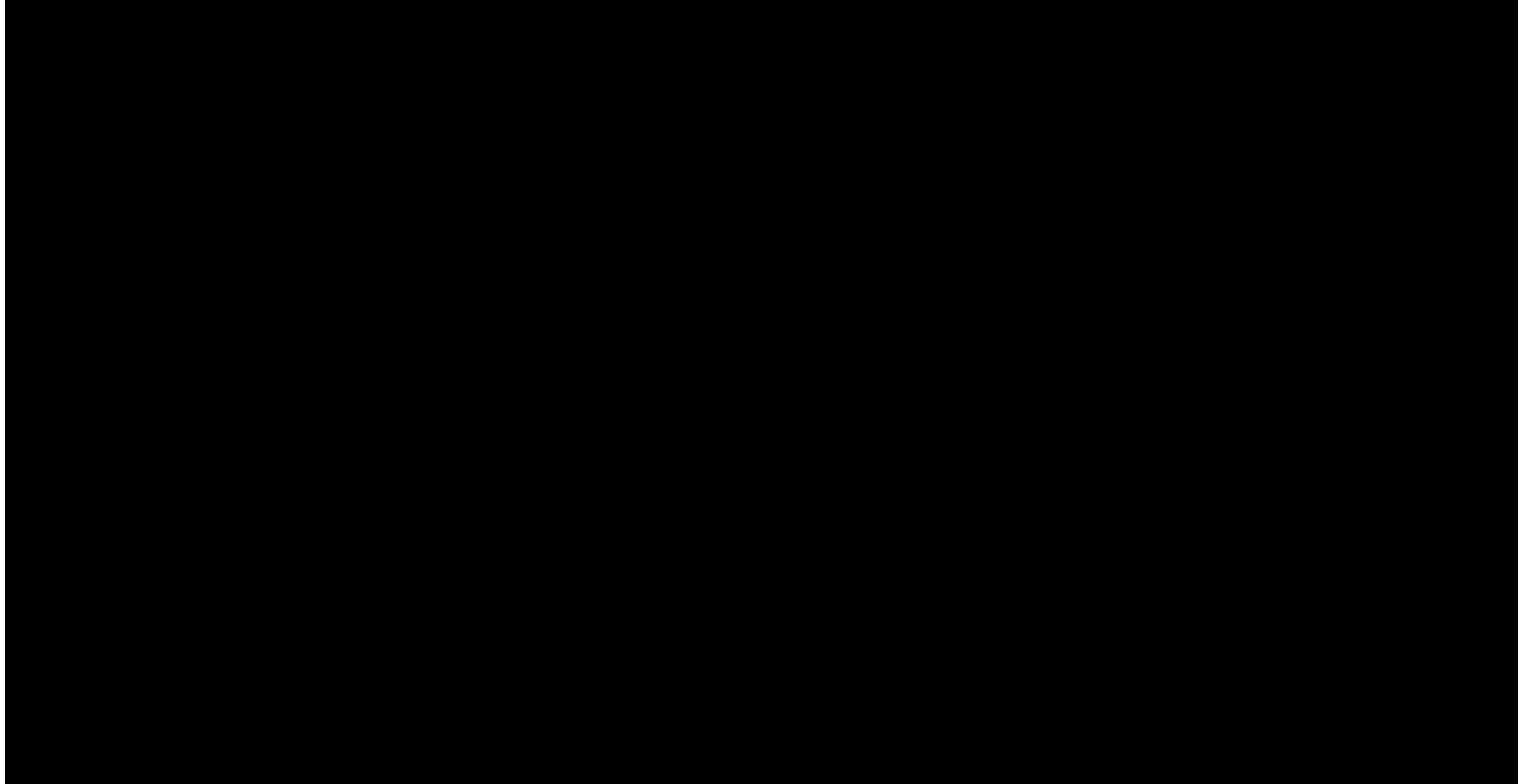


Figure 15. Third Party Insurance Dashboard.

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.



PROPOSAL MEETS REQUIREMENT

HOSPHY13

The Supplier must develop, document and submit a Data Match Status report within five (5) business days (or a timeframe as determined by the Agency) from the last day of each quarter, which must include all TPL resources/data matches that they submitted to the Agency such as any adds and/or changes in the previous quarter. 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

g. Policy Number

h. Policy Group Number

i. Coverage Type (major medical dental etc.)

j. Effective Date

k. Termination Date (if applicable)

l. Date Data Added and/or Changed (list adds/changes in chronological date order)

Our solution comes with a suite of standard reports for Hospital/Physician services for data matching insight and management. Authorized Agency users will have access to these report on demand through our solution using our self-service reporting capability through secure role-based access. We will develop, document and submit the Data Match Status report. This includes information such as:

a. Member Name

b. Policy Holder Name

c. Policy Holder SSN

d. Policy Holder DOB

e. Medicaid ID

f. Carrier Name

g. Policy Number

h. Policy Group Number

i. Coverage Type (major medical dental etc.)

j. Effective Date

k. Termination Date (if applicable)

l. Date Data Added and/or changed (in chronological order)

Attachment M

TPL Hospital/Physician Services Mandatory Scored Worksheet

Third Party Liability

We can easily provide this summary on a quarterly basis within 5 business days from the last day of each quarter or an agreed upon timeframe. If this date were to fall on a holiday or weekend, we will provide this report on the next business day.

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



**PROPOSAL MEETS
REQUIREMENT**

HOSPHY16

The Supplier must develop, document, deliver and retain all required TPL generated reports to the Agency, as applicable, in a manner agreed upon by the Agency.

All standard reports should be readily accessible, at any time, to the Agency to assist the Agency in securing any needed information. Ad Hoc reporting access must be provided to Agency users or contractors.

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
PROPOSAL MEETS REQUIREMENT	HOSPHY17 <i>The Supplier must review system generated reports and, when applicable, must perform adjudication/corrective action for each report. The Agency will collaborate with the Supplier on the adjudication/corrective action processes required. The Agency will define the fields which will be included in the reports based on its business needs.</i> [REDACTED] [REDACTED] [REDACTED] [REDACTED] We review system generated reviews and in cases when incidents are found that require corrective action is required, we will collaborate with the agency to define next steps and processes for remediation. During implementation, we will review with the Agency each report from our suite of reports. This review allows us to determine additional reporting needs. We test each report with the Agency prior to production and validate the data included.
PROPOSAL MEETS REQUIREMENT	HOSPHY21 <i>Report Name: TPL Activity Report</i> <i>Report Frequency: Quarterly (or a timeframe specified by the Agency)</i> <i>Entity Responsible: Supplier</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>

Our solution comes with a suite of standard reports for TPL management. Authorized Agency users will have secure, role-based secure to these report on demand through our solution using our self-service reporting capability.

We will provide the TPL activity report quarterly or in a timeframe specified by the Agency as depicted in Figure 16.

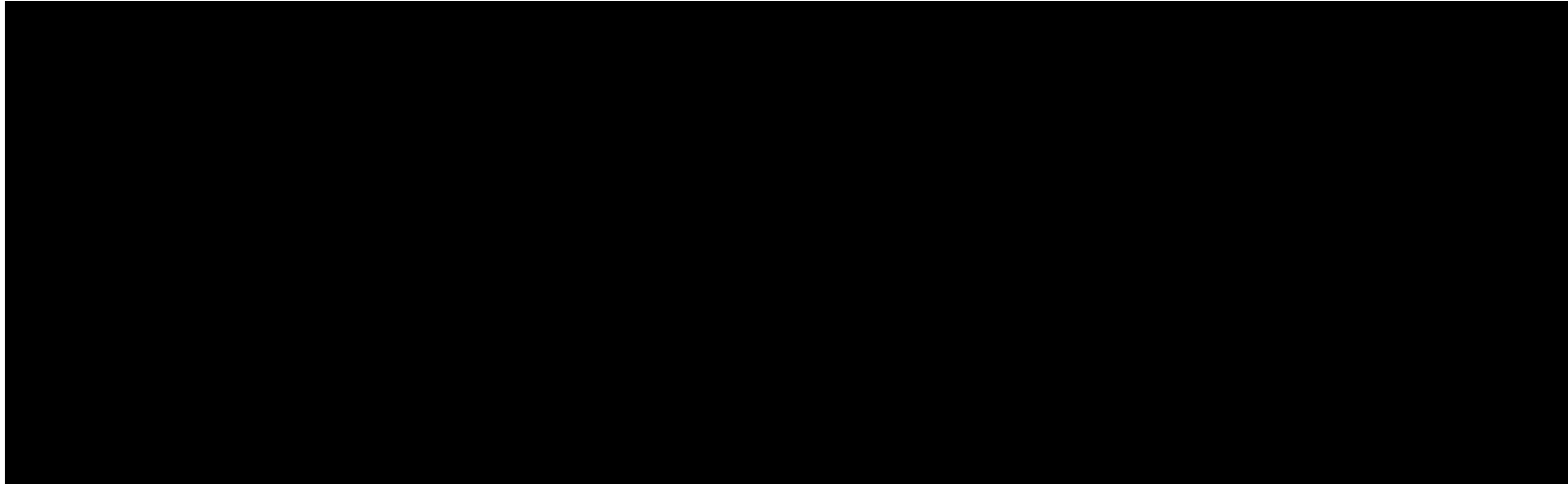
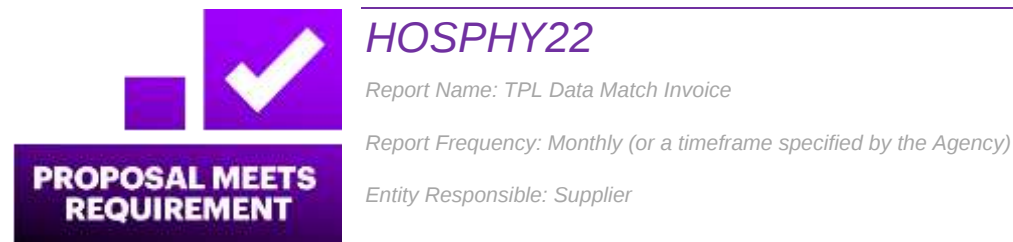


Figure 16. TPL Activity Report.

This report shows the maintenance activity for a month and includes fields such as member name, Medicaid ID, insurance/carrier name, policy number, effective date, termination date and type of coverage.

During implementation, we will review this report with the Agency and determine the fields that need to be included according to your business needs.



Report Description: This monthly invoice will reflect the Supplier's requested payment from 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. Authorized Agency users will have secure, role-based access to these report on demand through our solution using our self-service reporting capability. We will provide the TPL Data Match report monthly or in a timeframe specified by the agency. This report will summarize the total count of the policy resources at the policy and the benefit level. The requests will be based on the contracted agreement for data matching services.

During implementation, we will review this report with the Agency and determine the fields that need to be included according to your business needs.



**PROPOSAL MEETS
REQUIREMENT**

HOSPHY23

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 TPL 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 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.

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 17, we produce status reports monthly or in a timeframe specified by the agency using stoplight colors to guide our discussion during the regular status meeting.

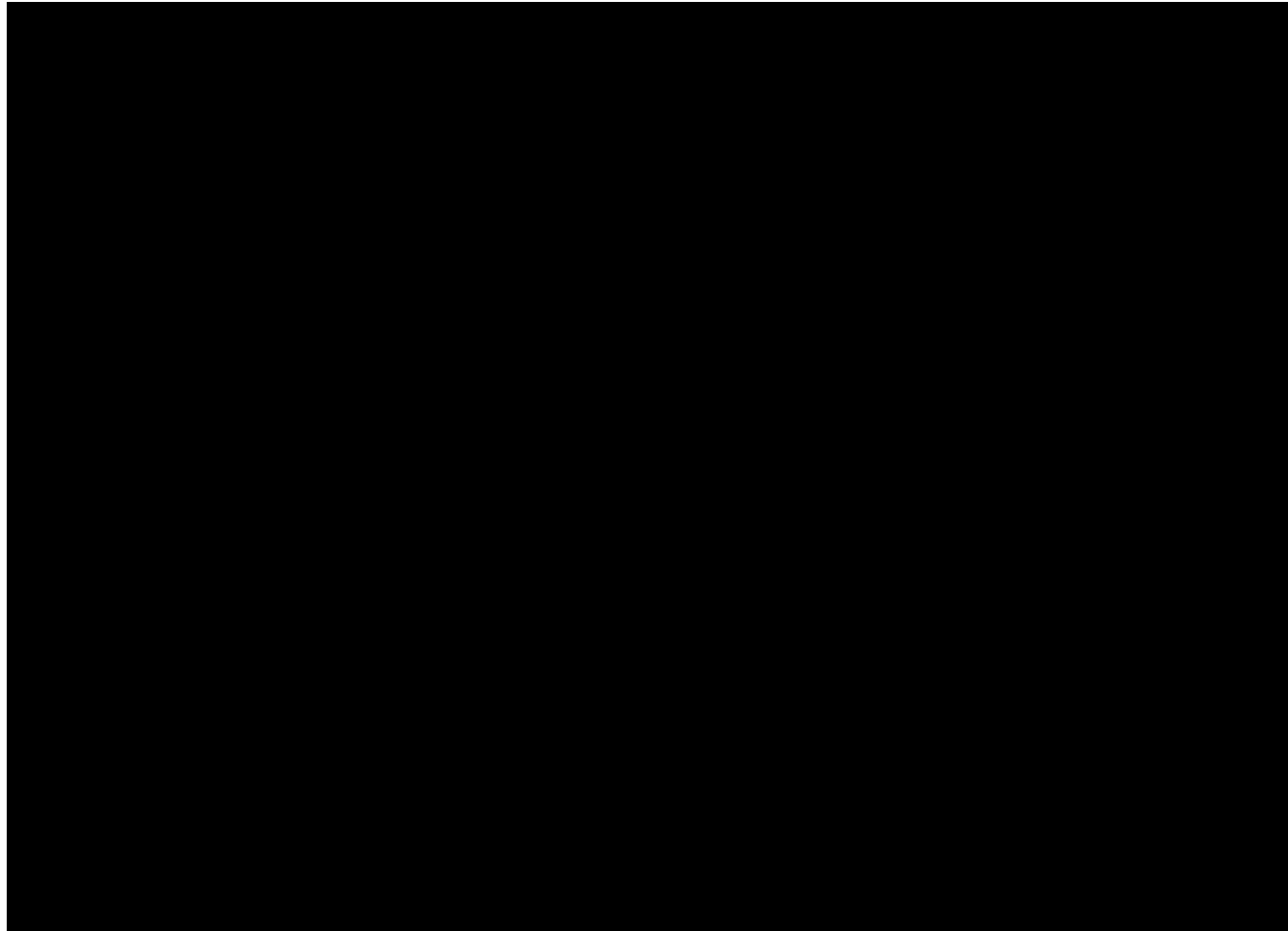


Figure 17. Our Status Reports promote full transparency and clear communication.

The status report will provide an executive summary, key program observations and accomplishments, and areas of issues and recommended program improvement to stimulate collaborative idea and solution sharing. We will document, review and

seek approval for next steps that may be determined for continued success and improvement of operations and administration of the TPL functions.

As project phases and business needs progress we will work with the State to adjust status reporting to the latest needs. This may include variations in metrics collected and presented.

During implementation, we will review this report with the Agency and determine the fields that need to be included according to your business needs.



HOSPHY24

Report Name: Statement on Standards for Attestation Engagements (SSAE18)

Entity Responsible: Supplier

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

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 that 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 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 18. For this Project, SSAE 18 audits will be included at no cost to the client during the engagement.

A12 Answer # 12

RECEIVING REPORTS FROM THE AGENCY SYSTEM

We will receive the reports stated in Requirements HOSPHY18-HOSPHY20 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 will use as necessary to aid our business processes. One way we could use these reports would be to reconcile any discrepancies in our third-party resource data if necessary. [REDACTED]

While we are able to 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.



HOSPHY18

Report Name: Carrier Update Activity Report

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

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

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.

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 add and update policy information using the appropriate carrier as determined in the Carrier File.

Our solution uses a unique identification approach that helps states focus on cost avoidance and rely less on the traditional 'pay-and-chase'. 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.



**PROPOSAL MEETS
REQUIREMENT**

HOSPHY19

Report Name: Number of Policies by Verification Indicator

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

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

Report Description: This report provides the number of policies by verification indicator that have policy dates active during the select time period. 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.



**PROPOSAL MEETS
REQUIREMENT**

HOSPHY20

Report Name: Covered Eligible Members by County

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

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

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 within county of financial responsibility. 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.

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
13	Interfaces -Describe in detail your process for creating and transmitting interfaces where the Supplier is the entity responsible as stated in Attachment L, Interfaces Section, Requirement HOSPHY43.
A13	Answer # 13 INTERFACES [REDACTED] [REDACTED] [REDACTED] [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.  PROPOSAL MEETS REQUIREMENT HOSPHY43 <i>Interface Name: TPL Resource File from TPL Vendor</i> <i>From: TPL Vendor</i> <i>To: An electronic system as defined by the agency, e.g. Medicaid Enterprise System</i> <i>Frequency: Variable (or a timeframe specified by the agency)</i> <i>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.</i>

	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. A solid maintenance of third party insurance coverage is crucial to a strong cost avoidance and post payment recovery processes. We know that when third party insurance is not updated and maintained, the repercussions can be enormous. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
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	 Figure 19. Our approach to third party insurance data maintenance prioritizes ongoing validation for accuracy. As mentioned previously, it is important to identify third party insurance accurately and promptly for cost avoidance and encounter claims recovery purposes. It is equally important to maintain the third party insurance data once it is identified. With proper ongoing emphasis on data maintenance, the Agency can continue to see increases in cost avoidance while reducing the overall volume of incoming calls and preventing access to care situations for members.		
	<table border="1"> <tr> <td data-bbox="266 1157 1087 1219">Upload Attachments with Additional Information? No</td> <td data-bbox="1087 1157 1906 1219">Attachment File Name: N/A</td> </tr> </table>	Upload Attachments with Additional Information? No	Attachment File Name: N/A
Upload Attachments with Additional Information? No	Attachment File Name: N/A		
14	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 L, Interfaces Section, Requirements HOSPHY25-HOSPHY42.		

A14 Answer # 144

INTERFACES

As described in our response to Question A13, our 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. 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.



HOSPHY25

Interface Name: 8091 Interface with Social Security Administration (SSA)

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

To: TPL Vendor

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

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.

The Social Security Administration (SSA) file provides member demographic data such as Medicare policy and disability information. Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and consolidate referral sources such as the Social Security Administration (SSA) file at a daily frequency or other specified timeframe based on individual State requirements. We will use this file, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), in combination with others to optimize Medicare identification and eligibility for a member.

[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.

 PROPOSAL MEETS REQUIREMENT	HOSPHY26 <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</i> <i>System 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, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), 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.
 PROPOSAL MEETS REQUIREMENT	HOSPHY27 <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 as

the BENDEX file at a daily frequency or other specified timeframe based on individual State requirements. We will use this file, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), 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.



HOSPHY28

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 whether a member is a participant 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, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), 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.



HOSPHY29

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 Capitations file from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), 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. This could be used for commercial recovery services and providing oversight over CMO efficiencies through analytics.

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



HOSPHY30

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. We will utilize 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.



HOSPHY31

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 typically used for Billing and Recoupment services. 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), for data matching services if and as needed.

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	HOSPHY32 <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> 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. The Diagnosis Code file is typically used for Billing and Recoupment services such as for Casualty Recovery services and overpayment identification. We can use this file, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), for data matching services if and as needed. 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	HOSPHY33 <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. The Drug Code file is typically used for Billing and Recoupment services such as overpayment identification. We can use this file, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), for data matching services if and as needed.

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.



HOSPHY34

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.

The Institutional Claims file is typically used for Billing and Recoupment services. 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, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), for data matching services if and as needed.

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.



HOSPHY35

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 from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), at a monthly 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.



HOSPHY36

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 received from the Medicaid Enterprise system is the source file which is used to perform our Hospital/Physician Services on. This 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 conduct Third Party Insurance identification activities. 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.

[REDACTED]
[REDACTED]
[REDACTED]

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



HOSPHY37

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 is typically used for Billing and Recoupment services. Accenture's robust and modern [REDACTED] solution can ingest, incorporate, and consolidate the Pharmacy 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), for data matching services if and as needed.

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.



HOSPHY38

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 typically used for Billing and Recoupment services. 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 can use this file, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), for data matching services if and as needed.

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.

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.



HOSPHY39

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. The Procedure Code file is typically used for Billing and Recoupment services such as overpayment identification. We can use this file, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), for data matching services if and as needed.

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.



HOSPHY40

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.

Accenture's robust and modern [REDACTED] solution will ingest, incorporate, and consolidate the data sources 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 for Provider Recoupment services. We can use this file for data matching services if and as needed.

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.



HOSPHY41

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 this 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 their cost avoidance activities. We can ingest this file monthly as required by the State, but recommend we monitor and maintain this file daily.

 PROPOSAL MEETS REQUIREMENT	HOSPHY42 <i>Interface Name: Territory Beneficiary Query (TBQ) 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: Daily (or a frequency specified by the agency)</i> <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, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), 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.
Upload Attachments with Additional Information? No	Attachment File Name: N/A