



REQUEST FOR PROPOSALS

MEDICAID AND NON-MEDICAID BILLING VERIFICATION AUDIT

March 11, 2019

MACOMB COUNTY COMMUNITY MENTAL HEALTH

Guided by the values, strengths, and informed choices of the people we serve, Macomb County Community Mental Health provides an array of quality services which promote community participation, self-sufficiency, and independence

REQUEST FOR PROPOSALS

Medicaid and Non-Medicaid Billing Verification Audit

Date here

I. INTRODUCTION

Macomb County Community Mental Health Services (MCCMHS) announces a Request for Proposal (RFP) for Medicaid/Non-Medicaid Verification Audit. The successful bidder is to conduct Medicaid and non-Medicaid billing verification audits of the MCCMHS' provider panel, which includes MCCMH direct operated and contract operated programs.

A. Deadline

The deadline date for submission of the proposal is Monday, March 25, 2019 at 12:00 pm. Proposals received after this date and time will not be considered.

B. Minimum Contractor Requirements

Bidder is required to conduct services that conform to generally accepted auditing standards. The bidder is expected to demonstrate experience with governmental accounting. Bidders are required to have appropriate staff to generate the sampling methodology, conduct the audit with staff trained on the MCCMH billing verification requirements and produce reports as required by MCCMH.

C. Disclosure

Bidders must acknowledge any relationship between the bidder's principal officers and board members, and any members of MCCMHS (to include staff employees, board members, and principal directors). Disclosure must also be made regarding the bidder's relationship, if any, with any member of the Macomb County Board of Commissioners or any Macomb County Department Head.

D. Rejection of Proposals

MCCMHS reserves the right to reject any and all proposals received as a result of the RFP, or to negotiate separately with any source whatsoever in any manner necessary to serve the best interests of MCCMHS. This RFP is made for information and planning purposes only. MCCMHS does not intend to award a contract solely on the basis of any response made to this request, or otherwise pay for the information solicited or obtained.

E. Incurring Costs

MCCMHS is not liable for any cost incurred by contractors prior to issuance of a contract.

REQUEST FOR PROPOSALS

Medicaid and Non-Medicaid Billing Verification Audit

Date here

F. Disclosure of Pre-Proposal Contents - Freedom of Information Act

Please be advised that ALL information submitted in response to public Request for Proposals may be divulged under the provisions of the Freedom of Information Act (FOIA). Confidential or proprietary information cannot be shielded from disclosure under the FOIA requirements for a public bid process.

G. Acceptance of Proposal Content

The contents of the proposal of the successful bidder may become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations may result in cancellation of the award.

H. Right to Re-bid

MCCMHS reserves the right to re-bid all or some components of this Request for Proposal (RFP) in the event of significant changes to Medicaid Policy.

I. Final Selection

The MCCMH Services Board will select a firm based upon the recommendation of the MCCMH Procurement Committee.

J. Debarment and Suspension

Bidder agrees to comply with Federal regulation 2 CRF Part 180 and certifies they: 1.Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency; 2.Have not been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; 3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated above, and: 4.Have not had one or more public transactions (federal, state or local) terminated for cause or default.

Questions

Questions regarding this RFP should be submitted to business.management@mccmh.net. Any response that alters this RFP will be posted on the MCCMH website at <http://mccmh.net>.

REQUEST FOR PROPOSALS

Medicaid and Non-Medicaid Billing Verification Audit

Date here

II. CONTRACT AWARD DATE

This will be a one year engagement with an MCCMH option for renewal for two, one-year engagements at MCCMHS' discretion, dependent on performance, funding availability and other factors.

It is anticipated that the contract will be awarded on or before May 1, 2019. The selected Provider who is awarded a contract shall not assign or delegate any duties or obligations under the contract without written permission of MCCMH.

III. SCOPE OF WORK

The successful bidder is to conduct Medicaid and non-Medicaid billing verification audits of the MCCMHS' provider panel, which includes MCCMH direct operated and contract operated programs.

Audit cycles are divided into two groups, with each group audited every other year, covering a two year period of claims. The audit cycle to be performed in 2019 will contain approximately 4,000 claim lines for audit. The second cycle, to be conducted in 2020, will contain approximately 19,000 claim lines.

Provider claims are entered in the MCCMH FOCUS data system in either a series billing or line item format. The series billed and line item billed providers are separated in the provider listing. Where providers bill in both formats they will appear twice on the list.

The audit process will look to verify existence of clinical records for each claim in the audit sampling. The audit will also verify the reasonableness of the clinical record associated with each claim. Instruction will be provided on a provider-by-provider basis as to what each record should contain. The audit will also verify that the services specified in the claim are part of the consumer's Individual Plan of Service. Providers will be given thirty day notice of the audit and will be given twenty four hour notice of which consumers' records will be audited. The audit process is to be comprised of desk auditing (through the FOCUS system) and on-site audit at provider locations.

The selected bidder will be required to complete the following reports as part of the scope of service (format to be pre-approved by MCCMH):

1. A final report for each vendor and provider detailing findings by claim and including the dollar amount of claims which were not supported by appropriate clinical records. The report will list claims which were for services not represented on the consumers' Individual Plan of Service. These reports are to be submitted as each vendor and provider audit is completed.

REQUEST FOR PROPOSALS

Medicaid and Non-Medicaid Billing Verification Audit

Date here

2. An Executive Summary Report which will summarize at the vendor and provider level the number and dollar amount of claims not supported by appropriate clinical records and the number and dollar amount of claims for services which were not represented on the consumers' Plan of Service.

Each report/deliverable should be provided in six copies. MCCMHS expects the Executive Summary Report and all of the provider reports by the second Monday in September.

IV. GENERAL CONTRACTUAL RESPONSIBILITIES

Expectations for delivery of Billing Verification Audits are governed by the MCCMH MCO Policy 3-001, Audit Content and Timeline, and MDHHS Michigan Medicaid Provider Manual (Behavioral Health and Intellectual Developmental Disability Supports). The successful bidder will be required to conduct the Medicaid and non-Medicaid billing verification audits in accordance with generally accepted auditing standards and the Michigan Department of Health and Human Services Verification of the Delivery of Medicaid Services Methodology guidelines (copy attached). The successful bidder will also be required to comply with all confidentiality provisions of the Michigan Mental Health Code (P.A. 258 of 1974 as amended) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Other Conditions

- A. Working Papers - Audit work papers, including time records, planning documents, and other documentation must be retained for at least seven years from the engagement close out date.
- B. Progress Meetings - Progress meeting shall be held with MCCMHS on a monthly basis. A written status report will be required which covers work being completed, started, and planned for the next period along with a comparison of budgeted to actual hours and progress against milestones.
- C. Type of Contract - Compensation will be provided for actual hours expended on the engagement at approved hourly billing rates, within maximum limits.
- D. Scope Changes - The scope of the work to be undertaken will not be altered without the written consent and approval of the MCCMHS' Board.
- E. Incurring Costs - MCCMHS is not liable for any cost incurred by prospective bidders prior to issuance of a contract or engagement letter.

REQUEST FOR PROPOSALS

Medicaid and Non-Medicaid Billing Verification Audit

Date here

- F. All applicable terms from the MCCMHS MCO Policy 3-020, Procurement of Goods and Services, apply to this RFP. A copy of the Procurement Policy is attached.

V. EVALUATION CRITERIA

Each Proposal will be evaluated based on the following criteria.

A. Expertise and Experience

1. The bidder agency's past experience and performance on comparable engagements.
2. The quality of the firm's professional personnel to be assigned to the engagement and the quality of the firm's management support personnel to be available for technical consultation.

B. Engagement Approach

1. Adequacy of proposed staffing plan for the engagement.
2. Adequacy of sampling techniques.

C. Price

1. Rationale/value of cost.
2. Price bid for the project.

D. Quality/thoroughness of Proposal

VI. CONTENT OF PROPOSAL

In preparing a response, please organize the information according to the following outline:

- A. Title Page - show the RFP subject, name of proposer, address, telephone number, name of contact person, and date submitted.
- B. Table of Contents - Include a clear identification of the material by section and page number.
- C. Understanding of Services Required – (limited to two pages):
 1. Briefly state your understanding of the work to be done and make a positive commitment to perform the work within the time period specified.

REQUEST FOR PROPOSALS

Medicaid and Non-Medicaid Billing Verification Audit

Date here

2. State the names of the persons who will be authorized to make representation for your response, their titles, addresses, and telephone numbers.
3. State that the person signing the letter is authorized to bind your firm.

D. Mandatory Criteria - Provide affirmations as noted below (no page limit):

1. Affirm that the proposer is a licensed certified public accountant in the State of Michigan and that your firm meets the independence standards of the GAO Government Auditing Standards (1994 Revision) and meets the GAO continuing education standards. This is not applicable for behavioral health consulting firms.
2. Affirm that your firm has no conflict of interest with regards to any other work performed by the firm for MCCMHS.

E. Summary of Qualifications (no page limit):

1. Identify the engagement team - engagement partner, audit manager, and the supervisor(s) who will work the audits, including staff from other than the local office.
2. Resumes including relevant experience and continuing education for each of the positions listed above should be included in the appendix.
3. Describe recent auditing for exempt organizations.
4. Describe the firm's quality control process.
5. Identify the peer review firm for your firm and describe the results of any recent participation in peer review including the time frame it was last completed. This is not applicable for behavioral health consulting firms.

F. Approach to the Examination (no page limit):

1. Provide a description in narrative form of the approach to providing the verification audit.
2. The narrative should be supported with a comprehensive work plan. The work plan should include the estimated time to complete the audit after records are made available and time estimates for each significant segment of the work and the staff level to be assigned. When possible, individual staff members should be named.

G. Estimate of Costs (no page limit):

The information requested in this section is required to support the reasonableness of the quotation and is for internal MCCMHS use only.

1. *Costs Itemize The Following:*
 - a. Estimated hours on the assignment for each classification of personnel

REQUEST FOR PROPOSALS

Medicaid and Non-Medicaid Billing Verification Audit

Date here

- b. Rate per hour for each classification of personnel
- c. Maximum total fee to conduct the audit
- d. Maximum total expenses to conduct the audit

Include only those costs at the rate at which they will actually be billed so that hours can be evaluated without the confusion of discounts, free services, etc.

2. *Price Bid for Project* - the price quoted will be the maximum amount paid. The maximum price will only be exceeded with the written consent of the MCCMHS' Board and in the event that extreme and unanticipated circumstances affect the scope of the engagement.

Submitting Proposals

Please direct proposals and inquiries to:

Helen Klingert, Procurement Chair
MCCMH Business Management Department
22500 Hall Road
Clinton Township, MI 48036
Telephone: 586-469-5662
Email: helen.klingert@mccmh.net

Proposals will be accepted until 12:00 pm, Monday, March 25, 2019. Please provide eight copies (8), and one unbound document with original signature, when submitting your proposal.

Attachments

MCCMHS Procurement Policy, MCO Policy 3-020
MCCMHS Audit Content and Timetable, MCO Policy 3-001