

**Response to RFP No. MED13002
State of West Virginia – Bureau for Medical Services
Recovery Audit Contract- Pharmacy
Due: August 9, 2012**

TECHNICAL PROPOSAL



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BUREAU FOR MEDICAL SERVICES

MED PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, Limited Liability Company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: PRGX USA, INC.

Authorized Signature: *[Signature]* Date: 8/7/2012

State of GEORGIA

County of Cobb, to-wit:

Taken, subscribed, and sworn to before me this day of August 7, 2012.

My Commission expires November 8, 2014.

AFFIX SEAL HERE

NOTARY PUBLIC *[Signature]*



EXECUTIVE SUMMARY

PRGX USA, Inc., in response to West Virginia’s Request for Proposal #MED 13002 takes this opportunity to respond to your requirement for a pharmacy recovery audit solution. In the attached proposal, PRGX provides the State of West Virginia with a pharmacy recovery audit solution that will not only satisfy the requirements of section 6411 of the Affordable Care Act (ACA), but one that will maximize recoveries on behalf of the West Virginia taxpayer, while ensuring that your provider relationships are not strained. PRGX’s proficiency in performing improper payments and fraud related risk assessment is unparalleled as evidenced in our past performance. In addition, PRGX’s proposed subcontractor, Sagebrush will enhance our capabilities and audit concepts to provide the State of West Virginia with an effective and vigorous Medicaid pharmacy recovery audit program and fraud detection and prevention approach.

With over 40 years of successful recovery auditing experience, PRGX has implemented audit programs for clients around the globe including some of the largest healthcare payors in the United States. Because of this experience, we have developed a very thorough understanding of healthcare claims data requirements along with proprietary tools and technology that enable us to perform successful auditing services for all our clients. These services include, identifying and recovering both underpayments and overpayments (as applicable), provider outreach services; correspondence with providers in the form of medical record requests and audit determination letters; maintaining and staffing a provider support center and administering and supporting claims through our clients’ entire appeals process.

PRGX has a vast network of resources that will ensure consistent service delivery to the State of West Virginia. We can quickly bring to bear the resources of the largest global, publicly traded recovery audit company to assure continuity of excellent services on all our engagements

PRGX’s Approach to BMS Recovery Audit

The primary mission of PRGX’s Recovery Audit program is to improve the effectiveness, efficiency, economy and quality of the recoveries identified for our clients. While the State of West Virginia Bureau for Medical Services (BMS) maintains full program oversight, PRGX will extract, transform and load all necessary claims data, identify successful audit scenarios, correspond with providers as well as audit and re-adjudicate claims that are paid incorrectly. PRGX will deliver excellent results with minimal program resource requirements from the

state. We will deliver and execute a comprehensive pharmacy recovery audit program to the State of West Virginia

PRGX's approach to assisting the State of West Virginia in meeting the objectives of the scope of work is a comprehensive and a collaborative one, with diverse and varied client-specific and audit related activities conducted throughout three distinctive phases: Pre-Audit, Audit and Post Audit.

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The key characteristics of the PRGX approach

The PRGX approach to Recovery audit is established upon a number of important premises. Representing the firm's philosophies, methodologies and systems and the unique characteristics of our Recovery Audit team, the distinctions are invaluable to the development and execution of a successful audit program for the State of West Virginia. The key characteristics of the PRGX approach are as follows:

- ◆ Custom & Flexible
 - Client specific workflow, letter templates, time intervals, governance

- Client driven reporting in addition to the standard set
 - Ability to ingest data multiple sources and formats
 - Dedicated call center numbers and representatives
 - Systems that are flexible or robust enough to allow for trend analyses and drill-down capabilities
- ◆ Quality
 - Staff credentials
 - Extensive coding experience and accuracy
 - Medical Necessity reviewers have on average 18 years of experience
 - Dedicated Pharmacy Audit Team
 - Comprehensive knowledge of review guidelines and industry standard tools
 - Lowest appeal overturns rates
 - ◆ Scalable & Secure
 - Large volumes of transactions
 - Security protocols
 - ◆ High customer satisfaction
 - Most client relationships > than 5 years with annuity characteristics
 - ◆ Unique Skill Sets
 - Industry knowledge
 - Over 15 years of Pharmacy auditing experience
 - Focused Processes
 - Complex and significant pharmacy transactions create a need for review of billing and payment accuracy by experts specializing in pharmaceutical audits

Benefits of PRGX's Proposed Solution

Leveraging our proven program management methodology, PRGX provides BMS the best value from initiation through to closure. As part of our methodology, we develop functional specifications to define the BMS recovery audit program parameters for success. Using a structured program management methodology starts with setting standards. Matching up BMS' expectations and deliverables with PRGX's processes and controls sets agreed-upon standards required to achieve success. PRGX's structured program methodology helps us to:

- ◆ Establish and manage the Recovery Audit program according to integrated and defined processes tailored to BMS' requirements
- ◆ Control the program parameters within planned limits

- ◆ Ensure that the relevant stakeholders perform their tasks in a coordinated and timely manner

To assure that the PRGX audit team will be responsive to the needs and requirements of the BMS; to the specific demands of the program and to the particular context and operating environment, the PRGX audit team undertakes an extensive planning initiative after contract award but prior to the start of the engagement. We believe that our extensive planning provides the RAC team with comprehensible knowledge of what is needed and how to get things done. PRGX creates a customized pharmacy Pre-Audit Planning Guide to ensure your audit guidelines and expectations are understood and well-documented prior to audit commencement.

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Why PRGX?

. The State of West Virginia can be confident in PRGX's ability to deliver the highest possible recovery results while ensuring excellent audit quality. Our turnkey, client-focused approach will be minimally disruptive, and will result in the following benefits to BMS:

- ◆ **The shortest time to savings** - We are knowledgeable of Medicaid data and policies, and have several audit concepts that are designed and have proven successful throughout our pharmacy audits. Because of our knowledge and specialized expertise, we can execute the West Virginia Medicaid pharmacy recovery audit. With PRGX, recoveries could start shortly after a contract is awarded.

- ◆ **A proven & efficient implementation process:** We have worked with Medicaid’s data, industry experts and regulations, and have already built the processes to get the data into an audit-ready state effectively and efficiently.

- ◆ **Minimal start-up costs:** Our past experience has enabled us to design and implement the processes that led to highly successful audits. With PRGX as the RAC, the risk of a prolonged and arduous phase of project start-up will be virtually eliminated.

- ◆ **Low management overhead:** Our tried and tested project management processes & strong focus on communication coupled with our knowledge of Medicaid policies and recovery audit processes will guarantee efficient execution. This will ensure that BMS can minimize the number of resources required to manage its Medicaid Pharmacy RAC program.

With all of this experience comes a lot of learning. We know recovery audits can be challenging for both you and your providers. But they don’t have to be. Over the years, we have developed an approach that streamlines the process for providers and payers alike. We want to assure you that if selected, it will be our primary goal to identify and recover the maximum amount of improper payment with minimal provider relation disruption, low appeal overturn rate which will firmly establish the PRGX Team as the trusted partner for BMS.

Response to RFP # MED13002
State of West Virginia – Bureau for Medical Services
Recovery Audit Contract- Pharmacy
August 9, 2012



Authorized Signature: _____

Handwritten signature of Robert Lee in blue ink.

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ATTACHMENT A: VENDOR RESPONSE SHEET

2.3 Qualifications and Experience

Provide a response regarding the following: firm and staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project, and what the project goals and objectives were and how they were met.

Company Background

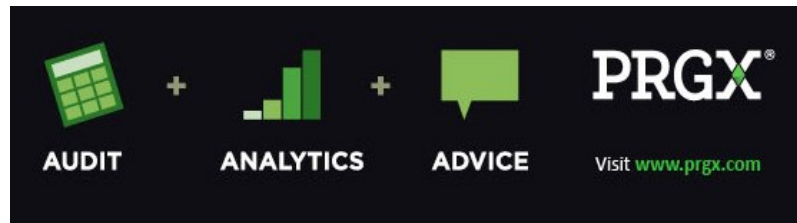
PRGX, USA is a corporation - a wholly-owned subsidiary of PRGX Global, Inc., a publicly-traded Georgia corporation headquartered at 600 Galleria Parkway, Suite 100, Atlanta, Georgia, 30339. Founded in 1971, PRGX is a business analytics and information services firm. We started as the pioneer of the recovery audit industry and have broken new ground every decade. In 2009 we launched a new suite of services called Profit Discovery™. The focus of Profit Discovery™ is improving our clients' financial performance via a combination of audit, analytics and advisory services.

Key Facts

- ◆ Pioneer of Recovery Audit Services- 41 years
- ◆ Presence in 30 Countries
- ◆ Over 1600 Professionals
- ◆ Serving 80% of the top 30 global retailers
- ◆ House over 4 petabytes of data
- ◆ Process 1.5M client files per year
- ◆ Recover on average \$1B per year
- ◆ Listed on NASDAQ (PRGX)
- ◆ www.prgx.com

With recovery auditing as our foundation, PRGX provides services to government, private payors, and commercial clients to help recover overpayments; returning in excess of a billion dollar each year to our clients. PRGX the company currently employs over 1,600 employees of which ~1130 are auditors and serves over 400 clients – both commercial and government agencies – in 30 countries. Over the past five years, PRGX has discovered and recovered an average of \$1B per year for its clients. In 2011, PRGX reported revenues of \$203M and has witnessed both revenue and EBITDA growth over the past eight quarters. As PRGX is publicly traded on NASDAQ (symbol PRGX), all financial information about the company is fully disclosed.

Our recovery audit service is the core of our business and continues to recover funds lost to errors and overpayments. We have tailored our Recovery Audit services to the specific needs of



each industry we serve, including Healthcare Payers, Retailers, Manufacturers and Service providers. Beyond Recovery Audit, our services cover fraud prevention, detection and remediation. In addition to our Recovery Audit services, PRGX has Analytics and Advisory capabilities. Where applicable, our analytics teams can implement SaaS tools to help clients extract data, build reporting capabilities, manage communications with vendors and provide continuous control monitoring capabilities. Additionally, PRGX advisory capabilities offer extensive fact-based, analytically sound recommendations for profit improvement. Our audit teams have deep functional expertise, a practical hands-on approach, and wisdom to understand how to get things done in our clients’ organizations. We convert these recommendations into lasting improvements with our deep implementation skills and experience.

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PRGX acknowledges that under broad federal guidelines, while meeting certain minimum standards, the state of West Virginia establishes its own standards for Medicaid beneficiary eligibility, benefits package, and provider payment rates. PRGX is acutely aware that the State of West Virginia, in compliance with Section 1902(a) (42)(B)(i) of the Social Security Act and Section 6411 of the Affordable Care Act, seeks to establish a contract that meets the requirements for a Medicaid Recovery Audit Contractor (RAC) for the West Virginia Medicaid Audit Program in accordance with the specifications contained in Request for Proposals (“RFP”) # MED13002.

To achieve the goal of the West Virginia Health and Human Resources, Bureau of Medical Assistance (BMS), PRGX will identify improper payments made by the BMS Medicaid Program to

its Medicaid-enrolled pharmacy providers. As required by the BMS, and to collaboratively ensure success of the State of West Virginia Pharmacy Recovery Audit program, PRGX will identify improper payments including, but not limited to:

- (i) duplicate payments
- (ii) pricing errors
- (iii) payments for services not provided
- (iv) payments for drugs that required but did not receive prior authorization
- (v) payments for non-covered formularies
- (vi) any other errors resulting in improper payments
- (vii) detecting improper payments and fraud, waste and abuse

Meeting BMS' Needs

The PRGX team recognizes that as a complex transactional environment, recovery opportunities exist in the Pharmacy industry and specifically in the Medicaid program. Our combined experience has led us to understand that these opportunities exist as a result of:

- ◆ Complex payor (BMS) and provider agreements
- ◆ High-volume, transaction-intensive and continually changing policies, rules and laws
- ◆ Multiple contact points, systems, and interfaces
- ◆ Communication and timing issues,
- ◆ Billing mistakes,
- ◆ Processing exceptions

We know that despite the best efforts, all errors cannot be caught internally. PRGX can help BMS identify and recoup those payments that were made improperly. The industry knowledge, experience and expertise, processes and technology of the PRGX team will be most beneficial to meeting the needs of the BMS. We will implement a turnkey program for BMS with PRGX handling data analysis, validation, provider communication and claim recovery, which minimizes the resource requirements of you and your provider.

Pharmacy audits require unique skill sets. The PRGX solution designed for meeting the needs of the BMS Medicaid Pharmacy Audit includes a dedicated, experienced team of professionals to perform a comprehensive review of all formulary dispensing, purchases and payments. Additionally, we have specialized pharmacy service offerings, beyond the Medicaid audit, leveraging our industry experience to bring value to the State of West Virginia.

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2.3.1 Experience

§ 2.3.1	The Vendor should have at least eighteen (18) months experience in each of the following;
§ 2.3.1.1	State Medicaid pharmacy programs operations;
§ 2.3.1.2	Medicaid pharmacy program integrity issues and risk areas for waste, fraud and abuse;
§ 2.3.1.4	Auditing Medicaid pharmacy claims and reviewing medical records to determine overpayments, underpayments and/or improper payments;
§ 2.3.1.3	Medicaid pharmacy data analysis used to identify Medicaid overpayments, underpayments and improper billings;
§ 2.3.1.5	Medicaid pharmacy overpayment recovery;
§ 2.3.1.6	Medicaid fraud and abuse identification, notification, and support;
§ 2.3.1.7	Medicaid pharmacy provider appeals.

The PRGX team brings both Medicaid pharmacy and industry audit expertise and strong experience to the West Virginia Bureau for Medical (BMS) engagement. Our audit staff, dedicated to improper payment identification and recovery, knows this business. We understand the pharmacy purchase-to-pay process, claims review and overpayment recovery; fraud waste and abuse trends and patterns, as well as data analytics and over the many years of auditing these transactions we’ve learned where to look for overpayments.

In addition to our improper payment recovery audit capabilities, the PRGX team has also conducted data analysis and investigations for the purpose of identifying potential fraud. Our project experience includes gathering and organizing supporting detail for each potential case for further law investigation and prosecution by law enforcement.

Moreover, our team includes litigation support professionals and testifying experts who have supported and provided testimony in more than 20 civil cases. Our team also includes two Certified Fraud Examiners.

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2.3.2 Similar Projects Summary

§ 2.3.2	The Vendor’s proposal should provide a summary of their previous work similar to the services requested in this RFP, in size, scope, and complexity. Each project summary should include:
§ 2.3.2.1	A brief description of the project, including type of project, project goals and objectives, project beginning and end dates, services provided, and project outcomes regarding scope, budget, and schedule.
§ 2.3.2.2	A narrative description to highlight the similarities between the Vendor’s experience and the work requested in this RFP. Vendor and sub-vendor experience should be listed separately.

Recovery Audit Contract Projects

When the Texas State Legislature established a requirement for a centralized overpayment recovery audit program to be established, PRGX answered the call. By working directly with all the parties involved, PRGX was able to aid in defining the audit calendar years, establish a viable line of communication with providers and collaborate in the development of audit concepts. The result of this process was a program tailored to meet the exact needs of the state. The scope of the Medicaid recovery audit was limited to inpatient claims submitted for payment from 2005 through 2008 with \$1.8 billion in claims data analyzed.

PRGX’s audit focused on Inpatient hospital claims. Selection of claims came from the Texas’ Medicaid Management Information System (MMIS) with consultation from Texas Medicaid. Claims were identified for review through a series of analyses that included items such as high utilization rates, medically unlikely occurrences, administrative compliance, duplicates, and a comparison of services using historical payer data. The Complex reviews PRGX conducted required medical records such as: History and Physical Report, Discharge summary, Operative Report, Physician Orders, progress notes, lab and x-ray reports, medication record, emergency room reports, face sheets, admitting diagnosis information, chief complaint of patient, attending physician impressions at admission and any other supporting documentation.

Our approach to the Texas Medicaid Recovery Audit was focused, precise and evidence based:

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audit concept, and any correspondence to and from the provider related to the case(s). PRGX made available all working papers (including copies of documentation collected from the provider and all chain of custody and authenticating affidavits related to the working papers and all underlying records and documents). We ensured all documentation related to each case was available to Texas Medicaid. PRGX handled the transition to the State of Texas, following the protocols required and agreed upon by the State and PRGX.

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In addition to Medicaid pharmacy, our team brings West Virginia more than 15 years' overall pharmacy audit experience. Designed to ensure efficiencies across pharmacy operations, PRGX's specialized pharmacy audit capabilities spans more than 15 years across more than 19 pharmacy retailers. We have recovered more than \$300 million in recoveries. Our team has audited the PBM administration of numerous governmental and large employer pharmacy

plans. The reviews include data analysis, reviews of random and focused samples of pharmacy claims, and verification of rebate amounts.

Pharmacy Fraud, Waste and Abuse

Our audit team has conducted an extensive data analysis and fraud investigation into the pharmacy expenses for a large state workers compensation fund. The review included drugs obtained through the retail and mail order outlets for a national PBM and drugs dispensed in facilities, physician offices and through repackagers and compounders. Data from all of these sources was aggregated to develop profiles of beneficiaries and provides with aberrant drug profiles, especially of schedule II drugs. The result of the project was a list of the top prescribers, dispenser and beneficiaries, with supporting documentation regarding the patterns and relationships. The results were provided to the fund's counsel for further action.

Based on our pharmacy audit experience, the following are some tests that we have found to produce significant findings for waste, fraud and abuse:

- ◆ Claims paid on behalf of ineligible participants
- ◆ Participants where another payer is primary
- ◆ Systematic administrative issues, e.g. the fee schedule or drug price per unit has not been updated in the claims processing system
- ◆ Duplicate payments or duplicate services (through PBM and through medical program)
- ◆ Impossible quantities/units
- ◆ Issues with formularies and/or step therapies
- ◆ Too-frequent refills
- ◆ Re-packaging
- ◆ Inaccurate payments for compounds
- ◆ Inaccurate payments for unspecified drugs
- ◆ Drugs with street value
- ◆ Drugs that do not fit the diagnoses in the medical data for the patient

Data Analysis

The PRGX team has developed an extensive library of more than 700 algorithms including an extensive set of concepts for detecting waste, abuse and potential fraud in pharmacy data. When available, we have found combining medical, eligibility and retail/mail order pharmacy data to be a rich source of information for identifying aberrant patterns. Our team has more than 12 years of experience in pharmacy data analysis and audit from our varying perspectives.

2.3.3 References

§ 2.3.3	The Vendor’s proposal should include at least three (3) business references that demonstrate the Vendor’s prior experience providing RAC services. Each reference should include:
§ 2.3.3.1	The name, address, and telephone number of the organization;
§ 2.3.3.2	The name, telephone number, and email address of the responsible project administrator or project manager familiar with the Vendor’s performance; and
§ 2.3.3.3	A brief description of the project, including type of project, project goals and objectives, project beginning and end dates, services provided, and project outcomes regarding scope, budget, and schedule.

PRGX recognizes that the successful performance on previous contracts is the best indicator of successful performance on future contracts. In accordance with the instructions listed in the RFP, PRGX is providing past performance references for our organization as well as for our subcontractors. These referenced projects are both similar in size and scope to the State of West Virginia solicitation requirements. Our past performance references and strong customer endorsements exemplify PRGX’s commitment to consistently achieve measurable results for our customers in the areas of performance management, infrastructure optimization, cost and risk management, enhanced operations efficiency and mission effectiveness as well as return on investment.

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2.4 Projects and goals

§ 2.4.1 The Vendor should describe their approach to identify and audit high risk claims with the potential for Medicaid under/overpayment collections. The description of the approach should address the following:

Recovery Audit projects occur in three phases: Pre Audit, Audit and Post Audit. The identification and audit of high risk claims occur in the Pre Audit and Audit phases respectively.

Pre-Audit

PRGX's approach to identify high risk claims starts with robust project planning governance and client preparation, continues with Data receipt and validation and ends with concept development (i.e Approval of audit strategy).

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The activities associated with project planning governance, client preparation, data receipt, analysis and validation and audit plan approval are as follows:

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PRGX will ensure that each scenario or audit concept describes the complete process for identifying incorrect payments and shows BMS the proof of the improper payment and the specifics regarding the Pharmacy providers and services that the scenario or audit concept covers.

Audit Phase

Concept Development and approval of the Audit plan leads to the Claim selection for Audit. We anticipate that the majority of the pharmacy claims will be automated reviews with the rest

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Complex Reviews

PRGX utilizes Pharmacists and Pharmacy technicians to review prescriptions claims to review pharmacy claims that require additional documentation to make a determination. Our experienced Healthcare personnel have a thorough understanding of the unique regulations, policies, and applicable coverage guidelines that make up the review criteria for each pharmacy audit. Once the record requests are received from pharmacy providers, the records are scanned and uploaded into our audit tool.

Once the audits are complete, PRGX communicates the findings to the pharmacy provider. Depending upon the agreed terms with BMS, the pharmacy providers may have an opportunity to challenge the findings through an informal process (discussions) and subsequently a formal process (appeal) with BMS should they deem necessary.

2.4.1.1 Data Transfer Processes

§ 2.4.1.1

Processes for data transfer of eligibility, provider, and claims data from the BMS MMIS, including (but not limited to) initial data load and mapping and subsequent, periodic data refresh activities.

Our experienced team of data specialists and business professionals deploy an integrated data flow processes to receive 25+ TB of new client data, averaging 125K unique files per month. Our data enterprise has access to over 5 petabytes of data at any given moment to support our business processes. We can accept and ingest data in variety of methods both electronically and physically, although secure FTP is our preferred method for data exchange. The sheer variety of clients, data types and sources of data received and processed by PRGX has ensured that we remain proactive in growing our infrastructure as well as refreshing our tools to meet the expanding demands required to meet our client service offerings.

PRGX's preference is to provide insights by mining our client's data in a format as close as possible to the format in which the data is hosted by our clients. PRGX can accept EBCDIC flat files (in either fixed or variable-length formats), ASCII/Unicode flat files, database backups (from AS400-based, Oracle, DB2 or SQL Server database management systems), EDI X12, EDIFACT, and many other formats. We will work with BMS' technical implementation teams to arrive at a mutually satisfactory data acquisition methodology for the extraction of data tables and elements required to deliver our service offerings.

PRGX uses a proprietary global client data catalog that manages the receipt, tracking and backup of data files from our clients. Our data conversion routines incorporate statistical analysis and reporting to audit and confirm the accuracy of the expected number of records, field-level conversion, and expected date ranges of client claims data.

As is customary for past PRGX Medicaid Audits, BMS will supply paid claims detail data directly or through their processors (MMIS) based on an agreed upon timeline and schedule. PRGX has baseline requirements documentation for all review types that we leverage to map BMS’ claims data formats between our systems and ensure that we have relevant data elements identified for extraction. To support high volumes of data transfer, we maintain a 30Mbps dedicated Internet circuit to our environment. PRGX supports various data transfer mechanisms. In the event that a dedicated network between PRGX and BMS is needed, PRGX will work with the appropriate individuals at BMS to configure such a connection per BMS’ requirements.

2.4.1.2 Policy Review Process & Data Mining Techniques

§ 2.4.1.2	Policy review processes, including validation of results
§ 2.4.1.3	Process for data mining to target providers and claims for review that have not already been subject to audit or currently being audited by another entity, to identify potential coding and billing errors, and to provide trends and patterns analyses;

PRGX initiates the concept development (audit strategy/query development) process through regulatory, policy and rules research. PRGX then conducts query development, data analysis, and also focuses on areas of high risks identified by our clients. We establish baseline data and aberrancy reports to identify utilization trends and variations and conduct targeted reviews. Next, we systematically mine the data to identify the pharmacy providers or prescription claims which pose the greatest improper payment risk to the Medicaid program.

The PRGX approach to the policy review process, data mining process and validation of results is as follows:

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prescription claim dollars, and proposed audit timeline. The purpose of the audit concept approval is to ensure that our audit team has the correct interpretation of a policy, the appropriate prioritization of targeted areas for audit, and that the impacted pharmacy providers and claims are not actively under review as part of other audit activities. The audit approval deliverable will include pertinent data analysis and trending generated by our Audit Research and Strategy and Data Services teams. These teams use a SQL database to store and query claims data. Based on the data extracts, we can run a full suite of descriptive statistics reports, and trending and multivariate analysis as appropriate.

Our Data mining

Data mining is a continual, proactive process utilized by PRGX to detect improper payments as well as assist our clients in identifying actions to prevent future improper payments.

We have the ability to look for trends in the pharmacy claims data and to incorporate custom rules on BMS' behalf

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for overpayment detection. Claims with specific characteristics are flagged. Using the information extracted from the BMS' MMIS claims data, as well as from queries, we will select claims for audit and for estimating improper payments. Upon identification, our staff will perform "triage" to identify and dismiss false positives.

PRGX's data mining techniques draw on available reports and extensive healthcare expertise. We will use West Virginia's pharmacy claims data to determine historical billing patterns as the foundation for a comprehensive data analysis program. Once clean claims data is available, our expert personnel:

- ◆ Use aberrancy reports and comparative billing reports to categorize providers
- ◆ Use snapshot data queries to determine total dollars at risk, top Pharmacy providers, and/or top procedures/diagnoses
- ◆ Run our proprietary algorithms to determine Pharmacy provider activities with high occurrences and trends
- ◆ Utilize a combination of cluster analysis, box plots, and z-score analysis, to identify outlier-billing patterns.

PRGX will not audit prescription claims that have been reviewed, or associated with an audit already underway. Once prescription claims are selected for potential audit, the list of claims is then submitted to BMS for review. During this process, any claim under current or past investigation, or associated with an audit already in progress is removed from the list of potential claims. The revised claim list is then returned to PRGX and approved for audit review. This process is repeated when a new list of candidate claims is generated and is always conducted prior to notification of pharmacy providers that claims are being reviewed as part of the recovery Audit.

2.4.1.4 Medical Records Request Process

§ 2.4.1.4 Provider medical record request process that includes the process for submission of electronic records;

Upon identification of a claim with a potential improper payment, PRGX sends records request letters requesting the prescription documentation associated with the claim. Our records requests document will include the rationale for re-opening the claim and selecting it for review. All letters will be printed on State of West Virginia BMS' letterhead and addressed to the pharmacy provider address supplied by the state.

PRGX’s record requests give the pharmacy providers the option to submit records via fax/email, postal mail or by securely transmitted encrypted DVD/CD. PRGX accepts prescription records electronically via secured and HIPPA compliant facsimiles. Records from pharmacy providers are delivered to the Medicaid mailroom/scanning room. The Healthcare mail clerk opens the correspondence and documents the pertinent information. Records received by transmission over secured fax (Right Fax) are handled by the clerk as hardcopy correspondence, applying the HIPAA procedural and security protocols.

PRGX will work with BMS to establish an agreed upon limit of records request per pharmacy provider location, in keeping with the Centers for Medicare and Medicaid’s (CMS) established limits and recommendations. In order to minimize the workload and disruption to the pharmacy provider community, requests for medical records will be bundled into separate mailing waves. Our approach enables pharmacy providers to package the prescription records thereby avoiding a continuous stream of small requests throughout the program. Our ultimate goal is to conduct this process while preserving your relationship with the pharmacy provider community.

2.4.1.5 Approach to Clinical and Coding Review

§ 2.4.1.5 Aspects of clinical and coding review of medical records including medical necessity;

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Our experienced Healthcare personnel, with more than 10 years of experience, have a thorough understanding of the unique regulations, policies, and applicable coding guidelines that encompass the review criteria for each audit. PRGX utilizes Our Registered Nurses and Certified Coders have valuable, practical experience in care and coverage guidelines in Acute Inpatient Hospitals, Inpatient Rehab Facilities, Skilled Nursing Facilities, Home Health and Hospice, Community and Behavioral Health, Professional Services, Outpatient Services; the list goes on. Each reviewer considers all applicable Medicaid rules and regulations to ensure all Medicaid guidelines are met in the performance of the audit.

2.4.1.6 Project Reporting

§ 2.4.1.6 Reporting of results;

The results of pharmacy claim, clinical and coding reviews will be reported to providers/pharmacy providers by mail correspondence. Templates of letters will be provided in advance for scenario design and input needed from BMS’ stakeholders. West Virginia’s Bureau of Medical Services (BMS) will approve all provider correspondence prior to project implementation. Sample correspondence may include:

	Letter Type	Description
PROVIDER NOTIFICATION	Record Request Letter	Letter to pharmacy provider that requests the record for the claim(s) selected for audit.
	Record Request Reminder Notification Letter	Letter to pharmacy provider that requests the record for the claim(s) selected for audit. This letter includes the same information as the initial request.
	No Response Notification	Letter to pharmacy provider that indicates there was no response to the medical record requests and that the claim payment will be recouped. This letter includes the redetermination rights for the provider.

Findings Notification	Letter to pharmacy provider that indicates the results for the audit and includes the redetermination rights when there is notice of overpayment.
No Findings Notification	Letter to pharmacy provider that indicates there were no findings and no adjustment to be made to the claim (s) audited
Redetermination Findings Notification	Letter to pharmacy provider that indicates the results of the rebuttal review and specifies the appeals process.
Demand Letter (Draft/Final Demand letter)	Letter to pharmacy provider that indicates the demand amount

2.4.1.7 Improper Payment Prevention Plan

§ 2.4.1.7 Developing an Improper Payment Prevention Plan, for any RAC identified vulnerability, to help prevent similar overpayments from occurring in the future.

PRGX will recommend system and process changes to prevent future improper payments. Our recommended changes will include the identification of significant deficiencies in internal control specifically legal and regulatory requirements, as well as current or emerging risks to the State of West Virginia’s systems and processes. PRGX will provide an improper payment prevention plan to the West Virginia Health and Human Resources, Bureau of Medical Services (BMS). This plan will provide BMS with details of RAC Identified vulnerabilities and associated recommendations to prevent future occurrences.

PRGX will also recommend solutions/concepts to improve the West Virginia Medicaid program based on findings from audits related to fraud investigations. These findings and recommendations will be reported to BMS and other identified and approved agencies in writing. PRGX report will identify the fraud and abuse occurrences that trends continuously

throughout the engagement. Additionally, root cause analysis will be applied and recommendations submitted to eliminate these practices and occurrences.

2.4.2 Communication and Outreach plan

§ 2.4.2	The Vendor should propose a communication and outreach plan that addresses the following components:
§ 2.4.2.1	Educating providers on the Vendor’s business, purpose and process including notification of audit policy protocols;
§ 2.4.2.2	Staffing for outreach and communication including the number and type of Subject Matter Experts (SME) available to directly answer provider questions or concerns;
§ 2.4.2.3	Staffing for the toll-free number during the Bureaus normal business hours from 8:00 a.m. to 5:00 p.m., Eastern Standard Time (EST) excluding observed State holidays;
§ 2.4.2.4	Compiling and maintaining provider approved addresses and points of contact including notification to the Bureau’s current fiscal agent.

For the State of West Virginia’s recovery audit engagement, PRGX will develop and implement a Provider Communication and Outreach Plan. The goal of the PRGX Communication, Outreach and Education Program is to inform providers about PRGX’s responsibilities while providing opportunities for input and feedback from the provider community. PRGX will be proactive when appropriate in communications with pharmacy providers to ensure transparency in the execution of the program.

2.4.2.1 Provider Outreach and Education

PRGX communication and outreach activities are designed to ensure that our provider community obtain information about our recovery audit program, while creating a medium for the provider community to asks questions and discuss

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their concerns. PRGX's educational effort will address issues related to coding (professional or facility, procedures or diagnoses, etc.), medical record documentation requirements, trending activities and other billing standards. After a provider has been informed of an adverse determination, we will provide them information on their available recourse, including their appeal rights under BMS' policies and guidelines. In addition, our plan discusses process improvements, issues resolutions and the importance of having updated contact information for our providers.

PRGX routinely conducts outreach sessions with large hospital and provider associations. Our team is very skilled at effectively communicating our recovery audit message and associated processes, as well as conducting webinars to inform our providers and solicit feedback. Our activities relative to these entities include discussing the goals of the RAC engagement; what is required, providing an overview of our methodology, and informing providers of their appeals rights and associated process.

A core element of our provider communication and outreach program revolves around our message to the provider community to:

- ◆ Send requested documentation to support claim and further avoid total recoupment
- ◆ Ensure that submitted documentation is complete, accurate, legible, timely and without unnecessary material
- ◆ Respond to all correspondence in a timely manner
- ◆ Direct all ongoing questions and concerns to our Provider communications team
- ◆ Initiate the rebuttal process within the prescribed timeline, making sure to include all relevant documentation
- ◆ Utilize as a resource, the web portal to view and familiarize themselves with issues under review, FAQs, forms, sample letters and process documentation

At PRGX, the core communication and education delivery channels are the mechanisms for disseminating information to the provider community. Using the right channels is as important as having the right message for our providers. In developing our communication and outreach plan, we take the time to understand the different audiences that exist within the provider community, and determine how they receive information. This enables us to identify the most appropriate outreach method. Channels of provider communications include webinars, staffed provider relations center with toll free numbers, and post review debriefs. In addition, our staff regularly prepares educational newsletter articles and other materials for clients to use in their provider (or internal staff) education.

2.4.2.2 Outreach and Education Staff

PRGX will ensure that the staff answering our customer service lines is knowledgeable of the BMS recovery audit program. PRGX utilizes a Quality Assurance program to ensure that all customer service representatives are knowledgeable, respectful and responsive. PRGX ensures consistent and responsive Customer Service Representative's performance through supervision, coaching and continuous feedback. CSR calls are monitored by Quality Assurance Specialists, Team Leaders, Trainers and Managers. In addition, we train our staff and provide them with information on all possible recovery methods and appeals rights of each BMS provider. It has been our experience that the volume of claims being audited will determine the exact staffing levels for our customer service center as our representatives provide service to Providers. However, we can anticipate that we will have 5-10 representatives geared towards serving your pharmacy provider community.

2.4.2.3 Provider Service Call Center

As is customary for all RAC engagements, PRGX will establish a toll-free number and mail address for provider inquiries and support, to be included on all provider correspondence. PRGX maintains a fully functional and appropriately staffed call center that services the provider community. Our call center has a dedicated Provider Service Manager (PSM) who oversees the staff, telephonic operations, training and metrics process.

PRGX ensures that all time zones in our clients' operational audit areas are covered during business hours. Specifically, for the West Virginia Medicaid RAC engagement, we will have a staffed toll-free number for calls from BMS providers during the hours of 8:00 a.m. to 5 p.m. Eastern Standard Time (EST), Mondays through Fridays. Our provider support team will address items such as provider inquiries regarding medical record requests, rebuttal deadline extensions, audit process, medical record receipt verification, audit status, and requests for copies of provider correspondence from the PRGX.

2.4.2.3 Compiling and Maintaining Provider Contact Information

PRGX has an established system to compile and maintain provider approved addresses and points of contact, as well as a mechanism for providers to update changes in address and points of contact throughout the audit period. Typically, at the launch of our audit engagement, PRGX collaborates with BMS to design and post notification on your Pharmacy Medicaid website, announcing our contractual engagement and informing pharmacy providers of the audit process as well as instructions on updating their contact information. The process for updating information is also shared with providers during our education and outreach sessions.

During the implementation phase of the project, PRGX will receive a provider contact data download from BMS which will be used as the baseline for establishing a BMS specific provider contact database. The contact information is kept current using provider updates, acquired from BMS, or through notification to us, either in writing or via telephone by pharmacy providers. In addition, in the rare instance where letters from PRGX are returned for inaccurate addresses, our provider services representatives will conduct a thorough research, including placing outbound calls to the affected pharmacy provider to ensure that we have accurate contact information. PRGX will also notify BMS of all updates to pharmacy provider contact information acquired outside of the BMS' updates.

2.4.3 Project Staffing Plan

§ 2.4.3.2	Description of the roles, responsibilities, and skill sets associated with each position on the organization chart;
§ 2.4.3.3	Brief summary description of the roles and responsibilities of each key staff member and the experience that qualifies them for their role in this project, including work performed off-site and the work of subcontractor(s). The Vendor should further describe the assurance of quality and timeliness of the work performed off-site and by subcontractors;
§ 2.4.3	The Vendor should propose a staffing plan that includes team members who bring a breadth and depth of data analysis, audit and Medicaid knowledge and experience relevant to the scope of this proposal. In their proposal, the Vendor should describe how their staffing plan provides all the skills needed to fulfill the requirements throughout the life of the contract. The Vendor should supply resumes for staff as the Bureau considers staff resumes as a key indicator of the Vendor's understanding of the skill mixes required for each staffing area.
§ 2.4.3.1	Organizational Chart. The organizational chart should show all staff to be used onsite, offsite as well as subcontractor staff. Off-site staff and subcontractor staff should be clearly identified on each organizational chart;
§ 2.4.3.4	Staff skill matrix in Vendor's own format to summarize the roles, responsibilities, and relevant experience of the proposed staff;
§ 2.4.3.5	Approach to staff retention and ensuring continuity of staff;
§ 2.4.3.6	Approach to personnel management, including a process for transitioning essential knowledge to BMS' staff.

PRGX is well versed and experienced in recruiting, training and retaining recovery audit staff including auditors, analysts. In order to ensure success on the West Virginia Medicaid Pharmacy initiative we have created a team that provides the skills, expertise, experience, and

certifications necessary to meet and exceed the expectations of the West Virginia Department of Health and Human Resources, Bureau of Medical Services (BMS). As you will see, our level of proficiency in the intricacies of provider billing enables the rapid discovery and recovery of over/under payments.

For the West Virginia's engagement PRGX will maintain staffing levels sufficient to complete all of the services and meet the requirements specified in this RFP and the resulting Contract. We are prepared at all times to recruit properly licensed and certified staff, as required to implement all aspects of the services required in this RFP within the stated timeframes. Furthermore, we assure the BMS that all persons assigned by PRGX to perform functions under the resulting Contract, whether they are employees, agents, subcontractors, or anyone acting for or on behalf of the Contractor, are properly licensed and certified as required under applicable state and federal laws and regulations and as defined below to perform the functions assigned to them.

While the credentials and experience of our auditors vary, each individual including the members of our audit staff who would be assigned to BMS, are appropriately credentialed and experienced to handle BMS' Medicaid recovery audit requirements. Our physicians, registered nurses, certified coders, and contract compliance specialists use an extensive library of proprietary concepts and algorithms designed to identify inappropriate medical claim payments to improve our clients' bottom line. Through a collaborative and cross-functional team effort, our staff identifies potential improper payments made by the State of West Virginia to Medicaid providers; by analyzing paid claims data and reviewing corresponding medical records to determine administrative compliance, coding and billing and medical necessity.

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Organizational Chart

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Roles, Responsibilities and Skills

Project Director

The Project Director will be responsible for the overall direction, coordination, implementation, execution, control and completion of the West Virginia recovery audit project ensuring consistency with the state's requirements and the company's strategy, commitments and goals. The Project Director has clear authority over the entire operation. Serve as a point of contact for specific problems, and has the authority to make decisions and resolve problems on behalf of PRGX.

Duties and Responsibilities:

- ◆ Leads the planning and implementation of project
- ◆ Efficiently synthesize project information and accurately establish project scope
- ◆ Set project costs and productivity benchmarks
- ◆ Successfully manage and control budgets
- ◆ Develop good working relationships with stakeholders at all levels to build consensus
- ◆ Solve critical issues in a time-sensitive environment
- ◆ Facilitate project resource allocation

Contract Manager

The Contract Manager shall be responsible for implementation of the contract requirements, including all deliverables for this phase. The Project Director will be responsible for coordinating all contract activities between PRGX and BMS.

Duties and Responsibilities:

- ◆ Personnel performance evaluation as it relates to contract
- ◆ Plans and implements procedural and policy changes to improve operations.
- ◆ Conducts, prepares, and reviews reports, studies, publications, and research relating to operational trends and strategic program objectives.
- ◆ Develops performance standards and evaluates work in accordance with established standards and West Virginia Bureau of Medical Services requirements.
- ◆ Meets with West Virginia Bureau of Medical Services staff to develop, plan, organize, and administer policies and procedures to ensure that strategic administrative and contractual requirements and responsibilities are being fulfilled.
- ◆ Meets regularly with West Virginia Bureau of Medical Services designated staff to discuss issues, coordinate activities and resolve any problems.
- ◆ Implements corrective action plans to solve problems.
- ◆ Presents information to West Virginia Bureau of Medical Services to promote services, exchange ideas, and accomplish objectives.

Quality Control Manager

PRGX's designated Quality Control Manager will be responsible for monitoring all of the contractual activities of PRGX in relation to the West Virginia BMS Medicaid Recovery Audit.

Duties and Responsibilities:

- ◆ Coordinate quality control activities within the contract
- ◆ Provides effective communication regarding issues, objectives, initiatives, and performance to plan
- ◆ Responsible and accountable of flagging the timing of interdepartmental deliverables and the quality of their output
- ◆ Ensures delivery against QA goals and objectives, i.e. Meeting commitments and coordinating overall quality assurance schedule
- ◆ Provide input to team members on any issues pertaining to the contract and its fulfillment
- ◆ Ensure adherence to standards in a consistent manner

- ◆ Implement and maintain quality procedures, quality control instructions, test methodology and specifications

Medical Director

The Medical Director will be responsible for guidance, leadership, oversight and quality assurance efforts for all clinical policies and procedures and for the oversight and direction of the physician/professional review team.

Duties and Responsibilities:

- ◆ Inter-rater reliability study design
- ◆ Rater-standard measures
- ◆ Recruits specialty physician reviewers and other clinical professionals to maintain the necessary number of physician reviewers to effectively review any Medicaid practitioner claims, regardless of clinical specialty.
- ◆ Develops organizational policies and procedures and establishes evaluative criteria for the review team.
- ◆ Directs the preparation of status reports, services, and quality initiatives.
- ◆ Consults with West Virginia Bureau of Medical Services medical staff on quality assurance, education and training for physician/professional peer reviewers and nursing staff.

Customer Service Manager

This team member will be responsible for the management of customer service staff and day-to-day operations.

- ◆ Analyzes internal processes and procedures.
- ◆ Monitors incoming and outgoing customer/provider communications
- ◆ QA report production coordination and monitoring lead
- ◆ Operational standards compliance
- ◆ Reviews programs, services, forms and reports, and confers with contract management and West Virginia' BMS staff to identify operational and work quality problems and improvements to correct or prevent such problems.
- ◆ Develops and implements records management programs to assure compliance with all contractual requirements.
- ◆ Prepares manuals and trains workers in use of forms, reports, procedures in accordance with organizational policy and contractual requirements.
- ◆ Designs, evaluates, recommends, and approves changes based on need and analysis.
- ◆ Provides technical assistance, consultative services and direction for the development, implementation and evaluation of services to be provided for the contract.

- ◆ Reviews documents to ensure compliance with all contractual requirements.
- ◆ Gathers and organizes information on problems and procedures and conducts studies as needed.

Audit Staff Manager

Duties and Responsibilities:

- ◆ Plans, directs and supervises the work of the PRGX audit team; performs related duties as required.
- ◆ Develops strategic audit plans and tools to drive audit efficiency, quality, and BMS satisfaction.
- ◆ Selects staff; assigns audits; reviews audit work and determines material problems; evaluates staff; develops and provides training to staff.
- ◆ Reviews audit systems during the design development stages to ensure that the proper audit and fiscal control techniques are included; reviews and suggests changes to fiscal controls and audit procedures of installed systems;

Systems Manager

PRGX's Information Systems Manager will initiate, focus and facilitate ongoing communications and information with regard to Information Systems.

Duties and Responsibilities:

- ◆ Coordinate interactions with the Bureau of Medical Services (BMS)
- ◆ Establish and maintain effective working relationships with BMS management, staff, vendors, and others encountered in the course of work.
- ◆ Responsible for managing PRGX's Recovery Audit Technical team, including; interface development, testing, security and data conversion
- ◆ Ensure the West Virginia MMIS is compatible with PRGX's technological infrastructure;
- ◆ Oversee the PRGX infrastructure project in preparation for the Bureau of Medical Services
- ◆ Coordinate interactions and data exchanges between the BMS MMIS and other computer systems

Other Key Support Staff – We are prepared to assign any other key PRGX staff members that may be required to successfully complete a Recovery Audit for the State of West Virginia. Any contract executed between the State of West Virginia and PRGX for Recovery Audit Services will be contingency fee based. So, both parties have a significant stake in the timely recovery of improper payments and it is in the best interest of BMS and PRGX to ensure that qualified personnel are assigned to this engagement.

Backup Personnel Plan

Personnel contingency planning is an established part of our annual business plan and organizational review process. Succession plans are developed with a specific focus on healthcare clients' requirements. As an organization, PRGX possesses sufficient resources within the company to replace any key or named personnel if the need arises. During your start-up phase, PRGX will identify the steps and supported actions to be employed for any staff replacement requirements. The agreed upon PRGX personnel contingency plan will define clear actions to be taken in the event that personnel changes are necessary. These plans will be proactively documented to minimize potential downtime for West Virginia' Bureau of Medical Services (BMS) audit. In addition, you can be assured that our contingency plans are comprehensive and accommodate unforeseen circumstances so West Virginia' audit progress may continue with minimal disruption.

Project Staff Resumes

PRGX submits resumes of individuals who are qualified to work on the Medicaid RAC program for West Virginia BMS. These individuals have worked on similar projects in other states of similar size and scope. The PRGX team is successfully managing claims recovery processes that start include data analysis, contract reviews for improper or overpayments, medical record review for improper or overpayments, program integrity and risk identification for fraud, waste and abuse. In addition, the team has extensive experience in negotiating with providers and defending recovery actions throughout any appeal process.

The Proposed Project Staff's resumes are included at the end of this section.

Summary of Key Professionals and Qualifications

Following is a summary of key professionals, whose qualifications and dedication will be most beneficial to the BMS Medicaid Recovery Audit engagement. Their level of proficiency in the intricacies of provider billing enables the rapid discovery and recovery of over/under payments:

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PRGX Audit Staff

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Approach to Staff Retention

At PRGX we believe that retaining our core staff requires more than simply increasing salaries and refining their benefits package; although we know that our compensation and benefits package are very competitive. PRGX's dedication to retaining top talent is built on a combination of attractive rewards, career development opportunities and work-life balance. We offer incentives that matter to our staff.

PRGX makes staff continuity a constant priority to ensure the long-term success of not just our organization but our clients' organizations through successful engagements. We believe that constant turnover severely impacts critical projects. To ensure continuity, PRGX takes proactive steps to retain our valued talent.

PRGX's talent management initiative ensures that we provide the performance management, succession planning, objectives setting, learning and development and recognition to retain our top talent.

PRGX's Talent Management and Retention Initiatives currently include:

- ◆ Competitive pay and benefits to attract and retain top talent
- ◆ Education Assistance Program
- ◆ Matching 401k plan to assist our employees with their retirement goals

- ◆ Employee Referral bonus for referring qualified candidates who are hired for our open positions
- ◆ Periodic production-based bonuses to reward extra efforts
- ◆ Formal and informal mentorship opportunities
- ◆ Telecommuting options
- ◆ Training and development programs offered on a flexible, multi-format platform
- ◆ Flexibility and mobility across different teams within the organization to minimize employee turnover and retain high-quality performers
- ◆ Employee engagement surveys to understand engagement and satisfaction and discover areas for improvement , so we may take steps to address and remedy them
- ◆ Living Our Values program – a global, annual recognition program to recognize a handful of our top performers for their contributions with a trip, a bonus, and 1:1 time with our CEO and Executive Team.
- ◆ Annual and Mid-Year Performance Evaluations, review of Objectives and Individual Development Plans.
- ◆ Annual Succession Planning process conducted with the Executive Leadership Team to identify Successors, Replacements and High Potential talent across the company.

Approach to Personnel Management

Knowledge management is an essential aspect of our business and key to effectively serving all our contracts. PRGX understands the importance of maintaining current knowledge of all applicable and governing statutes, rules, policies and regulations. Our recovery audits are based on the most current and relevant statutes, rules, regulations and policies, and we continuously update our knowledge repository of Federal and States’ rules, regulations and policies to ensure that we are always applying the most up-to-date treatment to our determinations.

At PRGX deliberate knowledge management facilitates productive planning and helps our team deliver superior recovery audit results. PRGX is proactive in ensuring information is captured, shared, synthesized and transferred to our teams. Professionals want opportunities to grow and advance in their careers. This means encouraging them to expand their accounting competencies, develop leadership abilities, and enhance communication skills. Offering professional development and cross-training opportunities within across our entire organization allows our staff to acquire new skills, because we recognize that when employees share their experience within the group,

such knowledge transfer facilitates an easier transition should key individuals get promoted or leave the firm.

Our knowledge transfer and transitioning processes are highly structured, designed to take our acquired client’s information, processes and requirements and generate a plan that efficiently and effectively addresses your requirements to provide a successful audit experience, then transfer refined, knowledge based documentation and recommendations back to the state. To facilitate transition of essential knowledge to BMS staff, PRGX will collaboratively develop a formal transition plan. Based on our previous experience, our turnover plan will include the following items:

- ◆ Data Files
- ◆ Summary report consisting of an outline of the overall project and processes developed specifically for BMS
- ◆ Audit Case Files
- ◆ List of approved audits/audit criteria
- ◆ Status reports

Quality Management

PRGX ‘s internal quality control processes are built on a comprehensive mix of expert knowledge, skills, tools and techniques in order to meet and exceed the needs and expectations of the State of Texas. PRGX’s approach to internal quality control is two-fold: quality assurance (processes) and quality control (artifacts). The PRGX internal quality control processes are embedded in each level of project activity, at all phases (pre-audit/audit/post audit) of the recovery audit project. The PRGX’s quality management methodology emphasizes and promotes first time accuracy, task completeness and customer-satisfaction PRGX’s Quality Assurance and Quality Control activities designed to effect process and program improvement initiatives are continuous. Throughout the lifecycle of our recovery audit engagements, PRGX continuously analyze and refine organizational processes to ensure our program is progressing as effectively and efficiently as possible. Continuously captured performance metrics help PRGX to align our processes to operating dynamics. In addition, our security infrastructure enables systemic error detection and reporting that supports program and performance improvement.

Quality Assurance

PRGX’s Quality Assurance (QA) activities are planned and systemic to assure that all quality performance standards required are met, thereby driving success throughout the recovery audit engagement. Monitoring of key metrics for each functional area is a fundamental part of

PRGX's Quality Assurance program. Our monitoring provides a program "health check" and identifies opportunities for continuous improvement. PRGX's Quality Assurance activities are inclusive of:

- ◆ Auditor's quality assurance using peer reviews, performance metrics and continuous feedback to ensure high-quality results
- ◆ Assessing Customer Services Representative's performance to ensure quality provider support
- ◆ Continuous training to ensure performance improvement

Quality Control

PRGX's quality control techniques are applied to monitor and control project performance baselines against actual activities. The PRGX quality control plan is designed to achieve measurable quality improvement targets and quality improvement results, with specific change control and issues management. PRGX Quality Control inspections throughout the program measure the output of results to ensure that work effort remains within the agreed upon boundaries for quality performance. Scheduled internal reviews of program documentation and audit test results are typical Quality Control activities integrated within the recovery audit program.

As part of PRGX's Quality Control program, key performance metrics are developed and continually monitored across all operational areas of our workflow. PRGX utilize these metrics through external feedback from our clients and internal feedback from our employees to drive continuous improvement in our performance process. Some key metrics include:

- ◆ Audit Research and Strategy– # of Reviewed Claims, Recovered Amount, Appeal Rate, % Appeals Dismissed, Upheld, Overturned, and Pending
- ◆ Audit Review - # of Days in Audit Cycle, No Findings Rate, Appeal Rate, Audit Accuracy Rate
- ◆ Provider Support – Average Speed to Answer, Average Talk Time, 1st Call Resolution Rate
- ◆ Claims Processing – Recovered Amount (Monthly and YTD) and Outstanding (Monthly and YTD)

Using our multi-phase audit approach, the PRGX quality monitoring and controlling process also provides feedback between project phases, in order to implement corrective or preventive actions to bring the project into compliance with the recovery audit management plan.

Staff Resumes:

PRGX has a qualified and optimal staffing mix to engage in post-payment review of Medical Claims. Post-payment review of Medical claims is full of intricacy due to the complex and changing payment policies, fragmented care delivery models and evolving coding standards. Every PRGX team member regardless of the function brings value to our clients. Through a collaborative and cross-functional team effort, our staff identifies potential improper payments made by private payers, self-insured payers, Medicare and Medicaid. This staffing mix has enabled us to be an efficient and effective partner in identifying claims with a high probability of payment error and providing excellent customer service to providers in the life-cycle of a claim.

PRGX’s proposed staff resumes are attached following this section.

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2.4.4 Sample Reports

§ 2.4.4 The Vendor should provide examples of reports produced for similar overpayment recovery and underpayment identification projects.

PRGX’s reporting capabilities allows us to provide our clients regular updates based on their requirements ad end of contract management reporting, as well as other reports relevant to their audit program.

STATUS REPORTING	CONTRACT SUMMARY REPORT	BENCHMARKING REPORTS
<ul style="list-style-type: none"> ◆ Weekly updates on audit status ◆ Weekly scorecard ◆ Web-based insights/status via PRGX Web Portal 	<ul style="list-style-type: none"> ◆ End of contract insights ◆ Full breakdown of audit findings and conclusions ◆ Benchmarking ◆ Recommendations ◆ Best practices 	<ul style="list-style-type: none"> ◆ Understanding where you are compared to your expectations, upon request

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Our reporting suite and expertise has enabled us to share decision making insights to our clients. Currently, we provide our clients with various methods of reporting which include paper-based, electronic file, and Web-based reporting access. We will work with BMS' technical team to provide a solution that integrates with BMS' requirements into our reporting capabilities. Following is a sample listing of the standard reports that will be prepared for BMS.

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Reporting Dashboard



In addition to the reports required by BMS, we have also developed an array of other reports that will provide further insight into the efficacy of the recovery audit program. Based on our audit tracking and traceability features, PRGX has developed a suite of Medicaid reporting templates that include:

- ◆ Claims Processing
- ◆ Audit Pipeline
- ◆ Discussion/Appeals Metrics
- ◆ Claims Status
- ◆ Payment Tracking
- ◆ Financial Report

The following pages contain examples for some of the reports we have prepared for our clients.

Monthly Overpayment Report Sample

Review Type	Overpayments					
	# of OP reviews	Total \$ Id'd	# of Claims involved	# of Providers	\$ to be Refunded	% of overpayments
Med Nec	50	\$45,000	45	3	\$40,000	13%
Duplicate Refills	60	\$38,000	55	5	\$33,000	16%
Incorrect Quantity	50	\$50,000	45	3	\$45,000	13%
Incorrect Day Supply	60	\$60,000	55	5	\$55,000	16%
Too Early Refills	50	\$35,000	45	3	\$30,000	13%
Gender App	60	\$90,000	55	5	\$85,000	16%
Return to Stock	50	\$50,000	45	3	\$45,000	13%
Totals:	380	\$368,000	345	27	\$333,000	

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2.4.5 Data Validation

§ 2.4.5 The Vendor should describe their data validation processes including acceptance of electronic medical records from providers.

Data validation is an important part of the recovery audit. Without complete and accurate data, findings may not be reliable. In addition, without a complete *understanding* of the particular state's Medicaid data, results can be limited or erroneous.

Since PRGX's data validation process ensures that all claim datasets including final actions, appeals, suppressions, and exclusions are loaded completely and accurately. System testing and data validation will occur at several points prior to implementation of, as well as, during the BMS audit process. This testing and validation will include:

- ◆ **Data receipt confirmation:** Initial data transmissions are confirmed and conversion routines incorporate statistical analysis and reporting to audit the accuracy of expected number of records, field-level conversion, and expected date ranges of all client files.
- ◆ **Data field accuracy:** Claim data fields are validated against requirements to ensure accurate and complete claims information has been received. A sample of each claim type is transmitted via a secure connection and all claim fields are reviewed for accuracy. If complete, the remaining data files can then be transmitted. Previous Medicaid experience indicates that it takes two test samples (usually one week of data per sample) to confirm the data layout in the claim detail, header, provider files and additional reference files. Fewer tests samples may be required if complete claims data is provided with a data dictionary.

PRGX's approach to data validation begins with running a PROC FREQ on every field in the database provided. This includes procedure codes, date ranges, modifiers, diagnosis codes, revenue codes: EVERY field. The goal here is to identify:

- ◆ Min / Max ranges
- ◆ Invalid values
- ◆ Local codes
- ◆ Missing values

PRGX runs frequencies by year/month of the service date to ascertain the completeness of the data. Any gaps, invalid values, or odd ranges will be noted and communicated back to the state for clarification.

2.4.6 Project Closure and Transition

§ 2.4.6	The Vendor should describe the proposed approach to the completion of the project turn-over and close out phase. Components should address the following:
§ 2.4.6.1	Turn-over and close-out management plan;
§ 2.4.6.2	Relationship management plan with successor

Prior to contracted project completion and turn over, we will work with the BMS to transition all relevant data, files and documentation back to the State or to the State's designee. PRGX will develop and submit to the BMS a Turnover Plan to be implemented by PRGX upon approval from the BMS. Our plan will fully outline PRGX's approach and schedule for transfer of activities, as well as operational support information. Based on our previous experience in

other states, our turn over plan will include the following items to ensure a successful transition of West Virginia’s audit program:

◆ **Data Files**

Upon completion of the project and per any existing Data Use Agreements, original data files are either returned to client or destroyed in a secure fashion per any applicable requirements.

◆ **Summary Report**

A summary report will be delivered consisting of an outline of the overall project and processes that were developed for the State and a summary of findings with both dollar amount and type of finding (overpayment or underpayment) by type of claim and audit concept. An initial draft will be delivered with a final version to follow based upon feedback from the BMS.

◆ **Audit Case Files**

A copy of all audit case files will be delivered to the State upon completion of the project. Case files include copies of all provider correspondence, medical records (where applicable) and audit determinations. These files are in electronic format and will be delivered in a manner that is acceptable and appropriate (i.e. files can be securely encrypted and transferred via secure FTP) in accordance with State policies and procedures.

◆ **List of Approved Audits / Audit Criteria**

PRGX will also provide a list of approved audits that have been specifically developed for the State along with all audit criteria and backup documentation. This will ensure successful audit transition and provide necessary documentation should questions arise after completion of the audit.

◆ **Software**

A listing of third-party software used by PRGX, including availability of the software for transfer or purchase by the BMS or successor vendor(s) will be provided.

◆ **Processes and Procedures**

PRGX audit team will provide West Virginia with the description of processes and procedures specifically developed for the BMS audit under RFP MED13002. These deliverables will include copies of working papers, description of functional business process flows, as well as operational and systems information concerning subcontractors.

◆ **Status Reports**

In addition to our standard reporting package, PRGX will provide as part of its turn over plan status of current projects, documentation of ongoing outstanding issues and other pertinent information necessary to take over and operate the project or to assume the operational activities successfully.

Turnover Services

As required by the BMS, PRGX will provide the BMS or its agent all updated non-proprietary computer programs, data and reference tables, scripts, and other documentation/records within 15 business days of the request. In addition, PRGX will engage in knowledge transfer activities at a minimum of three months prior to the end of the contract or any extension thereof. This transfer will mostly be facilitated through training of BMS staff or its designated agent in the operation of non-proprietary systems and business processes. PRGX will work to ensure that such training is completed at least two months prior to the end of the contract or any extension granted by the BMS.

To facilitate a smooth transition required for a successful turnover to the BMS or its designated agents, PRGX will appoint, with BMS approval, a manager to coordinate and supervise all turnover activities. Unless, deemed necessary by the level of activity, and with the BMS, PRGX will not reduce staffing levels during the Turnover period.

ATTACHMENT B: MANDATORY SPECIFICATION CHECKLIST

2.5 Mandatory Requirements

The following mandatory requirements must be met by the Vendor as a part of the submitted proposal. Failure on the part of the Vendor to meet any of the mandatory specifications shall result in the disqualification of the proposal. The terms “must”, “will”, “shall”, “minimum”, “maximum”, or “is/are required” identify a mandatory item or factor. Decisions regarding compliance with any mandatory requirements shall be at the sole discretion of the Bureau.

2.5.1 Attachment D: Special Terms and Conditions

§ 2.5.1 The Vendor must comply with requirements listed in Attachment D: Special Terms and Conditions.

PRGX has read and understands the requirements listed in Attachment D and agrees to comply with the general terms and conditions. However, since BMS’ input, collaboration, approval, access to systems, information, and relevant material is required; PRGX’s performance and ability to meet these requirements, deadlines and schedules under this contract may be impacted. As a result, PRGX will agree to the terms and conditions under the assumption that BMS dependencies relevant to this contract will be delivered on schedule and according to the stipulated obligations. Accordingly, PRGX reserves the right to negotiate appropriate schedules, further discuss expectation, and identify cross dependencies to be addressed.

In keeping with the West Virginia Bureau for Medical Services (BMS) instructions, the proprietary language, processes and tools, as well as the personally identifiable information (PII) pertaining to PRGX and its subcontractor, will be redacted, and an electronic copy omitting any proprietary language and/or PII, will be submitted for publishing to the DHHR and BMS web-sites.

PRGX agrees that BMS will retain ownership of all data, procedures, programs, work papers, and all materials developed and/or gathered under the contract with BMS, except for PRGX’s pre-existing trade secrets and its processes, procedures, standards, notes, memoranda, analyses, tools, utilities, software, experience, know-how, and the written, electronic, pictorial or other tangible memorialization of the foregoing (“Supplier’s Tools”) used in performing the Services under any contract with BMS. The State of West Virginia will have no rights or licenses

to the Supplier’s Tools that are the proprietary, confidential property of PRGX. In addition, If PRGX maintains the confidentiality of all information as required, PRGX shall not be prevented from developing other applications similar to the Application or from using its general knowledge, skill, and expertise acquired in the performance of its services for BMS in any current or subsequent endeavors and Client shall have no interest in such endeavors.

2.5.2 Deliverables, Reporting and Service Level Agreements

§ 2.5.2 The Vendor must supply all deliverables as described in Attachment E: Deliverables, comply with reporting requirements listed in Attachment F: Medicaid RAC Performance Metrics and perform according to approved Service Level Agreements (SLAs) listed in Attachment G: Service Level Agreements of this RFP.

PRGX will adhere to the reporting deliverables and metrics requirements, included in this section and as required by pertinent regulations.

Attachment E: Requirements

Reporting

We will meet BMS’s reporting requirements by supplying reports on a weekly, monthly and annual basis. At the conclusion of business PRGX will produce for the BMS a final executive summary. This summary will include:

- ◆ Recommended changes to internal controls and/or policy modifications
- ◆ Results of each of the approved Audit Work Plans
- ◆ Monies Recovered to date and contractor share of recoveries.

Conference Calls and Meetings

PRGX will also participate in weekly and monthly project status conference calls that adhere to a BMS/PRGX agreed upon schedule. We acknowledge that it is our responsibility to set up and facilitate these calls, prepare the agenda and document the minutes of the call. PRGX will also satisfy these requirements in regards to the Quarterly Meetings.

Operational Letters

PRGX will assume the responsibility and cost of producing and distributing Provider notification letters. These letters will include but are not limited to the following contexts:

- ◆ Record Requests
- ◆ Demand Letters

- ◆ Notification of Findings (Overpayment, Underpayment & No Findings)
- ◆ Documentation pertaining to support of appeals

PRGX has existing templates for all of these letter types. Examples of each can be found in Appendix B

Turnover and Close-Out Management Plan

Our proposed approach to this plan can be found in section 2.4.6 of this response.

Attachment F & G: Acknowledgements

PRGX acknowledges that our reporting deliverables must comply with the reporting requirements listed in Attachment F. We also recognize and understand the penalties associated with the Service Level Agreements (SLA's) described in Attachment G. PRGX agrees to comply with the reporting requirements as well as SLA's described in Attachment G. However, since BMS' input, collaboration, approval, access to systems, information, and relevant material is required; PRGX's performance and ability to meet these requirements, deadlines and schedules under this contract may be impacted. As a result, PRGX will agree to the terms and conditions under the assumption that BMS dependencies relevant to this contract will be delivered on schedule and according to the stipulated obligations. Accordingly, PRGX reserves the right to negotiate appropriate schedules, further discuss expectation, and identify cross dependencies to be addressed.

2.5.3 BMS Approvals

§ 2.5.3 The Vendor must agree that all written material, including reports and letters must be approved by the Bureau in advance of planned distribution. The Vendor shall provide copies of all findings to the BMS Office of Quality and Program Integrity (OQPI), coordinate with case development and attend regularly scheduled presentations occurring at a minimum on a monthly basis with BMS staff or any other related meetings as requested including requests to attend a minimum of two (2) face to face meetings per contract year.

PRGX understands and agrees that all written materials developed for planned distribution will be approved by BMS prior to any distribution.

To the best of our knowledge, neither PRGX nor any of the directors, partners, officers or any of our employees and subcontractors that will be assigned to the State of West Virginia's contract have any interest nor shall acquire any interest, direct or indirect, which would compromise the

performance of its services hereunder. Any such interests shall be promptly presented in detail to the Bureau.

2.5.4 End to End Solutions

§ 2.5.4 The Vendor must furnish all necessary services, personnel, materials, equipment, and facilities, as needed to perform the work of the resulting contract within the continental United States.

Throughout the life of the recovery audit engagement resulting from BMS' RFP, PRGX will apply an end-to-end approach. Activities within our approach include:

- ◆ Obtaining and supplying all hardware, software, communication and equipment necessary to perform the duties associated with the State of West Virginia, Bureau of Medical Services (BMS) contract
- ◆ Be responsible for any associated programming, equipment, installation of software, maintenance and troubleshooting at no cost to the States
- ◆ Ensuring that our staff is trained regarding their regulatory obligations under HIPAA and the Health Information Technology Economic and Clinical Health (HITECH) Act to maintain the confidentiality of system login credentials.
- ◆ Implementing measures and technical security to prohibit unauthorized access to the data within our span of control
- ◆ Cooperating, coordinating and adapting our systems to the requirements of BMS' MMIS system.
- ◆ Maintaining sufficient information technology resources to effectively manage BMS' recovery audit contract and to generate all deliverables as specified under the Contract.

2.5.5 Compliance

§ 2.5.5 The Vendor must comply with all current and future State and Federal regulations relating to the Medicaid Recovery Audit Contractors Program including performance metrics not yet finalized by CMS and all reporting necessary for Federal claiming. A copy of the Federal Regulation is provided in Attachment H.

As part of our standard policy and practice, PRGX complies with all regulations related to the Medicaid Recovery Audit Contractor's Program. Based on our untarnished record of compliance, PRGX assures the BMS that compliance with Federal and State laws will be a non-issue.

At PRGX we are compliant with HIPAA laws and regulations in our dual capacity as a Covered Entity, with respect to our Company’s Benefit Plan and as a Business Associate, regarding recovery audits and other services for clients who are in the healthcare industry. PRGX complies with the HIPAA Privacy and Security Rules, including proper use and disclosure of protected health information (PHI) and adheres to the technical, physical and administrative security safeguards required by the regulations. HIPAA is a component of the PRGX privacy framework that includes ongoing assessments and monitoring of the Company’s collection, use, disclosure and transfer of protected health information. All PRGX employees who require access to PHI in order to perform their job function complete an initial HIPAA training program as well as annual HIPAA training requirements.

2.5.6 Contractor Medical Director

§ 2.5.6 The Vendor must hire a minimum of 1.0 Full Time Equivalent (FTE) Contractor Medical Director who is a Doctor of Medicine or Doctor of Osteopathy in good standing with the State licensing authority in which their license is issued and provide a copy of the license with the proposal response.

PRGX maintains on staff, a full time Medical Director who is Board Certified in Internal Medicine, appropriately credentialed, licensed and in good standing in multiple states. A copy of related licenses are included as part of this proposal. PRGX’s Medical Director brings broad and deep understanding of Medicaid policies, regulations and rules essential to a successful recovery audit program. In addition, the PRGX Medical Director is versed in operating procedures as required by the Centers of Medicaid and Medicaid (CMS) as well as those of the provider practices.

2.5.7 Contractor Certified Coders

§ 2.5.7 The Vendor must hire a minimum of 2.0 FTE Contractor certified coders and provide proof of certification.

PRGX recognizes that coders with various areas of expertise will be needed in performing the work assigned. Because of the complexity of the coding rules that apply to pharmacy coding and assignments, we utilize knowledgeable and experienced coding experts who are certified and experienced in the area of inpatient and outpatient pharmacy coding to make all coding determinations.

2.5.8 Appeals Support

§ 2.5.8 The Vendor shall assist the Bureau in defense of findings at any provider hearing and/or appeals held in connection with recovery efforts. The Vendor shall have in their possession written documentation that supports the basis for the recoupment. This material along with SMEs will be made available for defense of findings at any level of the administrative appeals process.

As part of the West Virginia Recover Audit contract, PRGX will participate in formal hearings/appeals and provide expert testimony, as needed, and be available to review testimony and evidence with the BMS. PRGX will maintain possession of all written documentation that supports the basis for the recoupment and we are prepared to make this material available for defense of findings during any level of the administrative appeals process

PRGX will support BMS throughout the appeals process by explaining and defending the rationale of review decisions on behalf of BMS, in all appeals resulting from the recoupment process. For all appeals resulting from PRGX's determination we will:

Once we are notified of an appeal, we will provide complete and detailed reporting to BMS. We will prepare our case files, which will contain the electronic copy of the medical record, the audit and re-determination decision reports, supporting regulations for the audit concept, and any correspondence to and from the provider related to that case. PRGX participation in the BMS provider appeals processes includes:

- ◆ Providing expert testimony supporting/defending the audit findings
- ◆ Gathering and providing information for response to discovery
- ◆ Preparing, labeling and organizing hard copy provider documentation for submission as evidence
- ◆ Reviewing providers' responses, documentations and preparing related responses within established timeframes.
- ◆ Follow all required timelines, depending on the audit type, for the BMS appeals process in place
- ◆ Upon request by BMS, provide copies of all documentation on file for any appeal received

Based on our Medicaid specific program and provider billing knowledge as well as our understanding of the recovery audit contractor's (RAC) operations, we are confident we will deliver optimal results, while minimizing provider abrasion and maintaining a low overturn on appeals rate for the BMS's recovery audit engagement.

2.5.9 Provider Abrasion Limits

§ 2.5.9 The Vendor shall limit their frequency of record requests to no more than 5% of the total claims submitted annually. Percentage will be based upon claims submitted the prior year.

We recognize that the State must set limits on the number and frequency of medical records to be reviewed by the Medicaid Recovery Audit Contractors as stipulated by the Section 6411 of the Patient Protection and Affordable Care Act of 2010 (PPACA) and the subsequent final rules issued by the Centers for Medicaid and Medicare (CMS).

We know the importance of minimizing provider abrasion. To accomplish and maintain minimal provider abrasions, PRGX works within the medical request limits set by the State. An abrasion test is executed against the records to ensure that we are within the pre-defined limits and frequencies as established by BMS. As such, PRGX will utilize percentages based on previous year's submission of claims. We will limit our frequency of record request to no more than 5% of the total claims submitted annually.

2.5.10 Data Retention

§ 2.5.10 The Vendor shall maintain a database with three (3) years claims data. The database will consist of, at a minimum, claim related data, member eligibility data, and related fee with reference tables. The database will include professional claim forms CMS-1500, Standard UB-04 claim forms for inpatient/outpatient services and proprietary claim formats.

PRGX believes in the importance of data retention policies to protect not just our organization's data but those of our clients with which we have been entrusted. PRGX's data retention policy is crafted on a mix of state, federal and international laws and industry regulations which not only specify the types of data organizations and businesses must retain, but includes legislation and industry guidelines that dictates how long specific types of data must be maintained and even the manner in which the data is to be stored.

Keeping with our data retention policy, PRGX will maintain a minimum of three (3) years of West Virginia's claims data within our database. This data store will include, but not limited to:

- ◆ Claims related data
- ◆ Member eligibility data, and related fee with reference tables
- ◆ Professional claim forms CMS-1500

- ◆ Standard UB-04 claim forms for inpatient/outpatient services
- ◆ Proprietary claim formats

2.5.11 Records Retention

§ 2.5.11 The vendor shall maintain and preserve all records of recovery effort for a period of five (5) years from the date of final recovery. At the conclusion of the contract all files and records shall be returned to the Bureau within thirty (30) days following close of contract. The Vendor shall be responsible for managing the entire recovery process including the initiation of collection of all identified overpayments, management of all A/R processes and reporting with minimal staff resources required by the Bureau.

PRGX maintain separate policies and procedures for records retention, active file management, inactive file management and email management among other areas of records management. Our records retention policies and procedures set standards and serve as a guide to a compliant records management program. PRGX will maintain and preserve all BMS records for a minimum of five (5) years. In addition, all applicable files and records will be returned by PRGX to BMS, within thirty (30) days of the contract’s conclusion.


2.5.12 Vendor Responsibilities

§ 2.5.12 The vendor shall be responsible for the identification, dispute resolution, collection processes and reporting for all RAC recovery and underpayment RAC activities specified in the scope of this contract.

PRGX understands BMS’ requirements as specified in this RFP. We understand that upon award of the resultant contract, PRGX’s responsibilities will include the identification, dispute resolution, collection processes and reporting for all Medicaid Pharmacy recovery and underpayment activities specified in the scope of this RFP and subsequently in the resultant contract.

I certify that the proposal submitted meets or exceeds all the mandatory specifications of this Request for Proposal. Additionally, I agree to provide any additional documentation deemed necessary by the State of West Virginia to demonstrate compliance with said mandatory specifications.

PRGX USA, Inc. _____
(Company)

Robert Lee, Chief Financial Officer  _____
(Representative Name, Title)

770.779.6554/770.779.3196 _____
(Contact Phone/Fax Number)

8/7/2012 _____
(Date)

These sample letters were created for illustrative purposes. If chosen as the Recovery Audit Contractor of, PRGX will consult with West Virginia BMS for the content of the communication letters

Record Request Sample

CONFIDENTIAL

Record Request Reminder Sample

CONFIDENTIAL

No Response Notification Sample

CONFIDENTIAL

Findings Letter Sample

CONFIDENTIAL

CONFIDENTIAL

No Findings Sample

CONFIDENTIAL

Demand Letter Sample

CONFIDENTIAL