

Attachment D: Administrative Requirements

Contractor shall comply with and provide services in accordance with the Administrative Requirements.

Requirement	
I. Implementation	
AR-1	The Contractor must submit an Implementation Plan no later than fifteen (15) days after executing the contract for approval. The Implementation Plan shall detail all steps necessary to begin the performance of services in the Contract and identify the persons responsible for each step. At a minimum the Implementation Plan must include:
	1. A designated project team
	2. Regularly scheduled implementation meetings with the Department
	3. Periodic implementation status updates, meetings and/or conference calls with the Department
	4. Background checks conducted as described in subsection 3.3.5 of the Contract.
	5. Compliance with the Subcontractor security in subsection 3.3.5 of the Contract.
	6. Compliance with HIPAA as described in subsection 9.4.2 of the Contract
AR-2	Contractor must set up login accounts for access to the Department's Health Information Management Information System (HIMIS).
AR-3	Contractor must provide an Audit Plan to the Department for approval. Project Work Plan updates must be provided to the Department within five (5) days after the updates have been made.
AR-4	Contractor must have approved data exchange transfer methods and fields prior to initiating Services.
AR-5	Contractor must identify the data requirements necessary to perform the Services.
AR-6	All Services provided in the contract must be conducted in the United States.
II. Project Management Team	
AR-7	Contractor must provide a main point of contact for the State to escalate issues and develop resolutions.
AR-8	A designated project manager with a minimum of three years' experience as a project manager of post payment claims audits. The project manager must be available full time for the entire term of this project and accessible to provide responses in accordance with AR-9. In the event the project manager assigned to the State's account is replaced, notice of the replacement must be received by the Department 30 days in advance.

AR-9	Project manager must provide responses to the Department with seventy-two (72) hours after receipt of request.
AR-10	The project manager must notify the Department of actual and anticipated events impacting the delivery of services as agreed in the Contract. The project manager must offer options to minimize or eliminate the impact of those events altering the delivery of services.
AR-11	Project team members shall have at least three (3) years' experience with post payment claims audits and be thoroughly familiar with healthcare claims data.
III. Data and Interface	
AR-12	In the performance of the post payment claims audit, the Contractor shall use the data from the Department's HIMIS system as the official record. The Contractor shall be provided access to the Department's HIMIS system for retrieval of claims data.
AR-13	Contractor must exchange weekly and monthly data and file transfers between the Contractor and third parties and/or the Department using a secure method, format, and frequency required by the Department.
AR-14	The Contractor or any of its Subcontractors shall notify the Department immediately in the event of lost data or security breach. Notice to the Department may be made by phone or email.
AR-15	Contractor shall be responsible for recreating or retrieving such lost data in a manner and schedule determined by the Department.
AR-16	The Contractor is required to ensure confidential information is completely protected from unauthorized access.
AR-17	The Contractor shall ensure that their equipment will not compromise the Department's data.
IV. Security	
AR-18	Contractor shall ensure that all services provided in the contract are performed in the United States.
AR-19	Contractor shall comply with all requirements of the HIPAA/HITECH and any other method of accessing State of Florida account data.
AR-20	Contractor shall provide a copy of their Disaster Recovery Plan to the Department.
V. Audit Services	
AR-21	Contractor shall utilize the Department's HIMIS system as the source of the claims information necessary to perform the post payment claims audit.
AR-22	Contractor shall verify and validate overpayments with the TPA and HMO service providers.
AR-23	Contractor shall provide notice of overpayments to providers/Subscribers. Notice format shall be approved by the Department.
AR-24	Contractor shall maintain detailed tracking of identified and recovered overpayments in compliance AR-23.

AR-25	Contractor shall provide data files to the TPA and HMO service providers to update the claims files for adjustments resulting from the claims overpayment recoveries.
AR-26	Prior to submitting an invoice to the Department for payment, the Contractor shall track and validate the actual recoveries made by the TPA and HMO service providers.
AR-27	Contractor shall communicate any systemic issues with the health plans' adjudication system.
VI. Reporting	
AR-28	Final Post Payment Claims Audit Report: detailing the audit methodology, audit findings and observations, total overpayments identified and total overpayments collected during each reporting period.
AR-29	Monthly Claims Overpayment Report: Contractor shall be responsible for submitting reports outlining all post payment claims work accomplished during the previous month with all applicable supporting documentation. These reports shall include, but not be limited to the following:
	1. Claim Number
	2. Sample Number
	3. Overpayment Reason
	4. Amount Overpaid
	5. Date of Service
	6. Plan Response
	7. Date added to Monthly Claims Overpayment Report
	8. Recovery Amount
	9. Recovery Date
	10. Method of Repayment to the State of Florida
AR-30	Standard Reporting: The following reports may be requested weekly, monthly, quarterly and/or annually. All reports must have the capability of being queried, sorted or filtered by any field contained in the report or by data parameters, as applicable, and reports shall be readable on a screen, printable and shall be downloadable into an Excel format with final report format to be approved by the contract manager. The final listing of required reports will be determined during negotiations:
	1. Claims Analysis
	2. Claims Expense Adjustments
	3. Claims Collection/ Adjustment
	4. Claims Cycle Time
	5. Claims History
	6. Customer Service
	7. Hospital Claims
	8. Large Claims
	9. Pending Adjustments
	10. Stop Pay/Voids
AR-31	Ad Hoc Reporting: Additional reports or information related to contractual compliance or that may be required to respond to inquiries, complaints, and other questions raised by providers or other parties.

AR-32	Weekly/bi-weekly transmissions of potential claims overpayments to the Third Party Administrator (TPA) and Health Maintenance Organization (HMO) service providers.
VII. Invoicing	
AR-33	Service provider shall conform to the following procedures for the invoicing of the fixed fee.
	<p>a) Contractor shall provide to the Department an invoice by the 15th day of the following month end. The Monthly Claims Overpayment Report shall accompany the invoice. Invoice amounts shall be based on actual claims overpayment recoveries made by the TPA or HMO service providers and shall include the Monthly Claims Overpayment Report detailing the recoveries. Invoice and supporting documentation shall be provided electronically and upon request, hard copy.</p> <p>b) Upon determination by the Department that the invoices are satisfactory and that payment is due, the Department shall process each invoice in accordance with the provisions of section 215.422, Florida Statutes. The Department shall forward payment through electronic funds transfer to the service provider for the invoiced amount. If the Department contests the invoice charges as submitted, additional documentation may be requested.</p>