

Attachment O	
Mandatory Scored Questions- CMO Come Behind 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- Supplier's references must demonstrate a minimum two (2) consecutive years Commercial Recoupment/Data Match experience or two (2) consecutive years Care Management Organization Come Behind 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	Answer # 1 EXPERIENCE

TEXAS HEALTH AND HUMAN SERVICES COMMISSION (HHSC)



[Redacted text block]

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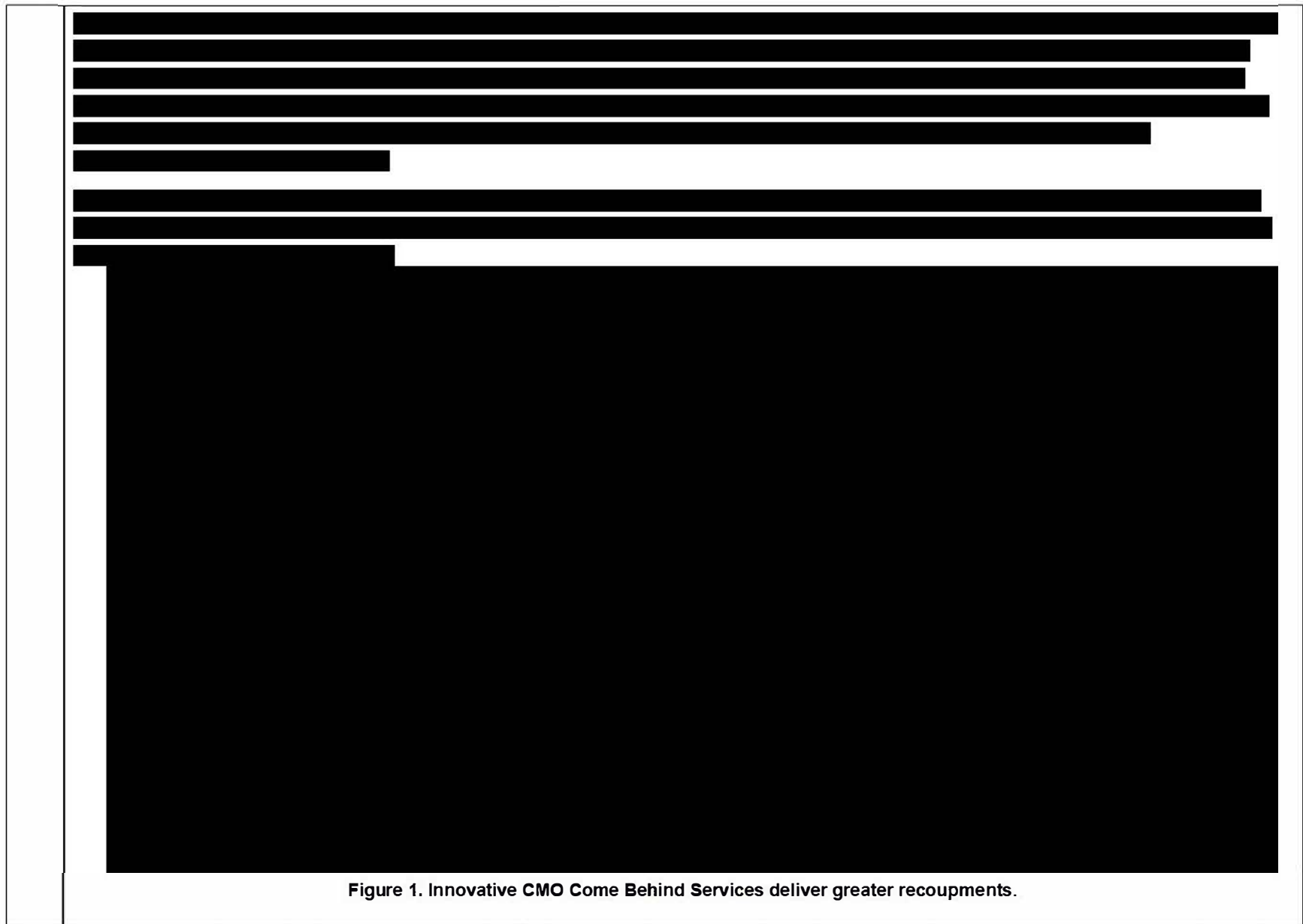
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Attachment O

TPL Care Management Organization (CMO) Come Behind Services Mandatory Scored Response Worksheet

Third Party Liability

	• [REDACTED]	
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	MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES (MA EOHHS)	
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Our process helps ensure the maximum amount of recoveries through the following steps:

[REDACTED]

[REDACTED]

[REDACTED]

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	Additional details about our experience 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	Electronic Storage Describe your process for electronically storing and retrieving all correspondence including but not limited to reports, letters, check copies, and financial records for all TPL programs for the duration of the contract.	
A2	<i>Answer # 2</i> ELECTRONIC STORAGE	

	Upload Attachments with Additional Information? No Attachment File Name: N/A
3	Relevant Time Periods- Describe your process for identifying those encounter claims which are still in-process after 365 calendar days and coordinating with the CMO to transfer responsibility of those cases as stated in Attachment N, Relevant Time Periods Section, Requirement CMOCB1.
A3	<i>Answer # 3</i> RELEVANT TIME PERIODS – IDENTIFYING ENCOUNTER CLAIMS

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	 PROPOSAL MEETS REQUIREMENT CMOCB 1 <i>The come behind recoupment process begins three hundred sixty-five (365) calendar days (or a timeframe specified by the Agency) after the CMO paid encounter claim date. After that time period, the CMO must turn over the recoupment process for those encounter claims to the Agency.</i> Accenture will initiate the come behind recoupment process three hundred sixty-five (365) calendar days (or a timeframe specified by the Agency) after the CMO paid encounter claim date. Using our own data mining system, Accenture uncovers more third party insurance information than legacy methods, helping to expand our Come Behind Billing efforts. Additionally, we leverage the CMO billing files to ensure we are not duplicating efforts.	
	Upload Attachments with Additional Information? No	Attachment File Name: N/A
4	Relevant Time Periods- Describe your process for seeking recoupment for services for which an alternative payer is responsible including but not limited to the requirements stated in Attachment N, Relevant Time Periods Section, Requirement CMOCB2.	
A4	Answer # 4 RELEVANT TIME PERIODS - RECOUPMENT PROCESS	

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[illegible]

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[REDACTED]

	 PROPOSAL MEETS REQUIREMENT CMOCB 2 The Supplier must seek recoupment for encounter claims for which an alternative payer is responsible, by conducting the following activities, including, but not limited to: a. Notifying the responsible payer of the recoupment within thirty (30) calendar days (or a timeframe specified by the Agency) from the date the recoupment is identified. b. The Supplier must allow carriers sixty (60) calendar days (or a timeframe specified by the Agency) to follow up on the initial notification of recoupment prior to initiating any follow-up activities. c. After the sixty (60) calendar day period (or a timeframe specified by the Agency), the Supplier must ensure any necessary follow-up contact is completed within thirty (30) calendar days (or a timeframe specified by the Agency) from the initial come behind billing date. Accenture will seek recoupment for encounter claims for which an alternative payer is responsible, by conducting the following activities, including, but not limited to: a. Notifying the responsible payer of the recoupment within thirty (30) calendar days (or a timeframe specified by the Agency) from the date the recoupment is identified. Using our sophisticated matching criteria and de-duplication logic, we can ensure that only encounter claims that aged appropriately and have not already been pursued successfully by the CMO are billed. b. Accenture will allow carriers sixty (60) calendar days (or a timeframe specified by the Agency) to follow up on the initial notification of recoupment prior to initiating any follow-up activities. Our system tracks incoming notifications of denials or payment status so we can target follow up activities to only include encounter claims where no action or updates have occurred. c. After the sixty (60) calendar day period (or a timeframe specified by the Agency), Accenture will confirm any necessary follow-up contact is completed within thirty (30) calendar days (or a timeframe specified by the Agency) from the initial come behind billing date. However, because of our stringent data matching and verification processes, Accenture averages a 60% encounter claims resolution rate within the first 30 days after the initial come behind billing date.
	Upload Attachments with Additional Information? No Attachment File Name: N/A
5	Relevant Time Periods- Describe your process for performing routine data matches with commercial carriers, other government agencies, and other alternative data resources utilizing the requirements stated in Attachment N, Relevant Time Periods Section, Requirement CMOCB3.

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A5

Answer # 5

RELEVANT TIME PERIODS – DATA MATCHING

[illegible]



Figure 2. Our AAPCA solution brings a modern and more effective approach to third party resource identification.

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

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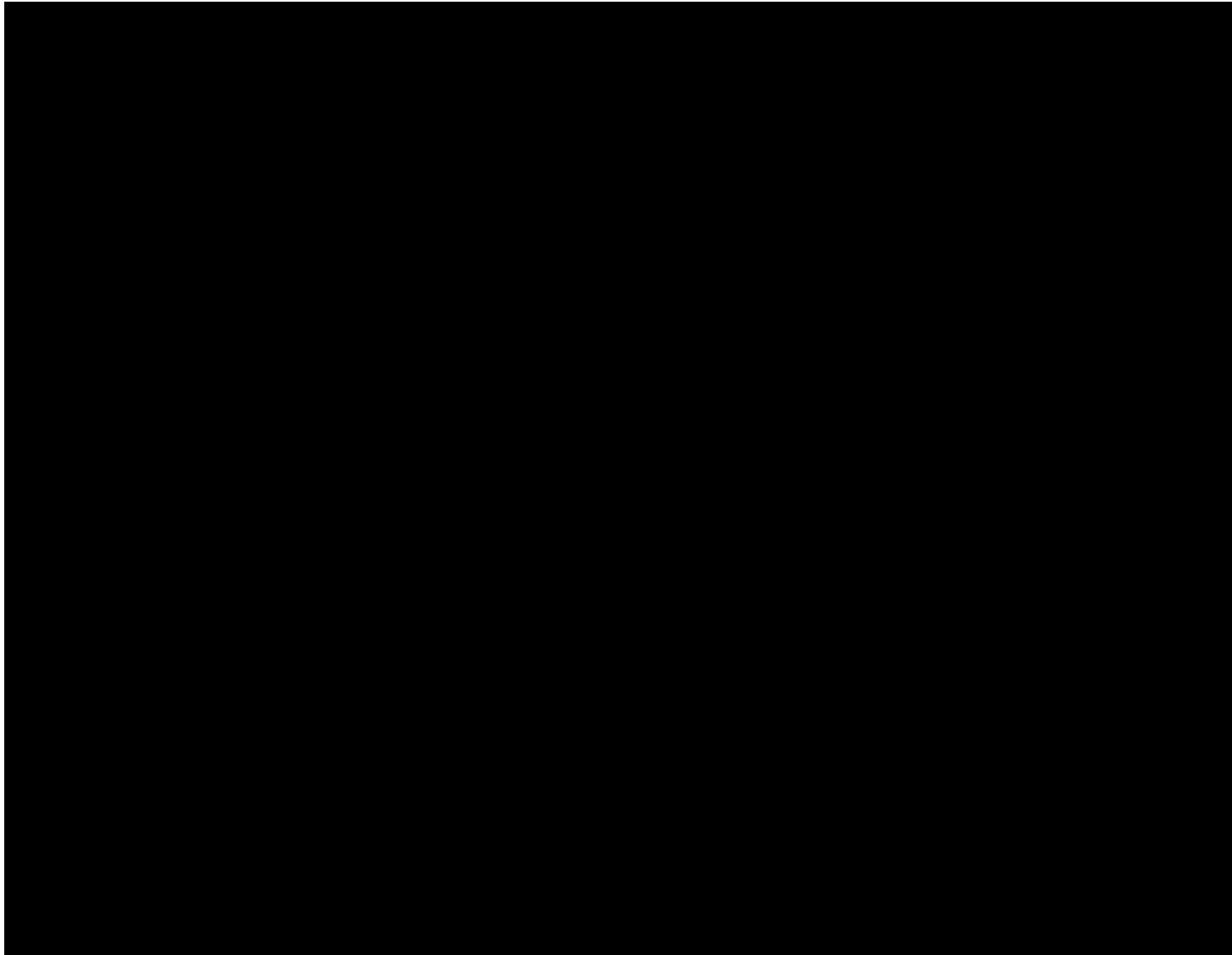


Figure 3. Our AAPCA process uses the most accurate and timely data possible.

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[illegible]

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ADDITIONAL VERIFICATION OF THIRD PARTY COVERAGE

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

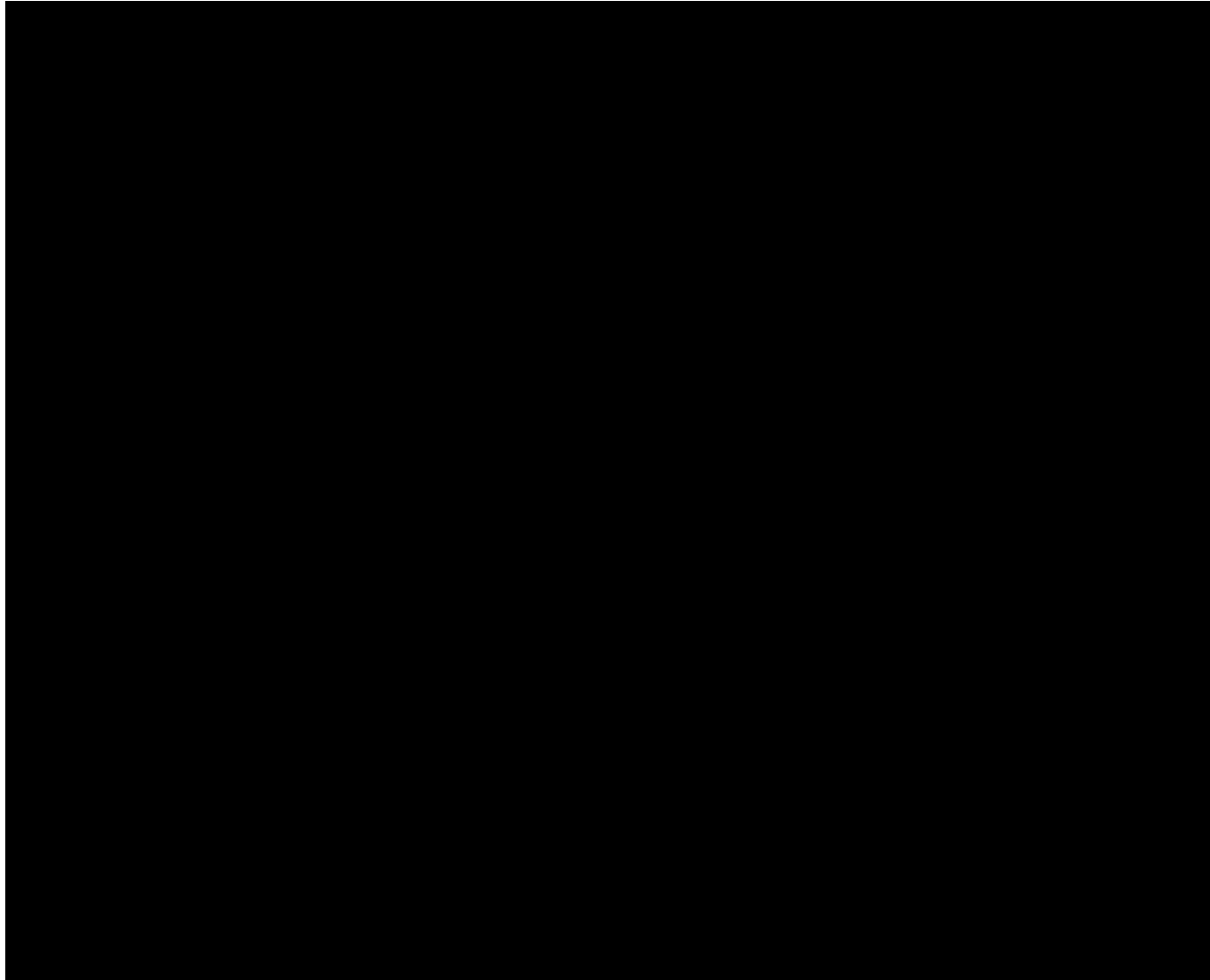


Figure 4. The Third Party Resource Identification tool home page allows our analysts to act on unverified referrals.

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[REDACTED]

PERFORM QUALITY ASSURANCE EVALUATION

[REDACTED]



**PROPOSAL MEETS
REQUIREMENT**

CMOCB 3

The Supplier must perform monthly (or a timeframe as specified by the Agency) routine data matches with commercial carriers, other government Agencies, and other alternative data resources.

a. The Supplier must update an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, with verified TPL resource information within five (5) business days (or a timeframe specified by the Agency) from receipt of the resource.

b. The Supplier must respond to system generated TPL reports and take the required actions to process necessary updates within five (5) business days (or a timeframe specified by the Agency).

c. The Supplier must document all required actions in the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, providing an explanation for what action was taken and why it was taken.

The Supplier must perform monthly (or a timeframe as specified by the Agency) routine data matches with commercial carriers, other government Agencies, and other alternative data resources.

a. The Supplier must update an electronic system as determined by the Agency, e.g. Medicaid Enterprise System, with verified TPL resource information within five (5) business days (or a timeframe specified by the Agency) from receipt of the resource.

b. The Supplier must respond to system generated TPL reports and take the required actions to process necessary updates within five (5) business days (or a timeframe specified by the Agency).

c. The Supplier must document all required actions in the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, providing an explanation for what action was taken and why it was taken.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

	Upload Attachments with Additional Information? No	Attachment File Name: N/A
6	Program Documentation- 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 N, Program Documentation Section, Requirement CMOCB4.	
A6	<i>Answer # 6</i> PROGRAM DOCUMENTATION – PROGRAM MANUALS The key to our successful TPL partnership with the State is a culture of collaboration, communication, and transparency. We foster an open dialog with the state and encourage regular 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. When it comes to TPL, we know that documentation, maintenance, and continually improving clear structures and communications is 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 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 	

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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 5, these include detailed, step-by-step instructions to confirm clear and precise guidance and documentation for program stakeholders.

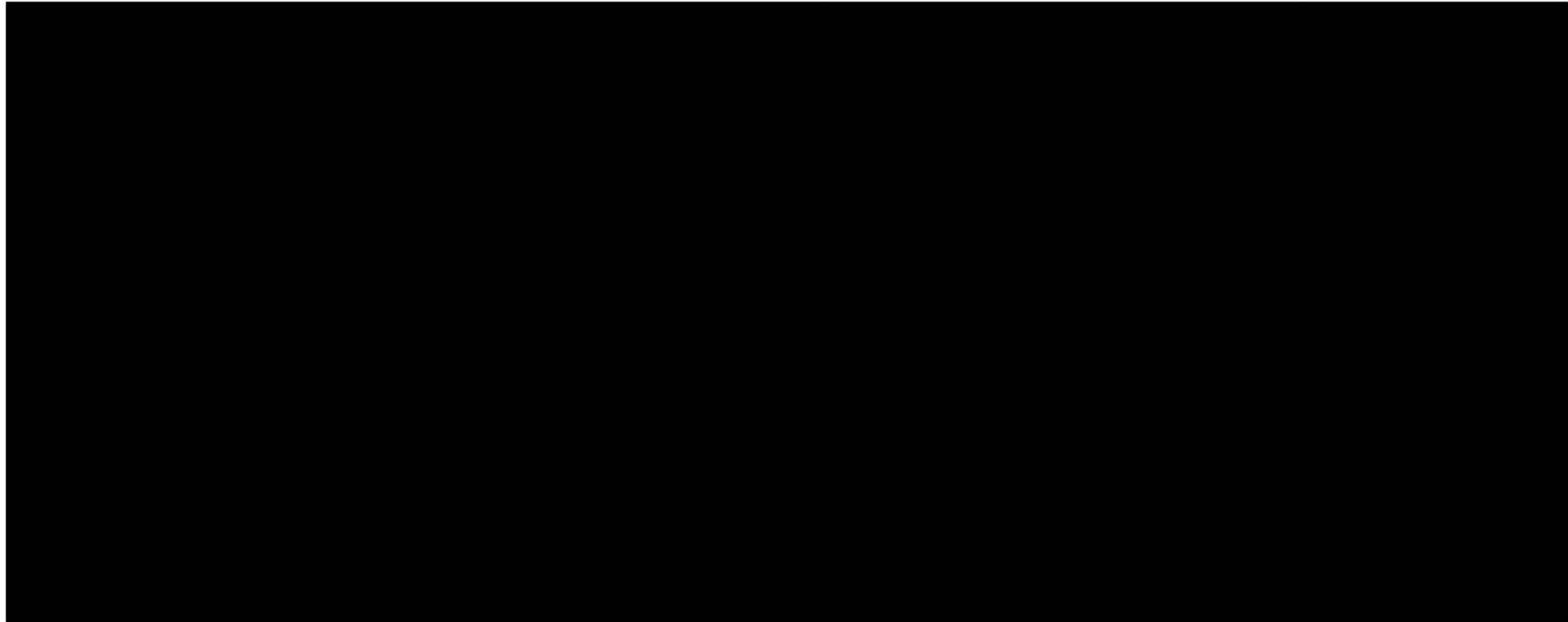


Figure 5. Accenture maintains thorough job aids to clear and concise project communication.

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 from 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.

	 CMOCB 4 The supplier must develop and maintain a professionally written CMO Come Behind Program Procedures manual to reflect the Supplier's processing operations and Recovery 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 CMO Come Behind 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). Accenture will bring an established Come Behind Billing Program Procedures manual that can be tailored to reflect federal and state guidelines for billing and recoupment process. 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 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: N/A
7	System Requirements- Describe your process for tracking collections using a web-based accounts receivables system that must be reviewed and approved by the agency prior to production utilizing the requirements identified in Attachment N, System Requirements Section, Requirement CMOCB5.

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A7

Answer # 7

SYSTEM REQUIREMENTS – ACCOUNTS RECEIVABLE

[illegible]

- | Category | Percentage |
|----------------|------------|
| Very important | 35% |
| Important | 25% |
| Not important | 15% |
| Don't know | 25% |
| Other | 0% |

	 CMOCB 5 <i>The Supplier must track collections in an accounts receivables system that must be reviewed and approved by the Agency prior to production use, or work in the Agency's current accounts receivables system.</i> PROPOSAL MEETS REQUIREMENT
	Upload Attachments with Additional Information? No Attachment File Name: N/A
8	System Requirements- Describe how you will handle recoupment/recovery checks sent to your company for processing, including the items listed in Attachment N, System Requirements, Requirement CMOCB6.

A8

Answer # 8

SYSTEM REQUIREMENTS – CHECK PROCESSING

[REDACTED]

- | | |
|-------------------|------------------------------|
| a. Member name | g. Check amount |
| b. Medicaid ID | h. Check date |
| c. Encounter date | i. Deposit date |
| d. Amount billed | j. Cash control number (CCN) |
| e. Amount paid | k. Claim ID (ICN) |
| f. Check number | |

In some cases, Accenture might receive a disposition without payment via an 835 transaction from a carrier in response to our 837 initiating the billing process. When this happens, our carrier relations team immediately follows up with the carrier to ensure payment is in route to the lockbox. We work closely with carriers throughout the process to ensure all payments are received and work through any delays. We also account for the need for manual intervention when carriers are not set up to exchange 837/835 transactions or when the 835 information does not match exactly to our claim details. Similarly, when a check is received without supporting documentation, we maintain posting timelines by categorizing the check as an exception while we work with the carrier to gather the necessary documentation. When exceptions occur, our specialists make three attempts to reach carriers in addition to conducting web verification. Additionally, our system is designed to only post once monies have been received, eliminating the inflation and confusion that can result when payments are falsely posted.

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In keeping with our commitment to full transparency and thorough documentation, Accenture provides the FA with a monthly list of deposits via an electronic file. This allows the FA to reconcile the deposit list, add the payment information voucher (PIV), and return the list to Accenture. Throughout the process, Accenture adheres to a stringent reconciliation process. We work closely with the FA to quickly identify any discrepancies and settle upon the best method to resolve the difference. If a carrier or provider refund is identified, Accenture immediately notifies the Agency and credits the refund amount on the next invoice.

[REDACTED]

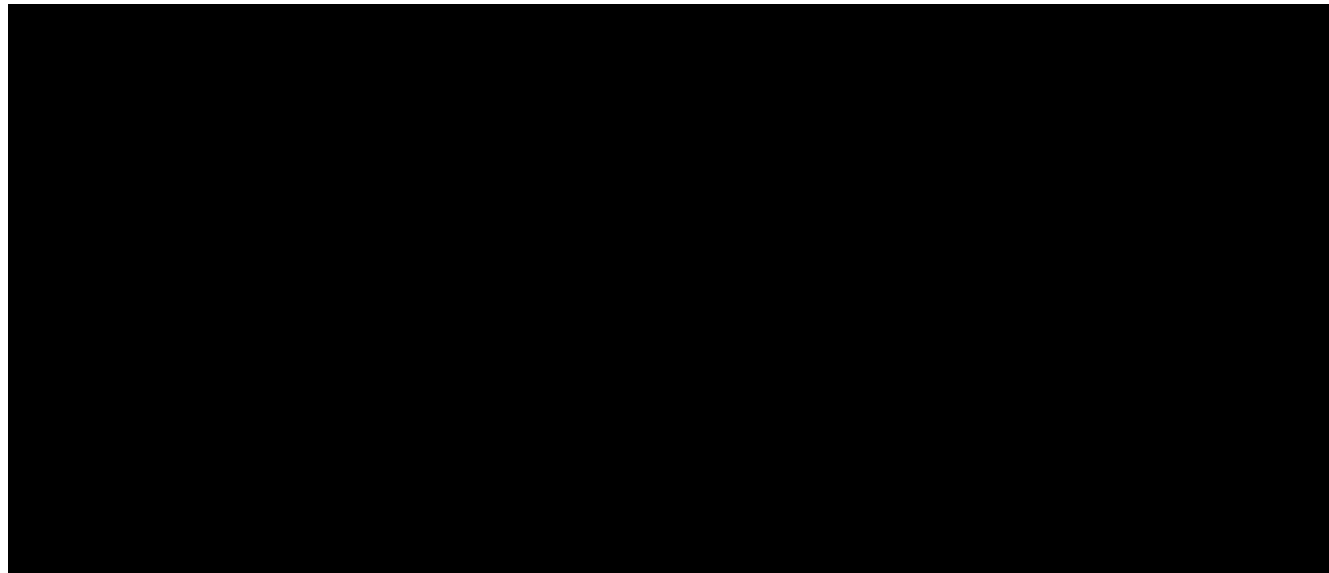


Figure 6. AABP Application Dashboard Sample 1.

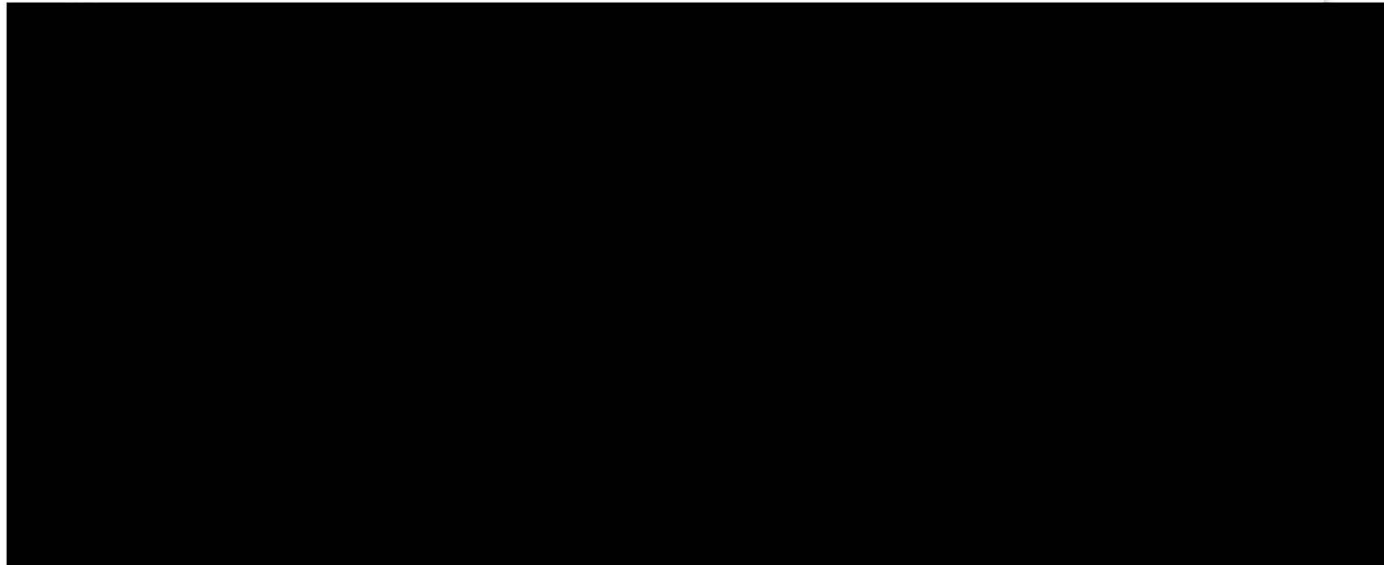


Figure 7. AABP Application Dashboard Sample 2.

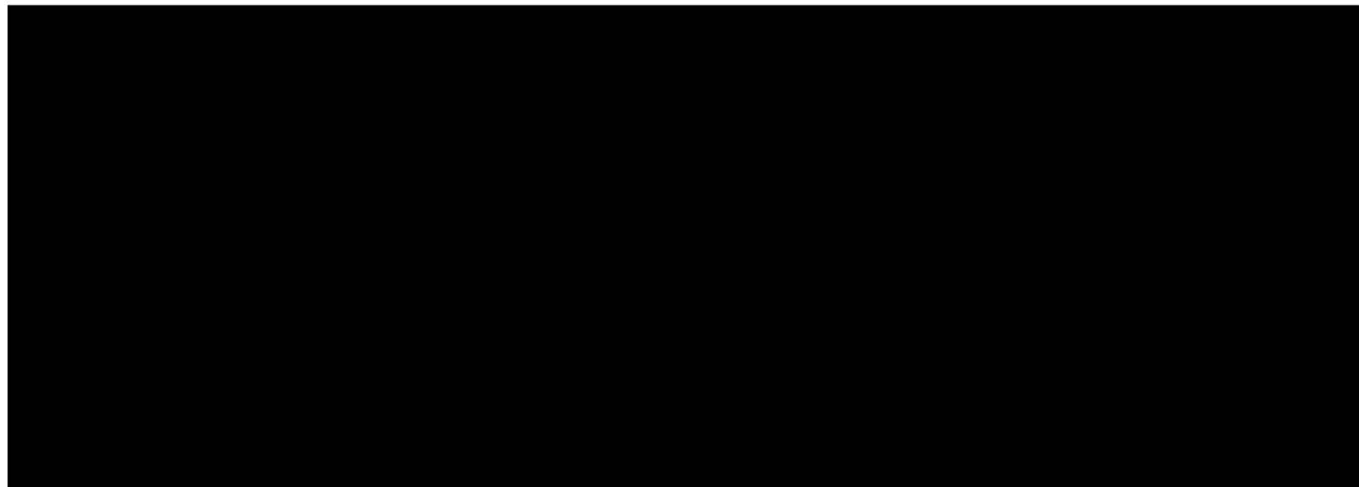


Figure 8. AABP Application Dashboard Sample 3.

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Figure 9. AABP Application Dashboard Sample 4.

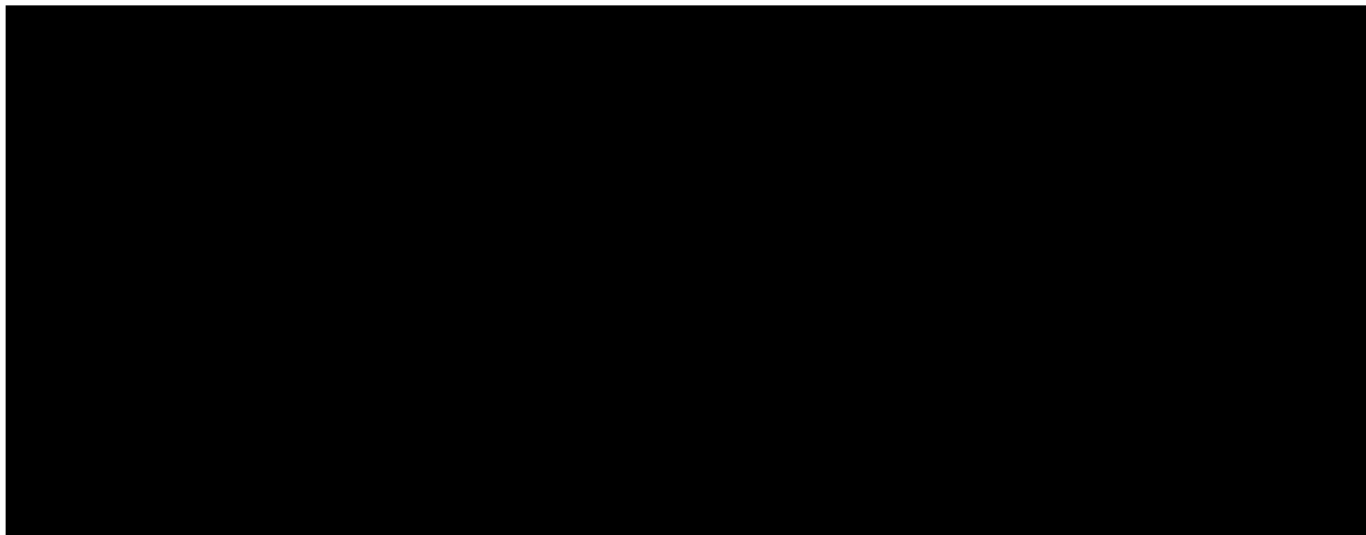


Figure 10. AABP Application Dashboard Sample 5.

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Figure 11. AABP Application Dashboard Sample 6.

Because we believe that frequent communication is essential to a successful project, we typically recommend weekly meetings between the Contract Monitor and our Project Manager for Cost Avoidance and Recovery at the start of the contract.



CMOCB 6

Recoupment/recovery checks associated with the CMO Come Behind Program will be sent to the Supplier for processing. After receiving a check from a carrier or payer, the Supplier must record basic documentation associated with the check, including but not limited to:

- a. Member name*
- b. Medicaid ID*

- c. Encounter date*
- d. Amount billed*

	e. Amount paid f. Check number g. Check amount h. Check date i. Deposit date j. Cash control number (CCN) k. Claim ID (ICN) Accenture establishes state-owned lockboxes and instructs providers and carriers to route payments directly to lockboxes designated by claim type. Should Accenture receive payment by mistake, we would immediately forward it to the appropriate lockbox and notify the Agency. After a check is received to the lockbox, Accenture will record basic documentation associated with the check, including but not limited to: <table border="0"> <tr> <td>a. Member name</td> <td>g. Check amount</td> </tr> <tr> <td>b. Medicaid ID</td> <td>h. Check date</td> </tr> <tr> <td>c. Encounter date</td> <td>i. Deposit date</td> </tr> <tr> <td>d. Amount billed</td> <td>j. Cash control number (CCN)</td> </tr> <tr> <td>e. Amount paid</td> <td>k. Claim ID (ICN)</td> </tr> <tr> <td>f. Check number</td> <td></td> </tr> </table>		a. Member name	g. Check amount	b. Medicaid ID	h. Check date	c. Encounter date	i. Deposit date	d. Amount billed	j. Cash control number (CCN)	e. Amount paid	k. Claim ID (ICN)	f. Check number	
a. Member name	g. Check amount													
b. Medicaid ID	h. Check date													
c. Encounter date	i. Deposit date													
d. Amount billed	j. Cash control number (CCN)													
e. Amount paid	k. Claim ID (ICN)													
f. Check number														
	Upload Attachments with Additional Information? No	Attachment File Name: N/A												
9	System Requirements Describe your process for creating invoices for recoveries associated with each CMO, including the requirements stated Attachment N, System Requirements, Requirement CMOCB7.													

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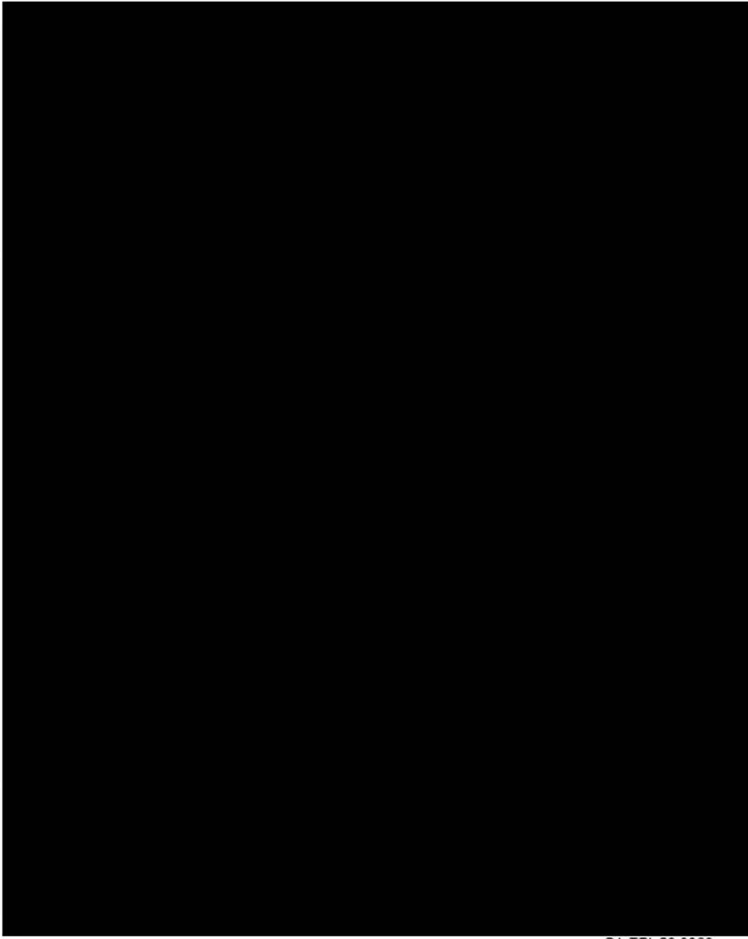
Answer # 9

SYSTEM REQUIREMENTS – INVOICING

Our differentiated approach to Come Behind Billing results in more accurate and timely invoicing for the state. Our system is designed to account for every action taken on a claim throughout its lifecycle. This includes any reversals that may occur due to a valid refund request or dispute from a carrier or provider. We are aware of inefficient practices used traditionally by legacy vendor's where invoicing does not account for refunds, thus necessitating the State to proactively monitor refund requests and chase reimbursements from the vendor as a result of over-invoicing. We account for every transaction during the billing period, including recoveries and carrier refund requests. For example, if we invoice the State for a recovery conducted in July and the carrier related to that recovery comes back to us in November with a refund request, Accenture reconciles the carrier documentation – usually the Explanation of Benefits (EOB) or Electronic Remittance Advice (ERA) 835 transaction – against the billed encounter claims. If we are unable to automatically verify the request using the EOB or ERA, the request is routed to a queue to be worked manually.

Should we find the refund request is valid, we then reverse the transaction, all the while documenting every action taken on the claim. At the end of the month, Accenture prepares three reports: A detailed report illustrating claim-by-claim transactions including positive and negative transactions, a financial report outlining check-level information such as the deposit data and amount left pending, and a summary report with aggregate totals. All three documents are submitted as official State deliverables and used to report numbers to the billing team. Invoices can be separated by individual CMO and prepared in the Agency-designated format and sent by the 12th calendar day of the month. The invoices reflect the official numbers reported to the billing team and include the claim-level, check-level, and summary reports.

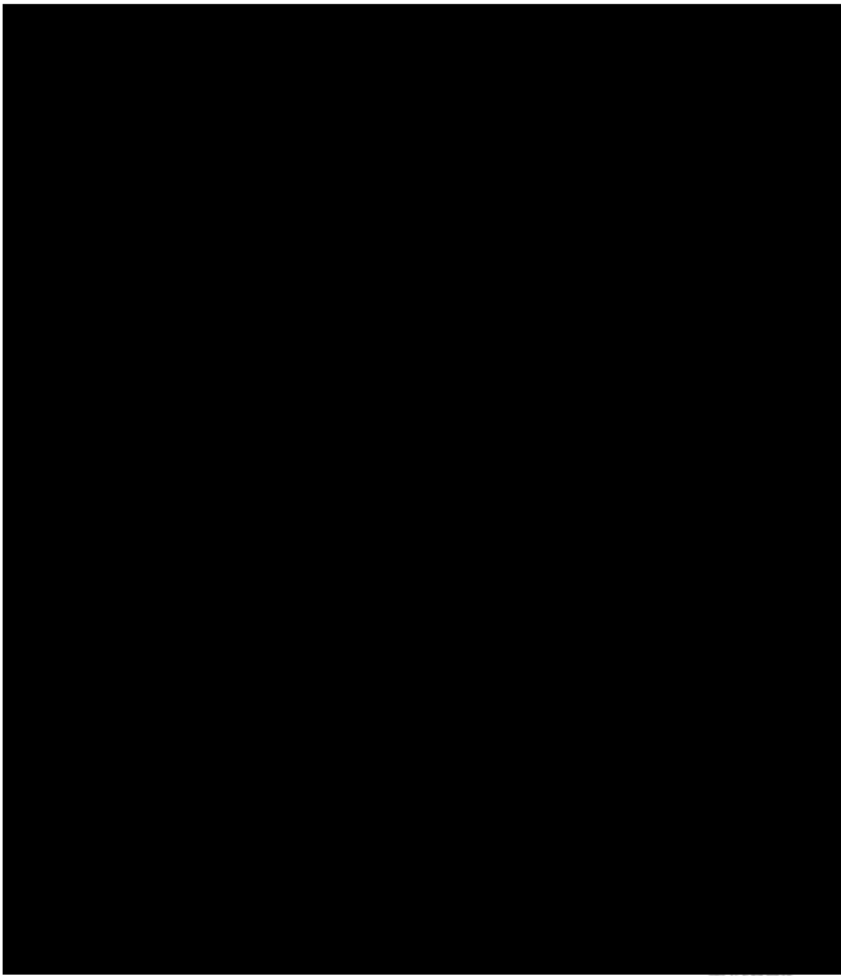
This audit trail will be apparent in reports sent to the billing team and will appear as a negative adjustment on the State's balance for that month.

 PROPOSAL MEETS REQUIREMENT	CMOCB 7 <i>The Supplier must produce separate invoices for recoveries associated with each CMO.</i> <i>a. The Supplier must submit invoices in an agreeable paper or electronic format to the Agency point of contact not later than the 12th calendar day of the month (or a date specified by the Agency), for the previous month (for example invoice must be received by February 12th for month starting January 1st and ending January 31st). If the due date falls on a weekend or a State holiday, the due date will be the following business day.</i> <i>b. The Agency point of contact will review and approve an invoice submitted by the Supplier. If there is an error in the invoice, the Supplier will be required to correct and resubmit the invoice.</i>	
Accenture will produce separate invoices for recoveries associated with each CMO, shown in Figure 12. a. Accenture will submit invoices in an agreeable paper or electronic format to the Agency point of contact not later than the 12th calendar day of the month (or a date specified by the Agency), for the previous month. If the due date falls on a weekend or a State holiday, Accenture will submit invoices on the following business day. b. Accenture acknowledges that the Agency point of contact will review and approve an invoice submitted by the Accenture. If there is an error in the invoice, Accenture will correct and resubmit the invoice.		
Figure 12. Carrier Refund Request Form.		
Upload Attachments with Additional Information? No	Attachment File Name: N/A	

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10	Refund Requests- Describe your process for researching, validating, and documenting all TPL refund requests. Please attach a proposed sample of a "Carrier Refund Request" form including but not limited to the requirements stated in Attachment N, Refund Requests Section, Requirements CMOCB8-CMOCB12.
A10	<i>Answer # 10</i> REFUND REQUESTS – RESEARCH AND VALIDATION  Figure 13. Refund Request Form.

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[illegible]



**PROPOSAL MEETS
REQUIREMENT**

CMOCB 8

The Supplier must research, validate and document all TPL refund requests based on Agency business rules. Refund requests must be reviewed and approved as determined by the Agency.

Accenture will research, validate, and document all TPL refund requests based on Agency business rules. Accenture acknowledges that refund requests must be reviewed and approved as determined by the Agency.



**PROPOSAL MEETS
REQUIREMENT**

CMOCB 9

Supplier must work with Agency to develop a Refund Request form. The form must be completed by the Supplier and submitted to the designated TPL point of contact at the Agency along with supporting documentation no later than thirty (30) business days (or a timeframe specified by the Agency) from receipt of request.

Accenture will work with the Agency to develop a Refund Request form. Accenture will complete the form and submit it to the designated TPL point of contact at the Agency along with supporting documentation no later than thirty (30) business days (or a timeframe specified by the Agency) from receipt of request.



**PROPOSAL MEETS
REQUIREMENT**

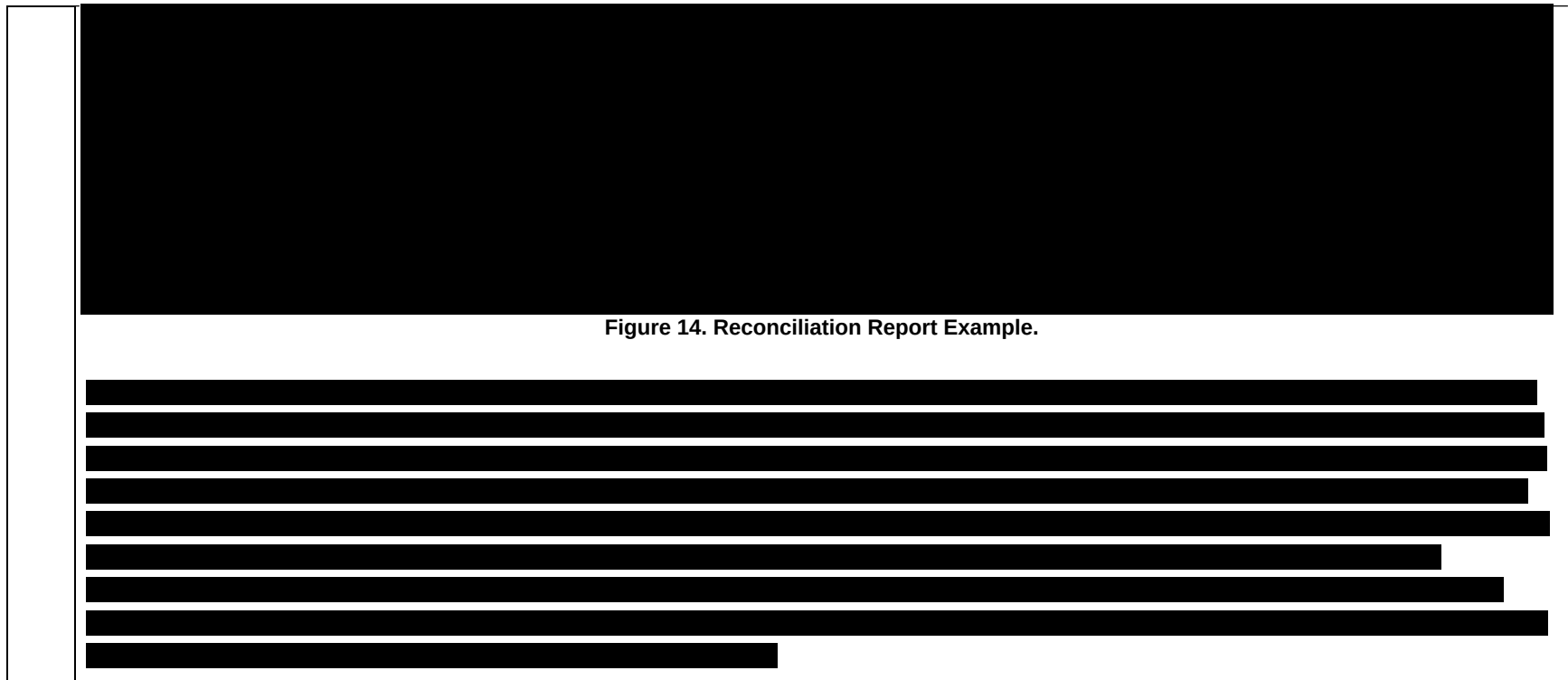
CMOCB 10

The Supplier must document and keep the Agency informed of the Supplier's efforts and processes used to obtain the carrier refund supporting documentation. If there is a delay in obtaining the supporting refund documentation, the Supplier must document and provide the Agency with a status report within a timeframe determined 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). The Supplier is required to develop and document a process for handling delays.

Accenture will document and keep the Agency informed of our efforts and processes used to obtain the carrier refund supporting documentation. We can implement automatic notifications to alert Agency stakeholders of the status of refund requests. If there is a delay in obtaining the supporting refund documentation, Accenture will document and provide the Agency with a status report within a timeframe determined 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 will develop and document a process for handling delays.

	CMOCB 11
<i>The Supplier must develop, document and maintain a professionally written, Agency approved Carrier Refund Process Procedure manual within a timeframe determined by the Agency.</i>	
PROPOSAL MEETS REQUIREMENT	[REDACTED]
[REDACTED]	
	CMOCB 12
<i>The Supplier must complete a "W-9" form for refunds greater than or equal to \$600.00 (or an amount specified by the Agency).</i>	
PROPOSAL MEETS REQUIREMENT	[REDACTED]
[REDACTED]	

	Upload Attachments with Additional Information? Yes-Required	Attachment File Name: Sample Carrier Refund Request Form_ CMO Come Behind Services
11	Refund Requests- Describe your process for ensuring refunds reflect as a negative adjustment on invoices following the receipt of the refund request including all requirements stated in Attachment N, Refund Requests Section, Requirement CMOCB13.	
A11	<i>Answer # 11</i> REFUND REQUESTS – ADJUSTMENTS [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	



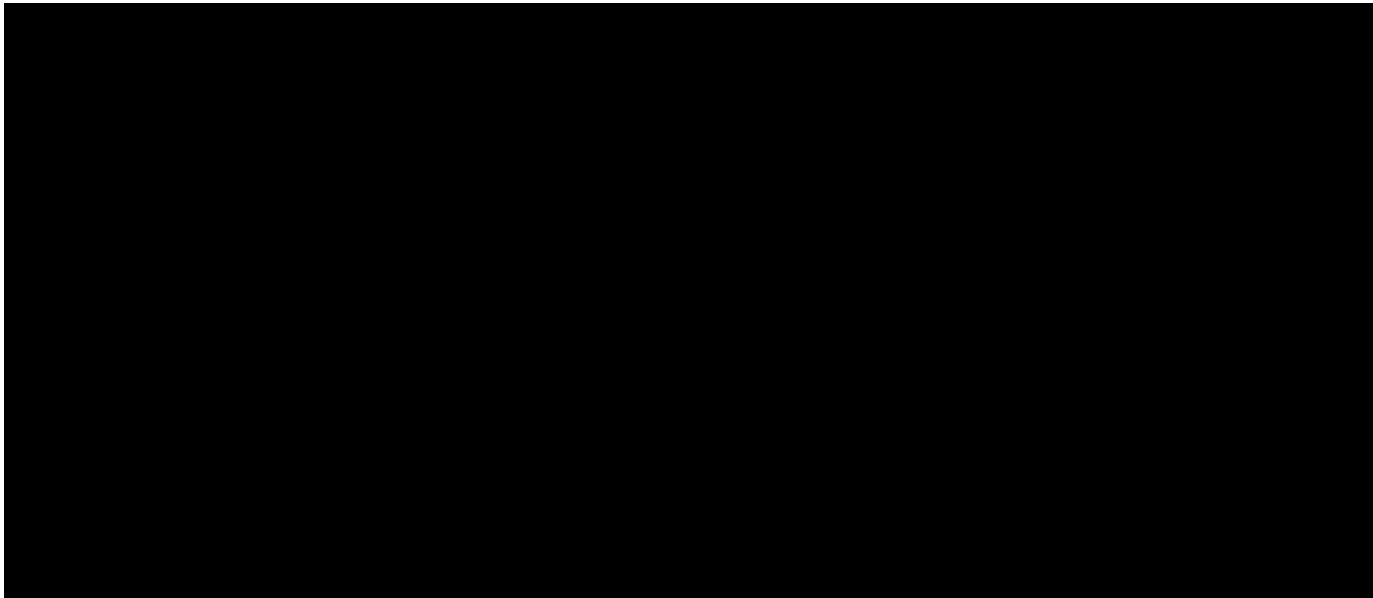


Figure 15. Ready-made audit reports eliminate the need for special ad-hoc reports.



**PROPOSAL MEETS
REQUIREMENT**

CMOCB 13

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, the cash control number (CCN), and the internal control number (ICN).

Accenture will confirm that all refunds reflect as a negative adjustment on the invoice following the receipt of the refund request. Accenture will submit an invoice for payment from the recoupment amount. If there is a refund required from a check listed on the previously approved invoice, Accenture will confirm that the refund reflects as a negative adjustment on the following invoice. The invoice data elements will include, but are not limited to member name, Medicaid ID, the check number/claim adjusted, adjustment amount, reason for the refund, the cash control number (CCN), and the internal control number (ICN).

	Upload Attachments with Additional Information? No Attachment File Name: N/A
12	Refund Requests- Describe your method for processing all designated carrier(s), e.g. Veterans Administration (VA)/Tricare, refund requests and checks as priority utilizing the requirements identified in Attachment N, Refund Requests Section, Requirement CMOCB14.
A12	<i>Answer # 12</i> REFUND REQUESTS [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

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	[REDACTED] CMOCB 14 <i>The Supplier must develop and document a process within a timeframe as determined by the Agency to monitor TPL lockboxes for receipts of designated carrier(s) refund requests. The TPL lockboxes must be monitored weekly (or a timeframe specified by the Agency).</i> Accenture will develop and document a process within a timeframe as determined by the Agency to monitor TPL lockboxes for receipts of designated carrier(s) refund requests. The TPL lockboxes must be monitored weekly (or a timeframe specified by the Agency).
	Upload Attachments with Additional Information? No Attachment File Name: N/A
13	Administrative Requirements- Describe your process for managing, documenting, and coordinating all specified administrative and system activities including but not limited to the requirements stated in Attachment N, Administrative Requirements Section, Requirements CMOCB15-CMOCB16.
A13	<i>Answer # 13</i> ADMINISTRATIVE REQUIREMENTS – PRINT, MAIL, LETTERS We have a dedicated team of specialists responsible for developing, documenting, printing, and mailing all correspondence regarding every aspect of the TPL program. Additionally, we bring vast educational resources, having established sophisticated training and baseline procedure documentation from our current TPL engagements. Intake from a designated post office box, UPS, and/or FedEx occurs multiple times a day. Once mail is received, specialists open and scan all

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documents, ensuring each piece of mail is routed to the appropriate workstream. During the scanning process, specialists analyze mail to determine legibility. Illegible mail is routed to an “unidentified” queue for subsequent outbound calls to the sender to clarify its contents. Once queued, the documents are indexed and worked within their specific workflow. Because of our stringent clean desk policy, all mail is worked by close-of-business from the date it is received. Our experience has taught us that timely mail processing can have a positive correlation on adjacent operations, including call center volumes. Quickly sorting and working mail alleviates the influx of calls that can result when correspondence lingers in the queue.

Our team also oversees all aspects of printing for outgoing mail. Four times a day, our printer API automatically gathers queued documents for printing. Once printed, documents are immediately stuffed and postmarked for outgoing mail. Our system can automatically send follow-up letters at a frequency determined by the state.

[REDACTED]



**PROPOSAL MEETS
REQUIREMENT**

CMOCB 15

The Supplier must manage, document, and coordinate all administrative and system activities that arise to complete the work. Administrative services include, but are not limited to, printing and mailing correspondence, producing reports, and maintaining a website for the program.

Accenture will manage, document, and coordinate all administrative and system activities that arise to complete the work, including, but are not limited to, printing and mailing correspondence, producing reports, and maintaining a website for the program. Additionally, Accenture produces inventory reports on all incoming mail, email, and faxes. These reports include details on where each piece of correspondence stands in the process; which workstream it has been allocated to; how many pieces of correspondence are waiting to be worked; along with aging data.

	 CMOCB 16 The Supplier must develop, document, print, and mail all required correspondence and educational materials for each program area. a. All correspondence, including but not limited to, letters, frequently asked questions (FAQ), and educational materials sent to health insurance carriers, must be approved by the Agency prior to production. b. Educational materials may include a general brochure for the program (in a format as specified by the Agency), a frequently asked questions document (in a format as specified by the Agency), and other documents as requested by the Agency. c. Any correspondence must comply with the Agency Communications Guide or directions provided by the Agency. Accenture will develop, document, print, and mail all required correspondence and educational materials for each program area. a. Accenture acknowledges that all correspondence, including but not limited to, letters, frequently asked questions (FAQ), and educational materials sent to health insurance carriers, must be approved by the Agency prior to production. Once approved, Accenture publishes FAQs to the website for easy access. FAQs most commonly pertain to processing timelines for incoming correspondence. b. Accenture understands that educational materials may include a general brochure for the program (in a format as specified by the Agency), a frequently asked questions document (in a format as specified by the Agency), and other documents as requested by the Agency. c. Accenture will confirm that all correspondence complies with the Agency Communications Guide or directions provided by the Agency.
	Upload Attachments with Additional Information? No Attachment File Name: N/A
14	Administrative Requirements Describe your process for maintaining a website for the CMO Commercial Come behind Program that includes the requirements stated in Attachment N, Administrative Requirements Section, Requirement CMOCB17.

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A14 Answer # 14

ADMINISTRATIVE REQUIREMENTS – WEBSITE

Accenture brings a team of seasoned web development and support specialists to every TPL engagement. If applicable based on the Participating Addendum, we will work closely with Agency stakeholders to collaboratively design and develop a public-facing website tailored to program needs. For the Come Behind Billing program, we can develop a static site to house program-related content, templates, points of contact and any relevant information. The website can link to specific applications and users are able to download forms and templates. We use our existing support team to conduct regular maintenance and can establish a service request workflow to allow Agency stakeholders to request updates and content changes.

At the start of the contract, Accenture meets with Agency stakeholders to conceptualize the website design and determine its contents. Accenture itemizes content pieces for inclusion on the website and gathers all State-owned materials prior to implementation. At this time, we can also work with the State to make any edits or additions to the planned website content. Within 30 days of the contract start date, we can provide wireframes for the state's review and approval. Once approved, the wireframes will inform the build process and we will work toward an agreed upon go-live date that aligns to the implementation timeline for the Come Behind Billing program.



CMOCB 17

The Supplier must maintain a website for the CMO Come Behind Program that includes, but is not limited to, information about the function of program, points of contact for questions, and information relevant to such a website. The Agency must approve all content before it is published on the website. A preview of the website must be ready for the Agency review within thirty (30) calendar days (or a timeframe specified by the Agency) of the execution of the contract. The website must be updated on intervals to be determined by the Agency in response to changes in the operation of the program at the discretion of the Agency and no less than annually.

If applicable, Accenture will maintain a website for the CMO Come Behind Program that includes, but is not limited to, information about the function of program, points of contact for questions, and information relevant to such a website. Accenture will seek Agency approval for all content before it is published on the website. Accenture will prepare a preview of the website for Agency review within thirty (30) calendar days (or a timeframe specified by the Agency) of the execution of the contract. Accenture will update the website on intervals to be determined by the Agency in response to changes in the operation of the program at the discretion of the Agency and no less than annually.

	Upload Attachments with Additional Information? No	Attachment File Name: N/A
15	Health Insurance Carrier/Payer Recoupment- Describe your process for recovering overpayments from health insurance carriers for previously unidentified overpayments as stated in Attachment N, Health Insurance Carrier/Payer Recoupment Section, Requirement CMOBC19.	
A15	<i>Answer # 15</i> THIRD PARTY INSURANCE CARRIER/PAYER RECOUPMENT [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]	

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	Upload Attachments with Additional Information? No	Attachment File Name: N/A
16	Health Insurance Carrier/Payer Recoupment- Describe your process for reporting and documenting overpayments from health insurance carriers for accounts receivables from unsuccessful recovery attempts as stated in Attachment N, Health Insurance Carrier/Payer Recoupment Section, Requirement CMOCB20.	
A16	<i>Answer # 16</i> HEALTH INSURANCE CARRIER/PAYER RECOUPMENT	

[illegible]

	 PROPOSAL MEETS REQUIREMENT CMOCB 21 <i>The Supplier must work with health insurance carriers to clarify aggregate payments made for multiple recovery encounter claims, for which insufficient documentation has been provided to identify the encounter claims included in the payment.</i> <i>The Supplier must contact the health insurance carrier every thirty (30) days (or a timeframe specified by the Agency) to identify which encounter claims are included in the aggregate payment and inform the Agency. If after ninety (90) days (or a timeframe specified by the Agency) from receipt of the aggregate payment the health insurance carrier has not provided this information, then the Supplier should report the failure to identify encounter claims included in the payment to the Agency.</i> Accenture will work with health insurance carriers to clarify aggregate payments made for multiple recovery encounter claims, for which insufficient documentation has been provided to identify the encounter claims included in the payment. Accenture will contact the health insurance carrier every thirty (30) days (or a timeframe specified by the Agency) to identify which encounter claims are included in the aggregate payment and inform the Agency. If after ninety (90) days (or a timeframe specified by the Agency) from receipt of the aggregate payment the health insurance carrier has not provided this information, Accenture will report the failure to identify encounter claims included in the payment to the Agency.
	Upload Attachments with Additional Information? No Attachment File Name: N/A
18	Data Matching/Third Party Resource File Maintenance- The Supplier must perform the exchange and update of data between the agency TPL Unit and other external and internal information systems. Describe your process for meeting the requirements as stated in Attachment N, Data Matching/Third Party Resource File Maintenance Section, Requirement CMOCB22.
A18	<i>Answer # 18</i> DATA MATCHING/THIRD PARTY RESOURCE FILE MAINTENANCE

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[illegible]

	 PROPOSAL MEETS REQUIREMENT CMOCB 22 The Supplier must exchange and update data between the Agency and external and internal information systems referred to as data matches. The specific goal of the data matches is to add, verify, and update the third-party liability data in the Agency's 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 increasing cost avoidance in addition to traditional pay and chase. Supplier must take reasonable measures to determine the liability of a third-party payer in order to pay encounter claims correctly. The reasonable measures include, but are not limited to: a. When required, validate insurance information from members b. Conducting data exchanges with Agency files that contain information on workers' compensation, wages, welfare enrollment c. Conducting data exchanges with Social Security Administration wage and earning files d. Leverage other data sources to collect member health coverage including but not limited to: medical, dental, vision, prescription, behavioral health Accenture will exchange and update data between the Agency and external and internal information systems referred to as data matches. Accenture will perform data matches to add, verify, and update the third-party liability data in the Agency's MES for recoveries and other TPL functions. Accenture will work with the Agency and other Suppliers and external sources to update the third party coverage data with the goal of increasing cost avoidance in addition to traditional pay and chase. Accenture will take reasonable measures to determine the liability of a third-party payer in order to pay encounter claims correctly. The reasonable measures include, but are not limited to: a. When required, validate insurance information from members b. Conducting data exchanges with Agency files that contain information on workers' compensation, wages, welfare enrollment c. Conducting data exchanges with Social Security Administration wage and earning files d. Leverage other data sources to collect member health coverage including but not limited to medical, dental, vision, prescription, and behavioral health
	Upload Attachments with Additional Information? No Attachment File Name: N/A
19	Data Matching/Third Party Resource File Maintenance- Describe your process for updating the Department's electronic system, as defined by the agency e.g. Medicaid Enterprise System, with a TPL verified resource or bill a claim when a Grade

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[illegible]

[REDACTED]

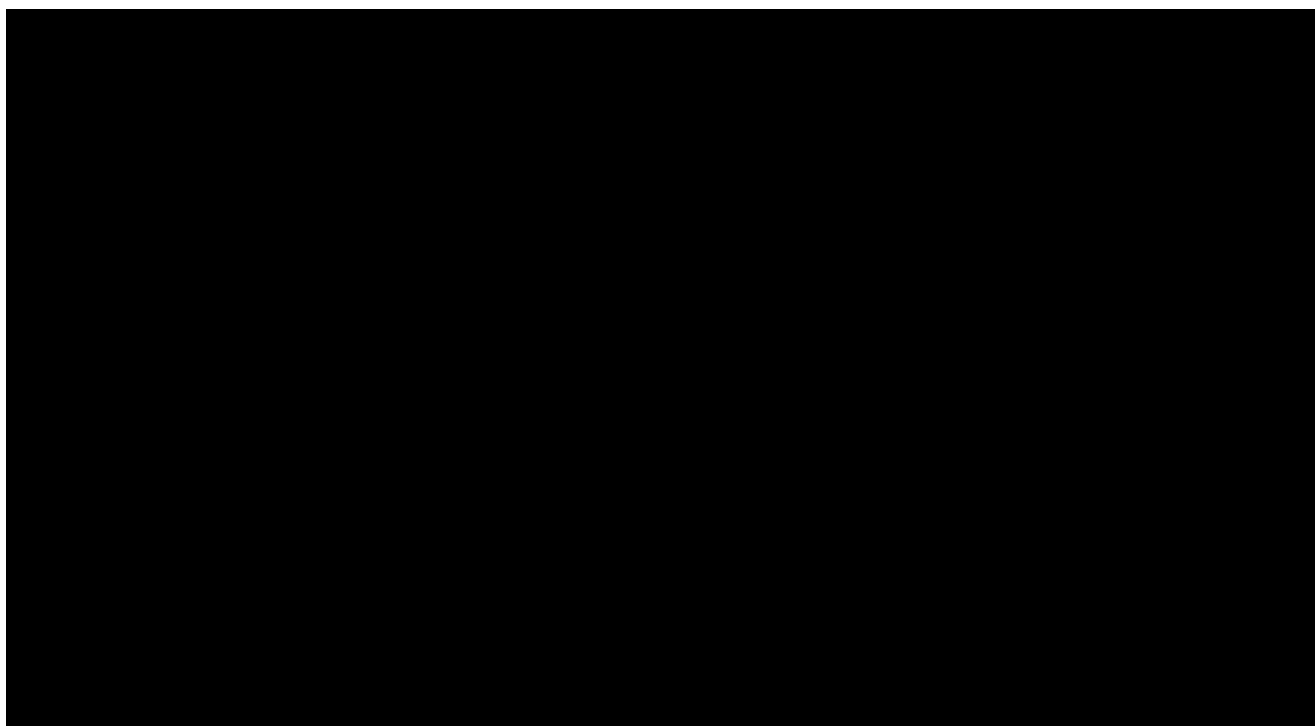


Figure 16. Our approach to third party insurance data maintenance prioritizes ongoing validation for accuracy.

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, states can continue to see increases in cost avoidance while reducing the overall volume of incoming calls and preventing access to care situations for members. [REDACTED]

As part of our ongoing update and maintenance activities, Accenture fosters full transparency by immediately notifying Medicaid agencies of any carrier code additions and/or updates required to process the nightly TPL Resource file. Additionally, we generate a weekly report of the TPL Resource File maintenance activities to confirm all stakeholders are briefly on consolidated changes and updates. As a compliment to these two reporting mechanisms – the nightly TPL Resource File and the weekly report – Accenture also generates a cost avoidance file and posts insurance information directly to the MES so you can observe how updates to the TPL Resource File are incrementally improving Cost Avoidance activities. This also provides benchmarks for the Agency to track progress over time while constantly reiterating to perpetuate ongoing improvements and innovations. All the files and reports mentioned above can be tailored to state's preferred layout and all will be transmitted via SFTP.



**PROPOSAL MEETS
REQUIREMENT**

CMOCB 23

The Supplier must add a resource to the Medicaid Enterprise System when data is found on three (3) out of four (4) match points. These are considered to be Grade "A" matches. The match points (e.g., Name, Medicaid ID, Social Security Number, Date of birth, Address, city and state) will be defined by the Agency.

We constantly are adding and updating resources to the TPL Master Resource file as a part of our effort to keep the third party resource information most current. Accenture notifies electronic systems, such as the MES, of any carrier code additions and/or updates to the TPL Master Resource file using a nightly SFTP file transfer to the electronic systems determined by the Agency such as the MES.

[REDACTED]

	Upload Attachments with Additional Information? No	Attachment File Name: N/A
20	Data Matching/Third Party Resource File Maintenance- Describe your process for verifying data that does not match on three (3) of four (4) of required Grade "A" match criteria, including but not limited to the requirements stated in Attachment N, Data Matching/Third Party Resource File Maintenance Section, Requirement CMOCB24.	
A20	<i>Answer # 20</i> DATA MATCHING/THIRD PARTY RESOURCE FILE MAINTENANCE	

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	 PROPOSAL MEETS REQUIREMENT CMOCB 24 <i>If health coverage and data do not match on three (3) out of four (4) of required Grade "A" match criteria, then the Supplier must, within seven (7) business days (or a timeframe as determined by the Agency):</i> <i>a) not add or update coverage or bill encounter 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> If health coverage and data does not match on three (3) out of four (4) of required Grade "A" match criteria, then Accenture will, within seven (7) business days (or a timeframe as determined by the Agency): a) not add or update coverage or bill encounter claims until both the effective and termination date of coverage is verified. b) perform verification online, by mail, by telephone with the carrier, or through member or employer questionnaires.
	Upload Attachments with Additional Information? No Attachment File Name: N/A
21	Data Matching/Third Party Resource File Maintenance- Describe your process for documenting and overcoming problems that can arise when matching data such as HIPPA violations as stated in Attachment N, Data Matching/Third Party Resource File Maintenance Section, Requirements CMOCB25-CMOCB26.
A21	<i>Answer # 21</i> DATA MATCHING/THIRD PARTY RESOURCE FILE MAINTENANCE [Redacted Content] [Redacted Content] [Redacted Content] [Redacted Content] [Redacted Content] [Redacted Content] [Redacted Content] [Redacted Content]

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Third Party Liability

[illegible]

[REDACTED]



**PROPOSAL MEETS
REQUIREMENT**

CMOCB 25

The Supplier must report issues that arise when matching data, such as HIPPA violations or other data matching issues. The Agency will provide an incident report form that the Supplier should complete to report these issues with fourteen (14) business days (or a timeframe as determined by the Agency) of discovery and any corrective action taken to resolve the issue, as well as prevent future recurrences.

Accenture will report issues that arise when matching data, such as HIPPA violations or other data matching issues. Accenture will complete the incident report form provided by the Agency to report these issues with fourteen (14) business days (or a timeframe as determined by the Agency) of discovery and conduct any corrective action taken to resolve the issue, as well as prevent future recurrences.



**PROPOSAL MEETS
REQUIREMENT**

CMOCB 26

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*

	<i>f. Lack of information from other Agencies, Suppliers and the Medicaid Enterprise System interfaces to update the Resource and Carrier files to support coordination of benefits.</i> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] 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
22	Data Matching/Third Party Resource File Maintenance- Describe your process for developing and documenting leads from other sources and obtaining approval from the agency before utilizing and reducing from data sources as stated in Attachment N, Data Matching/Third Party Resource File Maintenance Section, Requirement CMOCB27-CMOCB28.	
A22	<i>Answer # 22</i> DATA MATCHING/THIRD PARTY RESOURCE FILE MAINTENANCE [REDACTED] [REDACTED] [REDACTED] [REDACTED]	

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	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] • Defense Enrollment Eligibility Reporting System (DEERS) – Accenture conducts annual electronic data matches with the DEERS in accordance with the date and file formatting required by DEERS. The DEERS online data system is used in conjunction with the annual file. • Social Security Administration (SSA) – Accenture receives the CMS SSA files on a schedule defined by the Medicaid agency. We then verify the information received from the SSA files and return them to the Medicaid agency within 45 days of receipt. • Health insurance carriers – Accenture obtains files from all health insurance carriers and uses this information to supplement our [REDACTED] process to identify any adds or updates to third party information on the TPL Resource File. We can provide states with a schedule by which we will data match with each health insurance carrier. • Additional referral sources and agency interfaces as needed – [REDACTED] was designed understanding that each state has unique referral and interface needs. We take a flexible approach to tailoring our solution to incorporate as many file inputs as needed and to coordinate with addition government agencies. Our priority is to ensure we leverage as many data sources as possible to enhance our third party resource identification practices. Additionally, through [REDACTED] we can make updates to files as needed. Data matching for external leads takes place on a quarterly basis or as determined by the Medicaid agency. Upon contract initiation, we meet with Agency stakeholders to understand your specific referral needs and customize [REDACTED] to incorporate additional leads as needed.
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Once leads have been vetted, verified, and validated through our QA checks, they are documented in the TPL Resource File that includes member match records, eligibility, and verified third party coverage matches (including health, dental, pharmacy, behavioral health, and other forms of coverage) in the format specified by the Medicaid agency. We can submit this Resource File nightly (containing any updates, changes, or additions) via a SFTP in the file layout determined by states.



CMOCB 27

Where appropriate, the Supplier must develop, and document leads from other data sources. 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. 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:

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

k. Third party resources

l. TPL Surveys/Questionnaires

m. TRICARE (CHAMPUS)

n. Worker's Compensation

[Redacted]

[Redacted]

[Redacted]

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	<table border="0"> <tr> <td>a. 8019 (SSA Report)</td> <td>i. Eligibility Systems reports</td> </tr> <tr> <td>b. BEER</td> <td>j. Other data matches</td> </tr> <tr> <td>c. Bendex</td> <td>k. Post Payment Billing Responses</td> </tr> <tr> <td>d. BUY-In</td> <td>l. Third party resources</td> </tr> <tr> <td>e. TBQ</td> <td>m. TPL Surveys/Questionnaires</td> </tr> <tr> <td>f. Commercial plans</td> <td>n. TRICARE (CHAMPUS)</td> </tr> <tr> <td>g. DEERS</td> <td>o. Worker's Compensation</td> </tr> <tr> <td>h. EDB</td> <td></td> </tr> </table>  PROPOSAL MEETS REQUIREMENT CMOCB 28 <i>The Supplier must upload a weekly and/or monthly file with verified third-party policies or coverage for a member to the electronic system as determined by the Agency, e.g. Medicaid Enterprise System.</i> Accenture will upload a weekly and/or monthly file with verified third-party policies or coverage for a member to the electronic system as determined by the Agency, e.g. MES.	a. 8019 (SSA Report)	i. Eligibility Systems reports	b. BEER	j. Other data matches	c. Bendex	k. Post Payment Billing Responses	d. BUY-In	l. Third party resources	e. TBQ	m. TPL Surveys/Questionnaires	f. Commercial plans	n. TRICARE (CHAMPUS)	g. DEERS	o. Worker's Compensation	h. EDB	
a. 8019 (SSA Report)	i. Eligibility Systems reports																
b. BEER	j. Other data matches																
c. Bendex	k. Post Payment Billing Responses																
d. BUY-In	l. Third party resources																
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f. Commercial plans	n. TRICARE (CHAMPUS)																
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23	Reports- Describe how you will provide reports to support the implementation and operation of the CMO Come Behind Program as stated in Attachment N, Reports Section, Requirements CMOCB29 and CMOCB31.
A23	<i>Answer # 23</i> 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. The [REDACTED] system includes a self-service reporting capability that allows state clients real-time access to all programmed reports and dashboards. Our team and your authorized users have access to our system pages and reports. In addition to scheduled reporting, authorized users will have access to run on demand reports. The [REDACTED] application dashboards, as shown in Figure 17, include real-time posting, check inventory, billing and recovery, encounter claims lifecycle, denied encounter claims, and denial recoveries data. These can all be found on the [REDACTED] application landing page.  Figure 17. AABP Application Dashboard Sample.

PROPOSAL MEETS REQUIREMENT	Table 2. Accenture's standard encounter claims recovery reports will be generated ad hoc and monthly. CMOCB 29 <i>The Supplier must provide reports to support the implementation and operation of the CMO Come Behind Program and to enable the Agency to evaluate program and Supplier performance. If new reports or revisions to existing reports are needed, the Agency will notify the Supplier, and the Supplier must build and deliver the report within two (2) weeks (or timeframe specified by the Agency). Based on the urgency of the request, the Supplier may be required to complete the report in less time.</i>

	 PROPOSAL MEETS REQUIREMENT CMOCB 31 <i>The Supplier must create and maintain a suite of online reports, as defined by the Agency, to allow users to choose from pre-built defined parameters (such as provider number, procedure code, date of service, etc.) to generate customized reports for monitoring the daily operations of the system and Fiscal Agent Operations, based on business needs.</i>
	Upload Attachments with Additional Information? No Attachment File Name: N/A
24	Reports- Describe in detail your process for creating and transmitting reports where the Supplier is the entity responsible as stated in Attachment N, Reports Section, Requirements CMOCB30, CMOCB34, and CMOCB36-CMOCB41. Please also attach a sample report which you would create.
A24	Answer # 24 CREATING & TRANSMITTING REPORTS Transparency and visibility into the full lifecycle of our processes is a guiding principle for Accenture's TPL services and solutions. To provide customer service, to minimize errors, and to run the program more effectively, we have established robust reporting practices. The [REDACTED] system includes a self-service reporting capability that allows state clients real-time access to all programmed reports and dashboards. For additional information refer to our response in Question 23, Reports.

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 PROPOSAL MEETS REQUIREMENT	CMOCB 30 <i>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.</i> <i>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 Suppliers. The Agency will define the fields which will be included in the report based on its business needs.</i>
The [REDACTED] system includes a self-service reporting capability that allows state clients to run all programmed reports. Our team and your authorized users have access to our system pages and reports. During DDI, we will review with the Agency the use of each report from our suite of reports. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
 PROPOSAL MEETS REQUIREMENT	CMOCB 34 <i>Report Name: Come Behind COB CMO Audit Report</i> <i>Report Frequency: Daily (or a timeframe specified by the Agency)</i> <i>Entity Responsible: The vendor for the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, the Agency, TPL Vendor</i>
<i>Report Description: This is the Accepted transactions for CMO. This report lists a before and after image of COB resource Data that was updated last on CMO information. The records on this report are ordered as received on the incoming file. 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 Come Behind COB CMO Audit Report. We can generate this report daily 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. The COB CMO Audit Report is designed to provide transparency into our daily transactions so State stakeholders can cross check information on their end and reference the report to audit Accenture's work if needed.	

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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.



CMOCB 36

Report Name: TPL Activity Report

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

Entity Responsible: Supplier

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.

Our solution comes with a suite of standard reports for TPL management including the TPL Activity Report. This report can be generated quarterly 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. The TPL Activity Report provides detailed information on all resources added or updated to the system, providing an inventory for the State to reconcile against the MES.

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.



CMOCB 37

Report Name: CMO Come Behind Commercial Billing Invoice

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

Entity Responsible: Supplier

Report Description: This monthly invoice will reflect checks deposited into the Agency's lockbox for the previous month. The required data includes, but is not limited to, member name, member ID, check number, deposit date, check amount, cash control number (CCN). 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 CMO Come Behind Billing Invoice 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. The CMO Come Behind Commercial Billing Invoice report allows State stakeholders to reconcile funds deposited into the lockbox against claims dispositions to ensure all funds are accounted for.

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.



CMOCB 38

Report Name: TPL Status Report (Management Report)

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

Entity Responsible: Supplier

Report Description: This report is a monthly (or a timeframe specified by the Agency) status report for the State Agency's management staff, about each CMO, 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, but is not limited to: 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 18 and Figure 19, we produce status reports using stoplight colors to guide our discussion during the regular status meeting.

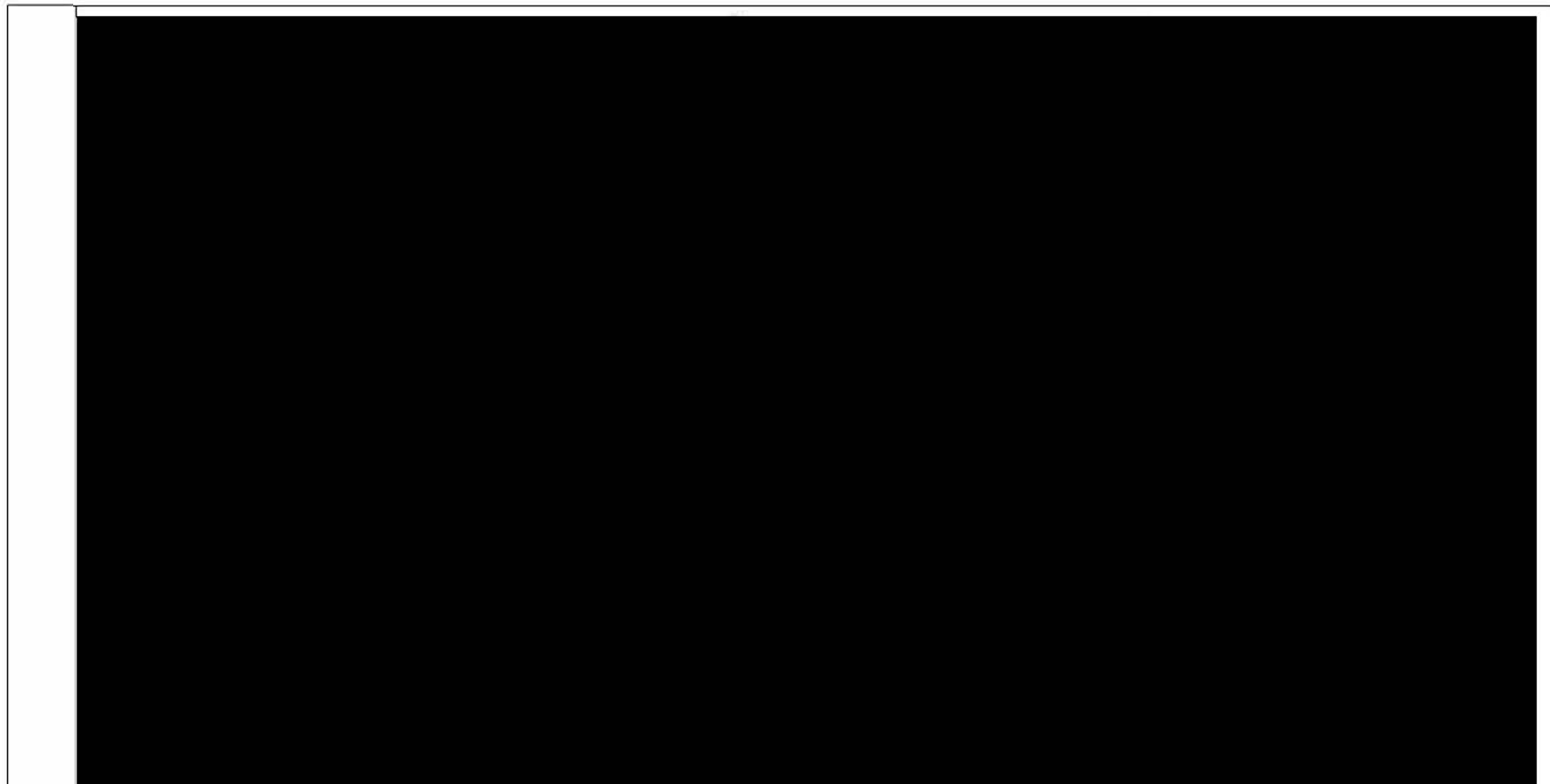


Figure 18. TPL Status Report (Management Report).

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	 PROPOSAL MEETS REQUIREMENT CMOCB 39 <i>Report Name: Statement on Standards for Attestation Engagements (SSAE18)</i> <i>Report Frequency: Yearly (or a timeframe specified by the Agency)</i> <i>Entity Responsible: Supplier</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. Figure 20 shows a sample SSAE18 report. For this Project, SSAE 18 audits will be included at no cost to the client during the engagement.
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Report Name: Statement on Standards for Attestation Engagements (SSAE18)

Section 1 – Type 2 SOC 1 Report General Information

NAME OF SERVICE ORGANIZATION	
NAME OF SERVICE AUDITOR	
SERVICES PROVIDED BY THE SERVICE ORGANIZATION	
LOCATIONS COVERED (IF APPLICABLE)	
PERIOD COVERED BY THE TYPE 2 SOC 1 REPORT	

Section II – Service Auditor's Opinion

What type of opinion did the service auditor express in the type 2 SOC 1 report?

☐ Unqualified

☐ Qualified

If qualified, document the nature of the qualification(s), and any potential effect it may have on the risk of a material misstatement in the employee benefit plan's financial statements in the box provided below. Note: A qualification may affect a single control objective (e.g., controls related to enrollment) or may affect several control objectives (e.g., IT general controls over logical access.)

GA TPL 20.0054

Figure 20. SSAE18 Report Example.

 PROPOSAL MEETS REQUIREMENT	CMOCB 40 <i>Report Name: Initial Implementation Progress Report</i> <i>Report Frequency: Monthly (or a timeframe specified by the Agency)</i> <i>Entity Responsible: Supplier</i> <i>Report Description: This monthly report documents planning and implementation activities before the CMO Come Behind Program is fully operational. 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 Initial Implementation Progress 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. Similar to the TPL Status Report, the Initial Implementation Progress Report provides progress updates against the implementation timeline and documents any unanticipated delays or disruptions to the schedule. We closely monitor implementation 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 21, we produce status reports using stoplight colors to guide our discussion during the regular status meeting.
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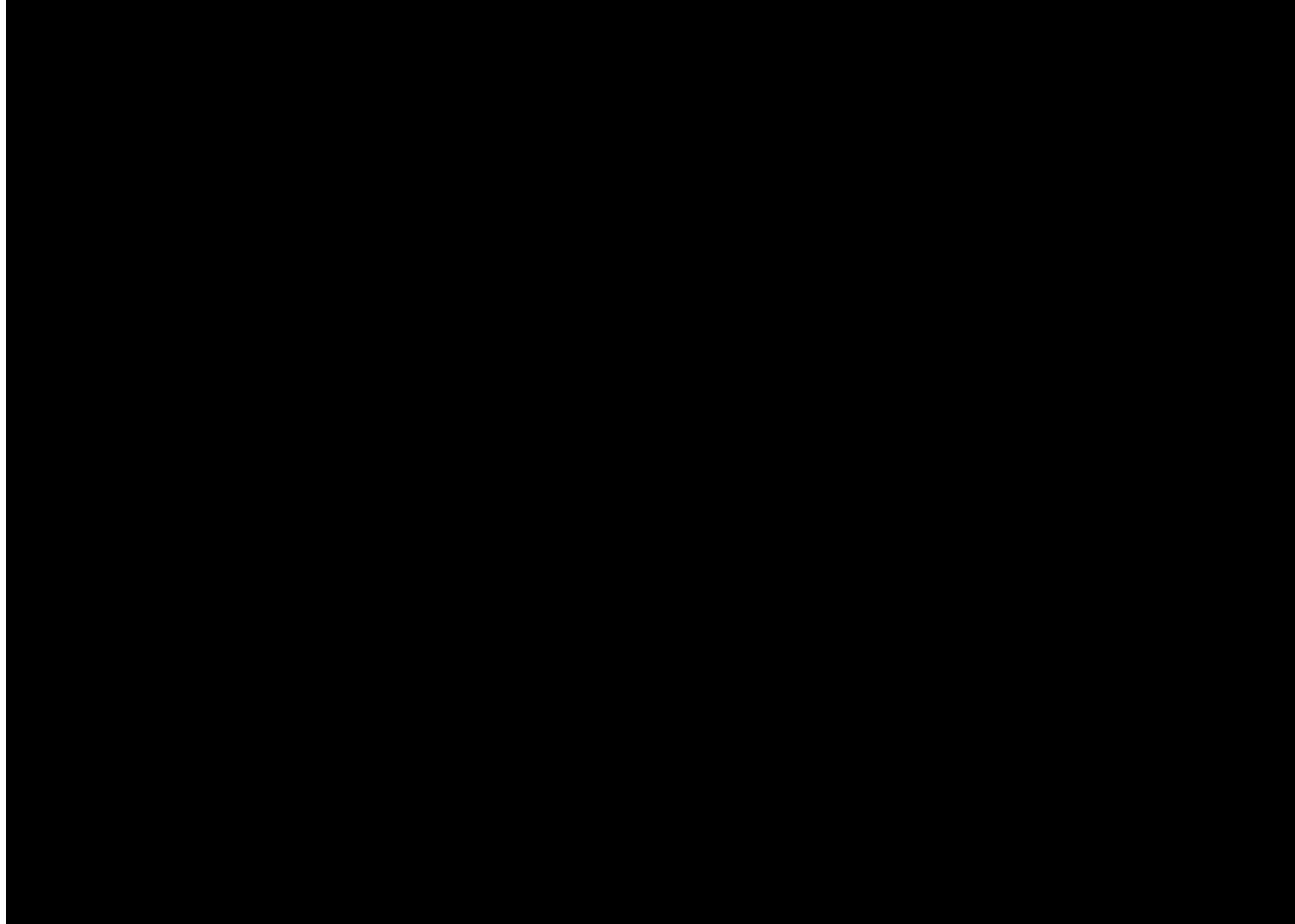


Figure 21. Our Status Reports promote full transparency and clear communication.

 PROPOSAL MEETS REQUIREMENT	CMOCB 41 <i>"The Supplier must review system generated reports and, when applicable, must perform and document adjudication/corrective action for the issues/actions identified in 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 report based on its business needs."</i> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
Upload Attachments with Additional Information? Yes-Required	Attachment File Name: Sample_Report _ CMO Come Behind Requirements	
25	Reports- Describe in detail your process for receiving, storing, and utilizing reports provided to you by the agency or agency system as stated in Attachment N, Reports Section, Requirements CMOCB18, CMOCB32, CMOCB33, and CMOCB35.	
A25	<i>Answer # 25</i> REPORTS Our system is capable of ingesting the reports stated in Requirements CMOCB18, CMOCB32, CMOCB 33, and CMOCB35 from the agency or agency system using, APIs, SFTP file transfers or a secure data sharing program as per the requirements of the State. [REDACTED] [REDACTED] [REDACTED] 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.	

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[illegible]

[REDACTED]



CMOCB 32

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

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 for Come Behind Billing activities.

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.



CMOCB 33

Report Name: Covered Eligible 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

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

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	<i>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.  CMOCB 35 <i>Report Name: Come Behind COB CMO Error Report</i> <i>Report Frequency: Daily (or a timeframe specified by the Agency)</i> <i>Entity Responsible: The vendor for the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, the Agency, CMO</i> <i>Report Description: This report lists the errors found on the CMO Interface file while trying to update COB resources. Source for this report is the CMO interface. The report is displayed in the order the records were received from the CMO. The records on this report are ordered as received on the incoming 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 Come Behind COB CMO Error Report daily or at a specified timeframe based on individual State requirements. We will utilize the Come Behind COB CMO Error Report sent by the vendor for the electronic system as determined by the Agency (e.g., Medicaid Enterprise System, the Agency, CMO) to identify policies that should not be used for billing purposes as a result of previously generating errors when the data matching vendor attempted to add them to the MES. By referencing this report to weed out erroneous policies, our billing process will be cleaner, resulting in less carrier abrasion.	
	Upload Attachments with Additional Information? No	Attachment File Name: N/A
26	Interfaces- Describe in detail your process for creating and transmitting interfaces where the Supplier is the entity responsible as stated in Attachment N, Interfaces Section, Requirements CMOCB43, CMOCB48, and CMOCB62.	

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A26 Answer # 26

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]
[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**

CMOCB 43

Interface Name: Adjustment Information Request File from TPL vendor

From: TPL Vendor

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

Frequency: Variable

Interface Description: This is an interface from the TPL Vendor containing encounter claims that the Vendor wishes to inquire about. These encounter claims will be analyzed, and a response file will be sent back to the Vendor.

Our [REDACTED] application will interface with the Agency database to deliver the TPL Vendor Recoveries files based on the paid status from 837/835 claim process, which includes claim details. 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 encounter claims.

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**PROPOSAL MEETS
REQUIREMENT**

CMOCB 48

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 835 transactions). 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 encounter claims.



**PROPOSAL MEETS
REQUIREMENT**

CMOCB 62

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.

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]

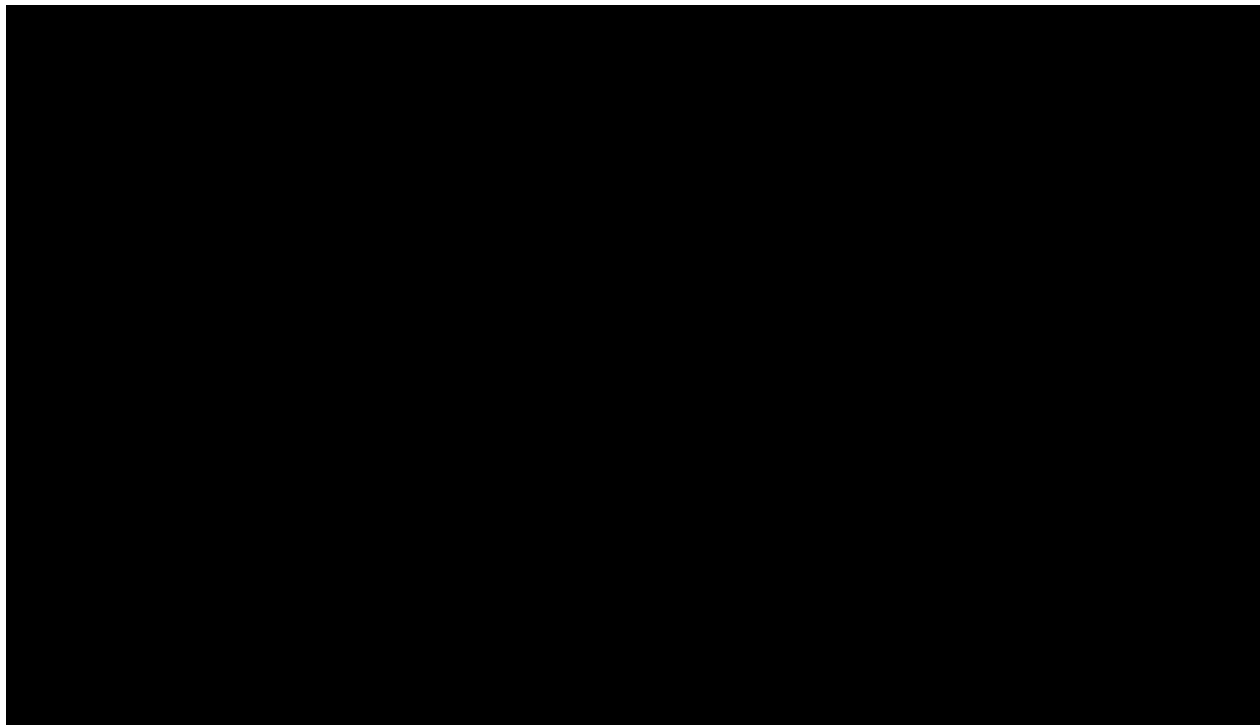


Figure 22. Our approach to third party insurance data maintenance prioritizes ongoing validation for accuracy.

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.

	Upload Attachments with Additional Information? No	Attachment File Name: N/A
27	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 N, Interfaces Section, Requirements CMOCB42, CMOCB44-CMOCB47, and CMOCB49-CMOCB61	
A27	Answer # 27 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] [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 CMOCB 42 <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> <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.</i>	

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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 the referral sources as the SSA file at a daily frequency or other specified timeframe based on individual State requirements. For Come Behind Billing services, the SSA file received via an electronic system as determined by the agency (e.g., Medicaid Enterprise System) will be used during the data-matching portion of the billing process to identify members eligible for or already enrolled in Medicare. This helps us exclude claims for which Medicare is the primary responsible third party. We will use this file in combination with others to optimize Medicare identification and eligibility for a member.

[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.



CMOCB 44

Interface Name: Beneficiary Earnings Exchange Records (BEER) 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: BEER data file from SSA that is passed on to the TPL Vendor. This file contains employment data.

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. For Come Behind Billing, this file helps us exclude claims in which Medicare has been identified as the primary responsible third party. Accenture will work with individual entities supplying the interfaces to appropriately receive and process files.

[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.



CMOCB 45

Interface Name: Beneficiary and Earnings Data Exchange (BENDEX) file to TPL Vendor

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: 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.

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 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. For Come Behind Billing, this file helps us exclude claims in which Medicare has been identified as the primary responsible third party.

[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	CMOCB 46 <i>Interface Name: Buy-In 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: 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.</i> 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. For Come Behind Billing, this file helps us exclude claims in which Medicare has been identified as the primary responsible third party. [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. CMOCB 47 <i>Interface Name: Capitations 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>
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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.



CMOCB 49

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 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 Come Behind Billing activities. 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.



CMOCB 50

Interface Name: Dental Encounter 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 encounter claims, paid and denied during the month, sent from the Medicaid Enterprise System to the TPL Vendor. Encounter and waiver encounter claims are included in this file.

The Dental Claims file is another integral file to the Come Behind 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 will 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.



CMOCB 51

Interface Name: Diagnosis Code 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: Extract of all current and future diagnosis codes currently stored in the Medicaid Enterprise System.

The Diagnosis Code file is normally used to assist in the identification for leads in casualty recovery. If found applicable to identify Come Behind Billing 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.



CMOCB 52

Interface Name: Drug Code 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: Exact of all drug code data currently in the electronic system as defined by the agency, e.g. Medicaid Enterprise System.

If applicable, 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 would typically utilize this file, sent 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.



CMOCB 53

Interface Name: Institutional Encounter 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 encounter claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver encounter claims are included in this file.

Attachment O

TPL Care Management Organization (CMO) Come Behind Services Mandatory Scored Response Worksheet

Third Party Liability

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 use this file, sent from an electronic system as defined by the Agency (e.g. Medicaid Enterprise System), for billing purposes to identify claims overpaid.

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.



CMOCB 54

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 Come Behind Billing, this helps us identify encounter claims appropriate for Come Behind 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.

**PROPOSAL MEETS
REQUIREMENT**

CMOCB 55

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 Come Behind Billing 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. [REDACTED]

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**

CMOCB 56

Interface Name: Pharmacy encounter 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 encounter claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver encounter claims are included in this file.

The Pharmacy encounter claims file are integral to the Come Behind 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 use this file, received from an electronic system as defined by the agency (e.g., Medicaid Enterprise System), to match the Known TPL file with pharmacy encounter claims to identify overpayments.

Attachment O

TPL Care Management Organization (CMO) Come Behind Services Mandatory Scored Response Worksheet

Third Party Liability

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.



CMOCB 57

Interface Name: Physician Encounter 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 encounter claims, for all statuses for a duration as determined by the agency and with a frequency as determined by the agency. Encounter and waiver encounter claims are included in this file.

The Physician encounter claims file is also integral to the Come Behind Billing and Recoupment process. Accenture's robust and modern [REDACTED] solution can ingest, incorporate, and consolidate the Physician encounter 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 identity 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.



CMOCB 58

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.



CMOCB 59

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 a key component of Commercial Recoupment services but can also provide valuable information for Come Behind Billing. 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 Come Behind activities.

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.



CMOCB 60

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.

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 Come Behind Billing to identify the appropriate third parties to bill. We can ingest this file monthly as required by the State, but recommend we monitor and maintain this file daily.



CMOCB 61

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)

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.

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. For Come Behind Billing purposes, this referral source will help us exclude claims in which Medicare is the primary payer from our Come Behind efforts.

We feed these referral sources through our 100% validation process before adding them to the TPL Resource file. This approach helps provide 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.

Upload Attachments with Additional Information? **No**

Attachment File Name: N/A

Attachment O

TPL Care Management Organization (CMO) Come Behind Services Mandatory Scored Response Worksheet

Third Party Liability