

PCG Data Analysis

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6/18/2024 – CBR-PEPPER - FedPath

CM S CPI	75FCMC22C000 6 Provider Compliance Group (PCG) Data Analysis II	Nicole Hoey, 410-786-0489 nicole.hoey@cms.hhs.gov	\$4,723,538.7 6	Base: 12/13/21 - 12/12/22 OY1: 12/13/22 - 12/12/23 OY2: 12/13/23 - 12/12/24 OY3: 12/13/24 - 12/12/25	RELI determine d the impact analysis of selected PCG initiatives that were effective in helping PCG to meet its goals of reducing provider burden, appeals, and improper payments.	Y – As prime, RELI manages the contract including project planning, kickoff meeting, routine and ad hoc communicatio n as well as all activities to determine the impact analysis of selected PCG initiatives. Using data analytic, dashboard and data science tools such as .Net, SAS, and Tableau, RELI analyzes if programs are effective in reducing provider burden, reducing appeals, and reducing improper payments.
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02/29/2024 – CMS RMADA 3 IDIQ SSN

Analyze Return on Investment (ROI) for different design options for any Model Test being developed.

CMS Provider Compliance Group (PCG) Data Analysis II & 75FCMC22C0006		
PoP & TCV	Contracting Office POC	Contract PM
12/13/21 - 12/12/25 \$4,723,538.76	Jordan Tabor, 410-786-7892, jordan.tabor@cms.hhs.gov	Danielle Chiacco, 503-791-6551 danielle.chiacco@Religroupinc.com

Description of Relevant Services

Team FedPath developed Return on Investment (ROI) analyses estimating immediate impact of Prior Authorization (PA) Repetitive, Scheduled Non-Emergent Ambulance Transport; and Home Health Review Choice Demonstrations (RCD) initiatives based on volume of review, denial, and correction according to reports from Medicare Auditing Contractors for submission, resubmission, and affirmation. We develop structured risk and analytic frameworks and associated standard operating procedures (SOPs) to drive returns on investment (ROI) and predictive modelling analyses to evaluate the effectiveness of the Targeted Probe and Educate (TPE) Program and the Prior Authorization and Review Choice Demonstration initiatives.

Assist CMS in developing briefing materials and decision memos regarding recommendations for the selection of participants and awardees in models.

CMS Provider Compliance Group (PCG) Data Analysis II & 75FCMC22C0006

PoP & TCV	Contracting Office POC	Contract PM
12/13/21 - 12/12/25 \$4,723,538.76	Kristal Vines, 410-786-0119 Kristal.Vines@cms.hhs.gov	Danielle Chiacco, 503-791-6551 danielle.chiacco@religroupinc.com
Team FedPath performs investigations into the Targeted Probe and Educate (TPE), Review Choice Demonstration (RCD) and Prior Authorization (PA) efforts to make recommendations to improve these initiatives. Agency staff can then clearly assess and understand provider concerns while also evaluating and providing transparency to Medicare Administrative Contractor (MAC) efforts. Team FedPath performs evaluative analytics to assess program impacts and assist CPI in designing optimized targeting strategies for the TPE and PA programs, measuring the programs' operating parameters with a goal of collaborative improvement. The team outlines initial research questions and strategies based on available data. Our team developed programs for automated reporting process that allow a significant decrease in CMS staff burden related to reporting of PA and RCD activity and allow further development of program activity.		

02/14/2024 - Iowa DHHS/Iowa Medicaid - Medicaid Program Integrity Professional Services; RFP# MED-25-006 - Technical Proposal

Provider Compliance Group (PCG) Data Analysis (DA) II		Agency Name: CMS
Role: Prime	TCV: \$4,945,169.71	Period of Performance: 12/13/21 - 12/12/25

Provider Compliance Group (PCG)
Data Analysis (DA) II

Agency Name: CMS

General Description of the Scope of Work:

RELI provides advanced policy, payment, data, analytic and statistical expertise to the Center for Program Integrity's (CPI) Provider Compliance Group to support their mission of reducing improper payments, provider burden, and appeals within the Medicare Fee-For-Service (FFS) program. The purpose of this contract is to evaluate the impact and effectiveness of selected CPI initiatives to help the Provider Compliance Group meet its goals of reducing provider burden, appeals, and improper payments within the FFS. Frequent changes within this complex program are the result of legislation, coverage and regulatory policy decisions, fraud control efforts, cost containment initiatives, instructional updates, system upgrades, changing industry standards, and findings from the Office of Inspector General (OIG) and the Government Accountability Office (GAO).

RELI uses data science, and statistical and dashboard tools such as .Net, SAS, SQL, and Tableau to assess the effectiveness of initiatives such as the Targeted Probe and Educate (TPE) Program, and the Prior Authorization (PA) and Review Choice Demonstration (RCD) initiatives. We develop analytic frameworks, methodological approaches and associated standard operating procedures to drive analyses of abnormal and/or problematic provider billing patterns and analyze the effectiveness of educational efforts to improve provider billing. RELI conducts claim-level and provider-level predictive modeling using very large and multivariant data sets to identify patterns, duplicate billings, and billing error rates. As described earlier, we conduct evaluation, impact and return-on-investment (ROI) analysis on the TPE, PA, and RCD initiatives to determine the effectiveness and financial impacts.

Relevance to IA MPIPS SOW 1.3.1 Deliverables

A. Staffing – For PCG DA, RELI provides qualified capable personnel designated as key or essential personnel including a Project Manager, Sr. and Jr. Business Analysts, and a Research Analyst.

B. Regulatory Compliance – RELI ensures that all services are fully compliant with all applicable program integrity state and federal rules and regulations, including subcontracts.

C. Meetings – RELI participates in all meetings related to the scope of work including regular contract, status and Ad Hoc meetings, including weekly status calls.

D. Work Plans, Staffing Plans, Training Plans, QA/QC Plan, Disaster Recovery and Business Continuity Plan – For PCG DA, RELI provides a Project Work Plan with a built-in change management plan to address evolving needs, ad hoc requests, and CMS priorities, along with a timeline, and deliverables.

E. Contractor Reporting – RELI submits quarterly, annual, and final reports. We routinely manage multiple contractual and ad hoc deliverables simultaneously across the TPE, PA and RCD workstreams by creating and monitoring dashboard metrics to track progress. Our outstanding CPARs are a testament to our technical and project management capabilities, including cross-contractor and cross-stakeholder coordination.

“
The RELI PM does a good job of keeping the lines of communication open, addressing issues as they arise, and integrating and coordinating all activity needed to fulfill the goals set out in the SOW as a team.

~ CMS Contracting Officer

Provider Compliance Group (PCG) Data Analysis (DA) II	Agency Name: CMS
<p>F. Standard Operating Procedures (SOPs) – RELI maintains SOPs approved per contract requirements which are also regularly updated based on a Lessons Learned approach. RELI assists CMS with strategy focusing on measuring program impact as well as identifying and recommending possible program improvements.</p> <p>G. Requests for Information and Documentation – RELI has developed a project-specific framework for how we respond to requests from the agency focusing on concise and timely delivery. For example, we develop raw data files and upload them via Zip file to the Box platform within a 2-week time frame. The framework is created to meet changing needs and topics based on CMS requirements. The process is iterative and designed to update cycles for reporting automation based on both improved metric and modeling developments and Medicare policy.</p> <p>H. Meet stated independence requirements – RELI ensures we have no conflicts of interest.</p> <p>1.3.1.2 Transition Phase – As PCG DA was a new contract, RELI set up and initiated the program including project work plan, kickoff and status meetings, and reporting schedule and templates.</p> <p>1.3.1.3 Operations</p> <p>A. Audits and Investigations – RELI performs investigations into the TPE and PA efforts to make recommendations to improve these initiatives. Agency staff can then clearly assess and understand provider concerns while also evaluating and providing transparency to Medicare Administrative Contractor (MAC) efforts. RELI has extensive experience working in the Integrated Data Repository (IDR), tracking claims, providers, beneficiaries, and various descriptors of these units. Our deep understanding of and experience with these sources facilitates speedy integration of data. For PCG DA, our team tracks cost avoidance; identifies changes in utilization and beneficiary demographics; identifies providers who are similar to those that have been targeted; evaluates the longevity of program impact on providers; and identifies provider types that are more responsive to program efforts. With new data from the source framework, RELI assesses the impact of TPE on improper payment reduction and use of services, where applicable, and how health equity data is linked to providers for analysis.</p> <p>For PA, RELI gathers data on provider performance and the characteristics of successful providers. In some cases, such as the Home Health Pre-Claim Demonstration, RELI monitors changes in provider behavior as providers transition into the demonstration and as they gain experience. The team has developed a process that incorporates the outcomes of MAC PA efforts into its analysis. By focusing on affirmation data first, RELI uses its previous universal TPE monitoring metrics on the PA affirmation results, allowing for a quick startup, then transitions into the iterative improvement process. The team also works with Division of Payment Methods and Strategies (DPMS) and provides feedback on possible additional data sources or reporting improvements that would allow further tracking and analysis of the PA program and its impact on the Medicare FFS universe of providers, beneficiaries, and improper payments.</p> <p>RELI performs evaluative analytics to assess program impacts and assist CPI in designing optimized targeting strategies for the TPE and PA programs, measuring the programs' operating parameters with a goal of collaborative improvement. The team outlines initial research questions and strategies based on available data.</p> <p>B. Fiscal Accountability and Reporting – Our management approach focuses on controlling costs while providing CMS with the highest quality services. We use automated systems to provide timely information on labor and other expenditures, and we regularly monitor actual expenditures against the plan to identify</p>	

Provider Compliance Group (PCG) Data Analysis (DA) II	Agency Name: CMS
<p>risks before they become issues. We take corrective actions to prevent cost overruns without sacrificing quality. RELI's Deltek Costpoint timekeeping and CMS-certified cost-accounting systems are DCAA-approved. CMS is the Cognizant Authority of the cost-accounting system, thereby providing additional audit capability if required. We use work breakdown structure-level identification codes to track time and expenses. We track actual expenditures monthly by person (employees and subcontractors) and use this data to monitor costs and forecast future expenditures.</p> <p>C. Managed Care Plan (MCP) Accountability and Oversight Monitoring – RELI oversees and ensures compliance with associated Medicare regulations for PCG DA. We facilitate data sharing with Medicare Administrative Contractors (MACs) and conduct comprehensive reviews of data analytics for Targeted Probe and Educate (TPE) and Prior Authorization (PA) programs across states. The PCG DA contract focuses on crucial workstreams, such as health equity analyses for TPE and assessing the impact of PA on Review Choice Demonstration (RCD) and Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT-PA) initiatives. Additionally, RELI evaluates TPE and PA for fraud, waste, abuse (FWA), and program integrity (PI), providing assessments and evaluations of TPE and PA programs, along with offering guidance for policy implications. The team is dedicated to fulfilling requirements by estimating the impact on use, improper payments, clinical outcomes, and health equity.</p> <p>D. PI Data Analytics – RELI uses data systems including the IDR, Comprehensive Error Rate Testing (CERT) data, Medical Review Accuracy Contractor (MRAC) data, PA affirmation data, and the Recovery Audit Contractor Data Warehouse (RACDW) to develop universal metrics that are descriptive for all types of providers. These metrics include number of claims, number of payments, CMS quality scores, and number of beneficiaries. RELI also develops topic code-specific metrics when appropriate, which are based on compensation and billing rules, as well as quality goals or thresholds. Once specific metrics have been targeted, the team determines the feasibility of obtaining them from the available data sources. When possible, the team also uses metrics and data sources that CMS already has available (e.g., quality ratings, Provider of Service, PEPPER and CBR), and customized as needed to meet the MAC monitoring time frames. This node takes no longer than 1 to 2 months, depending on the complexity of refinement.</p> <p>RELI collaborates with CPI to optimize the targeting strategy for PA programs. This process involves relaxing the comprehensive targeting scheme to conserve auditing resources while expanding program application. RELI considers provider and claim characteristics associated with improper billing/non-affirmation to select entities with lower estimated risk, reducing the need for extensive sampling. We also analyze correlations between improper billing rates and area resource disparities, acknowledging potential burdens on providers in low-resource areas. In the optimization, RELI strives for balance by avoiding disproportionate impacts and considering both improper billing effects and provider burden.</p> <p>E. Payment Error Rate Measurement (PERM) – RELI supports CMS in assessing the improper payment rate of the Medicare FFS program using the CERT program. Annually, the CERT program scrutinizes a statistically valid stratified random sample of Medicare FFS claims to ascertain their compliance with Medicare coverage, coding, and payment regulations. This program evaluates the error rate for claims submitted to Medicare contractors.</p> <p>F. Outcomes Improvement Initiatives – As stated in 1.3.1.3.A, the team gathers data on PA provider performance and successful characteristics, such as provider behavior in the Home Health Pre-Claim Demonstration, with a process that incorporates MAC PA outcomes. Our early focus on affirmation data, combined with previous universal TPE metrics, allows a quick startup before moving into the iterative</p>	

Provider Compliance Group (PCG) Data Analysis (DA) II	Agency Name: CMS
<p>improvement process. The team works with DPMS to provide feedback on additional data sources or reporting improvements. As stated in the above section, RELI's evaluative analytics help assess program impacts and assist CPI in designing optimized targeting strategies for the TPE and PA programs using measurements of operating parameters to outline research questions and strategies.</p> <p>1.3.1.4 Contract Turnover Phase – In the event of an award to a new contractor, RELI's detailed transition methodology identifies and stages tasks in a well-planned and efficient manner to ensure a seamless and successful transition without delay or interruption in services.</p> <p>1.3.2 Performance Measures – RELI focuses on proactive risk management and communication. This may include suggesting ad hoc meetings to proactively address potential issues or risks. For each deliverable, RELI submits a draft version to CMS for review and comment. RELI incorporates feedback into the final version of the deliverable. RELI provides all deliverables listed according to the Statement of Work (SOW) schedule. Deliverables are updated, as needed, in accordance with CMS-approved content revisions.</p> <p>The Project Manager (PM) ensures all deliverables are completed on time and within budget. Working closely with the teaming partner, Lewin Group, and RELI task leads, the PM monitors activities across tasks and ensures that the project remains on schedule. Building on strong working relationships within the project team and with PCG staff, the PM and team regularly gather feedback to ensure client and stakeholder satisfaction with processes, deliverables, and overall recommendations for project success. To ensure delivery of services in a timely manner, RELI leverages CMMI-DEV and CMMI-SVC Level 3 appraisals. These drive quality policies, as the team refines tools and techniques to efficiently manage resources and increase project quality from the corporate level.</p> <p>1.3.3 Monitoring, Review, and Problem Reporting – RELI performs evaluation and optimization analyses for the PA program to determine resultant savings to the Medicare trust fund and offer adjustments to the PA targeting strategy according to expected savings, risks of improper payment, and in consideration of provider burden. RELI's assessment and optimization of provider targeting are considered within the PA program's comprehensive targeting framework and weighs how relaxation of comprehensive targeting may reduce provider burden and allow further program application. The team reviews key strategic questions and assesses targeting according to PA affirmation data. RELI cross-references that information with CERT audit data to estimate correlations between affirmation and improper billing rates and to compare improper payment rates across service types and regions. CERT audits are performed according to a random sampling scheme, so that data provides a gold-standard estimate for improper billing rates. Reduction in improper billing is estimated based on observations of CERT audit data for targeted regions before and after implementation of the PA program and may include comparisons to similar providers outside of the targeted region.</p> <p>RELI assists CPI in determining an optimal targeting strategy for the PA programs. The strategy considers provider and/or claim characteristics that correlate to improper billing/non-affirmation and uses them to select providers or claims with low estimated risk for decreased sampling. RELI also performs analyses to estimate correlations between improper billing/non-affirmation rates and area resource disparities, measured according to the same factors described in the evaluation of TPE. Area resource disparities are considered in the construction of the optimized targeting strategy, acknowledging that prior authorization requirements may be disproportionately burdensome for providers in low health resource areas, and working to avoid feedback mechanisms that unnecessarily strain already-burdened providers. RELI works</p>	

Provider Compliance Group (PCG) Data Analysis (DA) II	Agency Name: CMS
in collaboration with CPI to determine any requirements to balance improper billing impacts with considerations of provider burden in the optimization of the targeting plan.	
1.3.3.1 Agency Monitoring Clause – RELI's PM collaborates with the Contract Manager to verify invoices, confirm level of effort and hours, ensure contract compliance, and assess deliverables. The PM approves completed Scope of Work items, provides clear and transparent communication about status, and determines additional measures if necessary for task completion.	
1.3.3.3 Problem Reporting – RELI's collaborative approach ensures a standardized process to identify, address, resolve, and communicate problems established and vetted with the COR and relevant stakeholders.	
If there were any alteration(s) to the contract timeframe(s) or the contract was terminated for any other reason before completion of all obligations under the contract provisions, fully explain the reason(s) for the alteration or termination: N/A	
Total value of the contract at the time it was executed and any alteration(s) to that amount. Provide reason(s) for the alteration(s) to the contract value: N/A	
Whether the services were provided timely and within budget: RELI provided all services timely and within budget, as confirmed in our CPARs.	
Any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by the Bidder that are valued at or above \$500,000. Include the estimated cost assessed against the Bidder for the incident with the details of the occurrence: N/A	
List administrative or regulatory proceedings or adjudicated matters related to this service to which the Bidder has been a party: N/A	
Project Manager Name: Danielle Chiacco, Project Manager	
Address: RELI Group, Inc., 5520 Research Park Dr Ste 105, Catonsville, MD 21228	
Telephone Number: 503-791-6551 Email Address: danielle.chiacco@RELGroupinc.com	

01/22/2024 – CMS MA EDDA

Relevant Experience

Contract Name	Customer Name	Customer POC	Total Contract Value	Period of Performance	Is there a CPARS available?
Provider Compliance Group Data Analytics (PCG DA) II	Centers for Medicare & Medicaid Services (CMS), Center for	Jordan Tabor, COR 410-786-7892 jordan.tabor@cms.hhs.gov	\$4,723,539	12/13/2021 - 12/12/2025	Yes

	Program Integrity (CPI)				
<p>Description of Services: Under the PCG DA II contract, RELI is responsible for identifying, measuring, and preventing improper payments in the Medicare Fee-For-Service (FFS) program. We provide policy, data science, statistical analysis, evaluation and reporting expertise to develop and implement complex rules, cross-setting data linkages, and advanced programming and analytics run against very large CMS claims, survey, enrollment data repositories. The Medicare FFS Program is complex and constantly changing, often driven by new legislation. Program modifications also result from new or revised coverage and regulatory policy decisions, fraud control and prevention efforts, cost containment initiatives, updates to existing instructions, system enhancements, new or changing industry standards, and responses to findings from the Office of Inspector General (OIG) and the Government Accountability Office (GAO).</p> <p>The purpose of this contract is to support PCG's mission to of reducing improper payments, provider burden, and appeals within the Medicare Fee-For-Service (FFS) program. The FFS Program is complex and constantly changing, often driven by new legislation and program modifications such as new or revised coverage and regulatory policy decisions, fraud control and prevention efforts, cost containment initiatives, updates to existing instructions, system enhancements, new or changing industry standards, and responses to findings from the Office of Inspector General (OIG) and the Government Accountability Office (GAO). To support PCG's mission and the changing FFS landscape, RELI develops structured risk and analytic frameworks, predictive modeling approaches, and associated standard operating procedures (SOPs) to drive multiple analyses to evaluate the effectiveness, cost and impact of high-visibility CPI initiatives including Targeted Probe and Educate (TPE), Prior Authorization (PA) and Review Choice Demonstration (RCD).</p> <p>In summary, RELI's support:</p> <ul style="list-style-type: none"> • Drives efficiencies and improvements in the Medicare Appeals process, while reducing the volume of appeals • Conforms with and adapt to complex and/or changing program policies, requirements, and legislation. • Evaluates the efficacy and return on investment on key areas of CPI programs and policy. • Produces quantifiable projected reductions in key expenditures within CPI programs and policy. • Develops and implements processes to collect, scrub, and store input data sources to improve data quality. • Collects, combines, correlates, and links appeals data w/other data to support more in-depth analyses. • Includes cloud-based analytics and dashboard reporting using SQL, PL-SQL, SAS V9, SAS Viya, .Net, Tableau. • Automates and validates reporting processes to provide more dynamic and on-demand reporting capabilities. • Creates and monitors dashboard metrics to track progress within and across analytic and PM workstreams. 					

11/28/2023 – NIH - NIMHD Division of Intramural Statistical (DIR) Consulting Services

Centers for Medicare & Medicaid Services (CMS) Provider Compliance Group (PCG) Data Analysis (DA)	
Project Officer	Name: Nicole Hoey, CO Address: 7500 Security Boulevard, Baltimore, MD 21244 Phone: 410-786-0489

Centers for Medicare & Medicaid Services (CMS) Provider Compliance Group (PCG) Data Analysis (DA)			
	Email: nicole.hoey@cms.hhs.gov		
Contract Number and Date of Contract	75FCMC22C0006 12/13/2021	Contract Type	FFP
Places of Performance	RELI Group, Inc. 5520 Research Park Dr Ste 105, Catonsville, MD 21228	Period of Performance	12/13/21 - 12/12/25
Total Original Contract Value	4,723,538.76	Total Present/Final Contract Value	4,723,538.76
Method of Acquisition	Competitive	Nature of Award	Follow-on
Detailed Description of Contract Work and Comparability to Proposed Effort			
<p>RELI provides advanced policy, payment, data, analytic and statistical expertise to CPI's Provider Compliance Group to support their mission of reducing improper payments, provider burden, and appeals within the Medicare Fee-For-Service (FFS) program. The purpose of this contract is to evaluate the impact and effectiveness of selected CPI initiatives, to help the Provider Compliance Group meet its goals of reducing provider burden, reducing appeals, and reducing improper payments within the Medicare Fee-For-Service (FFS) program. The FFS Program is complex and constantly changing, often driven by new legislation. Program modifications also result from new or revised coverage and regulatory policy decisions, fraud control and prevention efforts, cost containment initiatives, updates to existing instructions, system enhancements, new or changing industry standards, and responses to findings from the Office of Inspector General (OIG) and the Government Accountability Office (GAO).</p> <p>Task 1 – Task Order (TO) Management (SOW 5.1)</p> <p>We routinely manage multiple contractual and ad hoc deliverables simultaneously across the TPE, PA and RCD workstreams by creating and monitoring dashboard metrics to track progress. As a trusted partner of the CMS PCG, we communicate and collaborate openly and transparently across all facets of the work. Our outstanding CPARs are a testament to our technical and project management capabilities, including cross-contractor and cross-stakeholder coordination. Our approach extends to dynamic, on-demand reporting and feedback and effective conflict resolution.</p> <p>Task 2 – Statistical Programming and Analysis (SOW 5.2)</p> <p>We developed analytic frameworks, methodological approaches (claim-level and provider-level predictive modeling, trend analysis) and associated standard operating procedures to drive analyses of abnormal and/or problematic provider billing patterns, billing error rates, and the effectiveness of educational efforts to improve provider billing. We also developed ROI and trend analyses for the Repetitive, Scheduled Non-Emergent Ambulance Transport, Home Health Review Choice Demonstrations, and PA initiatives to evaluate the impact on utilization and improper payments, clinical outcomes, and health equity of these initiatives. For automated reporting, we developed programs to drive a significant decrease in staff burden for reporting of PA and RCD activity and allow development of dashboard views on program activity. Our reports on the Medicare program outlays display our ability to present complex data to non-technical audiences.</p> <p>Task 3 – Data Management and Data Sharing (SOW 5.3)</p> <p>For PCG DA, RELI maintains all records for HHS (Health and Human Services) compliance and provided documentation to the client. We complete and maintain required security and role-based training for access to Medicare claim, audit, and assessment data in Integrated Data Repository (IDR), RAC (Recovery Audit Contract) Data Warehouse, and the Outcome and Assessment Information Set (OASIS).</p>			

Centers for Medicare & Medicaid Services (CMS)

Provider Compliance Group (PCG) Data Analysis (DA)

RELI conducts cloud-based analytics and dashboard reporting and routine monitoring using SQL, PL-SQL, SAS V9, SAS Viya, .Net, and Tableau, within the CMS IDR data and the SAS EG environment. We develop and implement processes to collect, scrub, link, and store data from CMS environments to improve source data quality. We develop/maintain user guides, data documentation and associated standard operating procedures for consistent performance, repeatability, and accuracy of our data-driven analyses. Our commitment to data quality, innovation, federal privacy legislation, and proactive risk mgt. sets us apart in health data development and maintenance.

For each report deliverable, we provide the documentation generated in the creation, management, and analysis of data sources, including at a minimum a data dictionary for the variables created for analysis. We also include summaries, context, and statistical text as well as the stage of data and the context of summaries for individual and beneficiary data.

Major Technical Problems Encountered and How They were Overcome

For the TERA data to Snowflake transition, users needed to update their initialization codes “precodes” to include their project’s new Analytical Data Mart (ADM) names and the users’ permissions - “role,” as everyone on the same project needed to match for consistency, and this took several rounds of testing. There were Program Integrity (PI)-wide workshops and Zoom meetings that users attended to familiarize themselves with the new, detailed process. The job codes that referenced users’ access to the TERA databases also needed to be changed to an associated Snowflake job code. (CMS did this without users needing to submit requests to their COR for approval.)

Another technical change the team encountered and worked through involved data queries that referenced databases needing changed, to include references to the Schema and Table name (EXAMPLE: OPI_PRD.CMS_BDM_VIEW_OPI_SAL.CLM_LINE, One PI Production database, the Simple Access Layer schema and the Claim Line table). Another big lift the team collaborated on was “moving” stored datasets in the TERA data ADM to the new Snowflake ADM. The syntax and process for creating a table in the ADM was changed as well, and previous queries were tested for efficiency by obtaining an explanation plan from a pushdown test. This was no longer an option with Snowflake, therefore there was a more comprehensive need for an understanding of the underlying structure databases. RELI consistently and concisely performed successful transition of data to Snowflake in a fast-paced yet collaborative environment that solidified their continued PCGDA contract success.

Experiences that Resulted in Lessons Learned and/or New Processes that Improved Performance or had Significant Positive (or Adverse) Impact

RELI developed a process to implement automated reporting resource reflecting the Division of Payment Methods and Strategies (DPMS) Dashboard view, summarizing activity and affirmation rates for PA and RCD programs. Established consistency between automated process and CMS methods for calculating figures for the DPMS Dashboard.

With the development of the automated process, RELI supports reporting on PA and RCD activity. RELI has the potential capability to assume production of the DPMS Dashboard and reduce CMS staff burden and ensuring a decrease in error rates of their monthly reports.

Completion Successes and Delays

In addition to the above referenced, RELI’s successes include the following selected examples:

- Submitted all milestone reports and deliverables 100% on time or before due date.
- Implemented a rapid shift to prioritize expanded evaluation analyses for PA and RCD and equity in TPE. Our shift in schedule to prioritize evaluation-related analyses in PA and RCD and equity-related analyses in TPE addressed an immediate need for CMS to determine impacts of the programs.
- Developed Return on Investment (ROI) analyses estimating immediate impact of Prior Authorization (PA) and Review Choice Demonstration (RCD) initiatives based on volume of review, denial, and correction according to reports from Medicare Auditing Contractors for submission, resubmission, and affirmation.

Centers for Medicare & Medicaid Services (CMS)

Provider Compliance Group (PCG) Data Analysis (DA)

- Developed analytical framework for expanded evaluation of PA and RCD initiatives, addressing requirements to estimate impact on utilization, improper payments, clinical outcomes, and health equity.
- Conducted initial analyses of utilization trends in home health for states subject to RCD activities to estimate impact of RCD on overall state utilization—analyses supported the value of the RCD program by providing evidence for reduction in Medicare home health payments by an estimated \$300M across the 2020-2021 two-year period, in the RCD demonstration states.
- Developed Pre-Claim Limited Review (PCLR) as a proposed framework to apply to Home Health (HH) RCD activities—initial analyses estimating a potential reduction of RCD expenditures by 80%, from approximately \$84M per year to approximately \$16M per year.
- Estimated the return on investment for HH RCD and Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT) PA activities specific to denials and correction of claims for improper services or with improper documentation—initial analyses in RSNAT supported the value of the PA program by providing evidence for reduction in Medicare RSNAT payments by an estimated \$9M for the 2020 period, in the PA demonstration states.
- Developed programs for automated reporting process that allow a significant decrease in CMS staff burden related to reporting of PA and RCD activity and allow further development of views of interest on program activity.
- According to our CPAR, in response to a new list of priority topics and areas of interest, RELI “seamlessly transitioned their focus by proactively working directly with the CMS business owners without impacting standing monitoring and research priorities.” (Nicole Hoey, CO, CMS)

Cost Management History

Managed budget effectively as a firm fixed price contract.

Personnel and Turnover

The average number of personnel on the contract per year: 6

Percent turnover of personnel per year for performance: 5%

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

RELI Group, Inc.		Provider Compliance Group (PCG) Data Analysis II	
Contract No.	75FCMC22C0006	Value & Type	\$4,723,538.76 FFP
Agency & Address	Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244	Technical Contact	Jordan Tabor, COR 410-786-7892, jordan.tabor@cms.hhs.gov
Role	Prime Contractor	Status	In Progress
CPARS	Yes	Period of Performance	12/13/21 - 12/12/25

RELI Group, Inc.	Provider Compliance Group (PCG) Data Analysis II
Project Highlights	
<ul style="list-style-type: none"> Developed Return on Investment (ROI) analyses estimating immediate impact of Prior Authorization (PA) and Review Choice Demonstration (RCD) initiatives based on volume of review, denial, and correction according to reports from Medicare Auditing Contractors for submission, resubmission, and affirmation. Developed analytical framework for expanded evaluation of PA and RCD initiatives, addressing requirements to estimate impact on utilization, improper payments, clinical outcomes, and health equity. Conducted initial analyses of utilization trends in home health for states subject to RCD activities to estimate impact of RCD on overall state utilization—analyses supported the value of the RCD program by providing evidence for reduction in Medicare home health payments by an estimated \$300M across the 2020-2021 two-year period, in the RCD demonstration states. Developed Pre-Claim Limited Review (PCLR) as a proposed framework to apply to Home Health (HH) RCD activities—initial analyses estimating a potential reduction of RCD expenditures by 80%, from approximately \$84M per year to approximately \$16M per year. Estimated the return on investment for HH RCD and Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT) PA activities specific to denials and correction of claims for improper services or with improper documentation—initial analyses in RSNAT supported the value of the PA program by providing evidence for reduction in Medicare RSNAT payments by an estimated \$9M for the 2020 period, in the PA demonstration states. Developed programs for automated reporting process that allow a significant decrease in CMS staff burden related to reporting of PA and RCD activity and allow further development of views of interest on program activity. According to our CPAR, in response to a new list of priority topics and areas of interest, RELI “seamlessly transitioned their focus by proactively working directly with the CMS business owners without impacting standing monitoring and research priorities.” (Nicole Hoey, CO, CMS) 	
Relevance to SOW	
<p>RELI provides relatable policy, data science, statistical and reporting expertise to develop and implement methodologies and approaches that evaluate the effectiveness, impact and cost of CPI’s Targeted Probe and Educate (TPE) Program, and the Prior Authorization (PA) and Review Choice Demonstration (RCD) initiatives. The support we provide helps the Provider Compliance Group meet its goals of evaluating high-visibility initiatives, reducing provider burden, and reducing appeals and improper payments.</p>	
Description of Contract and Our Solutions	
<p>The purpose of this contract is to evaluate the impact and effectiveness of selected CPI initiatives, to help the Provider Compliance Group meet its goals of reducing provider burden, reducing appeals, and reducing improper payments within the Medicare Fee-For-Service (FFS) program. The FFS Program is complex and constantly changing, often driven by new legislation. Program modifications also result from new or revised coverage and regulatory policy decisions, fraud control and prevention efforts, cost containment initiatives, updates to existing instructions, system enhancements, new or changing industry standards, and responses to findings from the Office of Inspector General (OIG) and the Government Accountability Office (GAO).</p>	
<p>RELI uses data science, statistical and dashboard tools such as .Net, SAS, SQL, and Tableau to assess and evaluate the effectiveness and impact of initiatives such as the Targeted Probe and Educate (TPE) Program, and the Prior Authorization (PA) and Review Choice Demonstration (RCD) initiatives. We develop analytic frameworks, methodological approaches and associated standard operating procedures to drive analyses of abnormal and/or problematic provider billing patterns and analyze the effectiveness of educational efforts to improve provider billing. RELI conducts claim-level and provider-level predictive modeling using very large and multivariate data sets to identify patterns, duplicate billings, and billing error rates. As described earlier, we conduct evaluation, impact and ROI analysis on the TPE, PA, and RCD initiatives to determine the effectiveness and financial impacts.</p>	

Additional accomplishments and value-added benefit (beyond the quantifiable list earlier):

- Developed analytical framework and initial analyses for health equity related to Targeted Probe and Educate (TPE), comparing provider targeting and claims denial for providers serving beneficiaries in more disadvantaged versus less disadvantaged regions based on the Area Deprivation Index (ADI).
- Implemented a rapid shift to prioritize expanded evaluation analyses for PA and RCD and equity in TPE. Our shift in schedule to prioritize evaluation-related analyses in PA and RCD and equity-related analyses in TPE addressed an immediate need for CMS to determine impacts of the programs.
- Collaborative mindset focused on routine engagement with our PCG client and stakeholders, including standing coordination sessions to obtain feedback on meetings, deliverables, and processes—incorporating client and stakeholder feedback into all elements of the project.
- Identified efficiencies and improvements in Medicare Appeals process, while reducing appeals volume.
- Conform with and adapt to complex and/or changing program policies, requirements, and legislation.
- Provide data science and analytic expertise through the development and implementation of sophisticated data analyses and multi-variate predictive models using complex and time dependent business rules.
- Develop and implement processes to collect, scrub, and store input data sources to improve data quality.
- Collect, combine, correlate, and link appeals data w/disparate data sources for more in-depth analyses.
- Conduct cloud-based analytics and dashboard reporting and routine monitoring using SQL, PL -SQL, SAS V9, SAS Viya, .Net, and Tableau, within the CMS IDR data and the SAS EG environment.
- Automate and validate reporting processes to provide more dynamic and on-demand reporting capabilities, saving significant time for the CPI/PCG staff.

08/18/2023 - CMS - Chronic Conditions Warehouse (CCW) Data Analytics Services SSN

Agency & Contract Name	Agency: CMS Contract Name: Provider Compliance Group Data Analysis (PCG DA) I & II
Contract # and Prime Contractor	PCG DA I: 75FCMC20C0003; RELI Group PCG DA II 75FCMC22C0006; RELI Group
Period of Performance & TCV	PCG DA I: 12/13/19 – 12/12/21; \$3,911,067.41 PCG DA II: 12/13/21 - 12/12/25; \$4,723,538.76
Contracting Officer	Nicole Hoey, 410-786-0489, nicole.hoey@cms.hhs.gov
Description of Services & Requirement Areas:	
RELI provides advanced policy, payment, data, analytic and statistical expertise to CPI's Provider Compliance Group to support their mission of reducing improper payments, provider burden, and appeals within the Medicare Fee-For-Service (FFS) program.	

Healthcare Data: RELI analyzes and links claims, encounter, enrollment, and provider and beneficiary reference data across CMS environments (e.g., Integrated Data Repository [IDR], CCW, Comprehensive Error Rate Testing), claim types, and care settings to analyze, evaluate and report on the effectiveness, cost and impact of the Targeted Probe and Educate (TPE) Program, and Prior Authorization (PA) and Review Choice Demonstration (RCD) initiatives.

Data Development and Maintenance: We conduct cloud-based data processing, analytics and dashboard reporting using SQL, PL-SQL, SAS V9, SAS Viya, .Net, and Tableau. We develop/implement processes to collect, scrub, link, and store data from CMS environments to improve source data quality. We develop/maintain user guides, data documentation and associated standard operating procedures to ensure repeatability and accuracy of our data-driven analyses. Our commitment to data quality, innovation, federal privacy legislation, and proactive risk mgt. sets us apart in health data development and maintenance.

Research, Data Analysis, and Reporting: We have developed analytic frameworks, methodological approaches (claim-level and provider-level predictive modeling, trend analysis) and associated standard operating procedures to drive analyses of abnormal and/or problematic provider billing patterns, billing error rates, and the effectiveness of educational efforts to improve provider billing. We have developed ROI and trend analyses for the Repetitive, Scheduled Non-Emergent Ambulance Transport, Home Health Review Choice Demonstrations, and PA initiatives to evaluate the impact on utilization and improper payments, clinical outcomes, and health equity of these initiatives. We have developed programs for automated reporting to drive a significant decrease in staff burden for reporting of PA and RCD activity and allow development of dashboard views on program activity. Our reports on Medicare program outlays display our ability to present complex data to non-technical audiences.

Technical Assistance and Project Management: We routinely manage multiple contractual and ad hoc deliverables simultaneously across the TPE, PA and RCD workstreams by creating and monitoring dashboard metrics to track progress. We are a trusted partner of the CMS PCG, communicating and collaborating openly and transparently across all facets of the work. Our outstanding CPARs are a testament to our technical and project management capabilities, including cross-contractor and cross-stakeholder coordination. Our approach extends to dynamic, on-demand reporting and feedback and effective conflict resolution.

06/08/2023 - RMADA 2 BRIA

Provider Compliance Group (PCG) Data Analysis I & II			
Contract Number	75FCMC20C0003 (PCG DA I); 75FCMC22C0006 (PCG DA II)	Period of Performance	12/13/19-12/22/21 (PCG DA I) 12/13/21 - 12/12/25 (PCG DA II)
Customer Agency	CMS	Prime or Subcontractor	Prime
Total Contract Value	\$3,911,067.41 (PCG DA I) \$2,656,417.62 (PCG DA II)	Contracting Officer and Telephone	Jennifer Kuhn; (410) 786-2299; (PCG DA I) Jordan Tabor; (410) 786-7892; (PCG DA II)
Contract Description and Relevancy to SOW			
RELI provides pertinent policy, data science, analytic, and reporting expertise to identify, measure, and prevent improper payments in the Medicare Fee-For-Service (FFS) program. We develop structured risk and analytic frameworks and associated standard operating procedures (SOPs) to drive returns on investment (ROI) and predictive modelling analyses to evaluate the effectiveness of the Targeted Probe and Educate (TPE) Program and the Prior Authorization and Review Choice			

Demonstration initiatives. This work helps PCG meet its goals of **reducing provider burden** and reducing appeals and improper payments. The work we do is relevant to the OBRHI's BRIA initiative as follows:

- Drive **efficiencies and improvements** in the Medicare Appeals process, while reducing the volume of appeals.
- Conform with and **adapt to complex and changing program policies**, requirements, and legislation.
- Provide similar **data science and analytic expertise** through the development and implementation of sophisticated data analyses and **multi-variate predictive models** using complex and time dependent business rules.
- Develop and implement processes to **collect, scrub, and store input data** sources to improve data quality.
- Collect, **combine, correlate, and link appeals data** with other data sources to support more in-depth analyses.
- Conduct **cloud-based analytics and dashboard reporting** using SQL, PL-SQL, SAS V9, SAS Viya, .Net, and Tableau.
- Automate and validate reporting processes to provide **more dynamic and on-demand reporting** capabilities.
- Create and monitor **dashboard metrics** to track progress within and across analytic and project management workstreams.
- Developed the Pre-Claim Limited Review framework for Home Health Review Choice Demonstration (RCD) activities, based on the observation of high affirmation rates among providers choosing pre-claim review. **Estimated to save \$48M on Medicare program outlays.**
- Performed analyses of HH utilization trends in states subject to RCD activities to estimate impact on overall state utilization and provided evidence for the reduction in **Medicare HH payments by \$300M** for 2020 to 2021.

Relevancy to Task 1.0 – Kickoff Meeting: As a prime, RELI has successfully attended the kickoff.

Relevancy to Task 2.0 – Project Management Plan and Reporting: RELI Group provides Project Management services on this PCG-DA contract. Our team manages the analytic and reporting aspects of the contract through completion to ensure proper and timely implementation of technical and business solutions, schedules, objectives, budgets, and milestones. Similar to BRIA, RELI created monthly project progress reports, annual reports and final closeout report. Also, RELI created several ad-hoc reports using various technologies listed above in the contract description.

Relevancy to Task 3.0 – Data Impact Analytics: As required in BRIA, RELI implemented several processes to improve data quality, preserve the integrity of data systems, analyzed data to gain insights that drive a business goal (burden reduction), and published the results of analysis using reporting and advance analytics tools.

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

Data Science & Analytics

Exhibit 1: Data Science & Analytics Corporate Experience

CMS Provider Compliance Group (PCG) Data Analysis I & II

RELI plays a crucial role in the Medicare Fee-For-Service (FFS) program by **providing expertise in policy, data science, analytics, and reporting**, enabling us to effectively identify, measure, and prevent improper payments. **Our work has significantly contributed to PCG's objectives of reducing provider burden, appeals, and improper payments.** The work we do is both relevant and conceptually aligned with the CMS EAOS digital services initiative. We **drive efficiencies and improvements** in the Medicare Appeals process while **reducing the volume of appeals**. Our ability to **conform with and adapt to the complex and ever-changing program policies**, requirements, and legislation has been a key factor in our success. We develop and implement sophisticated data analyses and **multi-variate predictive models** using complex and time-dependent business rules. To improve data quality, **we establish robust processes for collecting, scrubbing, and storing input data sources**. By ensuring the accuracy and reliability of the data, we enhance the integrity of our analyses and reporting, providing more reliable and actionable results. We have demonstrated our ability to **combine, correlate, and link appeals data with other relevant data sources**. By leveraging **cloud-based analytics and dashboard reporting** tools such as SQL, PL-SQL, SAS V9, SAS Viya, .Net, and Tableau, **we offer dynamic and on-demand reporting capabilities, ensuring stakeholders have access to the most up-to-date information.** To effectively track progress and ensure the success of our analytic and project management workstreams, we create and monitor **dashboard metrics** providing us a clear and concise overview of performance and the ability to make adjustments as needed. Our notable achievements include the development of the Pre-Claim Limited Review framework for Home Health (HH) RCD activities. This framework is estimated **to save an estimated \$48 million on Medicare program outlays**. Additionally, our analyses of HH utilization trends in states subject to RCD activities yielded substantial evidence for the **reduction of Medicare HH payments by \$300 million** from 2020 to 2021.

04/14/2023 – CMS Chronic Conditions Warehouse (CCW) Virtual Research Data Center (VRDC)

1. Demonstrate your knowledge & past experience with Medicare, Medicaid, or Healthcare data.

Provider Compliance Group (PCG) Data Analysis (DA)	
Contract Name	Provider Compliance Group (PCG) Data Analysis (DA)
Contract #	75FCMC22C0006
Contracting Organization	Centers for Medicare & Medicaid Services (CMS)
Funding Amount	\$4,723,538.76
Prime Contractor	RELI Group, Inc.
Highlight of our work: RELI performs impact analysis of the Targeted Probe and Educate (TPE) Program to provide a framework that identifies and confirms abnormal and/or problematic provider billing patterns and analyzes the effectiveness of educational efforts to improve provider billing. Impact analysis determines if certain billing patterns and errors are reoccurring and analyzes provider behavior before and after TPE intervention. We conduct claim-level and provider-level predictive modeling to identify billing error rates. Our framework standardizes information and helps the Medicare Administrative Contractors (MACs) disseminate information in a user-friendly manner.	
Detailed Description of Services: RELI analyzes data for different types of providers for different time periods by building the return on investment (ROI) and operational metrics. RELI uses Tableau to build the CG Provider Dashboard, enabling PCG to easily identify which providers are targeted, the services they are targeted for, and the general metrics pre- and post-education. The Tableau dashboard, which uses CMS IDR data and the SAS EG environment for parallel processing, provides national-, regional-, and provider-level comparisons of key metrics. RELI tests the influence of social determinants of health on provider compliance activities such as prior authorization, pre-claim review, and Targeted Probe and Educate.	

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

Provider Compliance Group (PCG) Data Analysis	
Contract Name	Provider Compliance Group (PCG) Data Analysis
Contract #	75FCMC22C0006
Contracting Organization	Centers for Medicare & Medicaid Services (CMS)
Funding Amount	\$4,723,538.76
Prime Contractor	RELI Group, Inc.
Highlights of our work: RELI Group performs impact analysis of the Targeted Probe and Educate (TPE) Program to provide a framework that identifies and confirms abnormal and/or problematic provider billing patterns and analyzes the effectiveness of educational efforts to improve provider billing. Impact analysis determines if certain billing patterns and errors are reoccurring and analyzes provider behavior before and after TPE intervention. We conduct claim-level and provider-level predictive modeling to identify billing error rates. Our framework standardizes information and helps the Medicare Administrative Contractors (MACs) disseminate information in a user-friendly manner.	
Detailed Description of Services: RELI uses Tableau to build the CG Provider Dashboard, enabling PCG to easily identify which providers are targeted, the services they are targeted for, and the general metrics pre- and post-education. The Tableau dashboard, which uses CMS IDR data and the SAS EG environment for	

parallel processing, provides the national-, regional-, and provider-level comparisons of key metrics.

The PCG Data Analysis project also uses Tableau to simplify the raw providers and claims data for Home Health, Inpatient Rehabilitation Facilities, Skilled Nursing Facilities, and DME to provide PCG leadership with insightful visualization of ROI on the TPE program.

Our team coordinates with CMS to determine the CMS Approved Review Topics (CART) code, which focuses on providers who have the highest claim denial rates or who have billing practices that vary significantly from their peers. We provide a framework that provides greater visibility to monitor and evaluate program success in the option years and accommodate other PCG-selected initiatives. Our team uses SAS, Tableau, SharePoint, Scrum, and .Net, to support this work.

14. Demonstrate your experience conducting statistical output review of research reports and analysis and/or data files to ensure they are de-identified and do not contain any protected health information (PHI) or personally identifiable information (PII) prior to download/distribution.

Provider Compliance Group (PCG) Data Analysis (DA)	
Contract Name	Provider Compliance Group (PCG) Data Analysis (DA)
Contract #	75FCMC22C0006
Contracting Organization	Centers for Medicare & Medicaid Services (CMS)
Funding Amount	\$4,723,538.76
Prime Contractor	RELI Group, Inc.
Highlights of our work: On the Provider Compliance Group (PCG) Data Analysis project, RELI Group performs impact analysis of the Targeted Probe and Educate (TPE) Program to provide a framework that identifies and confirms abnormal and/or problematic provider billing patterns and analyzes the effectiveness of educational efforts to improve provider billing. Impact analysis determines if certain billing patterns and errors are reoccurring and analyzes provider behavior before and after TPE intervention. We conduct claim-level and provider-level predictive modeling to identify billing error rates. Our framework standardizes information and helps the Medicare Administrative Contractors (MACs) disseminate information in a user-friendly manner.	
Detailed Description of Services: Pertaining to the PCG DA contract and PUFs, when sharing data that includes beneficiary information internally, such as via email or meeting discussion, we deidentify the beneficiary ID variable by a series dummy value. When sharing datasets with PHI, the project team members use a secured CMS ADM via the One PI Enterprise Portal, RELI sandbox, or subcontractor virtual desktops. We pull data from CMS IDR, CDR, and RELI MRAC databases for our analyses and share data and analysis results internally and with CMS. We download files from a CMS site, for example, that have provider/claims pricing information based on ZIP Code information for analysis of our RSNAT data.	

24. Demonstrate your ability to develop and maintain applications that support a large virtual analytical environment with a positive user's experience.

Provider Compliance Group (PCG) Data Analysis (DA)	
Contract Name	Provider Compliance Group (PCG) Data Analysis (DA)
Contract #	75FCMC22C0006
Contracting Organization	Centers for Medicare & Medicaid Services (CMS)
Funding Amount	\$4,723,538.76
Prime Contractor	RELI Group, Inc.

Highlights of our work: On the Provider Compliance Group (PCG) Data Analysis project, RELI Group performs impact analysis of the Targeted Probe and Educate (TPE) Program to provide a framework that identifies and confirms abnormal and/or problematic provider billing patterns and analyzes the effectiveness of educational efforts to improve provider billing. Impact analysis determines if certain billing patterns and errors are reoccurring and analyzes provider behavior before and after TPE intervention. We conduct claim-level and provider-level predictive modeling to identify billing error rates. Our framework standardizes information and helps the Medicare Administrative Contractors (MACs) disseminate information in a user-friendly manner.

Detailed Description of Services:

RELI determines the impact analysis of selected PCG initiatives that are effective in helping PCG to meet its goals of reducing provider burden, reducing appeals, and reducing improper payments through sophisticated data analysis and predictive models using complex business rules.

RELI uses data analytic, dashboard and data science tools such as .Net, SAS, and Tableau on the PCG DA contract. Our team developed programs to implement automated reporting process reflecting the Division of Program and Measurement Support (DPMS) Dashboard view, summarizing activity and affirmation rates for Prior Authorization (PA) and Review Choice Demonstration (RCD) programs.

03/08/23 – SSN CBR/PEPPER

On CPI's Provider Compliance Group Data Analysis project, Team RELI is responsible for identifying, measuring, and preventing improper payments in the Medicare Fee-For-Service (FFS) program using complex rules, data analyses and very large data sets. The Medicare FFS Program is complex and constantly changing, often driven by new legislation. Program modifications also result from new or revised coverage and regulatory policy decisions, fraud control and prevention efforts, cost containment initiatives, updates to existing instructions, system enhancements, new or changing industry standards, and responses to findings from the Office of Inspector General (OIG) and the Government Accountability Office (GAO).

The purpose of this contract is to determine the impact analysis of selected PCG initiatives that are effective in helping PCG to meet its goals of reducing provider burden, reducing appeals, and reducing improper payments through sophisticated data analysis and predictive models using complex and time dependent business rules. Team RELI uses data analytic, dashboard and data science tools such as .Net, SAS, and Tableau. We perform impact analysis of the Targeted Probe and Educate (TPE) Program to provide a framework that identifies and confirms abnormal and/or problematic provider billing patterns and analyzes the effectiveness of educational efforts to improve provider billing. Impact analysis determines if certain billing patterns and errors are reoccurring and analyzes provider behavior before and after TPE intervention. Team RELI conducts claim-level and provider-level predictive modeling using very large and multivariant data sets to identify patterns, duplicate billings, and billing error rates.

The PCG Data Analysis project helps CPI analyze the effectiveness of the TPE in reducing provider burden, reducing appeals, and improving the medical review/education process. We analyze data for different types of providers for different time periods by building the return on investment (ROI) and operational metrics. Our framework standardizes information and helps the

MACs disseminate information in a user-friendly manner. We embed processing into our approach so team members can move from topic to topic and create a more efficient information flow. We also provide the option to interview a representative sample of MACs to understand their provider selection processes and how they evaluate the effectiveness of their approach. This enables the identification of best practices among MACs as well as improves the relevance of disseminated information.

Commented [LH1]: [@Abby Petersen](#) Please move this to PCG DA past performance write-up (consolidated)

01/30/2023 – CMS FSSE

5. 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.

Provider Compliance Group Data Analytics (PCG DA): As a prime contractor supporting the CMS CPI, RELI leads the identification, review, and verification of suspected improper payments and billing patterns across clinical settings including inpatient and post-acute care. Our work includes qualitative and quantitative review and extends to cross-setting linkage of disparate data sources, trends and pattern analysis, data visualizations, and predictive modelling.

01/26/2023 – AHRQ QSRS QI

Exhibit 4: Centers for Medicare & Medicaid Services (CMS) - Provider Compliance Group (PCG) Data Analysis

Contract Name	Provider Compliance Group (PCG) Data Analysis
Customer Name	Centers for Medicare & Medicaid Services (CMS), Center for Program Integrity (CPI)
POC Information	Jordan Tabor, COR 410-786-7892 jordan.tabor@cms.hhs.gov
Total Contract Value	\$4,723,539
Period of Performance	12/13/2021 -12/12/2025
Description of Services Provided	
RELI supports CPI's Provider Compliance Group Data Analysis and is responsible for identifying, measuring, and preventing improper payments in the Medicare Fee-For-Service (FFS) program using complex rules, data analyses and very large data sets. The Medicare FFS Program is complex and constantly changing, often driven by new legislation. Program modifications also result from new or revised coverage and regulatory policy decisions, fraud control and prevention efforts, cost containment initiatives, updates to existing instructions, system enhancements, new or changing industry standards, and responses to findings from the Office of Inspector General (OIG) and the Government Accountability Office (GAO). The purpose of this contract is to determine the impact analysis of selected PCG initiatives that are effective in helping PCG to meet its goals of reducing provider burden, reducing appeals, and reducing improper payments through sophisticated data analysis and predictive models using complex and time dependent business rules. RELI uses data analytic, dashboard and data science tools such as .Net, SAS,	

and Tableau We perform impact analysis of the Targeted Probe and Educate (TPE) Program to provide a framework that identifies and confirms abnormal and/or problematic provider billing patterns and analyzes the effectiveness of educational efforts to improve provider billing. Impact analysis determines if certain billing patterns and errors are reoccurring and analyzes provider behavior before and after TPE intervention. RELI conducts claim-level and provider-level predictive modeling using very large and multivariant data sets to identify patterns, duplicate billings, and billing error rates.

01/19/2023 – AHRQ QSRS Data Analysis – Response to SSN

Contract Name	
Customer Name	Centers for Medicare & Medicaid Services (CMS), Center for Program Integrity (CPI)
POC Information	Jordan Tabor, COR 410-786-7892 jordan.tabor@cms.hhs.gov
Total Contract Value	\$4,723,539
Period of Performance	12/13/2021 -12/12/2025
Description of Services Provided	
<p>RELI supports CPI's Provider Compliance Group Data Analysis and is responsible for identifying, measuring, and preventing improper payments in the Medicare Fee-For-Service (FFS) program using complex rules, data analyses and very large data sets. The Medicare FFS Program is complex and constantly changing, often driven by new legislation. Program modifications also result from new or revised coverage and regulatory policy decisions, fraud control and prevention efforts, cost containment initiatives, updates to existing instructions, system enhancements, new or changing industry standards, and responses to findings from the Office of Inspector General (OIG) and the Government Accountability Office (GAO). The purpose of this contract is to determine the impact analysis of selected PCG initiatives that are effective in helping PCG to meet its goals of reducing provider burden, reducing appeals, and reducing improper payments through sophisticated data analysis and predictive models using complex and time dependent business rules. RELI uses data analytic, dashboard and data science tools such as .Net, SAS, and Tableau (Task 1.8, Task 1.13).</p> <p>RELI performs impact analysis of the Targeted Probe and Educate (TPE) Program to provide a framework that identifies and confirms abnormal and/or problematic provider billing patterns and analyzes the effectiveness of educational efforts to improve provider billing. Impact analysis determines if certain billing patterns and errors are reoccurring and analyzes provider behavior before and after TPE intervention. RELI conducts claim-level and provider-level predictive modeling using very large and multivariant data sets to identify patterns, duplicate billings, and billing error rates. Our framework standardizes information and helps the Medicare Administrative Contractors disseminate information in a user-friendly manner. We embed processing into our approach so team members can move from topic to topic and create a more efficient information flow. We also provide the option to interview a representative sample of MACs to understand their provider selection processes and how they evaluate the effectiveness</p>	

of their approach. This enables the identification of best practices among MACs as well as improves the relevance of disseminated information.

A recent example of our work is specific to performing evaluation and optimization analyses for the home health and ambulance prior authorization (PA) program to determine the program's resultant savings to the Medicare trust fund and to offer adjustments to the PA targeting strategy according to expected savings, risks of improper payment, and in consideration of provider burden. Team RELI is assisting CPI in determining an optimal targeting strategy for the PA programs, specific to the following research questions:

1. Do affirmation rates, which are the rates of approved requests, correlate strongly with improper payment as measured by the CERT program?
2. Is there a cost-efficient strategy for obtaining the same level of effectiveness of PA with less reviews?
3. Are there relationships between improper billing/non-affirmation and health resource availability, and are there any feedback mechanisms resulting in increased burden for providers operating in areas of health resource deprivation?
4. How could the program targeting policy be adjusted to maximize the impact of PA and extend its application, while considering impacts on provider burden?

The affirmation data is cross-referenced with CERT audit data to estimate correlations between affirmation and improper billing rates and to compare improper payment rates across service types and regions. As CERT audits are performed according to a random sampling scheme, CERT data provides a gold-standard estimate for improper billing rates. Reduction in improper billing is estimated based on observations of CERT audit data for targeted regions before and after implementation of the PA program and may include comparison to similar providers outside of the targeted region.

07/28/2022 – OPM BAQA

Contract Name	Customer Name	Total Contract Value	Period of Performance
Provider Compliance Group (PCG) Change Requests Support	Centers for Medicare & Medicaid Services (CMS), Center for Program Integrity (CPI)	\$3,214,471.02	06/11/21 - 06/10/23
Brief Description of Services: RELI supported the CMS Center for Program Integrity (CPI) by providing change request (CR) support to the CPI Provider Compliance Group (PCG). This support promoted the effective implementation of legislative policies and initiatives that affect			

Medicare Fee-for-Service (FFS). We managed, coordinated, developed, and implemented an estimated 35 to 54 CRs per year that impacted the Medicare FFS program for CPI.

Analysis of Business Requirements: RELI was responsible for identifying, analyzing, and documenting any missing requirements. Our team worked with the COR and CDAT-M O&M contractor to ensure that missing requirements were documented.

Quality Assurance: RELI established separate workbooks for each change request to enhance the quality of every task and milestone related to that CR. These task lists tracked and planned each CR activity. RELI's internal team updated and reviewed the lists to ensure all the tasks are on track and help drive agendas for weekly meetings with the CR leads. RELI has created a "Project Template" document to identify details related to new initiatives. These are reviewed with stakeholders and our team. Every agenda, business requirement document, POC comment, and response goes through 2 step re-view process before finalization. These critical methods ensure deliverables and milestones are on time and of the highest quality.

Our team has quality control and quality assurance mechanisms in place to ensure the intent of all requested changes as well as the intent of the business owners are captured and clearly understood. This avoids unnecessary rework and maintains efficient processes and workflows. To ensure high quality project performance and plan for the unique requirements challenges, RELI incorporates risk management, quality control, and performance metrics into our continuous project monitoring and control process. As part of the process, we also document and review the constraints and assumptions with teams. This involves conducting monthly risk review meetings to identify, evaluate and mitigate risks before they become issues. Our methods to maintaining quality control leverages best practices from RELI's Capability Maturity Model Integration (CMMI) Level 3 certifications in services and development and is based on principles we have established through multiple engagements with CMS. Following CMMI guidelines, our team has direct PCG and CPI experience building, understanding, and executing processes to conduct business analysis, business requirements development, testing, and documentation development.

03/15/2021 - Data & Analytics Supporting Healthcare (DASH) - BPA, RFP 210181 - Factor 1 Relevant Experience

Technology - Describe where you used Cloud Technologies including: Tools - SAS Viya, Tableau, AWS Quicksight, R & Python and open-source tools. Describe your use of user-story for requirement and solutions.

1. Provider Compliance Group (PCG) Data Analysis (RELI - Prime); Organization: CMS/CPI; PoP: 12/13/2019–12/12/2021: The PCG Data Analysis project helps CPI analyze the effectiveness of the Targeted Probe and Educate Program (TPE) in reducing provider burden, reducing appeals, and improving the medical review/education process. We analyze data for different types of providers for different time periods by building the return on investment (ROI) and operational metrics. Tableau is used to build the CG Provider Dashboard, enabling PCG to easily identify which providers are targeted, the services they are targeted for, and the general metrics pre- and post-education. The Tableau dashboard, which uses CMS IDR data and the SAS EG environment for parallel processing, provides the national-, regional-, and provider-level comparisons of key metrics. The PCG Data Analysis project also uses Tableau to simplify the raw providers and claims data for Home Health, Inpatient Rehabilitation Facilities, Skilled Nursing Facilities, and DME to provide PCG leadership with insightful visualization of ROI on the TPE program. We conduct

grooming sessions with the stakeholders to develop user stories, success criteria, and metrics. RELI team performed regular retrospectives including the business owners to get feedback for a continuous improvement lifecycle.