FY 2013 Contractor Roles and Responsibilities

FY 2013 Statistical Contractor (SC) - The Lewin Group - Responsible for Claims Data Collection, Sample Selection, and Error Rate Calculation

Each quarter throughout the fiscal year, the SC collects the universe of claims data for Medicaid and CHIP FFS and managed care from the states. The universe includes claims that are matched with Title XIX (Medicaid) or Title XXI (CHIP) Federal Financial Participation (FFP), including payments made outside of the state's Medicaid Management Information System (MMIS).

The SC draws a random sample of claims from the quarterly Medicaid FFS, CHIP FFS, Medicaid managed care, and CHIP managed care universes submitted by the states. The annual sample sizes are state-specific based on the prior cycle error rate and margin of error with a maximum sample size of 1,000. If prior cycle error rates are not available, base annual sample sizes of approximately 520 FFS claims and 250 managed care payments are used. Since claims data is submitted quarterly by the states, each quarter is treated as a separate universe and sampled accordingly. After drawing the samples, the SC sends the samples to the Review Contractor (RC) and the state.

For routine PERM states, the FFS sample list contains minimum data information so the states must enhance the information on the sampled FFS claims (called "populating the sample"). After the samples are populated and returned to the SC, the SC standardizes the format of the claims data and sends it to the RC for medical records requests. For PERM+ states, enhanced information is submitted in the original universe and the SC sends claims data to the RC for medical records request without the need for states to populate the sample.

At the end of the PERM process, the SC calculates state-specific and national Medicaid and CHIP error rates overall any by component.

FY 2013 Review Contractor (RC) – A+ Government Solutions - Responsible for Policy Collection, Medical Records Requests, and Medical and Data Processing Reviews

The RC collects state Medicaid and CHIP policies that are used for the medical and data processing reviews.

When the RC receives the sample list from the SC, the RC schedules on-site or remote data processing reviews with each of the states. For FFS claims, the data processing review includes examining line items in each claim to validate that it was processed correctly. The RC also performs data processing reviews on managed care claims for the accuracy of the processing of the capitation payment or premium.

When the RC receives standardized full claims data from the SC, the RC contacts those providers whose FFS claims were sampled to obtain copies of medical records for the claims in question. Providers have 75 calendar days to comply and send copies of medical records for the selected claims. If the provider does not respond, the state is notified of an error due to no documentation.

The RC also begins medical reviews on FFS claims. Managed care claims are not subject to medical reviews because there is no specific service rendered on which to make a medical necessity determination. The RC examines the medical record to ensure there is documentation that supports medical necessity and to verify coding accuracy. If the record does not contain sufficient documentation, then the provider has a new timeframe of 14 calendar days to provide the missing documentation. Once the reviews are completed, the findings are posted to the RC's secure Web site, which can be reviewed by the individual states.