

**OKLAHOMA HEALTH CARE AUTHORITY  
REQUEST FOR INFORMATION  
RECOVERY AUDIT CONTRACTOR**

**SECTION I: GENERAL INFORMATION**

**1.1 ANNOUNCEMENT**

The State of Oklahoma (State), by and through its designated Medicaid agency, the Oklahoma Health Care Authority (OHCA), is issuing this Request for Information (RFI) to obtain information that will assist it in the development of a RFP (Request for Proposal) for a Contractor to establish and administer a Recovery Audit Contractor (RAC) program in accordance with Section 6411 of the Patient Protection and Affordable Health Care Act. The Contractor will be responsible for identifying underpayments not made to providers and overpayments paid to providers via reviews / audits of medical claims submitted by providers for services rendered.

**1.2 POINT OF CONTACT**

This RFI is issued by OHCA and OHCA is the sole point of contact from the date of release of this RFI through the closing date as follows:

Oklahoma Health Care Authority  
2401 N.W. 23<sup>rd</sup> Street, Suite 1-A  
Oklahoma City, OK 73107-2413  
Attention: Theresa Isenhour  
Phone (405) 522-7264  
E-mail: [theresa.isenhour@okhca.org](mailto:theresa.isenhour@okhca.org)

**1.3 RFI CLOSING DATE**

Responses submitted in accordance with this RFI must be received by OHCA no later than 3:00PM Central Time (CT) on Tuesday, January 31, 2012. Responses should be e-mailed to the Point of Contact in Section 1.2. Responses received after the closing time and date will not be accepted. Respondents may call the telephone number above to ensure that their submissions were received. Responses should include the following:

1. Cover page with organization's name and contact information; and
2. Answers to questions in Section 3.1 (limited to ten (10) pages or less;

**1.4 ACCEPTANCE OF REPOSES**

- A. The State will accept all responses submitted according to the requirements and deadlines specified in this RFI. Responses must be complete when submitted and should clearly describe the Respondents' ability to meet the requirements of the RFI and the needs of the State.
- B. The OHCA may ask any Respondent for written clarification of their response.

**1.5 COST OF PREPARING RESPONSES**

- A. All costs incurred by the Respondent for Response preparation and participation in this competitive process will be the sole responsibility of the Respondent. The State will not reimburse any Respondent for any such costs.
- B. The State reserves the right to withdraw the RFI at any time during the procurement process. Issuance of this RFI in no way obligates the State to award or issue a contract or to pay any costs incurred by any Respondent as a result of such a withdrawal.

## **1.6 RETENTION OF RESPONSES**

- A. All responses submitted in response to this RFI become the property of the State and will not be returned. All material submitted by Respondents becomes the irrevocable and sole property of the State of Oklahoma.
- B. All responses submitted and all information contained therein shall be subject to the Oklahoma Open Records Act, 51 Okla. Stat. §§24A.1 et seq. Pursuant to the provisions of Senate Bill 1592, the State Purchasing Director may designate any financial or proprietary information required under this RFI “confidential” and may reject all requests to disclose said information requested under the Open Records Act.

## **SECTION II: BACKGROUND**

### **Oklahoma Health Care Authority (OHCA):**

OHCA is the state agency that administers the Oklahoma Medicaid Program, known as *SoonerCare*. Medicaid is a federal and state entitlement program that provides funding for medical benefits to low-income individuals who have inadequate or no health insurance coverage. Medicaid guarantees coverage for basic health and long-term care services based upon income and/or resources. Created as Title XIX of the Social Security Act in 1965, Medicaid is administered at the federal level by the Centers of Medicare and Medicaid Services (CMS) within the Department of Health and Human Services (HHS). CMS establishes and monitors certain requirements concerning funding, eligibility standards and quality and scope of medical services. States have the flexibility to determine some aspects of their own programs, such as setting provider reimbursement rates and the broadening of the eligibility requirements and benefits offered within certain federal parameters.

### **Program Integrity:**

The Program Integrity & Accountability Unit is responsible for ensuring public funds are spent appropriately. To meet this responsibility, Program Integrity Unit conducts both provider and internal audits. Provider audits are designed to ensure that correct payments are made to legitimate providers for appropriate and reasonable services to qualified individuals. Internal audits are designed to identify and strengthen control environment areas and program efficiencies. In addition to overseeing the agency’s duties regarding the Federal PERM (Payment Error Rate Measurement) program, the unit also performs an annual PAM (Payment Accuracy Measurement) audit to determine the accuracy in which OHCA pays its medical claims. The unit also oversees agency tasks regarding the MEDI-MEDI (Medicare-Medicaid Data Matching Program) and the Medicaid Integrity Contractor programs.

## **SECTION III: RESPONSE SUBMISSION**

### **3.1 Questions**

1. Provide a list of agencies for which the Respondent has implemented a RAC program for a Medicare or Medicaid agency.
2. List Respondent's experience with administering RAC programs (i.e. total number of years and a brief summary of the services provided).
3. Provide an operational timeline for a RAC program for the OHCA.
4. Describe how your program fulfills RAC requirements as detailed in Section 6411 of the Patient Protection and Affordable Health Care Act.
5. Discuss operational efforts/accomplishments such as:
  - a. Recoveries Initially Identified;
  - b. Recoveries Actually Realized;
  - c. Reasons Recoveries Overturned;
  - d. Recoveries by audit type; data, medical record review, combination;
  - e. Average Length of Audit;
  - f. Number of Appeals Filed;
  - g. Number of Appeals Won / Lost;
  - h. Number of Audits Conducted Annually;
  - i. Number of Provider Complaints;
  - j. Corrective Actions Identified to Cost Avoid Future Claims.
6. Describe your experience with Medicaid Claims Data Mining.
  - a. What product was utilized?
  - b. If the data mining was provided by a third party entity, detail how the data mining service was integrated into the Respondent's overall services?
7. Describe your experience with applying extrapolation.
8. Please list/describe your experience in performing Medicaid audits; specifically of medical service providers regarding both data analytic reviews and medical necessity/record reviews.
9. Discuss other Program Integrity initiatives that Respondents currently offer and would couple with their RAC efforts. Such initiatives could include but not limited to:
  - a. Credit Balance Detection and Recovery programs;
  - b. Provider Profiling/Credentialing programs;
  - c. Provider Education Programs; and
  - d. Unique and Specific Provider Type Audit programs.