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DHH - CF - 1
Revised:2-08

**AGREEMENT BETWEEN STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS**

CFMS: 669486
DHH: 052264
Agency # 305

Medical Vendor Administration

AND

Health Management Systems, Inc.

FOR

Personal Services Professional Services Consulting Services Social Services

1) Contractor (Legal Name if Corporation) Health Management Systems, Inc.			5) Federal Employer Tax ID# or Social Security # 13277043300 (Must be 11 Digits)	
2) Street Address 401 Park Avenue South			6) Parish(es) Served ST	
City New York	State LA	Zip Code 10016	7) License or Certification #	
3) Telephone Number (214) 857-5440			8) Contractor Status	
4) Mailing Address (if different)			Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			Corporation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			For Profit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			Publicly Traded: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip Code	8a) CFDA#(Federal Grant #)	

9) Brief Description Of Services To Be Provided:

Recovery of Medicaid funds from liable third parties by identifying and billing the liable third parties as required by Federal Regulation 42 CFR 433, subpart D - Third Party Liability.

To fulfill the requirements of Act 517 (SB 33), provision of secure, web-based access for appropriate providers through Contractor's Provider Portal to claim identifying information, comprehensive insurance billing data, and payment information for each reclamation claim paid by a health insurer.

Proposed optional projects per innovative concepts included in the RFP proposal may commence only upon written authorization from Agency.

10) Effective Date 07-01-2008	11) Termination Date 06-30-2011
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12) This contract may be terminated by either party upon giving thirty (30) days advance written notice to the other party with or without cause but in no case shall continue beyond the specified termination date.

13) Maximum Contract Amount:

14) Terms of Payment

Contractor obligated to submit final invoices to Agency within fifteen (15) days after termination of contract.

See Attachment E for Terms of Payment

PAYMENT WILL BE MADE ONLY UPON APPROVAL OF:	First Name Chris	Last Name Ourso
	Title Contract Monitor	Phone Number 225-342-6297

15) Special or Additional Provisions which are Incorporated herein, if any (IF NECESSARY, ATTACH SEPARATE SHEET AND

STATEMENT OF WORK

Goal:

To recover Medicaid funds by identifying and billing liable third parties as required by Federal Regulation 42 CFR 433, Subpart D – Third Party Liability.

Deliverables:

a. Pursue Third Party Liability (TPL) recoveries for federally mandated "pay and chase" claims which are paid by Medicaid without regard to known health insurance coverage.

b. Pursue TPL recoveries for claims paid by Medicaid and adjudicated prior to claims processing file updates denoting current and retroactive health insurance coverage.

c. Pursue follow-up on outstanding balances six (6) months after contractor claim submission with the requirement that no more than ten (10) percent of claims will be unresolved within sixty (60) days of six (6) month follow-up.

d. Obtain data match agreements with insurance carriers of Louisiana residents. (The data match process of the Contractor shall, at a minimum, include the following criteria: 1) Social Security Number (SSN), 2) date of birth, 3) full last name, and 4) first three positions of first name). Send a test file for data match purposes to the above carriers as well. The agreements will be used to identify liable third parties to the Bureau for updating the Medicaid Third Party Resource File. All third party information shall be verified prior to submission.

e. Augment, but not duplicate, end of the year Medicare Parts A, B, and D recovery efforts by the Bureau's fiscal intermediary. Medicare recoveries will be coordinated with the Bureau to ensure non-duplication and timely filing assurance.

f. Hospital, long-term care, and any other mutually agreed upon provider reviews - Perform, directly or through an approved subcontractor arrangement, on-going, on-site reviews of all Medicaid participating hospitals and long-term care providers for the purpose of identifying and recovering potential Medicaid overpayments related to third party liability.

g. Provide a secure website, no later than November 1, 2008, which includes but is not limited to twelve (12) months of insurance data obtained through data match agreements with insurance carriers of Louisiana residents, searchable by social security number, for the Bureau to access real time activity. The detail specifications of the site will be determined by the Bureau and the Contractor; this will be an on-going process throughout the life of the contract.

h. In order to fulfill requirements mandated by Act 517 (SB 33) of the 2008 Louisiana Legislature, provide secure, web-based access to claim information no later than September 15, 2008 for all appropriate providers through Contractor's Provider Portal. For each Medicaid reclamation claim paid by a health insurer, provide claim identifying information (control number, patient account number), comprehensive insurance billing data, payment information, and posting date of payment. In addition, provide electronic notification to providers when payment updates are available, host data on a web server for a minimum of sixty (60) days after notification to the provider, develop and implement provider training materials, and maintain a provider inquiry line.

i. Provide an electronic data file to DHH pursuant to the interagency agreement between DHH and the Department of Social Services (DSS) in accordance with Act 578 of the 2008 Louisiana Legislature.

j. Generate an electronic data match once a year with the Defense Enrollment Eligibility Reporting System (DEERS) in accordance with the date and format required by DEERS.

k. Perform a quarterly data match with Support Enforcement Information System data tape per the Centers for Medicare and Medicaid Services (CMS) regulations. Perform a quarterly data match with the wage file from the Louisiana Department of Labor. Conduct employer surveys to assist in the data gathering efforts of the Bureau.

Performance Measures:

a. Pay and Chase Report - A monthly project summary report shall be produced that will summarize the recovery effort to identify adjustments, overpayments, and identification of pay and chase claims.

b. Deposit System - The Contractor shall provide a monthly detailed listing of the checks transmitted to DHH Payment Management Section by an electronic file, in the format specified by DHH Payment Management, along with an electronic report in an agreed upon format.

c. Billing Reports - The Contractor shall provide access to all billings of commercial insurance, TRICARE, and Medicare in an agreed-upon format due within two (2) weeks after the billing date to the carriers.

d. Invoice Reports - The Contractor shall produce an invoice report in an agreed upon format.

e. Project Summary Reports - The monthly Project Summary Report shall be produced in an agreed upon format.

f. Initial/Ongoing Accounts Receivable Reports - Initial reports shall be submitted with the invoice and ongoing reports shall be submitted on a monthly basis to provide an update to the status of each project. The identified potential account receivables shall be classified after a project as being:

- Collected
- Denied— an EOB received from provider/carrier with a reason identifying that the claim in question was not the responsibility of a third party
- Outstanding – neither payment received nor documentation refuting claim received

An Ongoing Accounts Receivable Report will be submitted monthly for each project until ninety (90) % of claims have been classified as Collected or Denied.

g. Quarterly Accounts Receivable Reports - A quarterly accounts receivable report shall be produced in an agreed upon format.

h. Resource File Updates - The Contractor shall provide, in a specified format, updates to the TPL Resource File for all independently identified third party information changes, terminations, and new third party coverages within thirty (30) days from the end of the month in which the Contractor obtained the information. Documentation of the changed, terminated, and new TPL shall be maintained by the Contractor.

i. Medicare Recovery Process - The Contractor shall augment the fiscal intermediary's Medicare Parts A, B, and D recoveries and cannot duplicate the claim submittals or voids/adjustments of the Bureau's fiscal intermediary.

j. Follow-Up Activities - The Contractor shall be responsible for follow-up activities associated with collection and identification efforts.