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**QUESTIONS AND RESPONSES # 4**  
**PROJECT NO. F10B6400003**

**Audit Services for State Employee and Retiree Health and Welfare Benefits Program**  
**January 28, 2016**

Ladies/Gentlemen:

This List of Questions and Responses #4 is being issued to clarify certain information contained in the above named RFP. The statements and interpretations of contract requirements, which are stated in the following questions of potential offerors, are not binding on the State unless the State expressly amends the RFP. Nothing in the State's responses to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the vendor asking the question as to what the contract does or does not require.

Please note that many vendors submitted questions that were significantly similar or requested the same information. Duplicate questions of this type are not repeated in this Q&A. Therefore, a vendor may not see its question reproduced here exactly. Please read through all the Q&As carefully before re-submitting a question. Thank you.

21. **QUESTION:** Recognizing the State wants eight separate medical audit reports, do any of the administrators have limits on the numbers of claims that can be selected for a random sample? For example, CareFirst is the administrator of 5 of the plans to be audited. If there is a limit on the number of claims to be audited, does it apply to CareFirst's plans as a whole (meaning that number might be divided by 5 to determine the sample size for each CareFirst plan) or does the contract between the State and the administrators provide for separate sample sizes for each of the plans being audited?

**RESPONSE:**

There are no limitations on the number of claims that can be audited. The contracts between the State and the administrators do not specify sample sizes for the plans to be audited.

Please refer to RFP § 3.2.4 B which states, "The audit must include an electronic screening for 100% of all claims data. Such analysis shall determine and address whether claims are properly

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processed. The State expects that this in-depth analysis will provide greater confidence in the results and identify outlying claims processes, systemic processing errors, etc. Where appropriate to provide 95% confidence with 3% precision in the claims analysis, a sampling methodology may be used in addition to the 100% electronic claims analysis.”

**22. QUESTION:** Pertaining to Section 3.2, Scope of Work Requirements:

A review of the Vendor contracts indicates they are to participate in a Shared Savings program, and that they must report health measures (Performance Metrics). The Performance Metrics are used to determine a score, and the score is used to determine the amount of incentive/disincentive payments. Does the scope of the audit services include an audit of the reported Performance Metrics? Does this apply to all plan years? Which plans to be audited are required to submit Performance Metrics?

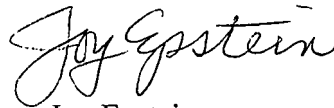
**RESPONSE:**

The scope of the audit services for this RFP does not require the recommended awardee to perform an audit of the referenced performance metrics, so the awardee would not be responsible for this aspect of the Vendor contracts. The State’s consultant on another contract performs this function.

**Remember Proposals are due on March 31, 2016 no later than 2:00 p.m.** If there are questions concerning this solicitation, please contact me via e-mail at [joy.epstein@maryland.gov](mailto:joy.epstein@maryland.gov) or call me at (410) 260-7570 as soon as possible.

Date Issued: March 11, 2016

By



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