Attachment O
Mandatory Scored Questions- CMO Come Behind Services

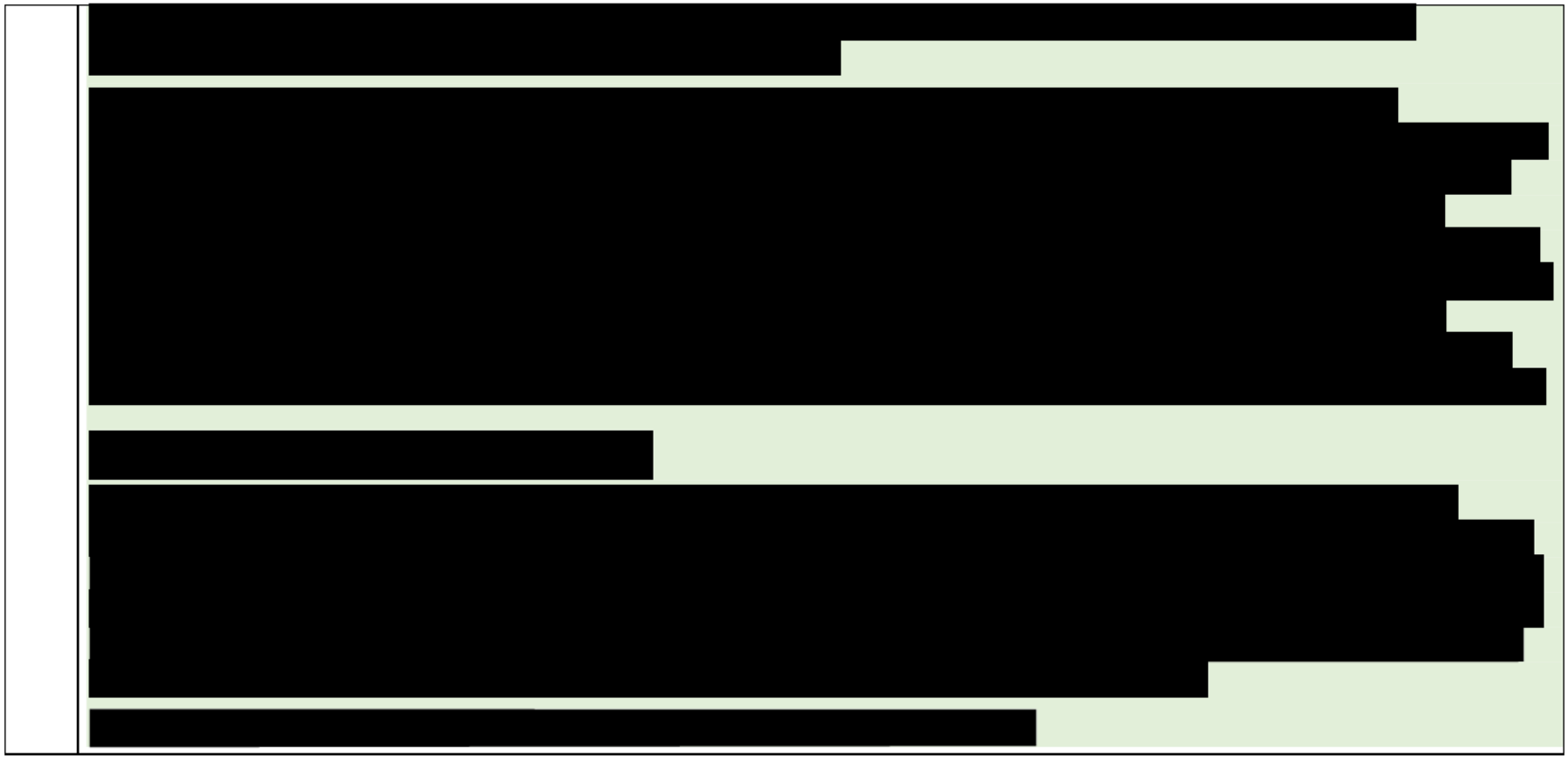
Offerors must answer all questions in this document in the space provided.

Failure to answer these questions will result in disqualification of the proposal

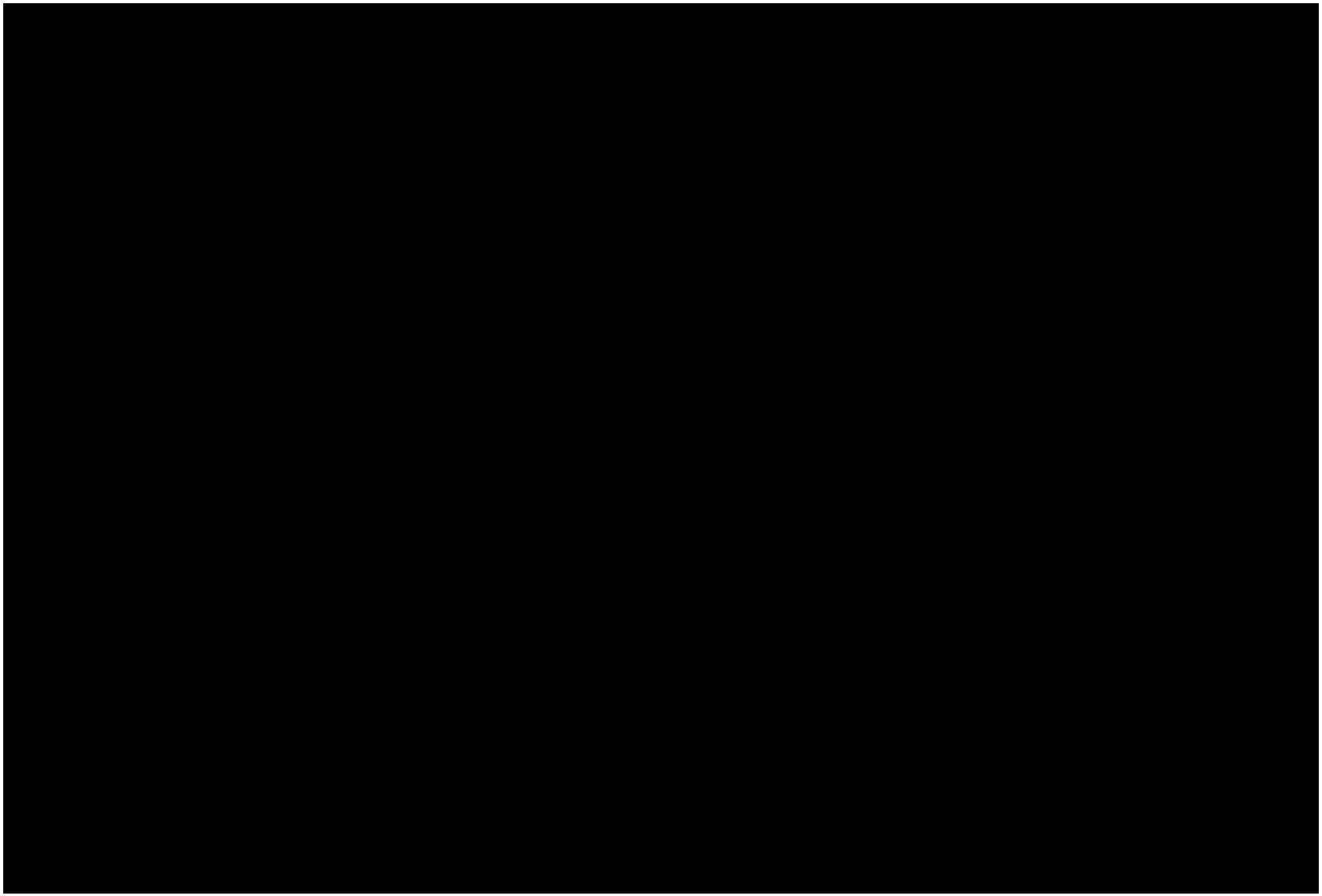
Offerors must indicate whether their proposal meets the individual requirement and provide a supporting narrative in the space provided. The narrative description will be evaluated and awarded points in accordance with Section 6, Proposal Evaluation and Award. Certain questions require an attachment. 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 in the answer box below for all questions with "No" in the "Upload Attachments with Additional Information?" column.

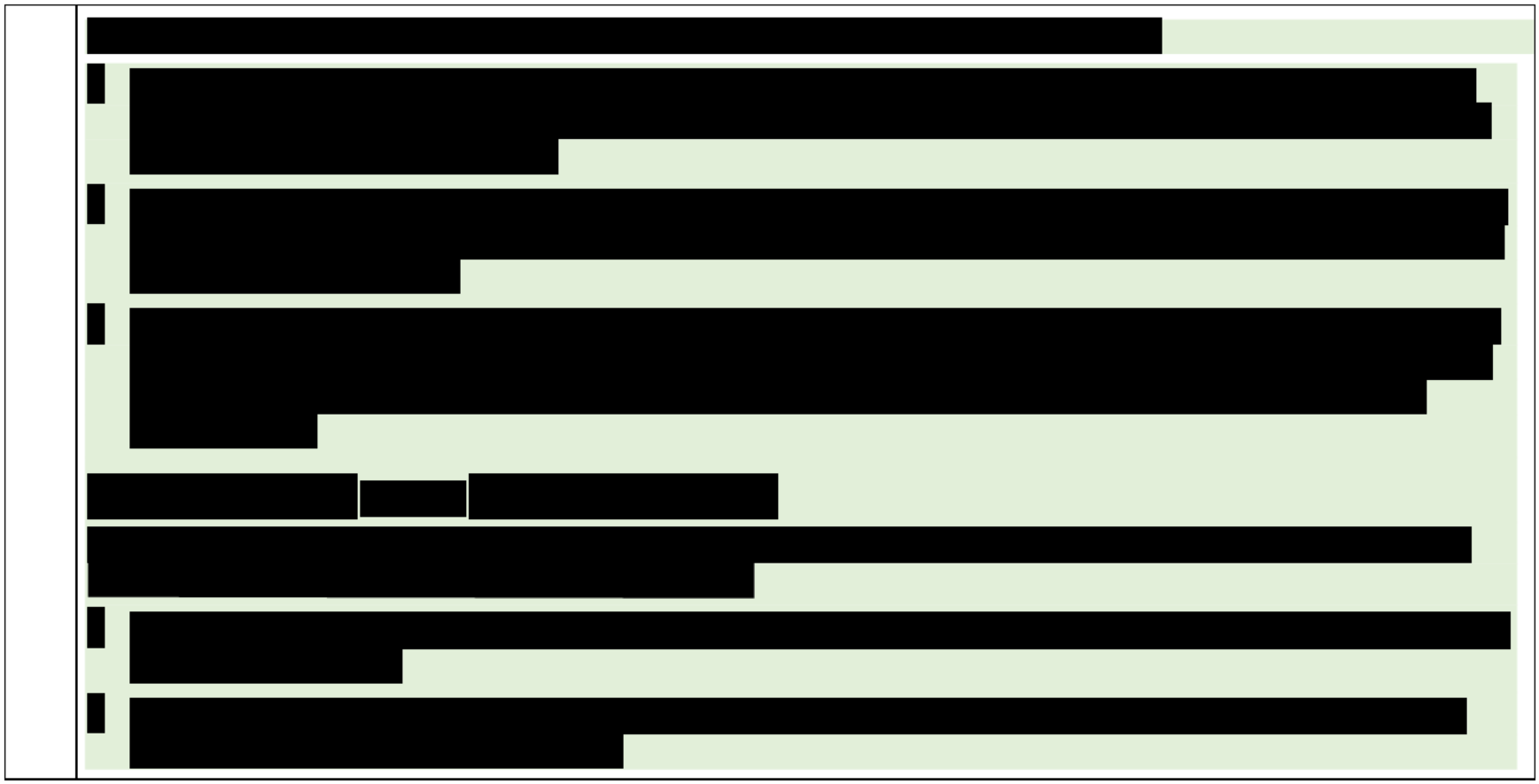
DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

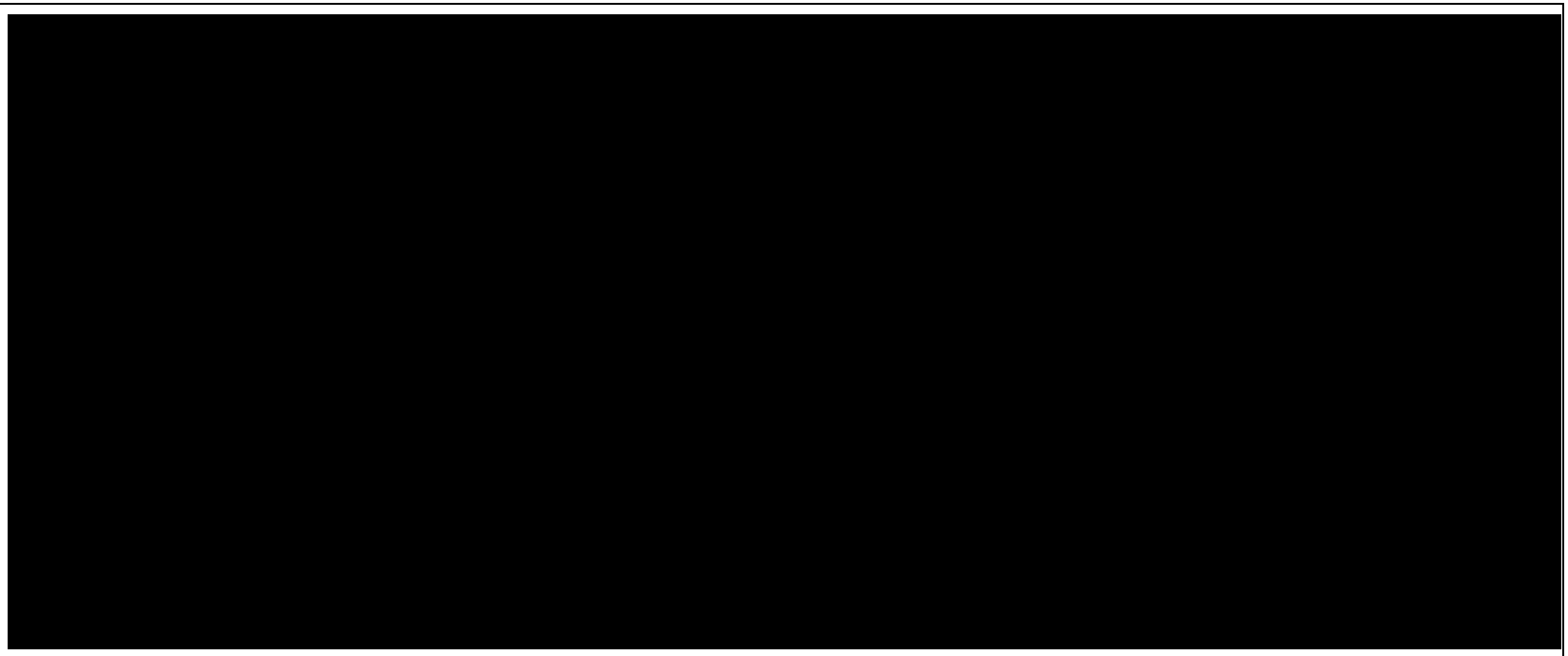
1	**Experience**- Supplier's references must demonstrate a minimum two (2) consecutive years Commercial Recoupment/Data Match experience or two (2) consecutive years Care Management Organization Come Behind experience and include for each year the company or state where the recoupment work was performed, 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* HMS experience exceeds the minimum two consecutive years Commercial Recoupment/Data Match experience and two consecutive years Care Management Organization Come Behind experience. [redacted]



	[redacted] As described in the following proposal sections, HMS offers our CMO Come Behind solution to our Medicaid partners to create a process to identify and recover any remaining claims from payers and protect the value and integrity of third-party savings and recovery streams within the overall Medicaid budget. Our recovery methodology is both flexible and scalable, enabling the continued analysis of the Agency's entire claims file of FFS and CMO claims/encounter data. As a result of our efforts supporting both Medicaid agencies and CMOs, we have incorporated the nuances that differentiate FFS from encounter recovery efforts. As your CMO Come Behind Supplier, we will assist the Agency in establishing the variety of contract language, business rules, match-off files, and interfaces to help prevent the duplicate recovery of claims and establish proper reporting across all entities. Our TPL data matching and recoupment services, in place today, are flexible, comprehensive, and innovative to meet Georgia's Medicaid environment and its changing needs. We know the Agency seeks an experienced supplier. HMS is that Supplier. We include with our response the required attachment file named **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	*Answer # 2*	

	HMS' process for electronic storing and retrieving correspondence including but not limited to reports, letters, check copies and financial records for the TPL programs for the duration of the project is shown graphically in **Exhibit O-4** and described in the text that follows. 



	[redacted]
	Upload Attachments with Additional Information? **No**
3	**Relevant Time Periods**- Describe your process for identifying those 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	*Answer # 3*

CMOCB1

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 claims to the Agency.

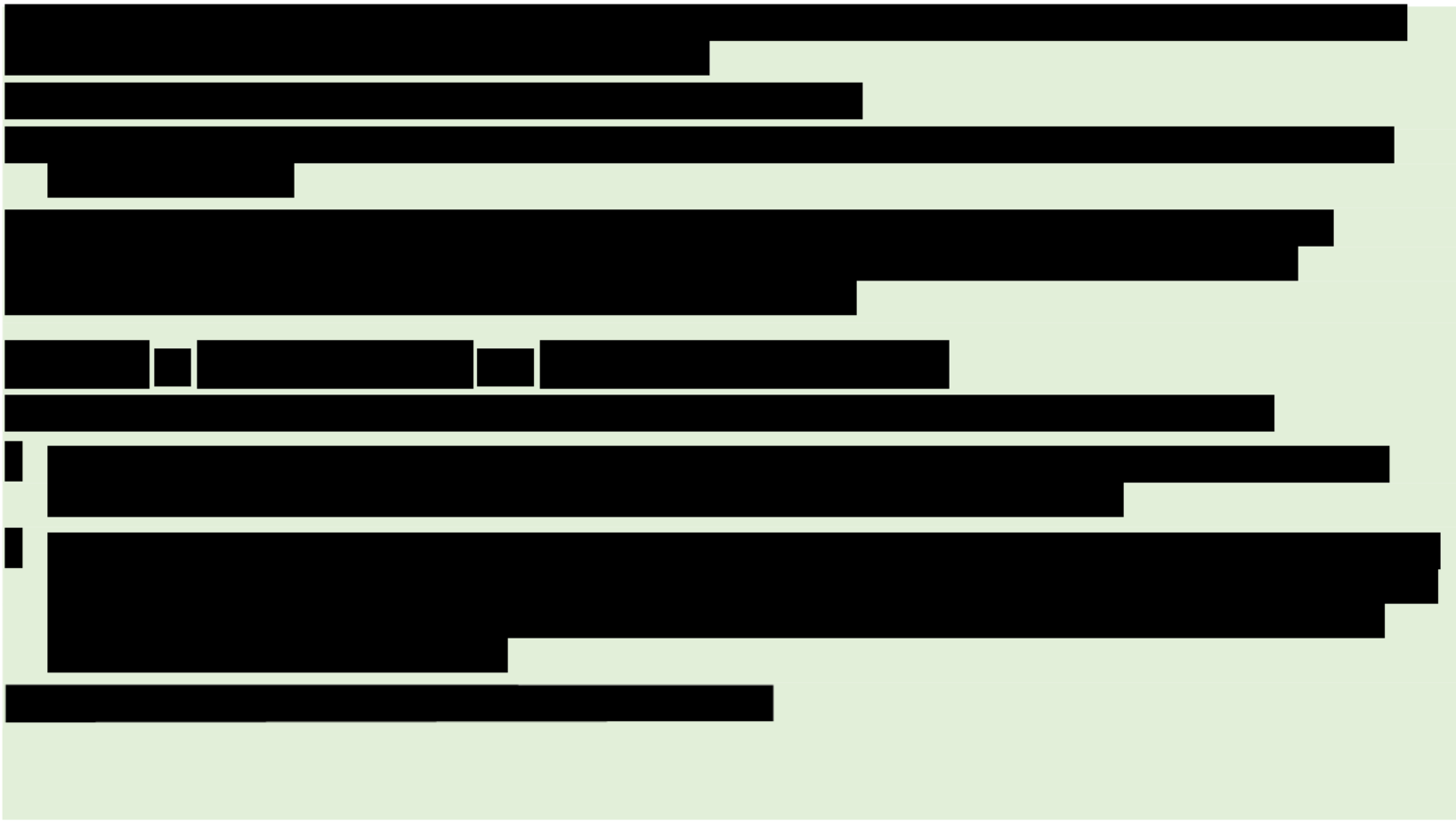
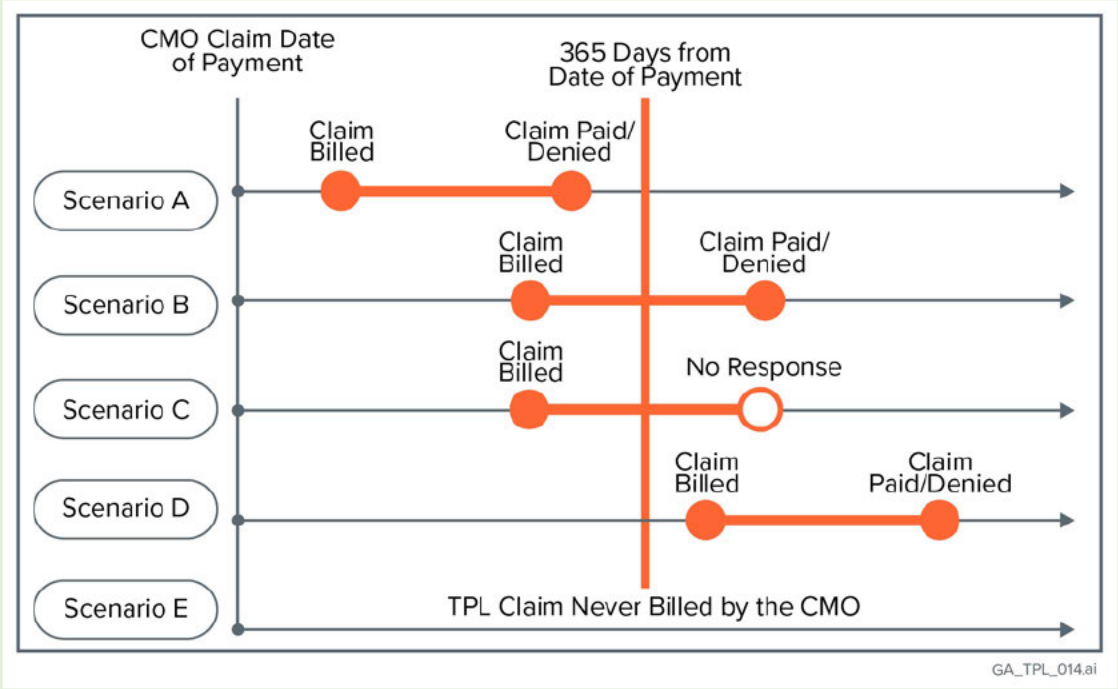


Exhibit O-8 HMS' Come Behind Timing Process Scenarios

We use logic scenarios to coordinate recovery.

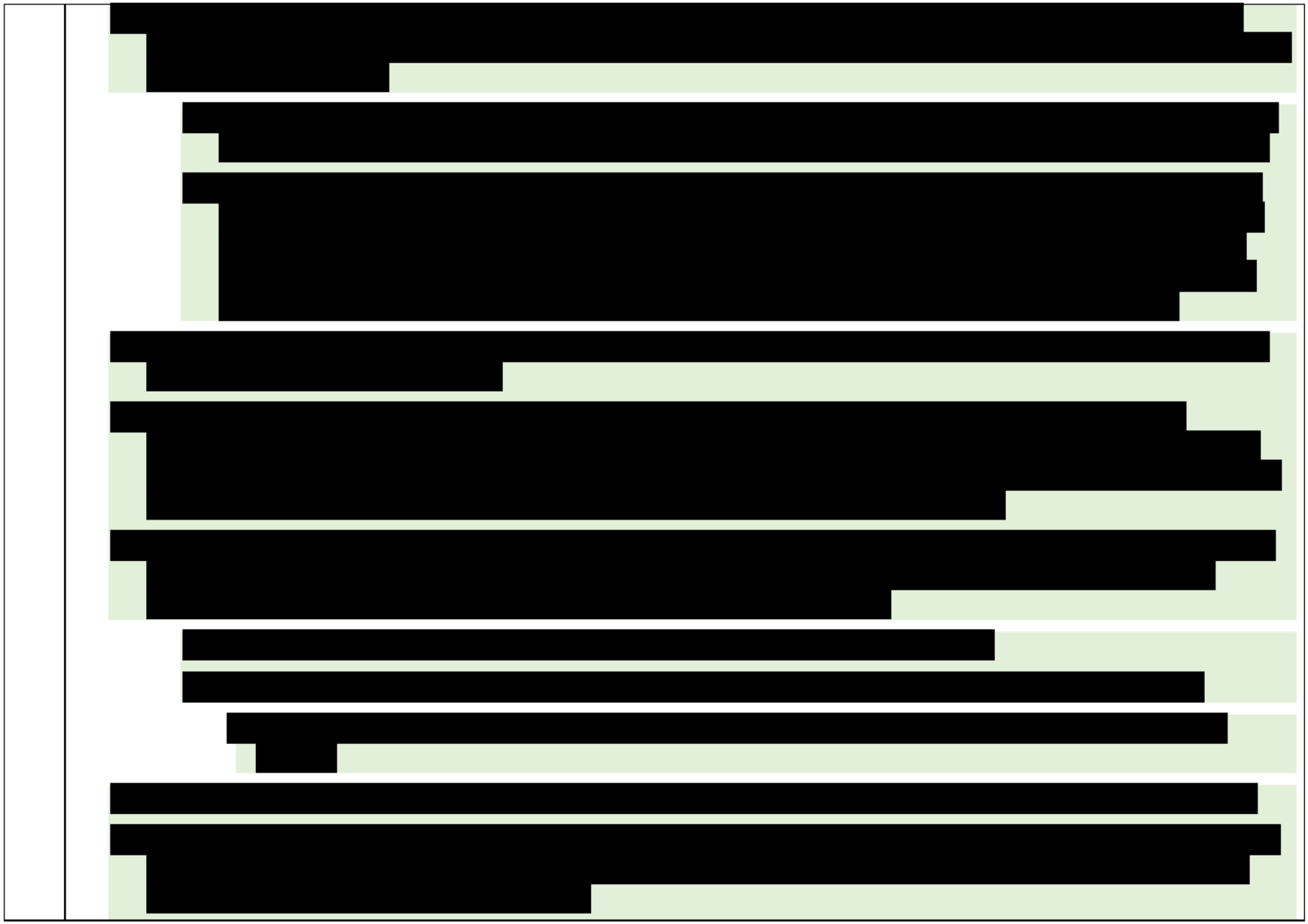


[redacted]

[redacted]

This answer only details HMS' process for coordinating the recoupment responsibility from the CMOs to HMS. More detailed explanations of how HMS identifies claims for recovery and the billing and recovery process are provided in Answers 4 and 15.

[redacted]



	[redacted] [redacted] HMS has also worked closely in other states with the Agency's MMIS supplier to implement Come Behind billings. By selecting an experienced supplier that has worked with your CMOs and MMIS supplier, the Agency will quickly benefit from the additional recoveries from this program.
	Upload Attachments with Additional Information? **No**
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* **CMOCB2** **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:** The HMS process will seek recoupment for all encounter claims for which an alternative payer is identified as responsible, by conducting the activities listed in Requirements CMOCB2a – CMOCB2c. [redacted]

CMOCB2.a

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. procedure.

HMS will leverage our proven services to help ensure that we complete any necessary follow-up contact within 30 days, or a time frame specified by the Agency, from the initial Come Behind billing date. Follow up activities begin 60 days after the carrier has received the initial letter and no later than 90 days after the initial billing.

CMOs have an established number of days in which to seek recovery on claims where another third party is liable to pay before Medicaid. In Georgia, this period is 365 days from the claim paid date. After this period ends, HMS will pursue recovery for any claims not billed by the CMOs through our data matching processes to identify coverage and request reimbursement from carriers when the claim becomes available for the State to recover.

We illustrate our CMO Come Behind process, also referred to as our secondary recovery billing process, for the Agency in **Exhibit O-10.** A step-by-step description of the process is included here.

[redacted]

CMOCB2.b

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.

HMS will add steps to the process to help ensure thorough identification and follow-up on every claim for the Agency. Additional actions taken to pursue secondary recoveries include:

- Follow-up on Open Claims. HMS will identify claims that have been billed to a commercial carrier by a supplier but have not been either paid or denied. We will review these open claims in our A/R for appropriate action including re-billing or carrier follow-up by a carrier account representative after 60 days from the bill date and no later than 90 days after the initial billing to the carrier.
- Follow-up on Denied Claims. HMS' Yield Management staff can follow up on claims denied by a carrier for reasons that do not comply with state or federal law (e.g., timely filing). The staff will work with the carrier to resolve compliance issues. HMS also resolves issues such as missing information that would prevent a carrier from repaying a claim to the State.

  For more information on our follow-up processes, please see the response to Question 16.

CMOCB2.c

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.

After the 60 calendar days have passed, HMS will ensure any necessary follow-up contact to a commercial carrier is completed within 30 calendar days. This process will make sure any open claims awaiting adjudication or denied claims needing resolution are finalized within 90 days.

STEP 6: POST PAYMENT AND PROVIDE CYCLE REPORTING

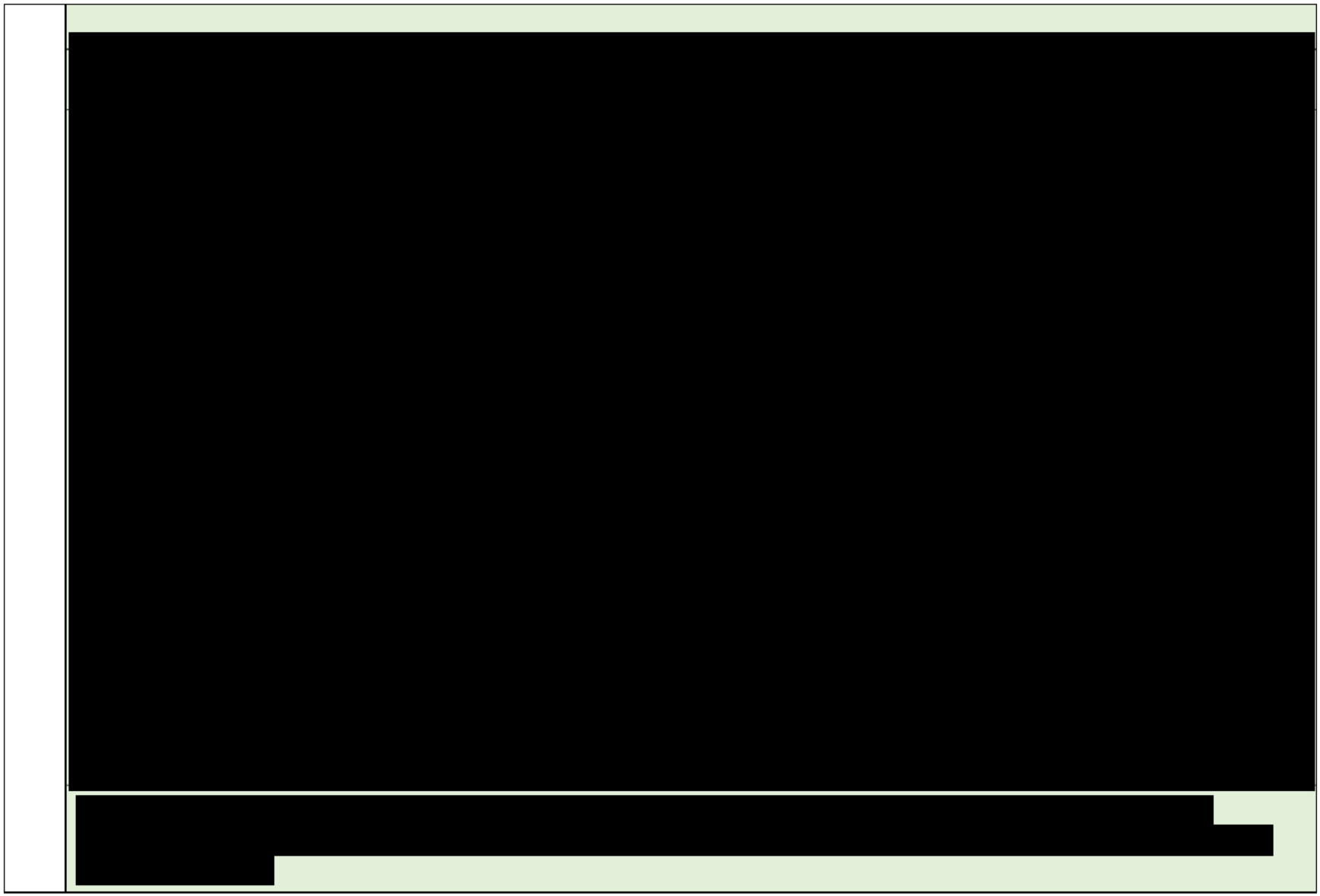
All payments received from commercial carriers into the lockbox will be posted to our A/R system, which then allows for secondary-specific recovery reporting, posting file generation, and invoicing. Our A/R delineates between the FFS and encounter claims that are billed, eliminating the need for carriers and the Agency to do so and allowing HMS to produce separate, accurate, and transparent reporting to reflect the associated recoveries.

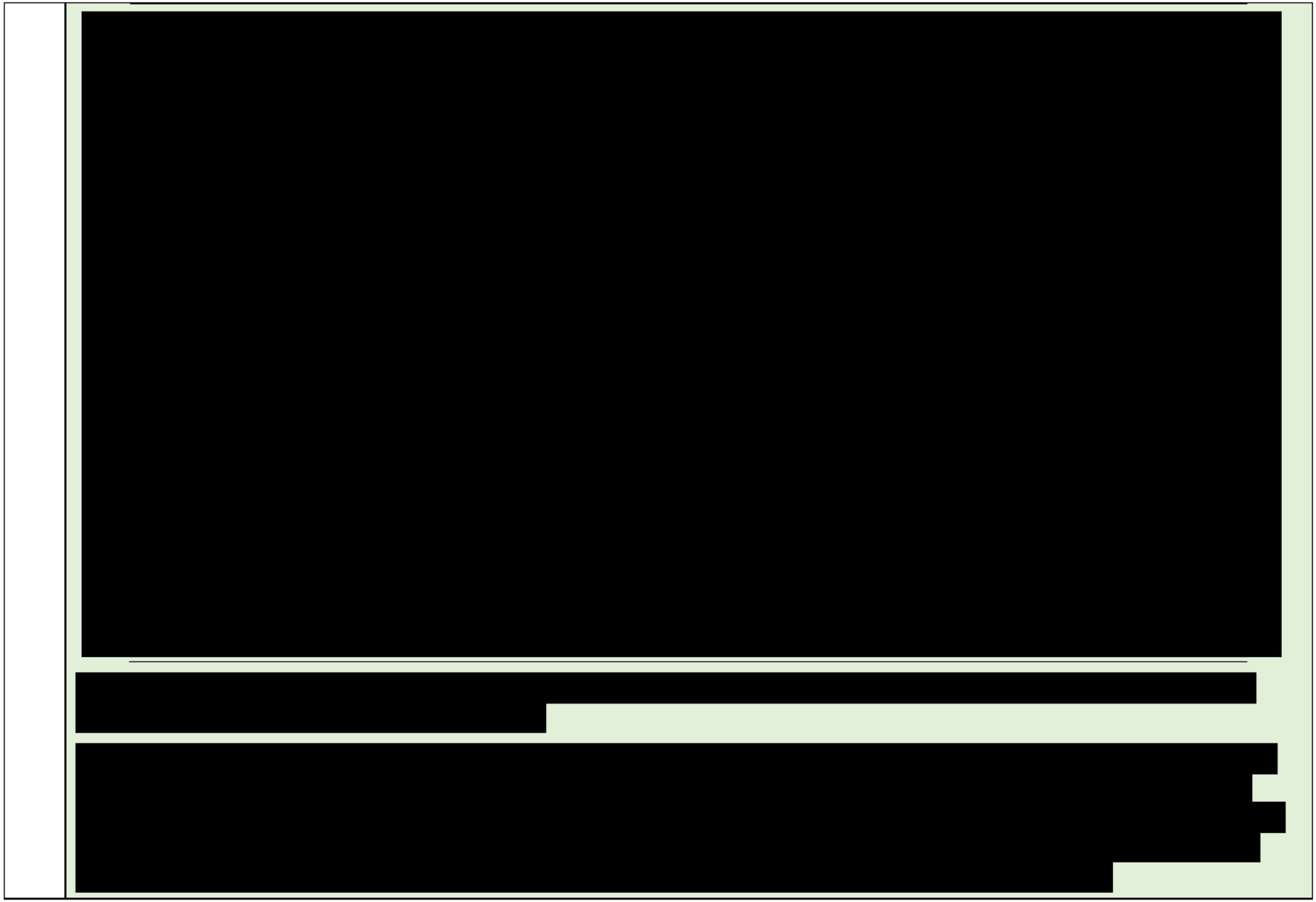
	Upload Attachments with Additional Information? **No**
5	**Relevant Time Periods**- Describe your process for performing routine data matches with commercial carriers, other government agencies, and other alternative data resources utilizing the requirements stated in **Attachment N, Relevant Time Periods Section, Requirement CMOCB3.**
A5	*Answer # 5*

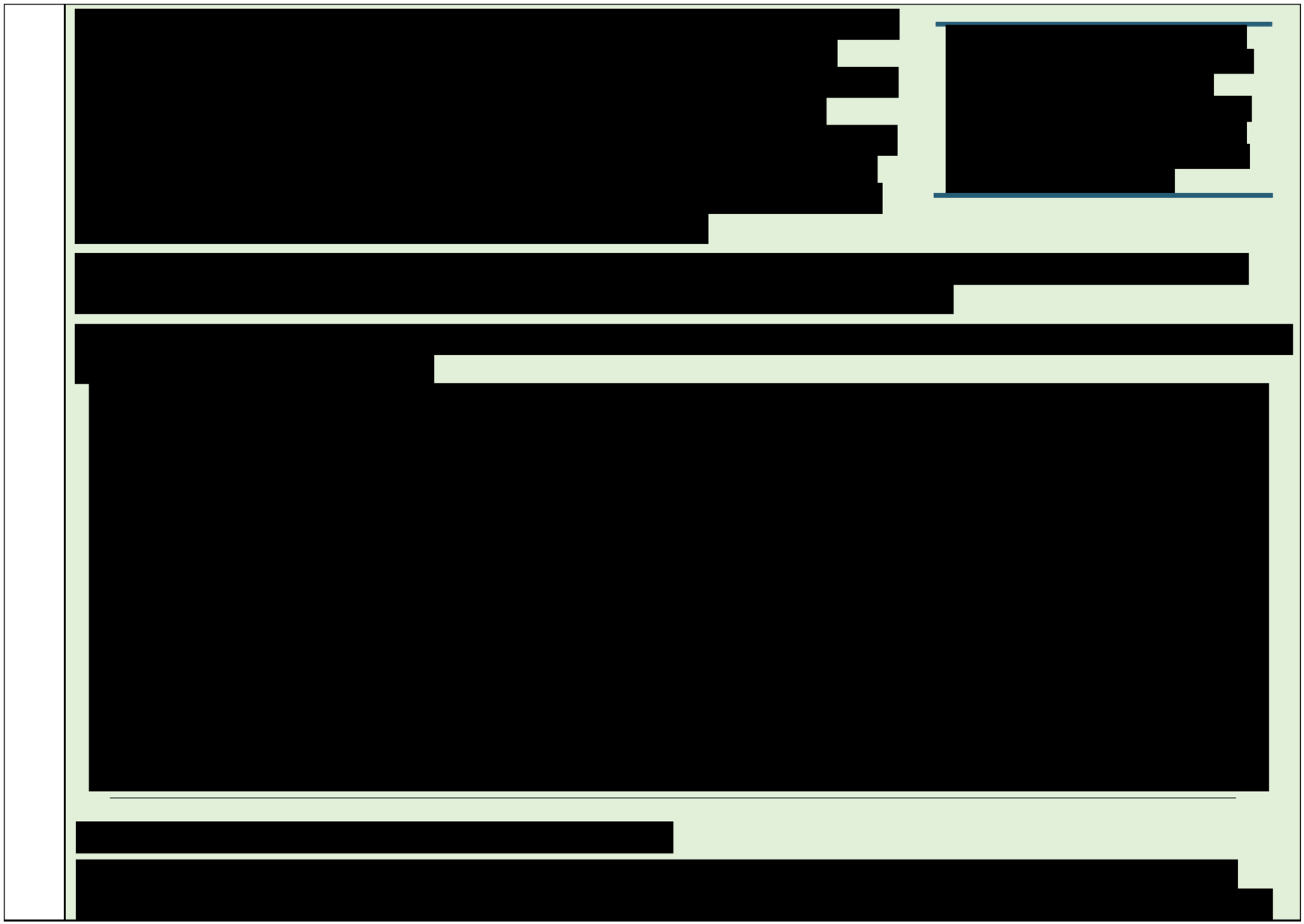
CMOCB3

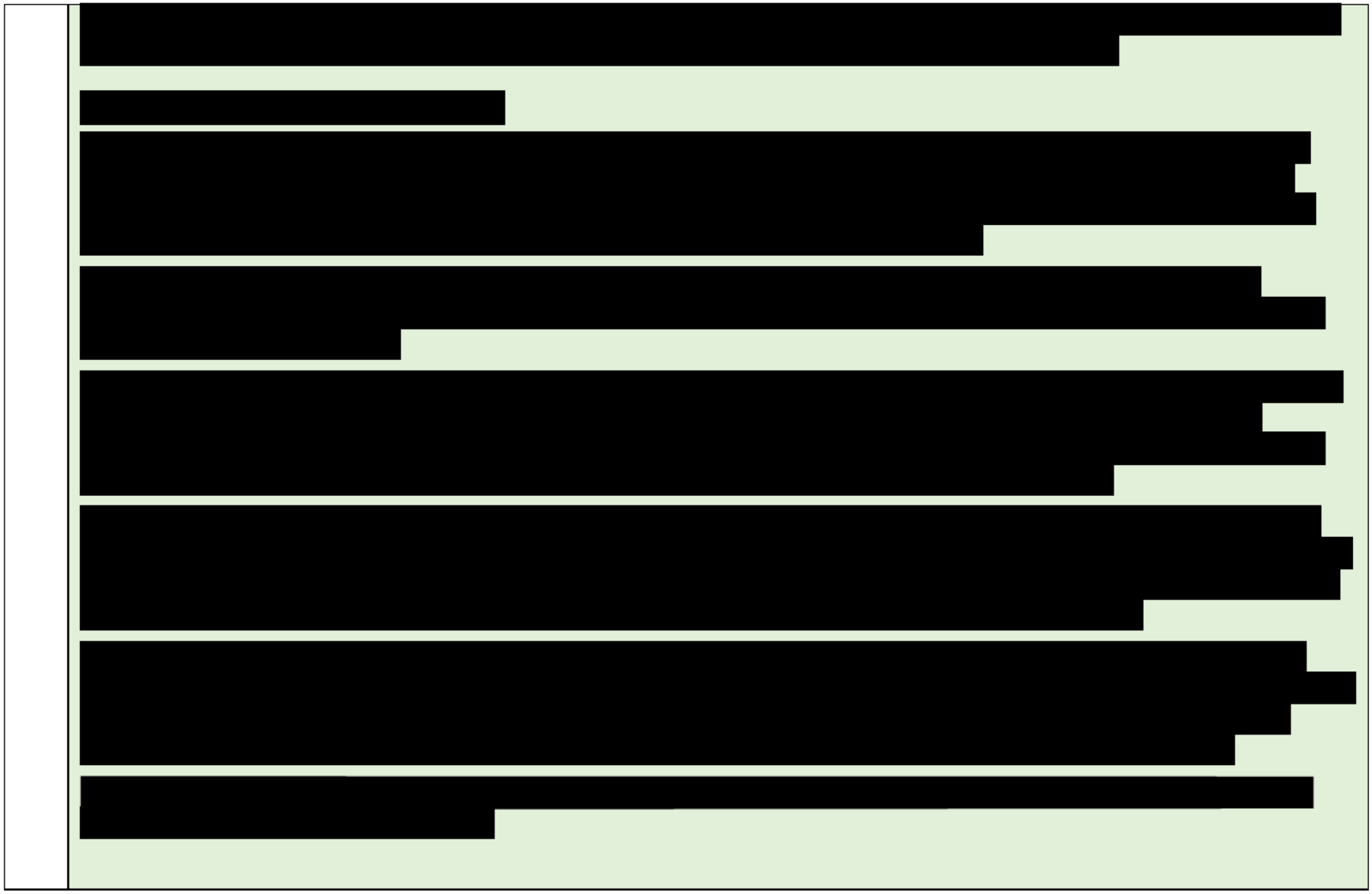
The Supplier must perform monthly (or a timeframe as specified by the Agency) routine data matches with commercial carriers, other government Agencies, and other alternative data resources.

[redacted]









CMOCB3.a

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.

[redacted]

CMOCB3.b

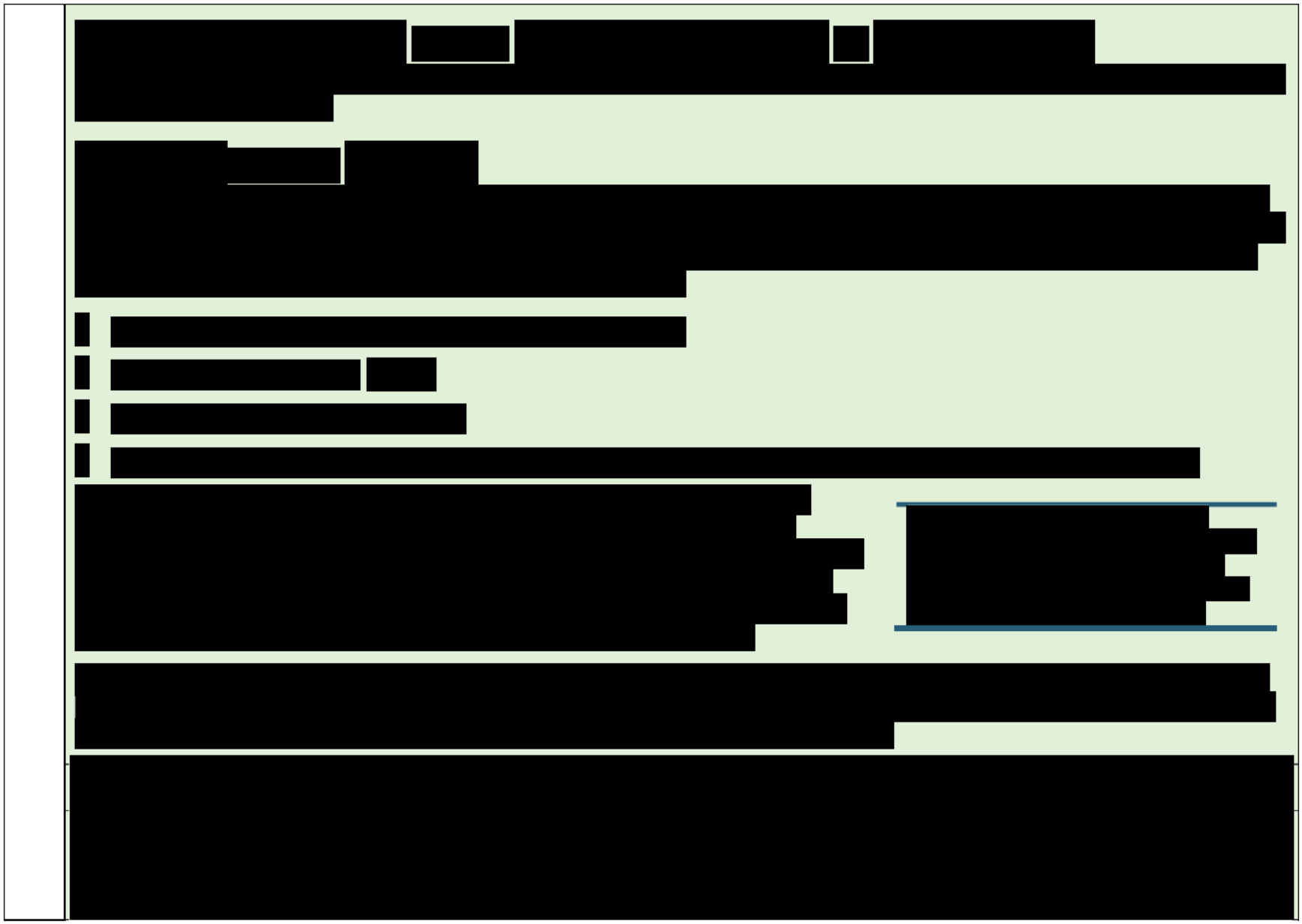
b. The Supplier must respond to system generated TPL reports and take the required actions to process necessary updates within five (5) business days (or a timeframe specified by the Agency).

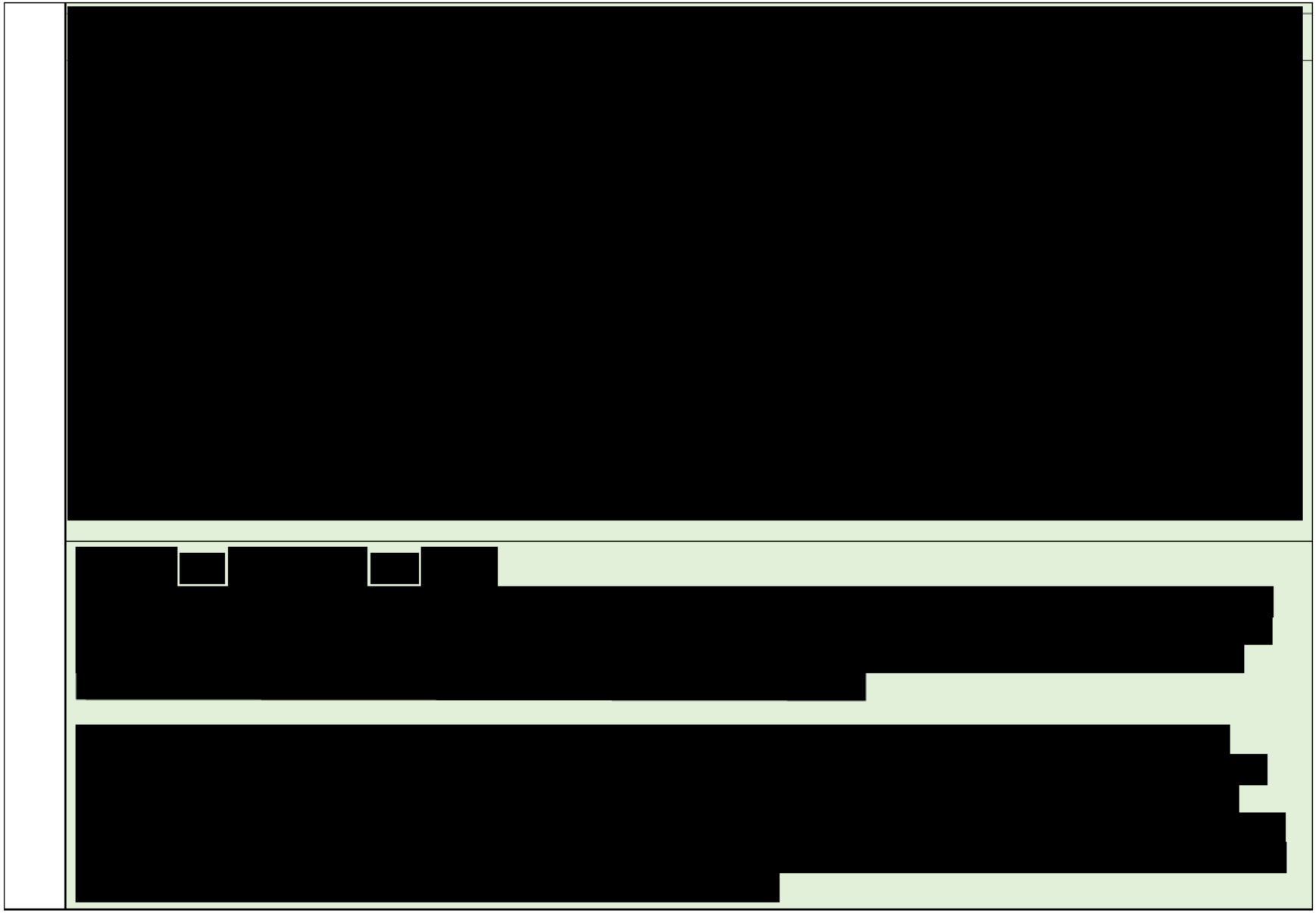
[redacted]

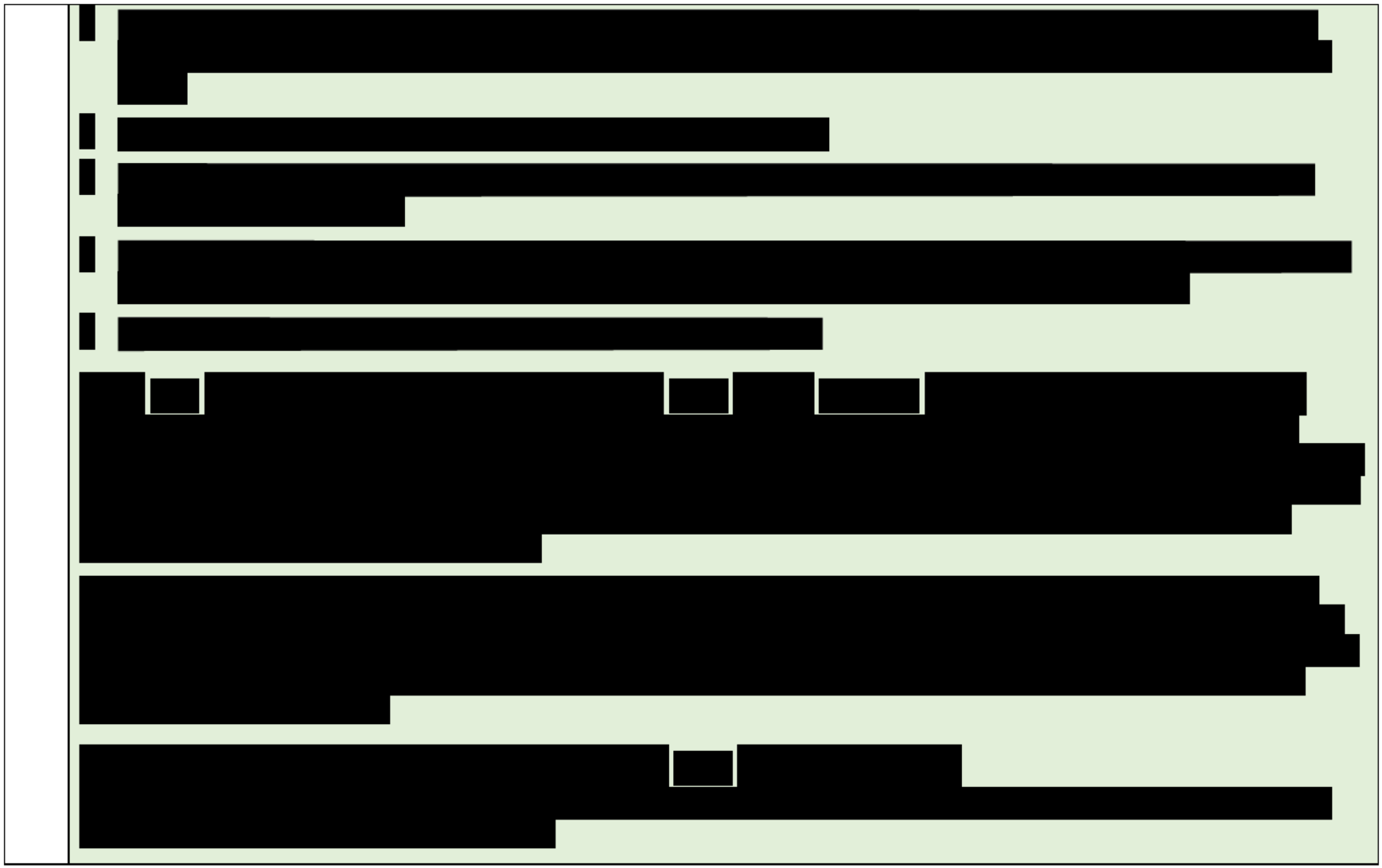
CMOCB3.c

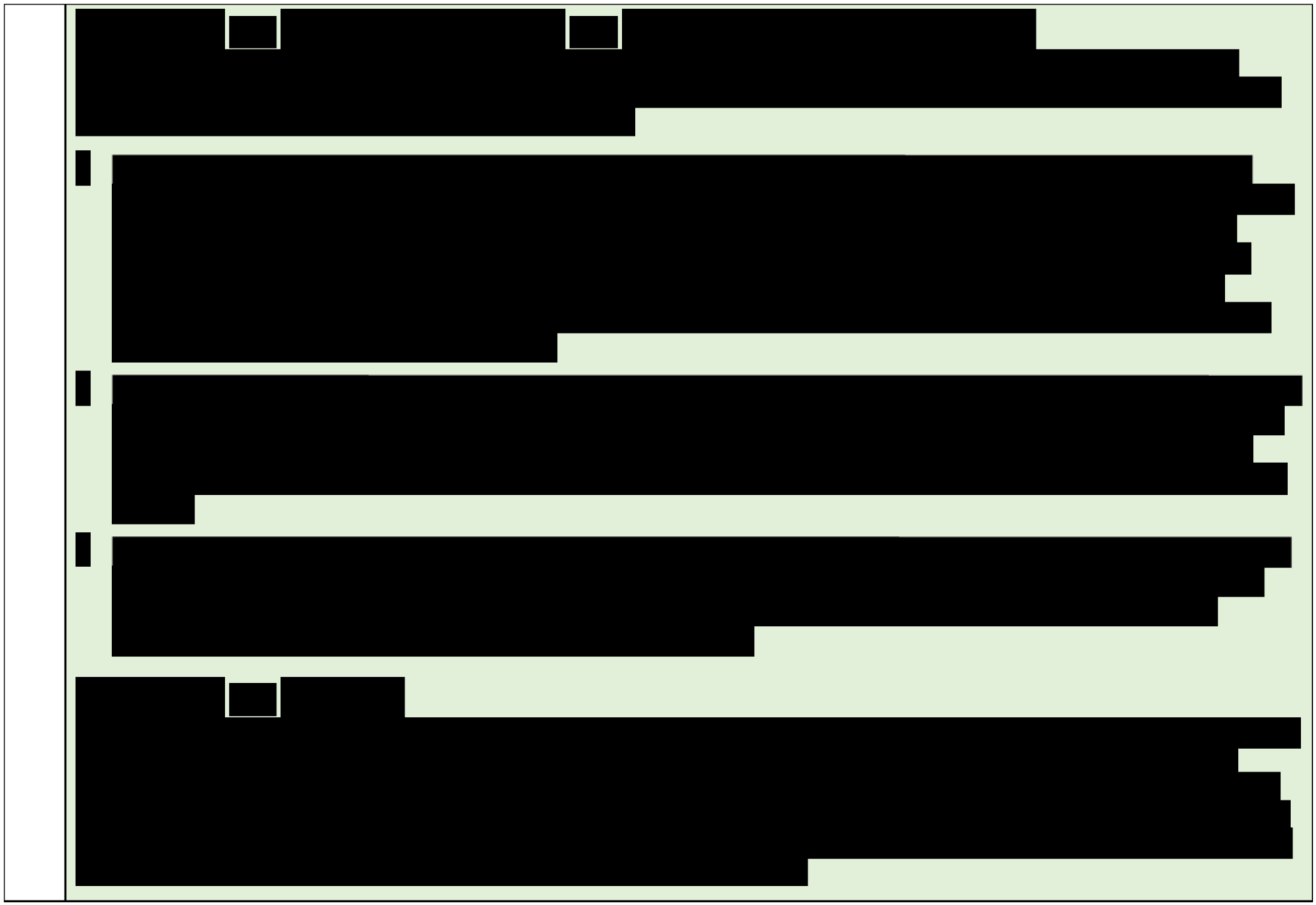
b. The Supplier must document all required actions in the electronic system as determined by the Agency, e.g. Medicaid Enterprise System, providing an explanation for what action was taken and why it was taken.

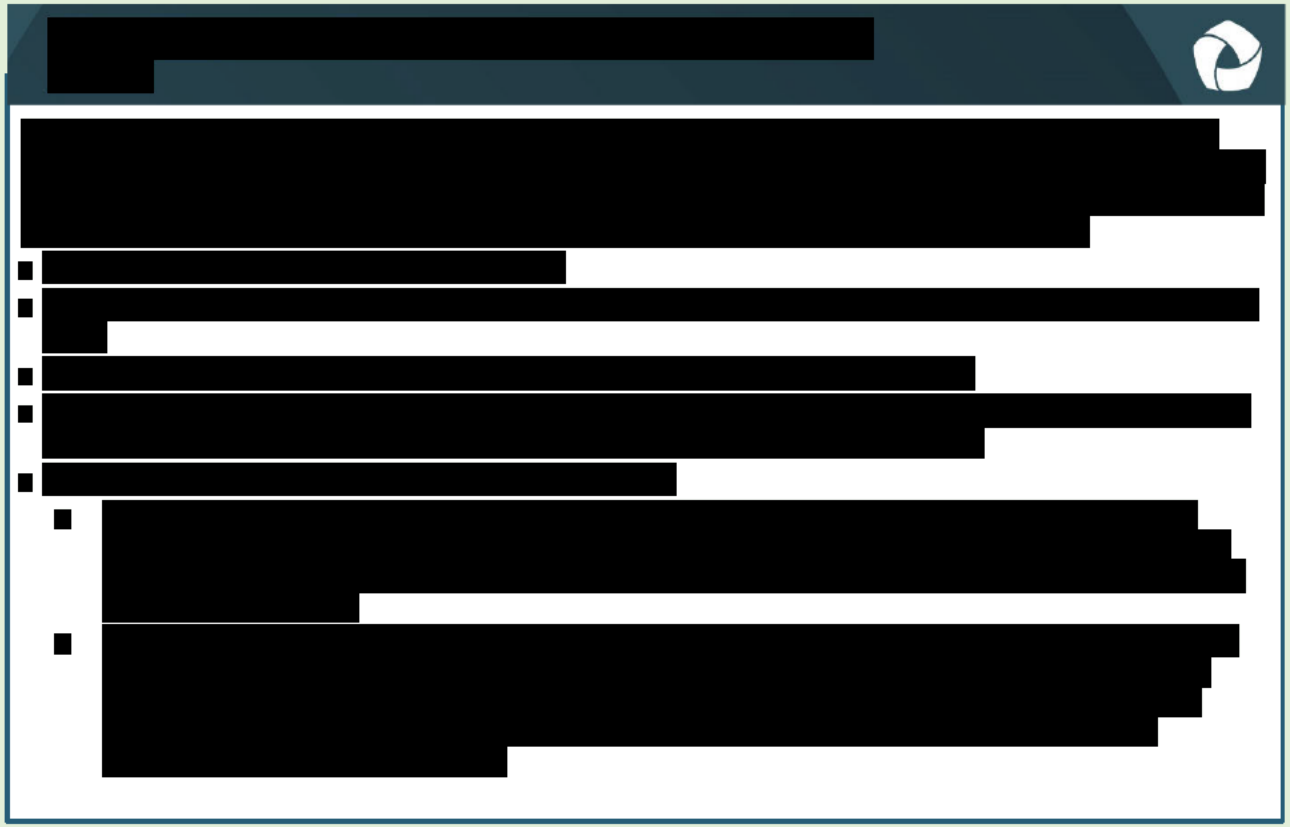
[redacted]









	[redacted]  [redacted]
	Upload Attachments with Additional Information? **No**
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	*Answer # 6* **CMOCB4** **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.** We will provide the Agency with an updated CMO Come Behind Program Procedures manual for its review and approval within 30 days (or a time frame as specified by the Agency) of any proposed update(s). HMS proposes the following Table of Contents (**Exhibit O-18**) for the CMO Come Behind Program Procedures manual which will include an overview of our processing operations as well as recovery procedures. HMS affirms that we will provide a draft of this manual to the Agency within 60 calendar days following contract execution. With all procedural manuals, we will document any updates to the manual; version control will include the effective date of any changes. Furthermore, we will provide to the Agency any updates made to the CMO Come Behind Program Procedures manual within 30 days of the revision.

Given HMS' experience with developing and providing standard operating procedure manuals for the Agency today, we understand the need for proper reporting and written protocols and can customize any manuals required to the appropriate audience. For example, in addition to the proposed CMO Come Behind Program Procedures Manual, HMS will tailor separate manuals for the Agency, CMO Oversight group, the CMOs, and any additional stakeholders to allow for all parties to understand the process and their responsibilities and roles.

CMOCB4.a

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

HMS will customize, develop, document, and maintain a method of providing updates to the procedure manual from the effective date of any change.

When a change to the process for CMO Come Behind billing occurs (changes to the CMOs, new Come Behind exclusion rules, etc.), HMS will update the procedures manual accordingly. As part of this update process, HMS will coordinate with our Operational and Quality teams to ensure the appropriate technical changes are performed and documented internally with the effective date and the HMS Account team will reflect all changes executed in the procedures manual for the Agency.

CMOCB4.b

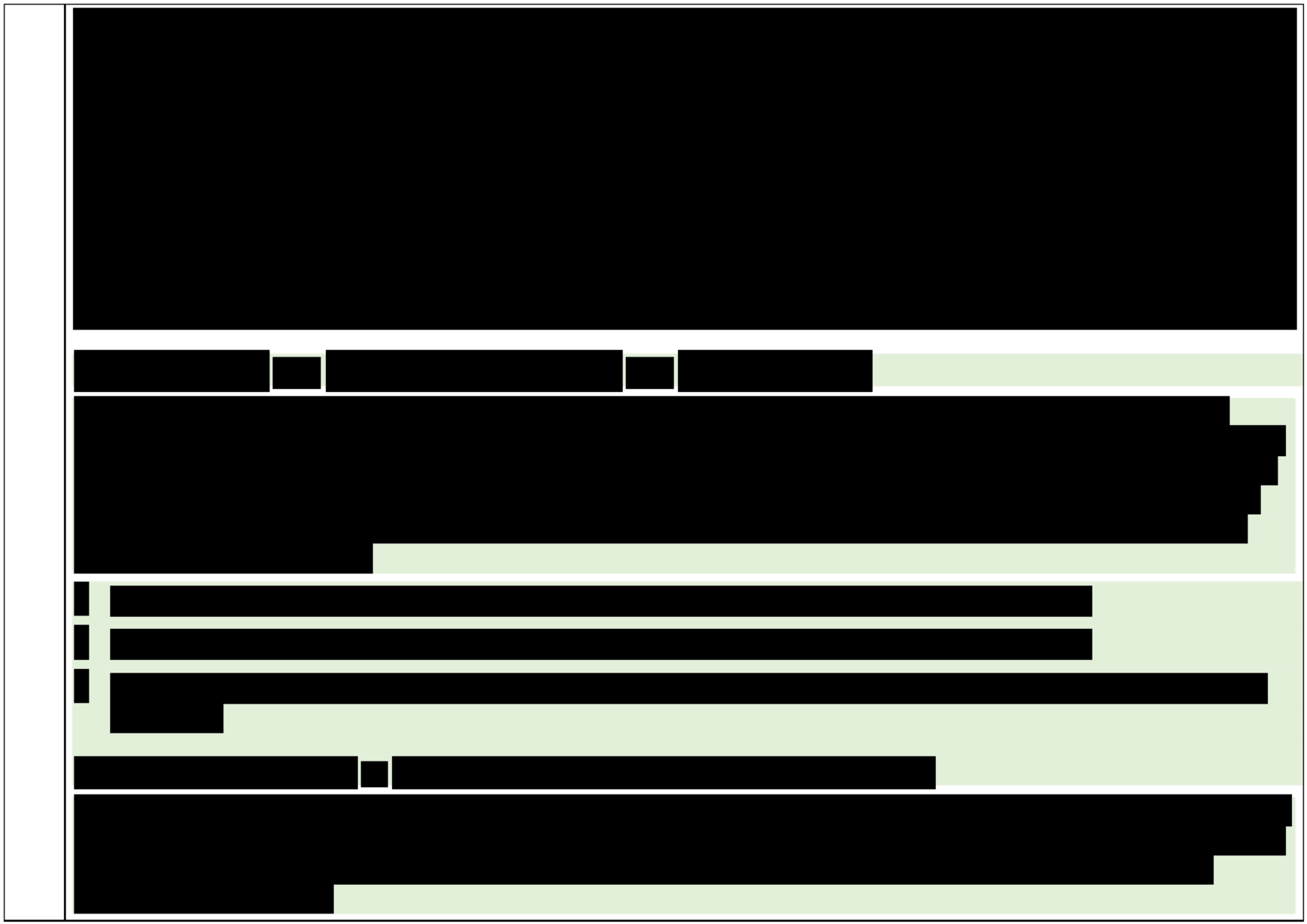
b. The Supplier must provide the Agency with the updated CMO Come Behind Program Procedures manual for its review and approval within thirty (30) days (or a timeframe as specified by the Agency) of any proposed update(s).

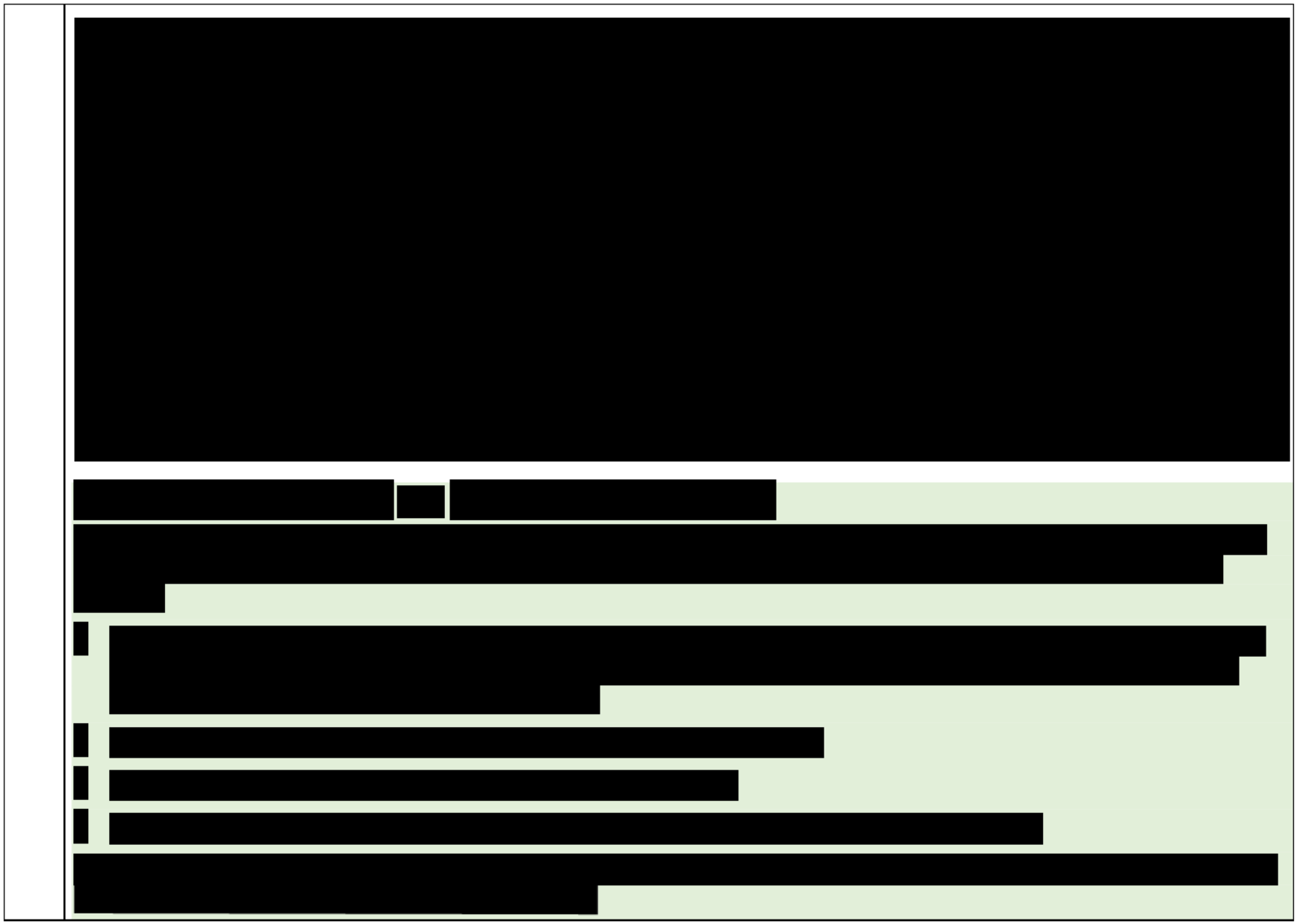
HMS will provide the Agency with the updated CMO Come Behind Program Procedures Manual for its review and approval within 30 days (or a time frame as specified by the Agency) of any proposed update(s).

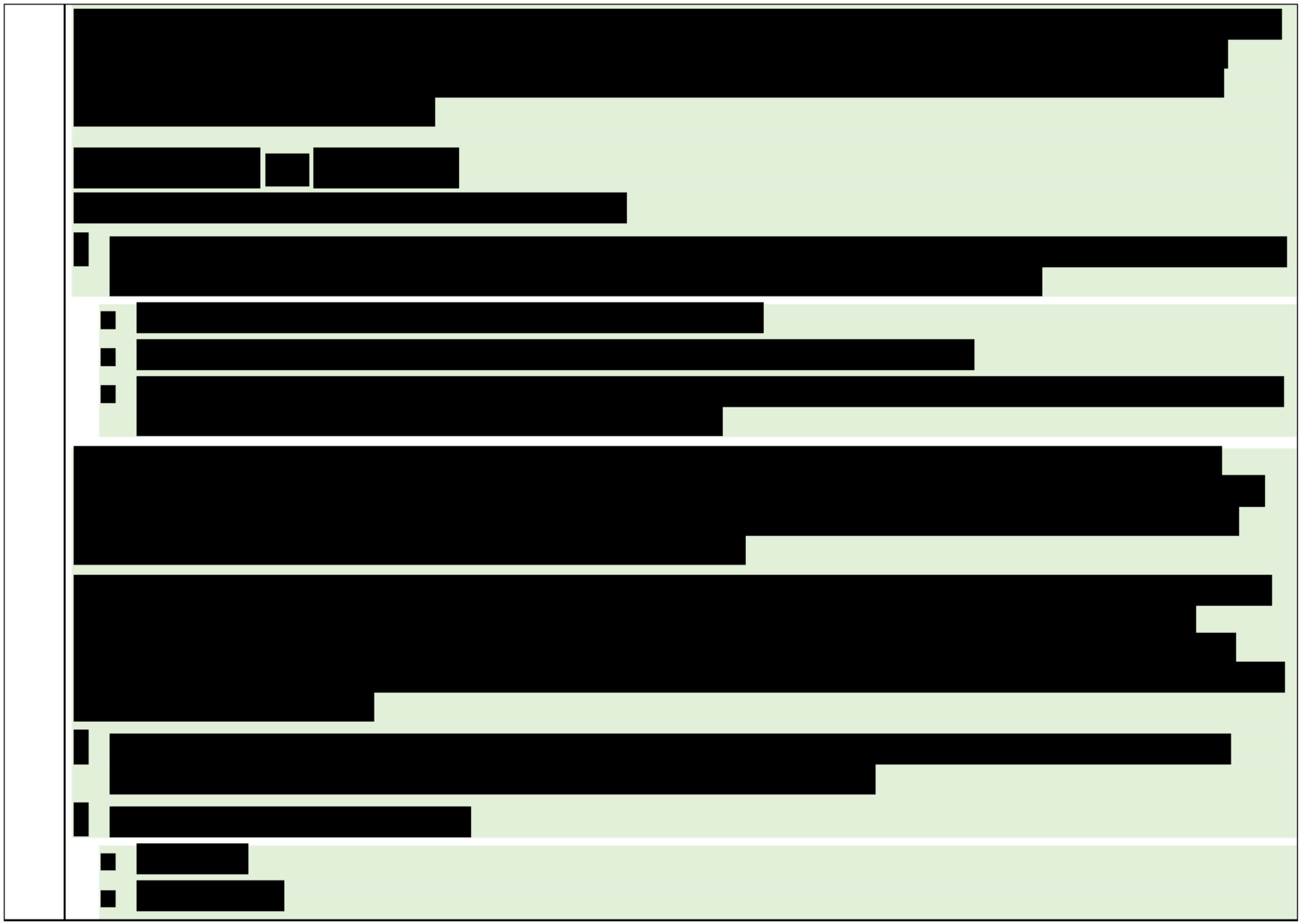
When/If changes are made to the CMO Come Behind Program Procedures Manual, HMS will provide the Agency with the updated manual within 30 days.

Upload Attachments with Additional Information? **No**

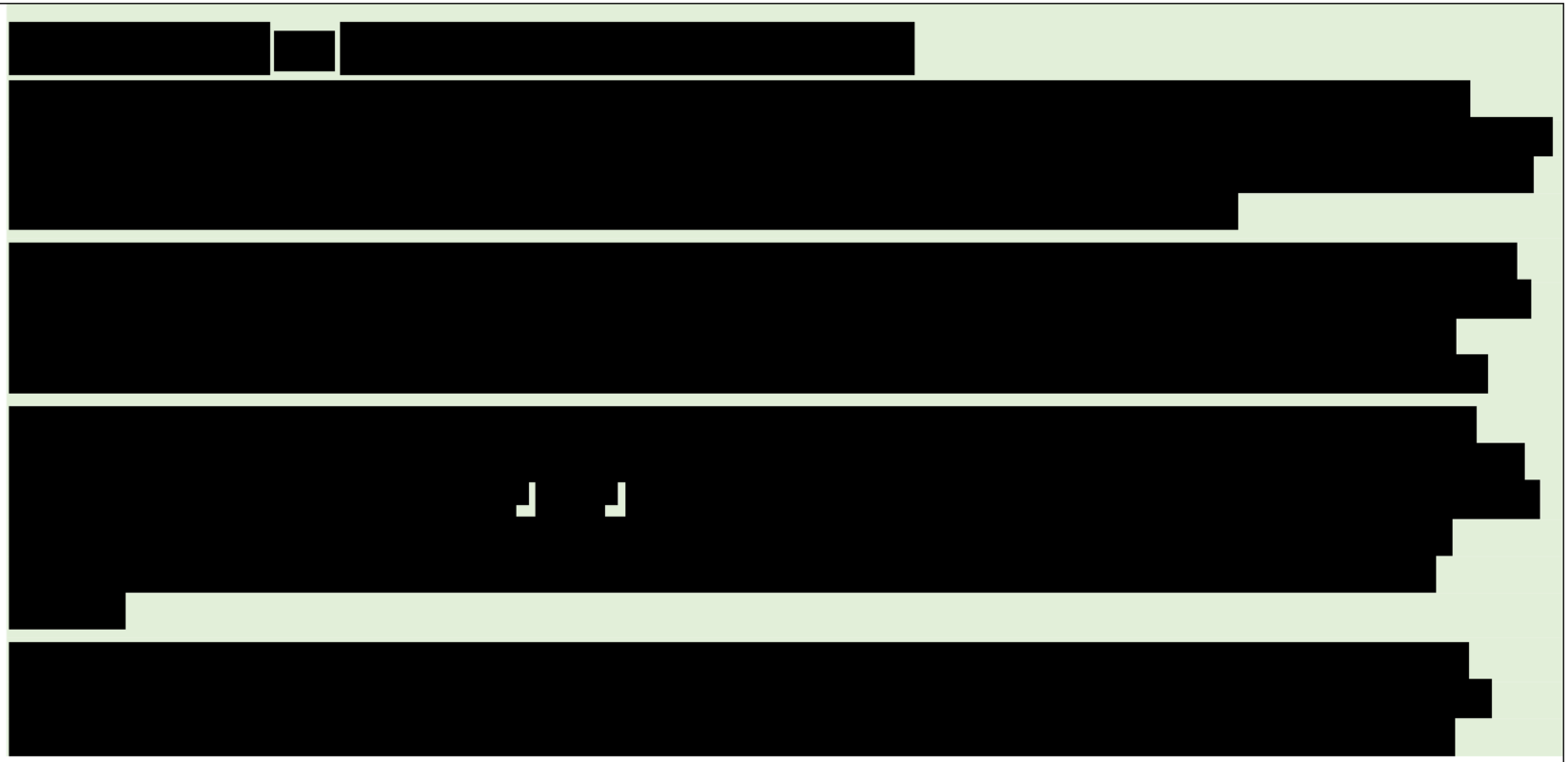
7	**System Requirements-** Describe your process for tracking collections using a web-based accounts receivables system that must be reviewed and approved by the agency prior to production utilizing the requirements identified in **Attachment N, System Requirements Section, Requirement CMOCB5.**
A7	*Answer # 7* **CMOCB5** **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.**  In **Exhibit O-19** we illustrate our process for handling accounts receivable collections, followed by a description of each step.







	[redacted]  **STEP 5: GENERATE MONTHLY INVOICES AND OTHER DELIVERABLES** HMS generates monthly invoice reports and applicable deliverables to support the invoices submitted to the Agency. After the Agency approves the monthly invoice for CMO Come Behind Billing, HMS will submit the claim-level detail to the MES for posting.
	Upload Attachments with Additional Information? **No**
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*

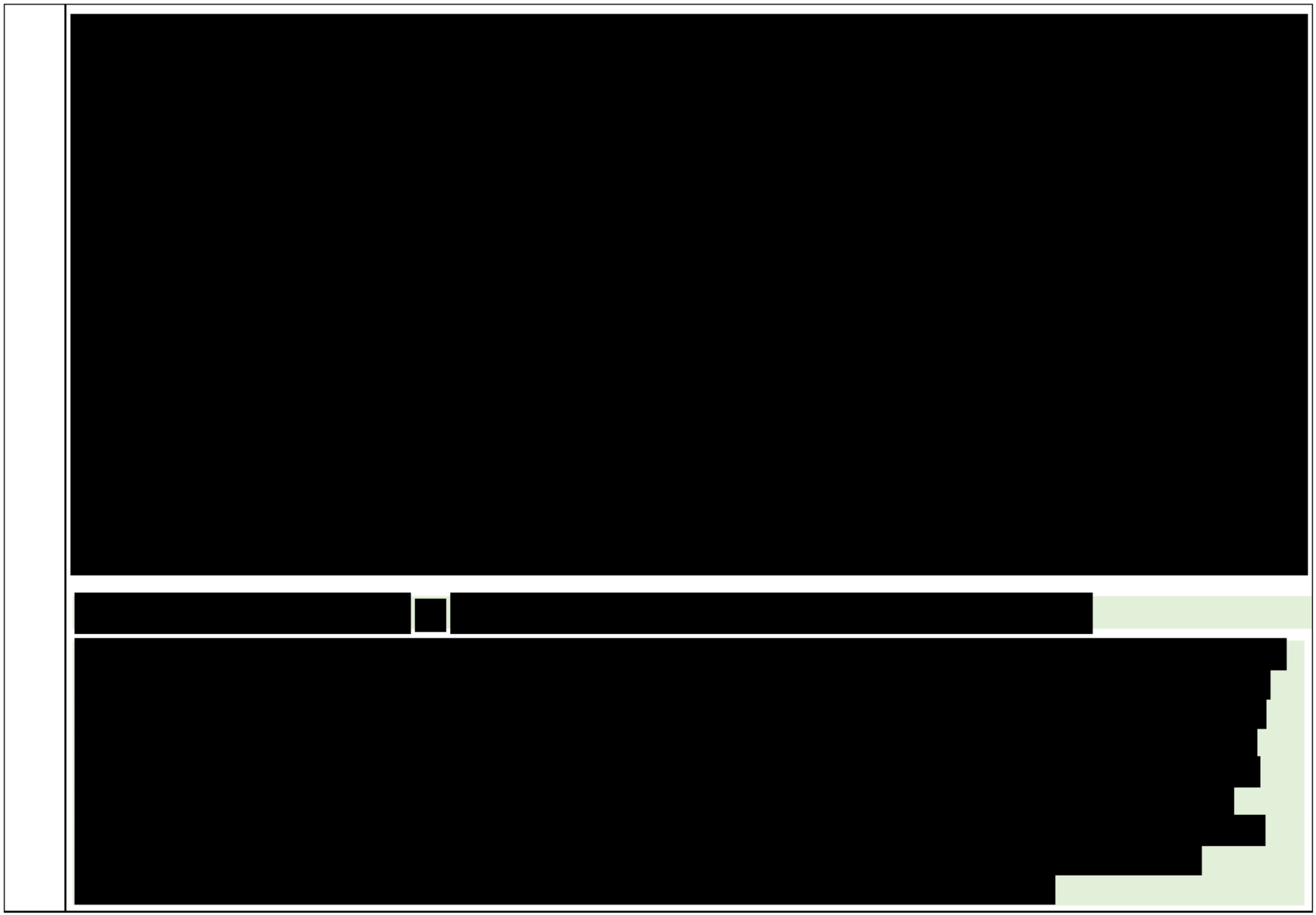
CMOCB6

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)

[redacted]

xhibit O-25 illustrates our check processing procedure.



	The Agency users can retrieve documents directly or ask HMS to obtain reports through system queries; only those documents that pertain to the Medicaid contract are accessible. After identifying the type of report(s) an Agency team member would like to view, various criteria are applied to focus the search on specific elements, such as dates and text fields (e.g., carrier name). 

	
	Upload Attachments with Additional Information? **No**
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.**
A9	*Answer # 9*

CMOCB7

The Supplier must produce separate invoices for recoveries associated with each CMO.

The HMS process will produce separate invoices for the recoveries associated to the CMO Come Behind services by CMO.

CMOCB7.a

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.

Similar to our already existing process for non-CMO recoupments, HMS will submit the CMO invoices to the Agency point of contact no later than the 12th of every month for the preceding month. In the event the 12th falls on a weekend or State holiday, the invoice will be delivered the following business day.

HMS has demonstrated our ability to submit timely and accurately invoices. Additionally, HMS customizes the format of these invoices to meet the needs of the State. Since 2013, HMS submitted over 400 recovery and recoupment invoices to the State of Georgia. As a current partner with the State of Georgia, HMS demonstrated our flexibility to accommodate to a change in invoice format in July 2020. The State of Georgia requested that HMS change our invoice format from separate product invoices for Recoveries and Recoupments to two invoices that consolidated products either under Recovery or Recoupment. HMS has the ability to create individual invoices for recoveries associated with each CMO as demonstrated in our process for another state. **Exhibit O-28** is an example of a CMO Come Behind invoice.

	[redacted] [redacted] CMOCB7.b **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.** HMS will make any necessary revisions when an invoice is identified to have an error. Following the revisions, HMS will resubmit the invoice to the Agency point of contact.
	Upload Attachments with Additional Information? **No**
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	*Answer # 10* As a Supplier specializing in payment accuracy, we fully understand the importance of protecting taxpayer funds, both federally and at the state level. With that understanding, HMS assigns the burden-of-proof on any carrier or provider requesting a refund to prove that the refund is valid, timely and accurate. In response to requirements CMOCB8 through CMOCB12, we describe how we will research, validate and document all refund requests for the Agency. In addition to our responses provided for requirements CMOCB8 through CMOCB12, we include a sample Carrier Refund Request Form in **Exhibit O-29**. **CMOCB8** **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.** HMS will research, validate, and document all TPL refund requests based on the Agency business rules. HMS will work with the Agency at the beginning of the contract and periodically thereafter to review and validate all TPL refund request business rules to ensure that we are aligned and all business rules are implemented as part of the refund request procedures. Upon receipt of a carrier refund request, HMS' refund process is focused on protecting state funds and requiring the carrier submit the necessary documentation to prove that any refunds are valid. The refund validation process confirms the following items: 1. [redacted] 2. [redacted] 3. [redacted] 4. [redacted]

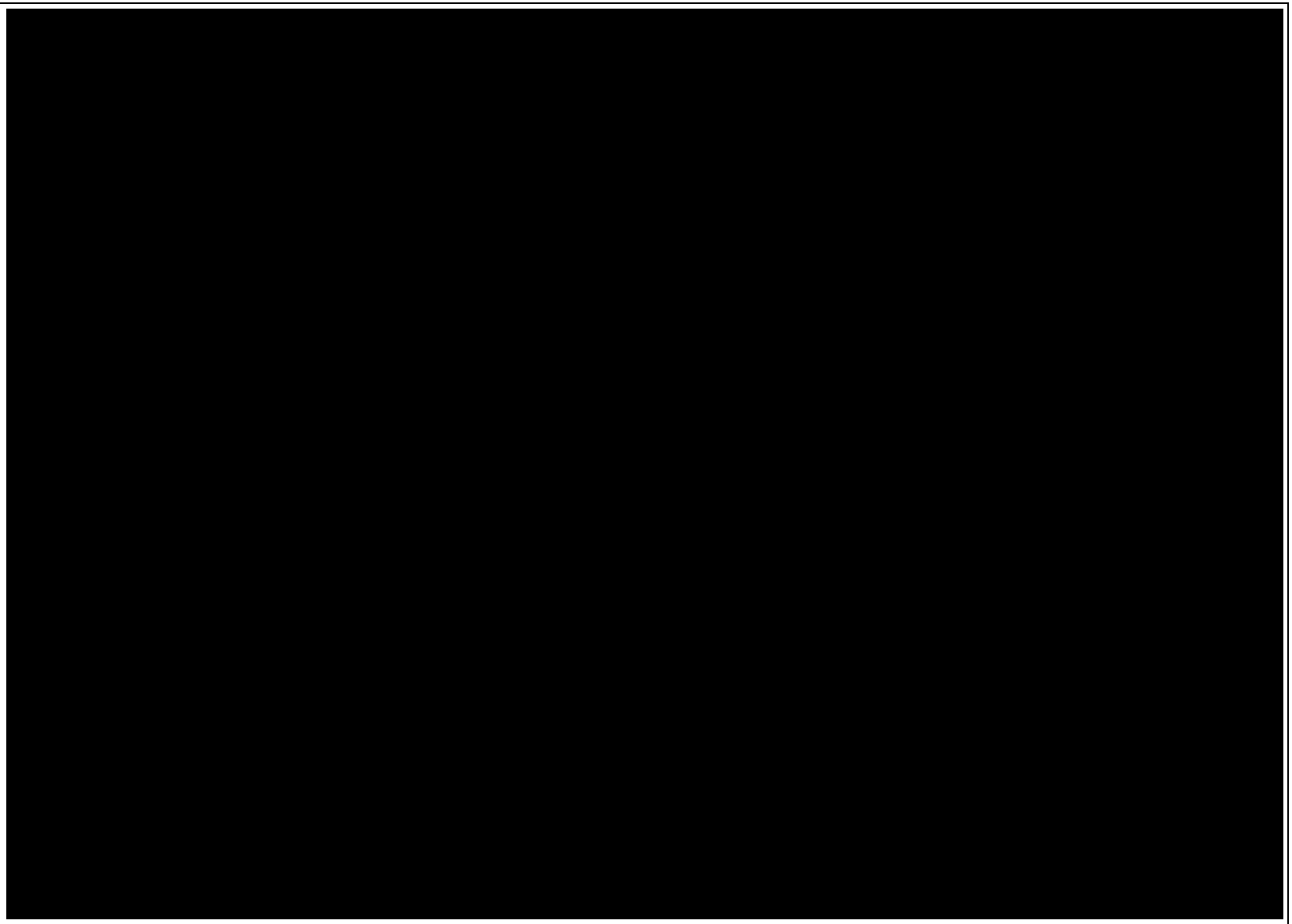
CMOCB9

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.

If the refund request validation passes all four steps, a refund request form with the supporting documentation is prepared and delivered to the Agency. If the carrier or provider does not initially provide the necessary documentation to support the refund request, HMS takes the steps outlined in Requirement CMOCB 10 to obtain the needed documentation.

HMS will work with the Agency to develop a Refund Request form. This form will be completed by HMS and submitted to the designated TPL point of contact at the Agency along with the supporting documentation within 30 business days from receipt of request.

A sample refund request form is attached and shown in **Exhibit O-29**.

CMOCB10

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.

[redacted]

CMOCB11

The Supplier must develop, document and maintain a professionally written, Agency approved Carrier Refund Process Procedure manual within a timeframe determined by the Agency.

	HMS will provide the Agency with the approved Carrier Refund Process Procedures manual within the time frame determined by the Agency. This manual will continue to be updated throughout the contract term. The manual will address the steps described in the Table of Contents provided in **Exhibit O-31**. [redacted]

	CMOCB12 **The Supplier must complete a "W-9" form for refunds greater than or equal to $600.00 (or an amount specified by the Agency).** HMS will complete a "W-9" form for refunds greater than or equal to $600.00 (or an amount specified by the Agency). We will submit the W-9 form with the validated refund request.
	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	*Answer # 11* HMS acknowledges the importance of correctly reflecting the refund on the invoice as a negative adjustment following the Agency's receipt of the refund request. HMS will apply this already-implemented process to the CMO Come Behind Services Program and corresponding invoices to ensure the Agency is appropriately credited on the invoice when a refund is issued per requirement CMOCB 13. **CMOCB13** **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).**

	Upload Attachments with Additional Information? **No**
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.**
A1 2	[redacted] [redacted] **CMOCB14** **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).** [redacted]

	[redacted]
	Upload Attachments with Additional Information? **No**
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	*Answer # 13* The following responses to requirements CMOCB15 through CMOCB16 describe in detail our ability to meet the stated requirements. **CMOCB15** **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.** The HMS process manages, documents, and coordinates specified administrative and system activities. Having served as the Agency's FFS TPL Supplier for over 24 years, HMS is familiar with the documentation and coordination of administrative activities required by the Agency. Drawing from our experience with many state clients and our current processes in place for the Agency, HMS confirms we will manage all administrative and system activities including but not limited to, printing and mailing correspondence, producing reports and maintaining a website for the CMO Come Behind Services Program. The HMS Account Management team, in partnership with our Print and Mail and Marketing team, will ensure the Agency and the CMO Oversight group are supplied with required materials, hardcopy or electronic, to support a successful CMO Come Behind Program. [redacted]

[redacted]

HMS will develop, document, print, and mail all required correspondence and educational materials for each program area. HMS has proven processes and tools in place today to develop at the Agency to support the CMO Come Behind Program. With approval from the Agency, HMS will develop an array of educational materials including a general brochure, a frequently asked questions (FAQ) document, and other documents requested to allow stakeholders to be well-versed on the process and expectations prior to implementations.

CMOCB16

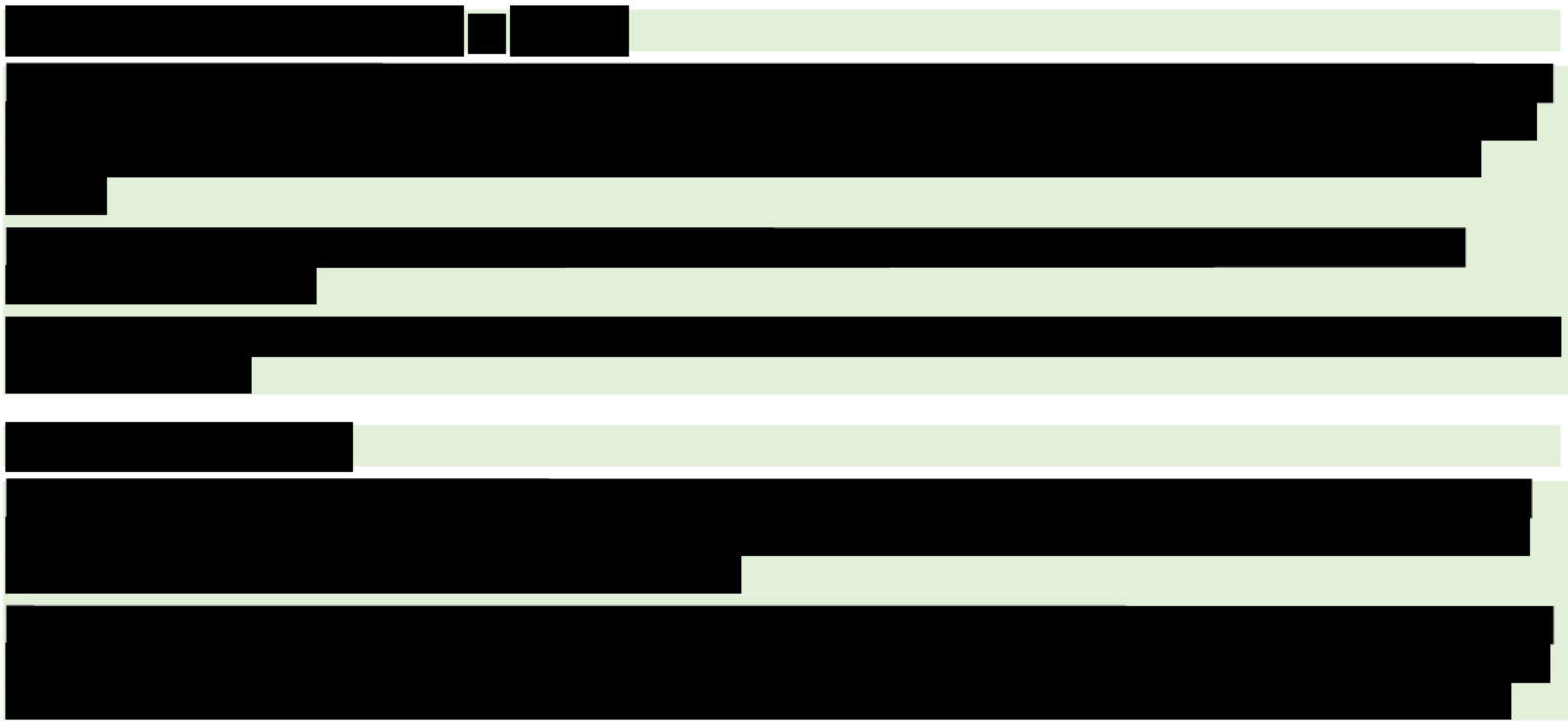
The Supplier must develop, document, print, and mail all required correspondence and educational materials for each program area.

CMOCB16.a

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.

[redacted]

	[redacted] **CMOCB16.b** **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.** [redacted] **CMOCB16.c** **c. Any correspondence must comply with the Agency Communications Guide or directions provided by the Agency.** HMS is familiar with the Agency Communications Guide and will make sure the correspondence meets the Agency's guidelines and directions before producing the materials.
	Upload Attachments with Additional Information? **No**
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.**
A14	*Answer # 14* HMS' process for developing and maintaining a website for the CMO Commercial Come Behind Program will occur in two phases: 1) Implementation Prior to Go-Live, and then 2) After Go-Live. Regardless of the phase, our process consists of a)

	defining the audience/stakeholders, b) determining the information the stakeholders want and need to know at that time, and then c) drafting and finalizing the appropriate content. 

CMOCB17

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.

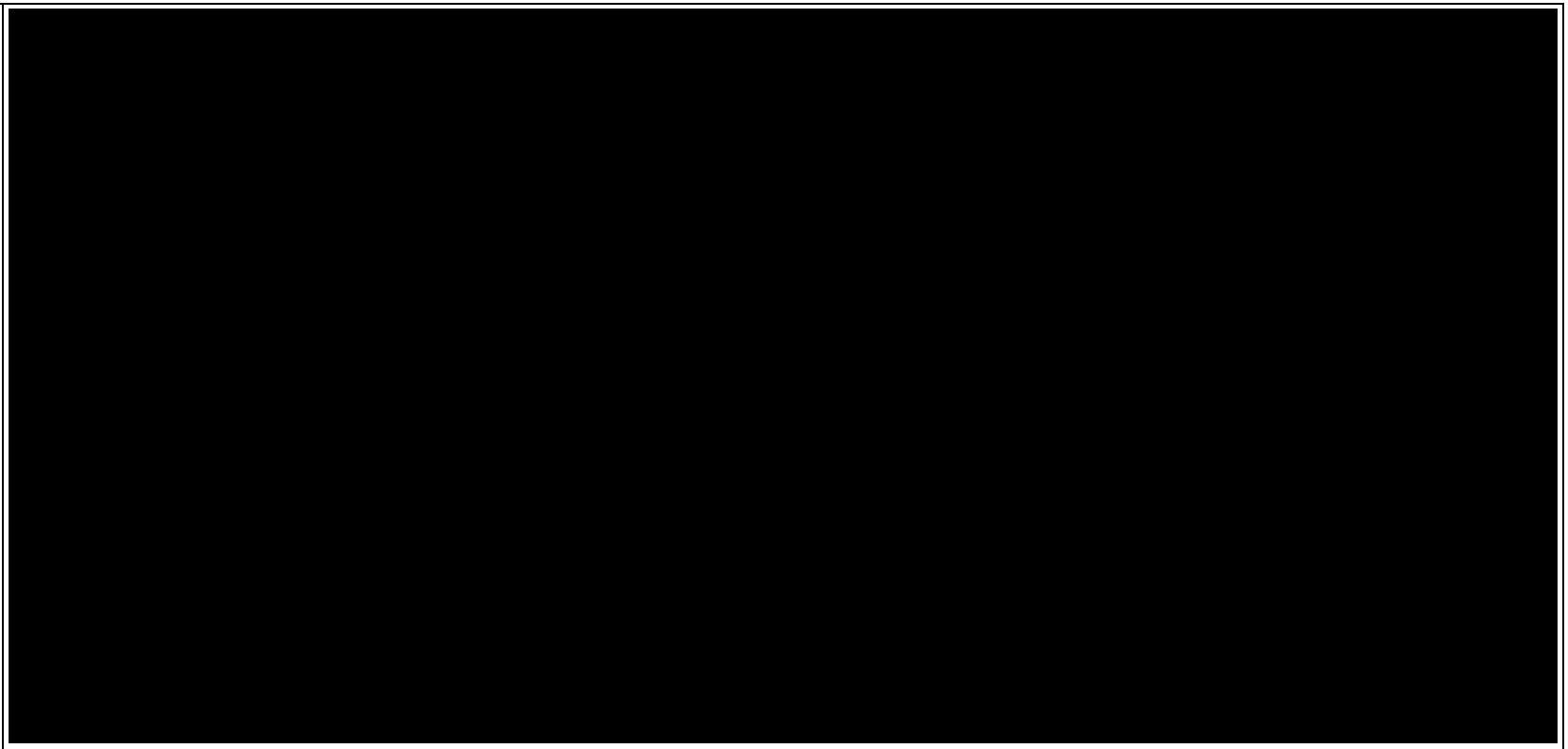
HMS will provide the Agency with a preview of the CMO Come Behind Program website to review within 30 calendar days and will incorporate all Agency-requested revisions before publishing the website for public consumption. Today, HMS maintains several state Medicaid-specific informational websites and will craft this custom site to detail all information on the function of the program, points of contact as well as any other relevant information that may aid in answering questions or directing stakeholders to the correct contacts. In addition to maintaining the website, HMS confirms we have processes in place to review/update websites and can accommodate updating and refreshing the website on an interval to be determined by the Agency.

The audience for the website includes both the CMOs and the carriers. Therefore, the website will contain the following content:

- Financial justification and best practice rationale for the program
- CMO contract language that establishes the program guidelines
- HMS contact for any questions on the program

Upload Attachments with Additional Information? **No**

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	*Answer # 15* **CMOCB19** **The Supplier must recover from health insurance carriers for encounter claims where the CMO was not primary. The Supplier must provide and document the details of the process and approach to accomplishing this task, in the procedures manual, within a timeline as defined by the Agency.** [redacted]

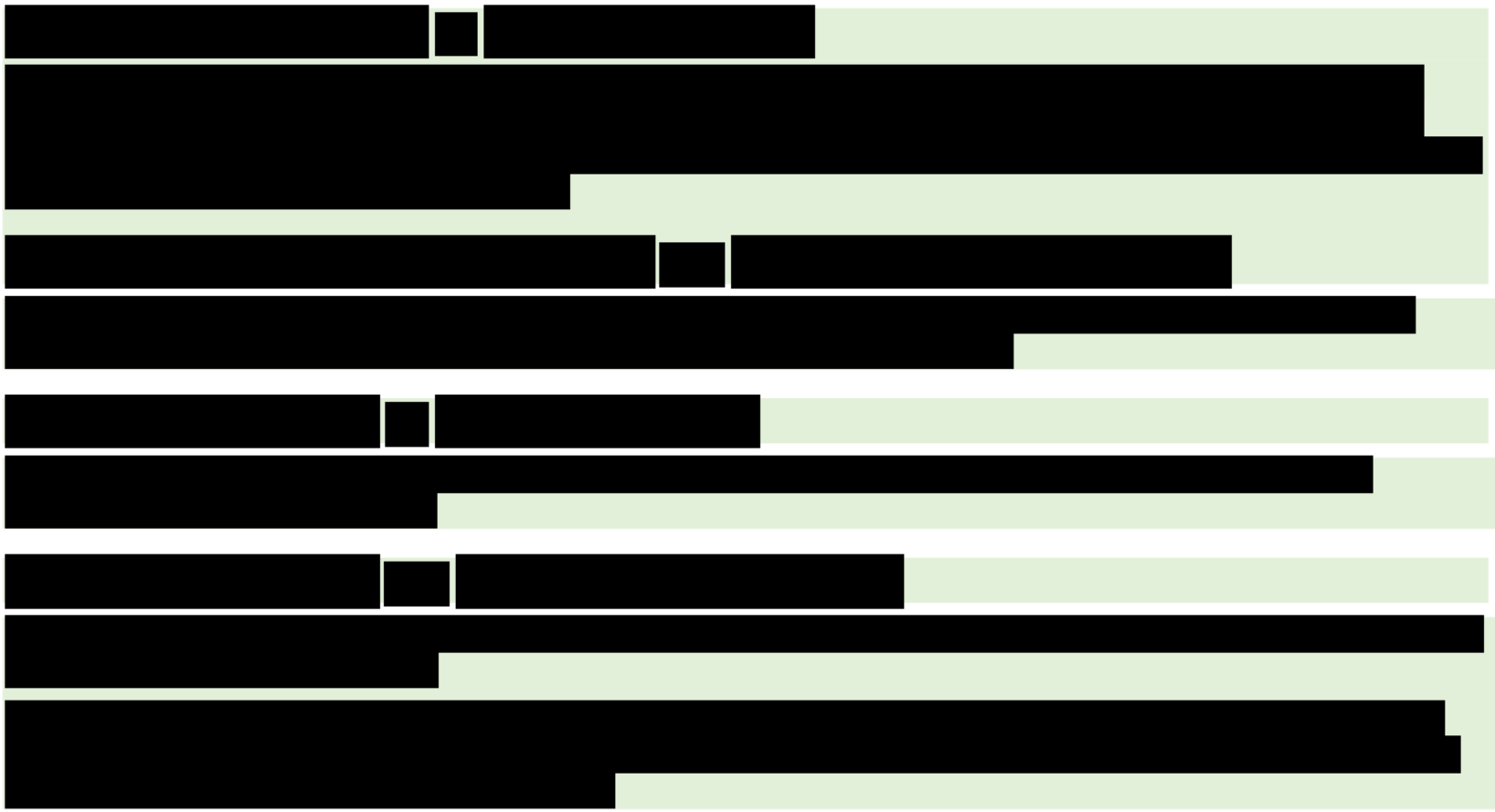


STEP 1: RECEIVE ENCOUNTER CLAIMS PAID FILES

HMS will receive an Encounter Claims file every month from the Agency and will pull the data into our system to begin the data match process as described in detail in Question 5.

STEP 2: SELECT CLAIMS

HMS will leverage our already-existing claims selection process to identify the CMO claims paid for an enrollee where third party coverage is identified and flag the claims for billing. As part of this step, HMS will ensure only claims 365 days from date of payment are selected for potential recoupment.

	
	Upload Attachments with Additional Information? **No**
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.**

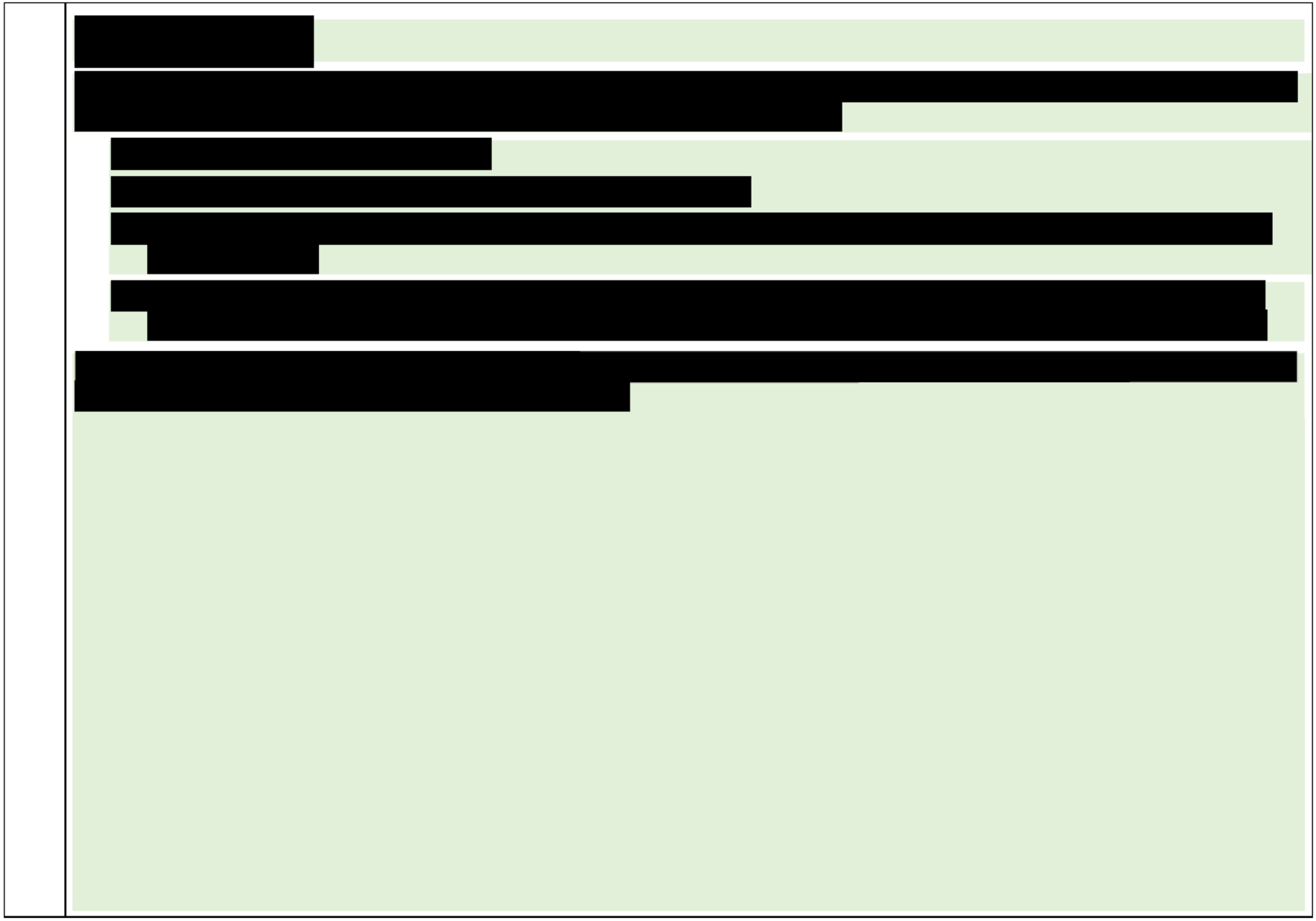
A16	*Answer # 16*

CMOCB20

The Supplier must document, reconcile, and report unsuccessful recoupment attempts for encounter claims that should have been paid by health insurance carriers, within a timeframe as specified by the Agency.

HMS will document, reconcile, and report unsuccessful recoupment attempts for encounter claims that should have been paid by health insurance carriers, within the time frame specified by the Agency.

[redacted]



[redacted]

SUBMIT REPORT OF UNSUCCESSFUL RECOUPMENT ATTEMPTS

HMS will regularly submit a report, within a time frame as specified by the Agency, detailing the unsuccessful recoupment attempts for encounter claims that should have been paid by health insurance carriers. [redacted]

Upload Attachments with Additional Information? **No**

17	**Health Insurance Carriers/Payer Recoupment-** Describe your process for collaborating with health insurance carriers to clarify aggregate payments made for multiple recovery claims for which insufficient documentation has been provided including the requirements stated in **Attachment N, Health Insurance Carriers/Payer Recoupment Section, Requirement CMOCB21.**
A17	*Answer # 17* **CMOCB21** **The Supplier must work with health insurance carriers to clarify aggregate payments made for multiple recovery claims, for which insufficient documentation has been provided to identify the claims included in the payment.** **The Supplier must contact the health insurance carrier every thirty (30) days (or a timeframe specified by the Agency) to identify which 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 claims included in the payment to the Agency.** [redacted]

	[redacted]
	Upload Attachments with Additional Information? **No**
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.**

A1 8	*Answer # 18* **CMOCB22** **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 claims correctly. The reasonable measures include, but are not limited to:** 

[redacted]

CMOCB22.a

a. When required, validate insurance information from members

[redacted]

CMOCB22.b

b. Conducting data exchanges with Agency files that contain information on workers' compensation, wages, welfare enrollment

[redacted]

CMOCB22.c

c. Conducting data exchanges with Social Security Administration wage and earning files

HMS will conduct data exchanges with the SSA wage and earnings file. With assistance from the Agency in obtaining other government files, HMS will conduct data exchanges with other identified sources.

	CMOCB22.d **d. Leverage other data sources to collect member health coverage including but not limited to: medical, dental, vision, prescription, behavioral health** [redacted]
	Upload Attachments with Additional Information? **No**
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 "A" match occurs as stated in **Attachment N, Data Matching/Third Party Resource File Maintenance Section, Requirement CMOCB23.**
A19	*Answer # 19*

	CMOCB23 **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.** The HMS process will add a resource to the MES when data is found on three out of four match points, Grade "A" matches. HMS conducts a unique data match process today for the Agency that entails adding a resource to the Medicaid Enterprise System when the data is found on three out of four match points, also known as a Grade "A" match. [redacted]
	Upload Attachments with Additional Information? **No**
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	*Answer # 20* **CMOCB24** **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):**

	CMOCB24.a **a) not add or update coverage or bill claims until both the effective and termination date of coverage is verified.** HMS will not add or update any information on non-Grade "A" matches until we are able to verify the match through other means and confirm both the effective and termination dates. [redacted] **CMOCB24.b** **b) perform verification online, by mail, by telephone with the carrier, or through member or employer questionnaires.** HMS will perform verifications online, by mail, by telephone with the carrier, or through member or employer questionnaires. [redacted]
	Upload Attachments with Additional Information? **No**
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	*Answer # 21* The following responses to requirements CMOCB25 through CMOCB26 describe in detail our ability to meet the stated requirements.

[redacted]

CMOCB25

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.

If an issue arises when matching data, such as a HIPAA violation or other data matching issues, HMS will notify the Agency immediately and will complete the incident report form within 14 business days of discovery and detail any corrective action taken to resolve the issue and prevent future recurrences.

CMOCB26

The Supplier must document and overcome problems that can arise when matching data. Some of these challenges are:

HMS will document and address any obstacles that may arise when matching data. Through our national and Georgia-specific experience, we have identified multiple approaches to mitigate match issues that arise.

[redacted]

CMOCB26.a

a. Not using multiple approaches to increase successful data matches

[redacted]

[redacted]

CMOCB26.b

b. Turning near matches, which are matches with one (1) or two (2) items on a Grade "A" matches, into Grade "A" matches

[redacted]

CMOCB26.c

c. Conducting data matching across state lines

[redacted]

CMOCB26.d

d. Reducing administrative burdens through inter-Agency collaboration

HMS provides a service solution that is aimed at payment accuracy and reducing the administrative burden on the Agency. As indicated in our previous response, HMS has worked with multiple states to drive additional collaboration. We are accustomed to assisting inter-Agencies in Georgia ranging from daily collaboration with the Attorney General's office and fiscal services. HMS welcomes the opportunity to increase inter-Agency collaboration.

CMOCB26.e

e. Ensuring that personal and demographic data is collected to execute a Grade "A" match

[redacted]

	CMOCB26.f **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.** HMS affirms that we have the ability to work with other Agency suppliers, the MES, and other applicable interfaces to update the Resource and Carrier files with the goal to cost avoid paying claims upfront. 
	Upload Attachments with Additional Information? **No**
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	*Answer # 22* The following responses to requirements CMOCB27 and CMOCB28 describe in detail our ability to meet the stated requirements. **CMOCB27** **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] **CMOCB28** **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.** HMS 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. [redacted]
	Upload Attachments with Additional Information? **No**
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	*Answer # 23* The following responses to requirements CMOCB29 and CMOCB31 describe in detail our ability to meet the stated requirements.

[redacted]

The list of monthly reports listed previously, in addition to others requested, will provide the Agency with the information to know if all stakeholders in the Come Behind Program are being compliant in order to protect the financial interests of the Agency.

CMOCB29

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.

HMS will provide reports to support the implementation and operation of the CMO Come Behind Program and enable the Agency to evaluate program and supplier performance. HMS will deliver new reports or revisions to existing reports within two weeks of notification from the Agency. Additionally, HMS acknowledges that the Agency may require reporting in less time due to the urgency of the request and will work diligently to supply the Agency with this information immediately to ensure a successful implementation and thriving CMO Come Behind Program.

CMOCB31

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.

[redacted]

	[redacted]
	Upload Attachments with Additional Information? **No**
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*

In addition to our responses provided for requirements CMOCB30, CMOCB24, and CMOCB36 through CMOCB41, we also include the required attachment file named **Sample Report_CMO_Come Behind Requirements.**

[redacted]

CMOCB30

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

All standard reports should be 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.

HMS will develop, document, deliver, and retain all required TPL generated reports to the Agency as applicable in a manner agreed to by the Agency. All standard reports will be accessible to the Agency on an as-needed basis. Ad hoc reporting access will be provided to the Agency users or suppliers. HMS will include Agency-defined fields in the report based on its business needs.

[redacted]

	[redacted] Additionally, we understand the Agency will require various reports to be both ingested and provided by HMS to support the CMO Come Behind Program. **Exhibit O-38** lists the reports identified in RFP Attachment N requirements CMOCB34 and CMOCB36 through CMOCB40 and how HMS will utilize these reports. **Exhibits O-39** and **O-42** serve as examples of two of these reports. We provide our response to requirement CMOCB41 immediately following this exhibit.

	[redacted]

	CMOCB41 **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.** HMS is well versed in receiving system-generated reports from the MES and has the capabilities to review the reports and, when, applicable, will perform and document adjudication/corrective action for the issues/actions identified in each report. In collaboration with the Agency, HMS will define the required adjudication/corrective action processes according to fields defined by the Agency. We include with our response the required attachment file named **Sample_Report_CMO_Come Behind Requirements.**
	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	*Answer # 25* [redacted] • **Utilizing the Reports:** We respond to all requirements identified in RFP Attachment N requirements CMOCB32, CMOCB33, and CMOCB35 by describing how each report requirement in **Exhibit O-43** will be used by HMS.

	HMS is well versed in receiving, storing, and utilizing reports provided by the Agency and the MES including claims data that is used to recover claims paid erroneously by Medicaid and CHIP. We receive this information from the MES via established interfaces and ingest the data in our internal systems to determine which claims may be eligible to pursue for recoupment. [redacted]
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.**
A26	*Answer # 26* [redacted]

	[redacted]
	Upload Attachments with Additional Information? **No**
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 HMS currently receives, stores, and utilizes numerous interfaces provided by the Agency to ensure data is correct and current. [redacted] • **Utilizing the Interfaces**: We respond to all requirements identified in RFP Attachment N requirements CMOCB42, CMOCB44 – CMOCB47 and CMOCB49 – CMOCB61 by describing how each interface requirement in **Exhibit O-45 and O-46** will be used by HMS.

	
	Upload Attachments with Additional Information? **No**