



Amendment of Solicitation

Date of Issuance: 8/3/17

Solicitation No. 0900000268

Requisition No. 0900008898

Amendment No. 2

Hour and date specified for receipt of offers is changed: No Yes, to: 8/21/17 3:00 PM CST

Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:

OMES Central Purchasing
5005 N. Lincoln Blvd
Ste. 300
Oklahoma City, OK 73105 -
or

Richard Williams
Contracting Officer
405 - 522 - 1040
Phone Number

Personal or Common Carrier Delivery:

OMES Central Purchasing
5005 N. Lincoln Blvd
Ste. 300
Oklahoma City, OK 73105 -

Richard.Williams@omes.ok.gov
E-Mail Address

Description of Amendment:

a. This is to incorporate the following:

The date for submission of bids has changed to 8/21/17.

Below are the answers to all questions received for the solicitation.

Q.1. OMES Form CP 070 has Solicitation Number 0900000268 and OMES Form CP 076 has Solicitation number 0900000264. Which Solicitation Number should be referenced in our proposal submission and amendments?
A.1. Solicitation Number 0900000268.

Q.2. Page 8, A 15 Award of Contract, A.15.1 states, "The State Purchasing Director may award the Contract to more than one bidder by awarding the Contracts(s) by item or groups of items, or may award the Contract on an ALL or NONE basis, whichever is deemed by the State Purchasing Director to be in the best interest of the State of Oklahoma". Can you please confirm if a vendor can submit a proposal for only the Audit Inpatient Hospital Claims portion of the RFP?
A.2. Yes, confirmed.

Q.3. Page 13, C.1. Identification of EGID, C.1.5 shows the Inpatient Hospital Claims cost incurred for 2015 at \$160,080,709. Can you please provide the volume of claims paid for FY 2015? How many of the FY 2015 claims were reimbursed using MS-DRG billing?
A.3. The 2015 inpatient hospital claim volume was approximately 10,000 claims, which were reimbursed using MS-DRG billing.

Q.4. Page 13, C.1. Identification of EGID, C.3.3. & Page 14, C.6 Special Projects. Can the vendor include Special Project considerations in the proposal?

A.4. Yes.

Q.5. Page 14, C.7. Facility and Provider Contracts. Can the OK EDIG provide a fee schedule for Outpatient claims?

A.5. Fee schedules are proprietary information and will be provided as necessary to the successful bidder.

Q.6. Attachment A, Question 4. Will exit interviews be required on every identified overpayment or can vendor provide a written audit result with coding change to the provider?

A.6. The expectation is that the Supplier will obtain agreement from the provider as to any changes and resulting monies owed to EGID.

Q.7. Attachment A, Question 7 states: "A list of data fields and test file will be provided to the successful bidder." Is it possible to get the list of data fields with the questions response? There are mandatory fields required to conduct thorough data analysis and we would appreciate a guarantee these unique fields will be available at time of contract.

A.7. The expected available data fields include but are not limited to:

- **Claim identifying information**
 - Unique claim identification number
 - Claim type e.g. Hospital, Professional, Dental, etc.
 - Adjudication sequence e.g. original, reversal, adjustment
- **Subscriber and patient**
 - Subscriber contract ID
 - Benefit package or coverage ID
 - Plan ID including member tier i.e. High Plan/Active/2+ Children coverage
 - Subscriber first and last name
 - Subscriber sex
 - Subscriber date of birth
 - Subscriber zip code
 - Subscriber employer/group identifier
 - Patient first, middle, and last name
 - Person code
 - Patient relation to subscriber
 - Patient sex
 - Patient age at date of service (calculated)
 - Patient date of birth
 - Flexible spending account indicator
- **Provider information**
 - Tax identification number
 - NPI
 - Any system-assigned identifying numbers
 - Network indicator
 - Name
 - Address including zip code
 - Contract type
 - Specialty code
- **Claim header and service lines**
 - Receipt date
 - Source e.g. electronic, scanned paper, Medicare crossover
 - Type of bill code
 - Place of service
 - Paid date
 - Service span dates
 - Discharge status code
 - Operator ID
 - Precertification information
 - Service line number
 - Service date
 - MS-DRG assigned
 - Primary and secondary procedure codes billed
 - Modifiers billed
 - Diagnosis codes billed

- Diagnosis code POA indicator
- POA text string from 837 inbound record
- Surgical procedures billed
- Units billed
- Units paid
- Any pricing method codes
- Explanation codes for allowed, denied, paid, subrogation, adjustment reason, other carrier liability, special handling, etc.
- Dental
 - Tooth number or range
 - Surface indicator
- Anesthesia
 - Units
 - Minutes count
- **Financial fields**
 - Total charges (header)
 - Total paid (header)
 - Interest paid (header)
 - Tax levy
 - Patient responsibility
 - Service line
 - Charged
 - Allowed
 - Denied
 - Non-covered
 - Paid
 - Deductible
 - Copay
 - Coinsurance
 - Patient private room responsibility
 - COB amounts
 - Amounts applied or available to be applied to negative balances
 - Payment type
 - Payment identification number

Q.8. Attachment A, Question 9. Can you please define your expectations on collecting overpayments resulting from an audit?

A.8. The Supplier should collect overpayments from the providers and remit to EGID net of their recovery fee.

Q.9. Attachment A, Question 9. Collection of overpayments. Can you please provide in detail your current adjustment process for recovering overpayments? Does OK EGID conduct offsets from future claims?

A.9. All claims are adjusted in the claims processing system. If Supplier is unable to collect overpayments then EGID can collect via offset from future claims although that is not the desired method. This method also requires a reconciliation and recoupment of the associated recovery fees due to the Supplier for these claims as EGID is unable to disburse funds to the Supplier.

Q.10. Attachment A, Question 10. Will OK EGID consider separate pricing structure for mandatory on-site audits? There are ancillary charges incurred when conducting on-site audits

A.10. EGID is not able to have a separate pricing structure. The bidder should submit a financial proposal that is inclusive of all services.

Q.11. Is there a current contracted vendor?

Q.11.a. Please describe the exit transition plan for the incumbent vendor?

Q.11.b. Can you provide the number audits completed and dollar recoveries for the last 12 months?

A.11. EGID previously had a contract with Optum to provide the requested services. The term of that contract expired and Optum has continued to provide the services on a month to month basis which should continue until a new contract is issued. There is no exit transition plan.

Gross recoveries for the most recent 12 months have totaled approximately \$475,000.00. This has been reasonably consistent over the prior several years.

Q.12. In the HealthChoice Network Facility Contract, Section IV.,4.6, it states “The Facility shall furnish, at no cost to EGID, any medical and billing records covering any Medical Services, for any Member, with the understanding that each Member, as a condition of enrollment in the HealthChoice Plan, has authorized such disclosure.” Are network facilities expected to provide the medical and billing information at no cost as referenced in IV, 4.6?

A.12. Yes.

Q.13. In Section C.4.2.1, it states “Advance any audit or records fees charges by the facility.” Does Section C.4.2.1 only apply to non-network facilities?

A.13. Yes to the extent that network facilities are expected to provide this information at no cost.

Q.14. Can you please provide the total number of providers in state of Oklahoma that are reimbursed using MS-DRG billing?

A.14. As of June 30, 2017, there were 282 providers being reimbursed using MS-DRG billing.

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**)

Date

Authorized Representative Name (**PRINT**)

Title

Authorized Representative Signature