	Vendor Questions and Answers	
Question #	**Question**	**Answer**
1	RFP Page 7, Section II, Scope of Work, Item #8. This language specifies the Vendor must contact and correspond with providers in a manner to complete the audit within 60 days. Please confirm this 60-day time frame will include the days a provider has to submit a formal hearing request.	The Vendor's review of records should be completed and the results forwarded to the Agency within 60 days from the date the records are received by the Vendor. This 60-day time frame does not include the days a provider has to request a Fair Hearing. A provider may request a Fair Hearing within 60 days from the date of the Final Audit Report letter.
2	RFP Page 7, Section II, Scope of Work, Item #9 states, "Solicit Medicaid's opinion about whether to act upon a detected improper payment. If the improper payment remains unclear after normal audit process activities have been exhausted, Medicaid will use its discretion when determining the appropriate action to take." Please clarify if a standard dispute process with additional documentation review is considered part of "normal audit process activities" in Alabama. If not, is this considered the same as the Informal Reviews (appeals or a required step before appeals) noted in Question #22 as also asked below? Also, can you clarify if this 'appropriate action to take' could result in a closure of Vendor's identified overpayment after audit processes have exhausted?	Yes, a standard dispute process with additional documentation review is considered part of the normal audit process activities. The first level of the appeal process is the Informal Review. The appropriate action to take could result in a closure of a Vendor's identified overpayment after audit processes have exhausted, if additional documentation is submitted by a provider to support a claim(s) was paid correctly.
3	RFP Page 7-8, Section II, Scope of Work, Question #13 states, "Follow all required timelines allowed to providers to respond to requests for medical documentation associated with claims identified as a potential improper payment….." Please confirm that "timelines" refers to CMS standard timelines for a RAC program. If these are Alabama-specific timelines, please provide.	The timelines refer to CMS standard timelines for a RAC program.

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4	RFP Page 7-8, Section II, Scope of Work, Question #13 states, "Upon approval by Medicaid, the Contractor audits must be conducted either on-site or via desk review, if needed." Please indicate if the option to conduct on-site vs. desk review is at the discretion of Contractor or is there is a requirement to conduct on-site reviews when requested by Medicaid? If so, then please indicate what situation might arise that would require Medicaid to require Contractor to conduct an on-site review.	Reviews are usually conducted via desk review. However, the option to conduct an onsite review is at the discretion of the Agency. An onsite review may be required when there is a need to see the original records used to support a claim when it was initially billed to Alabama Medicaid. Onsite visits may also be required when there is a need to see a provider's physical location, the dynamics of the office and the flow of the services provided, especially if there is specialty equipment involved in a treatment.
5	RFP Page 8, Section II, Scope of Work, Item #16. This language specifies 'collect all identified overpayments from providers via lockbox, provided by the Vendor'. Please confirm that any outstanding overpayments not collected via lockbox will be offset from a future remittance. If yes, at what point will the claim be offset (uncollected aging)? If no, how will overpayments be collected if a provider does not submit a refund check?	The Vendor is paid when funds are received. The overpayment amount is withheld from the provider's checkwrite(s) if the provider does not remit payment by check.
6	RFP Page 8, Section II, Scope of Work, Item #19 states, "Coordinate with other audits to avoid overlap and duplication of effort with other recovery efforts." Please confirm Medicaid will provide an electronic file to Vendor providing claim numbers pursued via 'other audits'. If yes, please provide frequency of such submission. If no, please provide feedback on the process for a Vendor to identify overlap.	The Agency will provide an electronic file to the Vendor providing claim numbers pursued via other audits after the 60 days to request a Fair Hearing have been exhausted. If a provider requests a Fair Hearing, the Agency will provide an electronic file to the Vendor after the Agency has received and accepted the Administrative Law Judge's recommendation regarding the Fair Hearing. The Vendor will also be required to submit claim numbers to the Agency's fiscal agent. Claim numbers for which the Agency (or its designee) recoups will be flagged as nonadjustable.

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7	RFP Page 8, Section II, Scope of Work, Question #22 states, "Ensure the Auditor and other personnel must be readily available at Medicaid's request during regular business hours to provide justification for the denial, prepare for, and participate in any Informal Reviews and Fair Hearings." Please define Informal Reviews for Alabama. Is this the same as dispute/additional documentation review during normal audit processes, an appeal, or a required step after an appeal request and before a Fair Hearing?	The first level of the appeal process is the Informal Review. If a provider believes a claim(s) was paid correctly as originally submitted, they may request a reevaluation by the Vendorr in writing within 15 calendar days from the date of the Draft Audit Report letter. The written request must include a copy of the Itemized Claims Report notating whether they agree or disagree with each finding as well as any clarifying information and supporting documentation not previously provided along with the date(s) the documentation was created.
8	RFP Page 9, Section IV., General, lists all services covered by Medicaid. Please confirm all services are available for review and recovery; including institutional claims such as inpatient and outpatient hospital services, hospice services, outpatient surgical services, and nursing home services.	Inpatient and outpatient hospital services are not part of the RAC contract. All reviews and recoupment actions must be approved by the Agency prior to any action by the Vendor.
9	RFP Page 9, Section IV., General, lists all services covered by Medicaid. Please specify any currently known claim types, provider types, diagnosis codes, procedure codes or edits that are excluded from review and recovery under this RAC contract.	Inpatient and outpatient hospital services are not part of the RAC contract. All reviews and recoupment actions must be approved by the Agency prior to any action by the vendor.
10	RFP Page 10, Section IV., General, states the Contractor must demonstrate in the proposal a thorough working knowledge of program policy requirements as described. Where Alabama Medicaid policy is vague or silent regarding a particular payment rule, will Alabama Medicaid allow CMS policy as the basis for an edit for review and recovery?	If the Vendor has any questions regarding the payment rule policy, that must be discussed with the Agency.
11	RFP Page 10-11, Section V., Corporate Background and References, Item d., requests 3 references for projects of similar size and scope. Please confirm that these must be RAC contracts so that the vendor is familiar with the requirements specific to RAC contracts.	References do not have to be RAC contracts. If vendors have RAC contracts, they should be used as references.

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12	RFP Page 42, Appendix C, Pricing, requests a firm fixed price for each year. Please confirm that the numerical value entered into the Monthly Firm and Fixed Rate column should be a percentage, as Section III, Pricing, indicates that "Vendor's response must specify a firm and fixed contingency fee rate for services offered." If so, please provide the estimated dollars that all Vendors should utilize to multiply the percentage contingency fee to get the Annual Cost.	The Monthly Firm and Fixed Rate column should be a percentage. Therefore, estimated dollars are not needed.
13	RFP Page 42, Appendix C, Pricing, please provide the manner in which the 40 points allocated to pricing on page 15 will be awarded. Will the contingency fee rate or extended fee be measured? If extended fee, please provide the recovery amount the contingency rate will be applied to. Will the lowest fee or contingency rate get the full 40 points and others getting a fraction of these points proportionate to the lowest?	The contingency fee rate will be measured. Yes, the lowest fee will get the full 40 points and others will receive a fraction of these points proportionate to the lowest.
14	RFP Page 43, Appendix D, Historical Recoupment Data, provides the recoupments for FY 2014-2016. Can you please provide the projects and overpayment scenarios that were approved for pursuit of recovery?	The projects and overpayments that were approved for pursuit of recovery were Therapeutic Foster Care, Rehabilitation Services, Psychologist Services, Targeted Case Management, Dental Services, Home Health and Private Duty Nursing Services Billed during an Inpatient Stay, Durable Medical Equipment, Waiver Services, Pharmacy and Private Duty Nursing Services.
15	RFP Page 43, Appendix D, Historical Recoupment Data, provides the recoupments for FY 2014-2016. The recoupment amount is less than the identified amount. Can you please provide the scenarios and projects that identified overpayments but were not approved for recoupment?	The scenarios and projects that identified overpayments but were not approved for recoupment were Targeted Case Management, Waiver Case Management, Home Health Services and Inpatient Admission after Outpatient Services.

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16	RFP Page 43, Appendix D, Historical Recoupment Data, provides the recoveries for FY 2014-2016. The recoupment amount is less than the identified amount. Can you please provide the reasons the recoupment amount is less than the identified amount?	In response to a Draft or Final Audit Report, a provider could provide clarifying information and supporting documentation not previously provided along with the date(s) the documentation was created. Following reevaluation of the clarifying information and supporting documentation, the collected amount was often less than the recoupment identified. Also, recoupments for identified overpayments can take place in a future fiscal year, especially if the provider is on a payment plan.
17	The previous contract did not fully utilize its extensions. Can you please provide the reasons, either State's or Contractor's for not renewing to the fullest number of extensions available?	Due to concerns of a conflict of interst, the contractor decided not to renew the contract.
18	Collect all identified overpayments from providers via lockbox, provided by the Vendor. Do you have a lockbox already in place or are you looking for a vendor to establish/manage?	No, the Agency does not have a lockbox in place. The Agency is looking for a Vendor to establish a lockbox that will be maintained by the Agency.
19	Coordinate with other audits to avoid overlap and duplication of effort with other recovery efforts. How many agencies/vendors need to be coordinated with? Is a system in place to interface with agencies?	The Vendor would need to coordinate with the Agency. Yes, the Agency will provide an electronic file to the Vendor providing claim numbers pursued via other audits after the 60 days to request a Fair Hearing have been exhausted. If a provider requests a Fair Hearing, the Agency will provide an electronic file to the Vendor after the Agency has received and accepted the Administrative Law Judge's recommendation regarding the Fair Hearing.
20	Who is existing the RAC vendor? If none exists, what was audited last year? Are those gap years in scope for recovery?	The Agency currently does not have a Medicaid RAC. The last audited year was 2016. The Agency has a three-year claims look-back period from the date the claim was filed.
21	What is the current Medicaid population being served? Can you please provide claim metrics; volume and spend numbers?	Please visit the Statistics Page under the Newsroom tab on the Alabama Medicaid Agency's website to view the most recent Annual Report by Fiscal Year.