

Recovery Auditor Validation Contractor (RVC)

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Quotes from Most Recent CPARS for RVC:

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Quality

- The contractor has been utilizing the comments and feedback provided by CMS on various deliverables. The contractor continues to accept new challenges and asks questions to ensure quality work.

“
Schedule

- The contractor will often submit deliverables prior to the due date. The contractor has completed and delivered the 65 Accuracy Reports with 17 of the reports prior to the delivery due date, which is 26% early delivery of review reports. This ensures that CMS

“
Management

- The contractor is customer oriented, and responsive to any requests. The program manager and all RVC staff are helpful, and responsible.

Table 1: RELI's RVC Past Performance

Recovery Auditor Validation Contractor (RVC) - RELI Group, Inc. – Prime	
Name of the Customer	Centers for Medicare & Medicaid Services (CMS)
Total Contract Value	\$19,027,412.49
Recency/ Period of Performance	BY: 01/04/21 - 01/03/22, OY1: 01/04/22 - 01/03/23, OY2: 01/04/23 - 01/03/24, OY3: 01/04/24 - 01/03/25, OY4: 01/04/25 - 01/03/26, Transition Out: 12/04/25 - 01/03/26
<p>Scope/ Project Description: The Recovery Auditor Validation Contractor (RVC) operates on a national scale, encompassing all RAC regions (Regions 1-5) and covering a wide range of Medicare claims under Part A/B, DMEPOS, and Home Health/Hospice. The scope includes conducting accuracy and validation reviews of RAC determinations for overpayments, underpayments, and potentially properly paid claims, ensuring RAC decisions' appropriateness through medical reviews. The contract's magnitude involves extensive and detailed tasks, including developing project plans, maintaining operations manuals, addressing RAC disputes, performing special studies, and ensuring compliance with CMS security requirements. The complexity is elevated by the need to produce timely, accurate, and efficient deliverables, navigate intricate Medicare policies, and maintain robust quality assurance processes, all under stringent oversight by the CMS RVC COR.</p> <p>On RVC, we use RELiability, a sophisticated low-code platform tailored for complex case management. Utilizing ServiceNow, RELiability operates within a secure environment and features intelligent workflows, efficient document processing, advanced reporting, multi-tiered review processes, automated management, and seamless integration with external applications. By reducing manual efforts and minimizing errors, RELiability enhances case management efficiency and adaptability across diverse solutions. This has resulted in more than 20% efficiency in administrative processes and workload management processes and 26% early deliverables while maintaining better than 98% accuracy on our claim reviews.</p> <p>Magnitude of Effort: The RVC reviews over 12,000 claims annually, averaging 1,000 claims per month, from 5 RAC entities. This involves evaluating Medicare claims from all RAC regions and types, including Part A/B, DMEPOS, and Home Health/Hospice. Each review requires clinical judgment to ensure RAC determinations are accurate and compliant with Medicare policies. The RVC's tasks include managing project plans, addressing disputes, performing special studies, and adhering to CMS security requirements, all while maintaining timely and precise deliverables.</p> <p>Complexity: The complexity of reviewing claims under this contract involves a broad spectrum of Medicare claim types, including inpatient, outpatient, dental, equipment, and pharmacy services. The Recovery Auditor Validation Contractor (RVC) manages this complexity by evaluating claims across all RAC regions and types, ensuring accurate determinations and adherence to Medicare policies. The process demands expertise in clinical review judgment, government paper claim experience, and customer service to address disputes and perform special</p>	

Recovery Auditor Validation Contractor (RVC) - RELI Group, Inc. – Prime

studies effectively. The RVC's role is further complicated by the need to comply with CMS security requirements and maintain high-quality deliverables amidst stringent oversight.

Relevancy to the PWS Requirements:

5.1 Staffing/Program Management: RELI ensures a single point of contact, Program Manager (PM), oversees the contract and supervises each of the qualified staff. Key personnel, including the Program Manager (PM), Contractor Medical Director (CMD), Medical Review (MR) Manager, and Systems Security Officer (SSO), are crucial for contract execution. Personnel undergo background checks per Homeland Security Directive HSPD-12 for PIV card access. The RVC provides CMS-approved contingency plans and qualified backups to maintain operational continuity. Key personnel meet specific experience, education, and availability requirements, with CMS approval needed for any changes. The PM oversees daily operations and contract performance, the MR Manager and CMD handle medical review oversight, the MR Manager ensures quality assurance, and the SSO manages IT security compliance. The RVC also employs licensed clinicians, certified coders, and additional staff including a Systems Analyst, System Administrator, and Application Developer.

For the RVC, RELI uses standard management processes derived from industry best practices, including the Project Management Body of Knowledge (PMI PMBOK) and the Software Engineering Institute (SEI) CMMI standards. This commitment to these principles enhances project quality, ensures mature processes, and leads to rapid execution and on-time delivery within budget. RELI's policies and procedures include feedback loops for transparency, continuous improvement, and performance measurement. Various tracking logs, including the Decision, Risk, Action, Issues, Contract Deliverables, Corrective Action Plan (DRAICC), are used to provide status updates on workload projects and systems, enabling the identification of issues and risks and facilitating early mitigation actions. Performance metrics information is presented via a weekly status meeting and monthly status report, approved by CMS RVC COR, with reports reviewed by Ms. Shafer (PM), formatted and checked for grammar by the technical writer, and tested for Section 508 compliance for a timely submission by the PM.

5.2 Quality Management: RELI ensures quality assurance on RVC with a CMS-approved QA plan included in the Operations Manual. This plan mandates reviewing 30% of all Accuracy Review claims received each month. QA oversight is conducted for each of Disputes/Disagrees, and New Issue (NI) QA and NI proposals. The CMD, MR Manager, and RVC Reviewers dedicate 8-10 hours weekly to QA activities, with oversight from the CMD and MR Manager, and assistance from the PM. Monthly and annual QA reports detail methodologies and corrective actions, and a training schedule is provided to the CMS RVC COR for approval. Potential QA issues are reported immediately to the CMS RVC COR.

5.3 Transition: RELI effectively managed the project initiation without a formal timeframe by planning and optimizing processes from the start. The PM led internal meetings to address key hires, roles, and schedules, and presented a detailed project plan during the CMS kick-off. RELI identified and mitigated risks proactively, maintaining clear communication with CMS through weekly status meetings. For Transition Out, RELI will leverage our prime contractor experience to ensure a smooth and complete close out process, meeting all RVC SOW requirements and providing a comprehensive Transition Out Plan to ensure project continuity.

5.4 Compliance Reviews – Quarterly/Semi-Annual/Annual: RELI developed claims review procedures and policies that ensure independent and objective healthcare compliance reviews consistent with CMS and healthcare standards and best practices. RELI measures the accuracy rate for each RAC by reviewing a randomly selected sample of up to 1,000 claims per month provided by CMS. These claims include both automated and complex reviews across various provider types. The RVC ensures qualified staff with medical and coding expertise perform these reviews, maintaining copies of all New Issue packages. The RVC submits accuracy reports to CMS within 20 business days, detailing findings and recommending corrective actions. Additionally, the RVC provides monthly New Issue and Policy Recommendation Reports, performs QA checks on NI concepts, and uploads data to the RACDW, ensuring compliance with CMS guidelines and policies.

5.5 Compliance Reviews— Focus Studies & Medical Record Reviews: We conduct up to 500 special studies per year at CMS' request, reviewing claims for both automated and complex reviews across various provider types. The RVC must submit detailed reports within 25 business days, including accuracy rates, findings, and recommendations, while ensuring compliance with CMS-approved templates and guidelines. Reviews must be performed by qualified staff with medical and coding expertise, and reports must be 508-compliant and uploaded to the RAC Data Warehouse (RACDW) on the same day. Failure to meet quality standards could lead to a Performance Improvement Plan or contract termination.

Past management actions employed in resolving problems and the effects of those actions, in terms of improvements achieved or problems resolved:

RELI's proactive management approach has consistently resolved challenges and improved operational efficiency. Below are key examples.

- **Staffing Efficiency:** To address potential delays in hiring and training, RELI leveraged review staff from a similar contract, ensuring prompt readiness and continuity.

Recovery Auditor Validation Contractor (RVC) - RELI Group, Inc. – Prime	
<ul style="list-style-type: none"> ATO Connection Resolution: RELI worked with CMS to facilitate the resolution of an Authorization to Operate (ATO) delay by allowing the use of the existing MRAC ATO for RVC, ensuring timely access and compliance. Enhanced Deliverable Quality: In response to a deliverable report returned for corrections, the RELI PM instituted a peer review and additional QA process, significantly improving the accuracy and quality of all deliverables. 	
<p>The quality of the offeror's performance, execution of subcontracting plan and general trends for consideration in the overall performance confidence assessment: RELI's CPARs for RVC consistently reflect the quality of our performance, including timely submission of deliverables. Last year, we delivered 65 Accuracy Reports, with 26% submitted early, giving CMS extra time for review. Quality Assurance reviews were also submitted before the due date. RELI was awarded this contract under small business status and therefore met all related requirements.</p>	
<p>Security: RELI provides the required IT infrastructure, operational, and cybersecurity support to RVC to access and review data in RELI's secure data center, leveraging the CMS ATO'd environment. Through that environment, we adhere to FISMA and CMS security requirements with administrative, physical, and technical safeguards to protect sensitive data such as PII and ePHI. The system handles claims data, program integrity documents, and medical records, accessible only via secure VPN and authorized credentials. The data center has CMS Authorization to Operate (ATO) and follows FISMA, HIPAA, and NIST RMF standards. The data center features a secure CMS NET connection, encrypts data in transit and at rest, and uses tools like FortiGuard and AlienVault for security monitoring. We use ArcticWolf for our SOC services. Regular software maintenance and upgrades are managed through a change request process reviewed by the RELI Change Control Board. We implement a Patch Management Plan and provide security awareness training for all users.</p>	

06/18/2024 – CMS CBR/PEPPER – as Fedpath

75FCMC21C 0001 Recovery Auditor Validation Contractor (RVC)	Nicole Hoey 410-786-0489 nicole.hoey@cms.hhs.gov	\$19,027,412 .49	BY: 1/4/21-1/3/22 O1: 1/4/22-1/3/23 O2: 1/4/23-1/3/24 O3: 1/4/24-1/3/25 O4: 1/4/25-1/3/26	As the Recovery Auditor Validation Contractor (RVC), RELI oversees this contract to review Recovery Audit Contractors' (RACs) claim determinations on Medicare claims that were paid under part A or B of title XVIII of the Social Security Act, and to ensure that the Recovery Audit Contractors (RACs) are not unnecessarily denying Medicare claims that were properly paid.	Y – as prime, RELI manages the contract including project planning, kickoff meeting, and communication.
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11/15/2023 – Datacall to Guidehouse for PERM

Contract/Project Title		Recovery Auditor Validation Contractor (RVC)	
Contract/Project Number		75FCMC21C0001	
Prime/Subcontractor		Prime	
Client Name		Centers for Medicare & Medicaid Services (CMS) Center for Program Integrity (CPI)	
Client Address		7500 Security Boulevard, Baltimore, MD 21244	
Contract POC (Contracting Officer or other for Commercial Contract)	Name	Nicole Hoey, CO	
	Telephone Number	410-786-0489	
	Fax Number		
	Email Address	nicole.hoey@cms.hhs.gov	
Contract Information			
Total Contract Value		\$19,027,412.49	
Subcontract Value			
Period of Performance (by base and option year(s))		BY: 01/04/21 - 01/03/22 OY1: 01/04/22 - 01/03/23 OY2: 01/04/23 - 01/03/24 OY3: 01/04/24 - 01/03/25 OY4: 01/04/25 - 01/03/26 Transition Out: 12/04/25 - 01/03/26	
Description of Services/Scope of Work			
As the Recovery Auditor Validation Contractor (RVC), RELI oversees this contract to review Recovery Audit Contractors’ (RACs) claim determinations on Medicare claims that were paid under part A or B of title XVIII of the Social Security Act, and to ensure that the Recovery Audit Contractors (RACs) are not unnecessarily denying Medicare claims that were properly paid. Specifically, RELI performs reviews for over 12,000 claims (average of 1,000 per month) that are medically reviewed by each Recovery Auditor Validation Contractor (RAC) per month. The claim reviews require using clinical review judgment to evaluate medical records and related documents to determine if Medicare RACs made accurate claims decisions in compliance with coverage, coding, payment, and billing policies.			
Relevancy			
RC Task relevance:			
TASK 1 Database of Policies and Policy Updates – As the RVC, RELI requests and receives provider records from non-provider entities (RACs), performs medical reviews, identifies and applies claims payment policies, fee schedules.			
TASK 2 Medical Records Requests - RELI works with CMS to request medical records from RAC contractors (not directly from providers). We conduct follow-up on record requests with reporting to CMS on unfulfilled requests. We implemented a review system with built in timelines for tracking. We validate documentation upon receipt and identify incomplete information and send RFI communications requesting that information. RELI owns CMS ATO-verified data center and provides SFTP for electronic receipt of medical records. We access CMSNet to establish connection for data receipt from RACDW and esMD, when needed.			
TASK 3 PERM RC Website (SMERF) – n/a			

TASK 4 Documentation Manual – The RVC maintains documentation and operations manuals for project including documentation/database protocol for all documentation received, uploaded, stored and maintained in data center.

TASK 5 Administration of Sampling Units Review – The RVC maintains review files, determinations, citations, and references for MR reviews. We have operations manuals in place for MR reviews. We provide weekly, monthly, and annual reporting limited to results and scores. Our dispute and appeals processes are in place to review result disagreements and we have performed dispute and appeals reviews. For workload management, we have processes in place to prevent and mitigate potential backlog issues. We provide weekly reporting and mitigations plans reviewed with COR for any backlog issues.

TASK 6 Medical Reviews - The RVC examines whether the RAC's edit parameters/review guidelines are supported by CMS policy or evidenced based medical research when CMS policy does not exist or is silent. The RVC completes this review by comparing the regulatory support cited by the RAC in their New Issue Review Form (NIRF) and other applicable references identified by the RVC with the edit parameters or claim selection criteria provided by the RAC with their claim files. The RVC compares the steps in the edit parameters/claim selection criteria/review guidelines for compliance against the references cited by the RAC as well as other applicable CMS policy. We perform 12,000 FFS medical reviews per year.

TASK 7 Data Processing Review – The RVC completes a review of the claim information compared to the medical documentation in the sample.

TASK 8 Corrective Action Process – When CMS approves each of the Disputes to be submitted to the RVC, the RVC acknowledges receipt and submit a response and notify the RVC COR. If the RVC overturns the original decision, the RVC shall submit a corrective action plan (CAP) to CMS ensuring that the error identified with the Dispute does not reoccur. If CMS disagrees with the RVC determination, a CAP is written, and staff trained regarding the review.

TASK 9 General PERM Consultation – The RVC acts as SME in consultation to CMS on program and guidance related to MR federal regulations.

Optional TASK 10 Mini-PERMs - The RVC performs additional Special Study accuracy reviews as a subset of claims related to a specific service.

Optional TASK 11 Recovery Exceptions - The RVC provides an accuracy review result report that identifies any errors in overpayment/underpayments identified.

Optional TASK 12 Transition Requirements: (Incoming) – The RVC has transitioned the contract by obtaining connectivity to the CMS systems, hire staff, set up reporting templates, schedule meetings and trainings for the contract.

Optional TASK 13 Transition Requirements (Outgoing) – n/a

Optional TASK 14 Independent Verification – n/a

TASK 15 Puerto Rico Pilot – n/a

08/24/2023 – CMS Medical Review Accuracy Contractor (MRAC) - Phase 2

75FCMC21C 0001 Recovery Auditor Validation Contractor (RVC)	Nicole Hoey 410-786- 0489 nicole.hoey@ cms.hhs.gov	\$19,027,412 .49	Base Year: 1/4/21-1/3/22 O1: 1/4/22- 1/3/23 O2: 1/4/23- 1/3/24 O3: 1/4/24- 1/3/25 O4: 1/4/25- 1/3/26	As the Recovery Auditor Validation Contractor (RVC), RELI oversees this contract to review Recovery Audit Contractors' (RACs) claim determinations on Medicare claims that were paid under part A or B of Title XVIII of the Social Security Act, and to ensure that the RACs are not unnecessarily denying Medicare claims that were properly paid.	Y – RELI performs reviews for up to 12,000 claims annually (average of 1,000 per month) that are medically reviewed by each RAC per month. The claim reviews require using clinical review judgment to evaluate medical records and related documents to determine if Medicare RACs made accurate claims decisions in compliance with coverage, coding, payment, and billing policies.
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08/21/2023 – CMS CERT

Response to Sources Sought Notice Questions

Experience with the Medicare FFS Program and Improper Payment Activities and Methodologies either inside of CMS or in other areas outside of CMS

Team RELI works with the CMS Center for Program Integrity (CPI) and Office of Financial Management (OFM), as well as the Consumer Product Safety Commission (CPSC) to perform claim and coding reviews, Part C Improper Payment Measure efforts reported to Congress, and data collection used in consumer product injury prevention supporting initiatives across improper payments, and the fraud, waste, and abuse spectrum including:

Table 1 – Subset of Active Team RELI Projects Supporting FWA Initiatives

Project	Description
CMS CPI Recovery Auditor Validation Contractor (RVC)	Team RELI reviews Recovery Audit Contractors' (RACs) claim determinations on Medicare claims that were paid under part A or B of title XVIII of the Social Security Act and ensures RACs are not unnecessarily denying claims that were properly paid. Our clinicians review over 12,000 RAC claims per year to evaluate MRs and related documents to determine if Medicare RACs made accurate claims decisions in compliance with coverage, coding, payment, and billing policies.

Experience with Conducting Medical Review on a Large Volume (approximately 37,500-50,000) of Claims per year, for all Medicare FFS Claim Types/Services

Team RELI in the last five years of the MRAC and 2.5 years of the RVC has completed over 100,000 Medicare FFS; Part A, Part B, Durable Medical Equipment (DME), Home Health, and Hospice complex medical reviews. Team RELI currently conducts over 18,000 FFS claims reviews per year on the MRAC program and up to 12,000 FFS claim reviews a year on the RVC program, totaling over 30,000 FFS claim reviews a year. Team RELI's extensive experience

conducting medical reviews of Medicare FFS claims on the MRAC and RVC contracts to ensure Medicare coverage, coding, payment, and billing policies are followed. Team RELI has extensive experience supporting CMS and healthcare-related projects, we have an experienced pool of reviewers from which to pull additional resources if necessary for surge support. We have over 120 clinical staff from medical coders to medical review nurses, Physician Reviewers and Medical Directors.

We are adept in managing large volumes of reviews on multiple programs. Through our support of the MRAC program, team RELI has developed a network of experienced reviewers (nurses and certified coders) we engage in the event of a surge in activity. This has been displayed during the current MRAC contract, as staff has been added when needed to ensure timely completion of deadlines for the increase of our workload by 25% in our option years. Additionally, CMS added a temporary workload of RVC program reviews to the MRAC in a short period of time to ensure program continuity while the contract was recompeted. We have also shown our ability to conduct large volume review in short periods of time on our RADV and Part C IPM programs. The RADV program has workload fluctuations throughout the year requiring staffing up and down accordingly as needed to perform up to 100,000 reviews a year. The Part C IPM, while smaller scale at only 8,000 reviews a year, the review cycle takes place in a 16-week period with many of those reviews taking place in a short time frame with interim deliverables. Turnaround time for these Part C programs is typically less than 5 days from the time it is uploaded until preliminary intake and coding results occur.

Experience with Conducting Review of Multiple Medical Record Submissions per Individual Claim

Team RELI has experience, with the MRAC and the RVC contracts, receiving multiple medical record files for an individual claim under review. Multiple record submissions may be necessary for certain types of review services, such as laboratory, diagnostic imaging, and other services where records may be needed from the servicing provider and the ordering provider. Upon receipt all medical records are organized and uploaded to our file storage system in our data center and our claims review application with the associated claim for review. The provider may submit medical record documentation in response to a request and inadvertently omit a key piece of documentation to support the services. Team RELI emails a Request for Information (RFI) indicating the missing information necessary to complete the review. Each RFI is numbered and tracked for delivery within the timeframe identified to ensure delivery. Upon receipt, RELI places this file in our file storage system within our data center specified for this claim and then uploads the additional documentation to our case management application under the associated claim for review. The reviewer then conducts the complete record review of all information received. Another instance is when a dispute or rebuttal of RELI's review decision is made, additional documentation may be received to support the dispute. The dispute information and associated documentation is uploaded to the case management system and RELI reviewers conduct a complete record review to respond to the dispute/rebuttal. RELI uses inventoried tracking for all medical record files, so that each claim reviewed has a unique identifier and medical records and documentation, whether single or multiple submissions, can be reviewed.

Experience with Identifying Claims Requiring Re-reviews Based on new Medicare Policies/Rules and Conducting such Reviews within Short Timeframes

Team RELI acknowledges the significance of accurate review decisions and consistent application of policy in Medicare and Medicaid claims payment. Improper payments adversely affect CMS, leading to a backlog of appeals and an undesirably high payment error rate. Team RELI commits to assist CMS on the Medical Review Accuracy Contractor (MRAC), by actively monitoring the accuracy of the Medical Review Contractors (MRCs) in their medical review decision making. We achieve this through the implementation of standardized review methodologies and the meticulous application of Medicare and Medicaid policy, ensuring accuracy rates exceeding 98%. Additionally, on the RVC program, RELI performs Special Studies to review a subset of claims at CMS request. Special Studies may consist of up to 500 claims a year and are conducted to inform CMS of specific topics of interest if CMS requires a more in-depth look at how a particular claim issue is being reviewed. Special studies can include automated or complex reviews and the claims selected are comparative to the provider types that the RACs review (inpatient hospital, inpatient rehabilitation facility, outpatient hospital, skilled nursing facility, physician, lab/ambulance/other carrier, home health, and DME). The special study report of findings for these claims reviews includes recommendations and corrective actions for any policy(s) during the review and include any additional reference that may be applicable to the analysis finding.

Experience with Meeting Deadlines and Managing/Retaining a Workforce (including SOW Key Personnel) to Handle Fluctuations in Workload Volume

Team RELI has a pool over 120 full time and part time clinical staff from medical coders to medical review nurses, Physician Reviewers and Medical Directors with extensive CMS program knowledge and experience including ICD coding, billing and claims, reimbursement and auditing, and Medicare and Medicaid Policy, and FFS claims review. We support workload surges with cross-trained staff from similar contracts. Our participation in CMS IRR reviews, robust training program, and internal 10-30% QA reviews ensure high-quality outcomes, recognized in annual performance evaluations by CMS.

For example, the MRAC contract experienced a contract modification in March of 2020 requesting the reviewers to perform Recovery Audit Contractors (RACs) validation reviews as the temporary Recovery Validation Contractor (RVC). This equated to an additional 500 claims per month totaling 3,400 additional claims from July through January 2021 to be completed within the deliverable timeframes. With this addition to the regular 6,600+ review workload, Team RELI utilized certified coders from the Risk Adjustment Data Validation (RADV) Medical Record Review Contractor (MRRC) contract to perform the Diagnosis Related Group (DRG) Validations and Ambulatory Payment Classification (APC) coding reviews along with shifting two nurse reviewers from the MRAC workload to dedicate time to the RAC reviews. All the reviews for the MRAC and RVC were completed on time as well as meeting the quality metric. Our medical review programs have a very low turn-around rate of less than 10% in comparison to industry standards.

Team RELI successfully manages workload changes by ramping up or down as needed for additional reviews to be completed within set timeframes. Additional MRNs are available for short-term surges, and we can hire experienced candidates within three weeks for long-term changes. Myers and Stauffer will provide surge support. The RVC Program Manager working with RELI Human Resources/Recruiting department employed and trained 11 qualified Registered Nurses and 3 Certified Coders in less than 90 calendar days from the start of the contract to perform the medical record review tasks.

Demonstrate how you can Meet Deadlines in a Short Timeframe and give Examples of a Situation where you were Able to meet the Deadlines

Team RELI has proven success meeting deadlines, even when they are unexpectedly short. In the same way we meet short-term surges with additional MRNs from similar contracts, cross-trained to perform on the contract when they are needed. Team RELI experienced both a surge of reviews and a new workload during the early phase of the COVID-19 Public Health Emergency. Many of the MRAC's normal claim/PAR reviews could not be performed due to the MAC's work stoppage. At the same time, the RAC validation contractor was unable to perform the mandated RAC accuracy reviews. The MRAC team took on this new workload and managed to complete review on 1,000 claims within the normal 20-business days. Team RELI worked to ensure all staff were trained in the new RAC workload, utilized nurses that had done similar work from another contract, and the team came together to produce quality reviews and complete the work on-time. CMS was happy with the results and continued to have the MRAC team review the RVC claims until the new contract was awarded.

05/25/2023- Department of Health and Human Services Indian Health Service Revenue Codes, HCPCS/CPT Codes Maintenance and Services

Contract Name	Customer Name	Customer POC	Total Contract Value	Period of Performance	Is there a CPARS available, yes or no?
Recovery Auditor Contractor (RAC) Validation Contract (RVC)	Centers for Medicare & Medicaid Services (CMS)	Ayelet Shore 410-786-3752 ayelet.shore@cms.hhs.gov	\$19,027,412.49	01/04/21-01/03/26	Yes
<p>Description of Services: On our Recovery Audit Contractor (RAC) Validation Contract (RVC), our work includes different payer sources, including commercial, Medicaid, and Medicare, each with its own set of coverage and payment guidelines. We engage experienced physicians, RNs, and other healthcare personnel as reviewers; many of whom hold certifications in medical coding. Our reviewers follow coding requirements listed in an NCD, LCD, Medicare policy article, American Hospital Association (AHA) Coding Clinic information, CPT Manual, Healthcare Common Procedure Coding System (HCPCS) Level II Manual, and International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and Procedure Coding System (PCS) Manuals, and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and PCS Manual.</p> <p>During the review process, the reviewer compares their review determination to the RAC's decision and documents their rationale, inclusive of Medicare guidance, coding rules/convention, and description of the applicable clinical course of care. When citing Medicare guidance, the RVC will include citations, when applicable, from the following</p>					

sources (listed in decreasing order of importance): Social Security Act, Code of Federal Regulations, CMS Rulings, NCDs, Coverage provisions in Internet Only Manuals (IOM) which includes medical review guidance in the Medicare Program Integrity Manual (PIM), CMS coding policies, Relevant Medicare Administrative Contractor's (MAC)'s LCDs, Relevant MAC's LCD policy articles, AHA Coding Clinics, and ICD 9/10, CPT, HCPCS, Coding and MS-DRG rules and guidelines. All medical reviews conducted by RELI include claims from Medicare Part A, Part B, DMEPOS, SNF, and/or Home Health–Hospice programs.

05/24/2023 – CMS SNF VBP SSN

6. The Validation Contractor should be able to demonstrate the capability of requesting medical records, receipt/storage of medical records, data abstraction, data entry, sampling coordination, coding, claims validation, admission necessity screening, and validation of SNF data. The contractor shall have the capability to demonstrate current experience with the Intra Quality Control (IQC) process for CMS approved software, tracking, liaison, reporting functions, and system modular development.

Contract Name & Number	Role	Customer Name	Customer POC	Total Contract Value	Period of Performance
75FCMC21C0001 Recovery Auditor Validation Contractor (RVC)	Prime	CMS	Ayelet Shore 410-786-3752 ayelet.shore@cms.hhs.gov	\$19,027,412.49	01/04/21- 01/03/26

Description of Relevant Services: RELI reviews Recovery Audit Contractors' (RACs) claim determinations on Medicare claims that were paid under part A or B of title XVIII of the Social Security Act, ensuring that the Recovery Audit Contractors (RACs) are not unnecessarily denying Medicare claims that were properly paid.

We perform reviews for over 12,000 claims (average of 1,000 per month) that are medically reviewed by each RAC per month. CMS provides 1,000 randomly selected claims per month, ensuring the claims selected are comparative to the provider types that the RACs review (inpatient hospital, inpatient rehabilitation facility, outpatient hospital, skilled nursing facility, physician, lab/ambulance/other carrier, home health, and DME). The RACs will forward the claim information to the RVC within seven business days unless otherwise specified by CMS. CMS notifies the RVC of the claim samples via email that have been uploaded to the SFTP folders. The Project Coordinator retrieves the records files from the SFTP folders and decrypts them. RELI provides secure transmission, storage, and management for digital media. The accuracy reviews begin once the RVC receives claim detailed information from the RAC. The claim reviews require using clinical review judgment to evaluate medical records and related documents to determine if Medicare RACs made accurate claims decisions in compliance with coverage, coding, payment, and billing policies.

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

75FCMC21C0001 Recovery Auditor Validation Contractor (RVC)	Nicole Hoey 410-786-0489 nicole.hoey@cms.hhs.gov	\$19,027,412.49	Base: 1/4/21-1/3/22 O1: 1/4/22-1/3/23 O2: 1/4/23-1/3/24 O3: 1/4/24-1/3/25 O4: 1/4/25-1/3/26	As the Recovery Auditor Validation Contractor (RVC), RELI oversees this contract to review Recovery Audit Contractors' (RACs) claim determinations on Medicare claims that were paid under part A or B of title	N	CPAR: Quality: Satisfactory Schedule: Satisfactory Management: Satisfactory Regulatory Compliance: Satisfactory
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				XVIII of the Social Security Act, and to ensure that the Recovery Audit Contractors (RACs) are not unnecessarily denying Medicare claims that were properly paid.		
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07/28/2022 – RFI - Office of Personnel Management (OPM) Business Analysis and Quality Assurance

CMS Recovery Audit Contractor (RAC) Validation Contract (RVC)

As the Recovery Auditor Validation Contractor (RVC), RELI oversees this contract to review Recovery Audit Contractors' (RACs) claim determinations on Medicare claims that were paid under part A or B of title XVIII of the Social Security Act, and to ensure that the Recovery Audit Contractors (RACs) are not unnecessarily denying Medicare claims that were properly paid. RELI performs reviews for over 12,000 claims (average of 1,000 per month) that are medically reviewed by each Recovery Auditor Validation Contractor (RAC) per month. The claim reviews require using clinical review judgment to evaluate medical records and related documents to determine if Medicare RACs made accurate claims decisions in compliance with coverage, coding, payment, and billing policies.

RELI utilizes a proven disagreement process that includes multiple levels of review for any claim identified as a disagreement to ensure thorough and accurate results are produced and reported to CMS. Review decisions are documented to lead the reader through the decision-making process and the reasons for any disagreement. This includes a description of pertinent findings, how they connect to the determination, and how the findings compare to the applicable regulations or policies. We will leverage this proven process for supporting up to 3,000 claim disputes or disagreements received from the RAC.

Other writeup

Recovery Auditor Validation Contractor (RVC)	
Client	Centers for Medicare & Medicaid Services (CMS)
Project Name	Recovery Auditor Validation Contractor (RVC)
Prime/Sub	Prime
Project Summary	As the Recovery Auditor Validation Contractor (RVC), RELI oversees this contract to review Recovery Audit Contractors' (RACs) claim determinations on Medicare claims that were paid under part A or B of title XVIII of the Social Security Act, and to ensure that the Recovery Audit Contractors (RACs) are not unnecessarily denying Medicare claims that were properly paid.

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PoP	<p>Base: 1/4/21-1/3/22 O1: 1/4/22-1/3/23 O2: 1/4/23-1/3/24 O3: 1/4/24-1/3/25 O4: 1/4/25-1/3/26</p>
Services	
<p>Project Plan: Team RELI developed a comprehensive Operations Manual that constitutes a fully responsive Project Plan. Our PM drafted the Project Plan with input from other key and essential personnel. The plan names the designated backups for key personnel, and includes the agreed-on technical approach, resources, timelines for tasks, and due dates for all deliverables and project milestones. The draft plan was presented at the Kickoff Meeting and RELI worked collaboratively with CMS to address any variances noted in the Draft Plan as well as client expectations.</p> <p>Section 508: Submitted Section 508–compliant final Project Plan which was incorporated into the RVC Operations Manual. Clear and effective communication between CMS and Team RELI ensure that the Project Plan matures throughout the project’s base and subsequent years.</p> <p>RVC Operations Manual: The RVC Operations Manual documents the processes RELI uses to successfully operate and manage the RVC. The manual demonstrates our compliance with SOW requirements and serves as a resource for review staff. The manual provides a foundation of actions and reference documents for discussion with CMS, using a method proven successful on previous RVC contracts and other Team RELI contracts.</p> <p>Accuracy Reviews: The AR Report details the results of the RVC review of the monthly sample of claims received from each RAC. The report captures patterns of inappropriate determinations noted from the data as well as recommendations to CMS, and also includes areas of RVC disagreement with the RAC review, including claim determination, improper payment type and amount, error code assignment, and content of the provider notification. For each element of disagreement, the RVC provides a detailed description of the finding, a rationale for the decision, and supporting references. The AR Report also includes a section dedicated to the reporting of error code disagreements. This section of the report includes a list of all error code disagreements, affected claims, and recommended error code based on our team’s review. The RAC can reverse the disagreement by updating the error code in the RACDW within 14 days of receipt of the Report from the COR.</p> <p>RAC Disputes/Disagrees: The Dispute/Disagreement Process is an important way to verify and work through claim review disagreements identified by the RVC in performing the RAC ARs and for the RAC to respond to the disagreements. RELI utilizes a proven disagreement process that includes multiple levels of review for any claim identified as a disagreement to ensure thorough and accurate results are produced and reported to CMS. Review decisions are documented to lead the reader through the decision-making process and the reasons for any disagreement. This includes a description of pertinent findings, how they connect to the determination, and how the findings compare to the applicable regulations or</p>	

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Contractor Quality Assurance: RELI developed a QA Plan that includes how 30% of all claims will be reviewed for the accuracy reviews and special studies, along with the QA for disputes/disagrees and NI proposals/QA reviews will be captured and performed. Additionally, PM and the RVC Reviewers ensure the consistency of accuracy reviews. The results of all QA activities are reported in a section of the Monthly Progress Report and includes results of the claims QA, by month and cumulative for the contract year, and significant findings reported in NI Policy and Recommendations, NI Vulnerability, and NI/QA Reports.

Monthly Progress Reports & Annual Reports: We work with CORs to develop, modify, and implement report formats, including Monthly Progress Reports, Project Summaries and Financial Reports, to provide maximum benefit to CMS and to support the identification of emerging trends or issues.

Security: RELI provides the required IT infrastructure, operational, and cybersecurity support to MRAC to access and review data in RELI's secure data center. In response to the HIPAA Security provisions, we establish appropriate administrative, physical, and technical safeguards to protect the integrity, confidentiality, and availability of electronic protected health information (ePHI) that is stored, transmitted, and/or processed by our team's covered components. The information stored in the system consists of claims universe data, program integrity documents, investigative claims universe data, and medical records that contain beneficiary information, claim data, physician reports, investigation notes, and more. As these records contain personally identifiable information (PII) and personal health information (PHI), the reviewers working with this data within the system can only access it through a secure VPN connection and appropriate credentials for the system itself. RELI data center maintains an active CMS Authorization to Operate (ATO) in compliance with FISMA, HIPAA, and the NIST RMF. The RELI data center maintains a securely configured CMS NET connection. All system data is encrypted in transit and at rest. RELI Group's Security Operations Center (SOC) leverages FortiGuard, AlienVault, and Tenable to support Intrusion Detection System/Intrusion Prevention System (IDS/IPS), Security Information and Event Management (SIEM), and vulnerability management. Software maintenance and upgrades are performed monthly for all regular patches. All software upgrades and maintenance changes go through a change request process. The RELI Change Control Board reviews and approves all system change requests before they are approved for the production environment. RELI follows a Patch Management Plan to adequately identify and address the secure configuration of systems and the mitigation of system vulnerabilities. RELI develops, assigns, and tracks the completion of security awareness training for all RELI employees and system users to access RELI systems (e.g., RELI Data Center, MRAC, etc.).