Project: CMS Statistical Sampling & Overpayment Estimation (SSOE)

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Contract Reference #4: CMS Statistical Sampling & Overpayment Estimation (SSOE) – Prime: RELI

Size	# FTEs: 7	Contract $ Value: $4,497,077.2	# of End Users: 5
Scope	RELI supports CMS' Center for Program Integrity (CPI) to track, review, and validate Medicare Appeals and associated extrapolated overpayment determination activities by Medicare Administrative Contractors (MACs), Unified Program Integrity Contractors (UPICs), and Qualified Independent Contractors (QICs). We interpret and analyze data from CMS and CPI data warehouses, ensuring accuracy and consistency. Adhering strictly to Chapter 8.4 of the CMS Program Integrity Manual (PIM), we fulfill ad hoc requests, conduct case reviews, and undertake requested special studies. We created a review tracker to document UPIC-reported activities, and we established processes for appeals-related data intake and processing.		
Complexity	PIM requirements, including analytic and statistical methodologies to evaluate and validate sampling and overpayment estimation and extrapolation outcomes made by MACs, UPICs, and QICs are highly complex,		
Similarity to the SOW	*Project Management (C.2).* RELI collaborated with CMS to develop and manage a comprehensive Project Management Plan (PMP), including Lean/Agile and Work Breakdown Structure approaches, timeline and risk management plans, quality assurance, communications, and stakeholder management. *Information Gathering (C.3).* We work with CMS to monitor overpayment extrapolation/estimation, collaborating with CPI and UPICs to identify appeals patterns. Our review tracker documents elements reported by UPICs; and we process appeals-related data, determine data sources, and establish access. Monthly reports to the COR include trends and methodologies on appeals upheld at any level. *Instrument/Item Development (C.5).* RELI recommends and develops estimation methods for overpayments in special cases, addressing skewed expenditures and mid-audit conclusions. For example, we addressed the shortage of individual cases for review by devising a strategy to access and link multiple appeals processing systems, enabling abstraction of critical information about extrapolation appeals. Analyses presented to the Division of Medical Assistance covered data element reliability and validity, appeal volume at various stages, outcomes, and responses to statistical arguments raised in appeals. *Reports/Approval Packages (C.7).* We maintain updated project documents, submit Monthly Status Reports of tasks and activities, and provide a detailed Annual Summary Report with findings and recommendations. *Implementation, Production & Assessment (C.8).* From our overpayment estimation methodologies and appeals experience, we advise CMS on PIM adjustments. Our evaluation of statistical arguments guides our recommendations, ensuring consistent documentation across contractors. *Access to Systems/DUA (C.10).* RELI established, maintained, and renewed compliant DUAs with CMS. *Quality Assurance (C.11).* We developed and implemented a multi-faceted QA process to ensure the integrity of independent review outcomes and reporting. This includes unit testing; code, documentation, and report reviews; parallel coding by two analysts; QA reviews by the task lead and a final PM review. *Transition Plan (C.12).* During our 90-day Transition In Plan, we trained staff, prepared operations, and attained PIM 8.4 Course Certification. We conducted a kickoff meeting, developed a PMP, and established system access requirements, including DUAs. Our team was fully operational at the end of transition.		
Role / Functions / Responsibilities	*Appeals & Methodologies.* We tailor recommendations for consistent documentation, advise on ad hoc projects, participate in hearings, and develop methodologies for unique cases, adhering to statistical guidelines. We specialize in recommending and developing methodologies for special cases, addressing issues like skewed expenditures and mid-audit conclusions. We collaborate closely with CMS, review analysis documentation, and offer written recommendations. Our monthly reports include appeal activity and outcomes with suggestions to improve statistical guidelines. *Analytics.* We have decades of expertise in in sampling, extrapolation, and payment policy, enabling enable us to provide expert advice on methodological approaches for overpayment estimation. *Legal.* We provide expert advice on overpayment estimation and appeals, aligning with legal standards outlined in PIM 8.4. We track adherence to documentation requirements and evaluate statistical methodologies in Medicare appeals. Our evaluations strengthen the PIM by ensuring consistency and offering recommendations for improvement. Significantly improved CMS' Administrative Law Judge (ALJ) understanding of complete statistical outcomes through RELI developed learning curriculum to train ALJs on interpreting reports RELI created using advanced statistical methods. *Stakeholder Collaboration.* We engage regularly with MACs, QICs, and UPICs to enhance Medicare claims payment validation, developing methodologies and SOPs to improve processes. Our work bridges gaps between CPI, MACs, and ALJ, ensuring clarity in the appeals process and supporting CMS' PI initiatives.		
Period of Performance: 7/1/2021 – 6/30/2026			

04/05/2024 – CMS Advanced Provider Screening (APS) Technical Factor 1: Corporate Experience

Corporate Experience Narrative

1.1.7 APS End User and Stakeholder Support (SOO 4.7)

APS End User and Stakeholder Support (SOO 4.7): RELI provides Tiers 0, 1, and 2 support as well as performing RCA, stakeholder engagements and requests, and focus groups as a data integrator and as a data analytics consumer.

- Statistical Sampling & Overpayment Estimation (SSOE): This initiative involves stakeholder engagement, support for requests, and focus groups, developing and implementing methodologies, approaches, and SOPs for Medicare claims payment validation processes. To facilitate stakeholder engagement, a cornerstone of our approach, we conduct regular meetings with MACs, QICs, and UPICs to discuss validation results, share recommendations, and engage in constructive dialogue aimed at improving future processes, analytics, statistical methodologies, and PI Manual documentation. By providing statistical expertise and guidance on sampling and estimation of overpayments, RELI bridges the gap between CPI, MACs, ALJ, and others, offering clarity and expert evaluation throughout the appeals process. We foster collaborative discussions on methodological differences and verify complex data reports are comprehensible to both statisticians and laypeople. Our efforts support CMS's PI initiatives and contribute to enhancing estimation methods following the appeals process.

1.2 Demonstrated Experience with Relevant Technologies, Architectures, and Tools (SOO 2.2)

RELI's corporate experience with technologies, architectures, and tools overlaps significantly with those referenced in the APS Technical Overview (SOO 2.2) presenting CMS with a skilled team of experts to oversee and maintain this mission-critical program.

- SSOE: Software: SQL, IBM Cognos, SAS Viya, and SAP Business Objects and Microsoft products (Mail Merge, VBA Code, Excel, and Access Databases).

02/29/2024 – CMS RMADA 3 IDIQ SSN

Support or produce, as requested, evaluations of intervention strategies, benefits, risks, and financing options.

CMS Statistical Sampling & Overpayment Estimation (SSOE), 75FCMC21C0021	
Contracting Office POC	
Jeisi Rijo, 410-786-1569, jeisi.pantarijo@cms.hhs.gov	
Description of Relevant Services	
On the SSOE contract, Team FedPath tracks, reviews, and validates Medicare Appeals and associated extrapolated overpayment determinations made by Medicare Administrative Contractors (MACs), Unified Program Integrity Contractors (UPICs) and Qualified Independent Contractors (QICs) for the Statistical Sampling & Overpayment Estimation (SSOE) program. Our experts analyze data from	

several major CMS data warehouses to independently validate MAC, UPIC and QIC statistical sampling, extrapolation, and overpayment estimation outcome. We conduct analytic review and validation in accordance with Chapter 8.4 of the CMS Program Integrity Manual (PIM). Our recommendations ensure MAC, QIC, UPIC methodologies, approaches and processes conform to and are consistent with mandated requirements.

Consult with and/or engage experts internal and external to CMS, serving as an education and outreach liaison.

CMS SSOE, 75FCMC21C0021		
PoP & TCV	**Contracting Office POC**	**Contract PM**
7/01/2021 - 6/30/2026 $4,497,077.20	Jeisi Rijo, 410-786-1569, jeisi.pantarijo@cms.hhs.gov	Danielle Chiacco, 503-791-6551 danielle.chiacco@religroupinc.com
Description of Relevant Services		
On the SSOE contract, Team FedPath developed, implemented, and facilitated a training curriculum for CMS Administrative Law Judges (ALJs) to ensure the ALJs understand how to interpret and understand complex statistical results—this was well-received as it strengthened and better informed ALJ review processes as they hear and make decisions for Appeal cases. Team FedPath's training curriculum helps the ALJ s make well-informed decisions on upcoming extrapolation cases. The case studies analysis from actual appeal cases serves as a framework for future training purposes.		

08/23/2023 – CMS - RMADA2-TORP-2023-0013: Section 1115 Federal Meta Analysis (Sub to Econometrica)

RELI Group, Inc.	CMS Statistical Sampling & Overpayment Estimation (SSOE)		
Contract No.	75FCMC21C0021	**Value & Type**	$4,497,077.20 CPFF
Agency & Address	Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244	**Technical Contact**	Jeisi Rijo, COR, 410-786-1569, jeisi.pantarijo@cms.hhs.gov
Role	Prime Contractor	**Status**	Choose an item.
CPARS	Yes	**Period of Performance**	7/1/2021 – 6/30/2026

RELI Group, Inc.	CMS Statistical Sampling & Overpayment Estimation (SSOE)

Project Highlights

- RELI was rated Exceptional in Quality on our CPAR and received feedback that our team "*demonstrated exceptional subject matter expertise*" and went "*above and beyond the Statement of Work (SOW) on several occasions,*" serving an essential role in performing reviews of statistical methodologies and providing recommendations on adjustments to overturn PI contractor estimation methodology.

- Development, implementation, and facilitation of a training curriculum for CMS Administrative Law Judges (ALJs) to ensure the ALJs understand how to interpret and understand complex statistical results—this was well-received as it strengthened and better informed ALJ review processes as they hear and make decisions for Appeal cases-- According to our CPAR related to this area, "*…the output of RELI efforts in Task 4 are being used by the department of Health and Human Services (HHS) to train and prepare the ALJs on issues that they will encounter when hearing appeal cases. This will also help the ALJ s make well-informed decisions on upcoming extrapolation cases. The case studies analysis from actual appeal cases will also serve as an asset that will function as a framework for future training purposes.*"

- Provided expedited responses to same-day CMS requests regarding the use of extrapolation in pre-payment review. The requests referenced a hearing that involved Novitas, and analysis of whether the use of statistical sampling of 500 claims to determine overpayments may be used in conjunction with payment suspensions and pre- or post-payment review using extrapolation.

- Researched and assessed multiple approaches to extrapolation simulations using various estimators—including the identification of analytical responses by conducting Monte Carlo simulations using mock data to provide responses to stakeholder questions and comments regarding the use of this technique to obtain more precise estimations of overpayments.

- Provided suggested guidance for analytic and statistical approaches to address nuanced situations including cases where the lower bound of confidence interval was below $0, and provided feedback and clarity on continuing extrapolation in cases with low overpayment rate (i.e., empirical likelihood and relative precision).

Relevance to SOW

Medicare payments are highly scrutinized by CMS and its partners who receive payment, as well as being of interest to oversight such as GAO and OIG. Additionally, this project is relevant because of the complexity of the overarching Program Integrity Manual (PIM) requirements and the associated analytic and statistical methodologies required to evaluate and validate sampling and overpayment estimation and extrapolation outcomes made by Medicare Administrative Contractors (MACs), Unified Program Integrity Contractors (UPICs), and Qualified Independent Contractors (QICs).

RELI's work in this area supports the CMS Center for Program Integrity (CPI) in tracking, reviewing and independently validating these CMS contractor outcomes by providing Medicare policy, analytic, statistical and data science experts to develop and implement the methodology, approach and standard operating procedures (SOPs) required to conduct the validation. Additionally, there is a critical stakeholder engagement component, as we routinely meet with the MACs, QICs and UPICs to review validation results and recommendations, and engage in collaborative dialog about future state process, analytic, statistical and PIM documentation improvements.

Description of Contract and Our Solutions

RELI supports the CMS Center for Program Integrity (CPI) in tracking, reviewing and validating Medicare Appeals and associated extrapolated overpayment determinations made by Medicare Administrative Contractors (MACs), Unified Program Integrity Contractors (UPICs) and Qualified Independent Contractors (QICs) for the Statistical Sampling & Overpayment Estimation (SSOE) program. Our Medicare policy, analytic, statistical and program integrity experts interpret, consume and analyze data from several major CMS and CPI data warehouses including the Integrated Data Repository (IDR), Medicare Appeals System (MAS), and Unified Case Management (UCM) system, to independently validate MAC, UPIC and QIC statistical sampling, extrapolation and overpayment estimation outcomes. We conduct the analytic review and validation processes in strict accordance with Chapter 8.4

of the CMS Program Integrity Manual (PIM)—our recommendations ensure MAC, QIC, UPIC methodologies, approaches and processes conform to and are consistent with mandated requirements, while also ensuring the PIM requirements are clearly defined and not causing confusion. Our work includes additional ad hoc requests, case reviews, and/or special studies requested by CMS/CPI.

Specific Accomplishments (in addition to the earlier project highlights):

- Developed a strategy to access and link multiple appeals processing systems that are not connected to abstract critical information about the state of Medicare extrapolation appeals—the issues analyzed and presented to the Division of Medical Assistance (DMA) included: data element reliability and validity, appeal volume at different stages, appeal outcomes at each level by relevant groupings, common statistical issues encountered in appeals, and responses to statistical arguments made in appeals

- Develop, implement, and maintain standard operating procedures consistent with PIM requirements, documents analytic and statistical outcomes, best practices, and issues; and identifies, monitors, and tracks any recurring trends and recommendations associated with the review process.

- Develop and track review outcomes using a combination of project plans, project trackers, Kanban boards, Gantt charts and generates MAC, UPIC and QIC-level metrics and associated visualizations to ensure real-time access to critical project monitoring data.

- Develop and implement a multi-faceted quality assurance process to ensure the data and analytic integrity of our independent review outcomes and associated reports, technical documentation, white papers, and option papers. This includes individual unit testing; programming code, technical documentation, and report walk-throughs; parallel coding by two different analysts where possible; and a phased deliverable review process consisting of first-level QA review by the assigned task lead, and a final Project Manager review.

- RELI-provided recommendations improve the accuracy of MAC, QIC and UPIC decision-making; promote clarity in the requirements within the CMS Program Integrity Manual; and allow Administrative Law Judges to better understand and interpret complex statistical outcomes when hearing Appeals cases.

- RELI staffing approach ensures resources are directed towards tasks that would provide maximum value to the project (data abstraction, case analyses) which added the ability to rapidly draw from existing case law in order to inform statistical questions and stakeholder comments.

05/08/2023 - CMS - Eligibility Appeals Operations Support (EAOS) – Digital Services Support (DSS) Phase I

CMS Statistical Sampling & Overpayment Estimation (SSOE)
RELI supports CPI by **analyzing, tracking, reviewing, and validating Medicare Appeals** and extrapolated overpayment determinations conducted by Medicare Administrative Contractors (MACs), Unified Program Integrity Contractors (UPICs), and Qualified Independent Contractors (QICs) for the SSOE program. Our analytic validation work is conceptually similar to the CMS EAOS needs. We take proactive measures **to strengthen the accuracy and integrity of the CMS Appeals process**. This involves ensuring that the methods, approaches, and processes employed by MACs, QICs, and UPICs conform to and are consistent with the requirements outlined by Program Integrity Manual requirements. **To achieve consistency and repeatability** in our work, we adhere to SOPs which serve as guidelines, driving uniformity in our approaches and methodologies across projects. **We conduct trend and pattern analyses** and **capture best practices and valuable lessons learned**, fostering ongoing enhancements in our processes. We create and **monitor metrics and visualizations** at the MAC, UPIC, and QIC levels **to ensure real-time access to monitoring data**.

13.　　Demonstrate your knowledge and experience with data analytic tools, such as SAS Grid and SAS Viya, Databricks, Jupyter, Notebooks, Tableau, STATA, R, and Python to perform analysis in a VRDC.

Statistical Sampling & Overpayment Estimation (SSOE)	
Contract Name	Statistical Sampling & Overpayment Estimation (SSOE)
Contract #	75FCMC21C0021
Contracting Organization	Centers for Medicare & Medicaid Services (CMS)
Funding Amount	$4,497,077.2
Prime Contractor	RELI Group, Inc.

Highlights of our work: The SSOE program supports the Center for Program Integrity (CPI) in tracking and reviewing appealed extrapolated overpayments by Medicare Administrative Contractors (MACs) and Qualified Independent Contractors (QICs). Providers enrolled in CMS programming have the right to contest assessments of program overpayments, (whether actual overpayments or extrapolated overpayments), using the administrative appeals process outlined in section 1869 of the Social Security Act and 42 CFR part 405, subpart I. Our team provides statistical expertise to CMS, the MACS, and other stakeholders, on the sampling and estimation of overpayments and provides expert evaluation and guidance through the appeals process as requested by CMS.

Detailed Description of Work:

- We use SAS to extract data from the Unified Case Management (UCM) system backend table in the Integrated Data Repository (IDR) such as the Overpayment Financial Backview and UCM Overpayment Financial Detail Fact Table to look for statistical variables.
- We use SAS to merge/join data from the Medicare Appeals System (MAS) tables and UCM Data Repository (DR) tables while filtering the output to get the desired outputs.
- RELI uses SAS to pull claims data information (Medicare/Medicaid/Medi-Medi) from the IDR to verify payment amounts for some of the extrapolations. Our team uses it to pull Overpayment case information for Appealed Overpayments. We use and interpret SAS, via our subcontract team, for simulating confidence intervals and point estimates.

03/10/2023 – CMS RFQ Health Insurance Marketplace (HIM) and Financial Management Operational Analytics (OA)

Statistical Sampling & Overpayment Estimation (SSOE) [RELI]	
Name of Company or Agency	Centers for Medicare & Medicaid Services (CMS)
Project title and contract number (for subcontracts, provide the prime contract number and the subcontract number)	CMS Statistical Sampling & Overpayment Estimation (SSOE) Contract Number: 75FCMC21C0021
Dollar value per contract year and period of performance	BY: 07/01/201 – 06/30/2022 / Dollar Value: $919,959.85 OY1: 07/01/2022 – 06/30/2023 / Dollar Value: $913,528.32 OY2: 07/01/2023 – 06/30/2024 / Dollar Value: $942,649.95 OY3: 07/01/2024 – 06/30/2025 / Dollar Value: $867,743.77 OY4: 07/01/2025 – 06/30/2026 / Dollar Value: $853,195.31

Insert narrative that describes how this corporate experience relates to specific OA tasks: Like OA, the SSOE team taps into data from several data warehouses and run complex analytic and statistical code to conduct independent assessments analyzing payments to providers. Similar to OA, SSOE involves a major CMS payment program that must comply with complex regulation and OMB directives. SSOE, like OA, involves a diverse set private-sector partners, each with unique concerns, that are impacted financially based upon this work. For SSOE, the Medicare Administrative Contractors (MACs) are a major CMS partner analogous to issuers and payees. There are significant change control issues involved and testing of code that must be coordinated. RELI uses relevant advanced analytic tools on SSOE like SAS and Tableau, to create dashboards and support data science.

How this experience will benefit the Government and the outcomes of the OA contract: Medicare payments are highly scrutinized by CMS and its partners who receive payment and are of interest to oversight organizations such as the U.S. Government Accountability Office (GAO) and Office of Inspector General (OIG). RELI is used to working under conditions where transparency is important and where the quality of the work is open to widespread inspection. RELI brings independent payment analysis experience using sophisticated data analysis and predictive models using complex and time dependent business rules. RELI has a proven ability to partner with CMS leadership to quickly change as needs dictate to turnaround quality deliverables under tight timelines.

Description of difficulties or constraints encountered and how they were overcome:

1.) Difficulty in explaining complex statistical analysis and results to non-technical business leaders. Significantly improved CMS' Administrative Law Judge (ALJ) understanding of complete statistical outcomes through RELI developed learning curriculum to train ALJs on interpreting reports RELI created using advanced statistical methods. Tailored ALJ training to issues participants will encounter in upcoming appeals using case studies from actual appeals as a framework for training, leveraging project resources for multiple outputs.

2.) **In response to dearth of individual cases to review:** RELI developed a strategy to access and link multiple appeals processing systems that are not connected to abstract critical information about the state of Medicare extrapolation appeals. Issues analyzed and presented to the Division of Medical Assistance (DMA) included: data element reliability and validity, appeal volume at different stages, appeal outcomes at each level by relevant groupings, common statistical issues encountered in appeals, and responses to statistical arguments made in appeals. Identified analytical responses by conducting Monte Carlo simulations using mock data to provide responses to stakeholder questions and comments regarding the use of this technique to obtain more precise estimations of overpayments**.**

3.) Misalignment between MACs and Unified Program Integrity Contactors: RELI eased the tension between MACs and Unified Program Integrity Contractors by bringing them together and talking though methodological differences collaboratively. Explained complex data reports and issues to stakeholders in a way that was clear and understandable to statisticians and lay people alike.

01/19/2023 - Agency for Healthcare Research and Quality (AHRQ) - The Continuation of the Quality and Safety Review System (QSRS) Data Analysis

Contract Name	Statistical Sampling & Overpayment Estimation (SSOE)
Customer Name	Centers for Medicare & Medicaid Services (CMS), Center for Program Integrity (CPI)
POC Information	Jeisi Rijo, COR 410-786-1569 jeisi.pantarijo@cms.hhs.gov
Total Contract Value	$4,497,077
Period of Performance	07/01/21 -06/30/26
Description of Services Provided	

RELI supports the CMS Center for Program Integrity (CPI) in tracking and reviewing appealed extrapolated overpayments by Medicare Administrative Contractors (MACs) and Qualified Independent Contractors (QICs) on the Statistical Sampling & Overpayment Estimation (SSOE) program. RELI consumed data from several major CMS and CPI data warehouses to develop and run complex analytic and statistical code to conduct independent assessments of existing program integrity statistical extrapolation and estimation of overpayments processes to ensure Medicare Administrative Contractors and Unified Program Integrity Contractors approaches align with Chapter 8.4 of the CMS Program Integrity Manual (Tasks 1.1, 1.3, 1.8, 1.13). RELI provides statistical expertise to CMS, the MACS, and other stakeholders, on the sampling and estimation of overpayments, as well as to provide expert

evaluation and guidance through the appeals process as requested by CMS to support or adjust overturned program integrity contractor estimation methods.

RELI develops, implements, and maintains standard operating procedures; monitors and responds to CPI and stakeholder email inquiries within defined SLAs; documents outcomes, best practices, and issues; and identifies, monitors, and tracks any recurring trends and recommendations associated with the review process (Task 1.11). Our staff are experts in Medicare program and payment policies and legislation, and advanced qualitative and quantitative analyses, and conduct the review process in strict accordance with Chapter 8.4 of the CMS Program Integrity Manual—this ensures MAC, QIC, UPIC methodologies, approaches and processes comply with mandated requirements. Our review process extends to additional ad hoc case reviews and special studies requested by CPI (Task 1.6).

RELI develops and tracks review outcomes using a combination of project plans, project trackers, Kanban boards, Gantt charts and generates MAC, UPIC and QIC-level metrics and associated visualizations to ensure real-time access to critical project monitoring data. We utilize a multi-faceted quality assurance process to ensure the data and analytic integrity of our independent review outcomes and associated reports, technical documentation, white papers, and option papers (Task 1.5). This includes individual unit testing; programming code, technical documentation, and report walk-throughs; parallel coding by two different analysts where possible; and a phased deliverable review process consisting of first-level QA review by the assigned task lead, and a final review by the project manager or director.

01/30/2023 – CMS FSSE

Demonstrated experience in the ability to store, retrieve and analyze data files, provide documentation, recommendations, resolutions in reports and other documents in reports and other data activity request using the most cost-efficient and timely methods.

Statistical Sampling and Overpayment Estimation (SSOE): Supporting the CMS CPI as a prime contractor, RELI performs the independent review of Medicare Administrative Contract (MAC) and Unified Program Integrity Contractor (UPIC) statistical sampling and overpayment extrapolation methodologies and payment outcomes to support the Medicare Appeals process and to ensure compliance with the requirements of the CMS Program Integrity Manual. This includes recommendations to improve the overall accuracy of MAC and UPIC decision-making and extends to training Administrative Law Judges (ALJs) in how to interpret and understand complex statistical results to better inform ALJ review processes.

11/28/2022 - Centers for Medicare & Medicaid Services (CMS) CMP Application and CMP Reinvestment State Plan Reviews

Exhibit 1: Centers for Medicare & Medicaid Services (CMS) - Statistical Sampling & Overpayment Estimation (SSOE) [RELI]

1. Customer Name	
2. POC Information	Jeisi Rijo, Contracting Officer's Representative (COR) 410-786-1569 jeisi.pantarijo@cms.hhs.gov
3. Total Contract Value	$ 4,497,077

4. Period of Performance	Base: 7/1/2021 – 6/30/2022
	OY1: 7/1/2022 – 6/30/2023
	OY2: 7/1/2023 – 6/30/2024
	OY3: 7/1/2024 – 6/30/2025
	OY4: 7/1/2025 – 6/30/2026
6. CPARS Available?	Yes

5. Brief Description of Services Provided

RELI supports the CMS Center for Program Integrity (CPI) in conducting independent review, triage, and adjudication of Medicare Administrative Contractor (MAC), Unified Program Integrity Contractor (UPIC) and Qualified Independent Contractors (QIC) processes, workflow, technical documentation, and sampling and overpayment calculations and outcomes on the Statistical Sampling & Overpayment Estimation (SSOE) program.

RELI develops, implements, and maintains standard operating procedures; monitors and responds to CPI and stakeholder email inquiries within defined SLAs; documents outcomes, best practices, and issues; and identifies, monitors, and tracks any recurring trends and recommendations associated with the review process *(RFI requirements #1, #3, #4, #7, #12)*. Our staff are experts in Medicare program and payment policies and legislation, and advanced qualitative and quantitative analyses, and conduct the review process in strict accordance with Chapter 8.4 of the CMS Program Integrity Manual—this ensures MAC, QIC, UPIC methodologies, approaches and processes comply with mandated requirements *(RFI requirements #2, #4)*. Our review process extends to additional ad hoc case reviews and special studies requested by CPI (*RFI requirement #5*.)

RELI conducts standing COR and CPI Program Lead meetings as well as debrief meetings with CPI, MACs, UPICs and QICs to discuss and present the results of our independent review results and recommendations to ensure transparency, multi-stakeholder collaboration, and continuous process improvement *(RFI requirements #8, #9, #10, #11, #15)*. Additionally, to improve CMS and CPI efficiencies, our experts created and implemented a well-received training curriculum specific to training CMS Administrative Law Judges (ALJs) in how to interpret and understand complex statistical results to better inform ALJ review processes *(RFI requirements #5, 6)*.

RELI develops and tracks review outcomes using a combination of project plans, project trackers, Kanban boards, Gantt charts and generates MAC, UPIC and QIC-level metrics and associated visualizations to ensure real-time access to critical project monitoring data (*RFI requirements #3, #4, #6, #13*).

RELI utilizes a multi-faceted quality assurance process to ensure the data and analytic integrity of our independent review outcomes and associated reports, technical documentation, white papers, and option papers. This includes individual unit testing; programming code, technical documentation, and report walk-throughs; parallel coding by two different analysts where possible; and a phased deliverable review process consisting of first-level QA review by the assigned task lead, and a final review by the project manager or director *(RFI requirements #14, #15)*.