

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT		1. Solicitation Number CFOPD-25-R-030		Page of Pages 1 Attachments	
		2. Amendment/Modification Number Amendment No. 1	3. Effective Date See Box 16C	4. Requisition/Purchase Request No.	5. Solicitation Caption Medical Audit Services
6. Issued by: Office of the Chief Financial Officer Office of Contracts 1100 4 th Street SW Suite E610 Washington, DC 20024		Code	7. Administered by (If other than line 6)		
8. Name and Address of Contractor (No. street, city, county, state and zip code) ALL POTENTIAL OFFERORS Code Facility		X	9A. Amendment of Solicitation No. CFOPD-25-R-030		
			9B. Dated (See Item 11) May 14, 2025		
			10A. Modification of Contract/Order No.		
			10B. Dated (See Item 13)		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning a <u>1</u> written copy of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS , IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to (Specify Authority):					
B. The above numbered contract/order is modified to reflect the administrative changes.					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority) Administrative					
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return 1 copy to the issuing office.					
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) The above referenced solicitation to provide Medical Audit Services is hereby amended to reflect the following changes (Attachment A) and response to inquiries received (Attachment B). ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED					
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer		
			Drakus Wiggins		
15B. Name of Contractor (Signature of person authorized to sign)		15C. Date Signed	16B. District of Columbia		16C. Date Signed
			Drakus Wiggins (Signature of Contracting Officer)		June 4, 2025

Attachment A

The following changes are hereby incorporated into the solicitation.

1. **The proposal due date is hereby extended to June 25, 2025 at 2:00pm.**
2. Section L.2 is hereby amended to extend the deadline for inquiries to June 9, 2025 at 2:00pm.
3. Section C.3.5 is deleted in its entirety and replaced as follows to correct the contract reference:

C.3.5 In addition to the general requirements, audits of dual eligible special needs MCO plans shall be annual, full scope audits of the Provider determining expenditures for medical claims paid and differences between claims experience, capitation payments, and compliance with the dual eligible special needs contract. The audit shall also determine the effect of risk corridors on final settlement.
4. Sections C.3.6(b) and C.3.9(b) are hereby amended to replace references of “Medicaid Loss Ratio” with “Medical Loss Ratio”.
5. Section C.3.8(b) is hereby amended to delete the duplicate word “Plan” in the last sentence.

Attachment B

The following are responses to inquiries received.

- Question 1. Section C.3.6-9 (a) and (b) Please explain expectation and difference between the audits outlined for “Audits of Incurred Claims of Managed Care Organizations,” subsection (a), compared to “Audits of Managed Care Organizations,” subsection (b)? Both subsections reference performing financial data audits based on 42 CFR 438.8, and (b) based on a subset of this guidance (42 CFR 438.8(e)(2)). This question applies to Sections C.3.6 through C.3.9.
- Response 1. The intent is to separate auditing incurred claims themselves from relying on supplied incurred claims data supplied by DHCF or its subcontractor to audit the Medical Loss Ratio and compute the amount due to/from each Plan for the period under audit.
- Question 2. Section C.3.5 and Section B.5.1.1 (CLIN 041-042) The audits for dual eligible special needs (D-SNP) MCO plan in Section C.3.5 does not address “Audits of Incurred Claims of Managed Care Organizations” and “Audits of Managed Care Organizations” subsections (a) and (b). However, within Section B.5.1.1, it identifies these two pricing components versus one full scope audit (similar to CASSIP – 014). Please explain which RFP section is appropriate.
- Response 2. Section C.3.5 should be understood to comprise two separate tasks as CLIN numbers 041 and 042 in Section B.5.1.1. Please refer to C.3.9(a) and C.3.9(b) which make this clearer. The intent is to enable auditing of dual eligible special needs MCO plans either including an audit of the claims or alternatively to audit the plans relying on claims data provided by DHCF. Firms should consider in their pricing proposals CLIN 041 to relate to audits of incurred claims and CLIN 042 as comprising audits not including audits of incurred claims but relying on incurred claims data supplied by DHCF, its subcontractor, or work performed in accordance with CLIN 041, as elected by DHCF at its discretion.
- Please note the references to “Medicaid” loss ratio in C.3.6(b) and C.3.9(b) are inadvertent and should be understood to be “Medical” loss ratio, as at C.3.7(b), C.3.8(b) and elsewhere in C.3.9(b). See Attachment A, Item 4.
- Question 3. Section C.3.5 This section outlines the D-SNP MCO plan audits should test compliance with the CASSIP contract. Please confirm this should reference the D-SNP contract instead.
- Response 3. Questioner is correct that “compliance with the CASSIP contract” is incorrect and the text properly should be understood to mean “compliance with the D-SNP contract.” See Attachment A, Item 3.

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Question 4. Is Section C.3.2 The general requirements outlined in this section make reference to American Institute of Certified Public Accountants (AICPA) standard procedures and guidance. Please confirm Attestation Standards promulgated by the AICPA will govern the audit work completed as part of this engagement.

Response 4. The reference is intended to be broad enough to encompass all useful guidance set forth, and no further hierarchy of source is intended.

Question 5. Has Section C.3.2.13 states that “The Contractor shall utilize either Health Financial Systems or KMPG Peat Marwick Compu-Max MICRO Systems software products or the equivalent approved by CMS for processing hospital cost reports.” Will a copy of this software be provided to the contractors for their audits or does the contractor need to obtain the software prior to conducting these audits?

Response 5. Software will be obtained by the contractor. DHCF will not provide it.

Question 6. Section C.3.19 Will the Government please provide the reasoning behind the 3- and 4-month deadlines for Nursing Facilities and CASSIP audits. Most of the other provider types audits have a 5-month deadline.

Response 6. Deadlines are based on DHCF’s judgment of the time likely required to complete the task, taking into account size and type of entity, ownership and structure, and past experience.

Question 7. Section C.3.21 How often does the Business Associate agreement need to be signed?

Response 7. Only once, at the inception of the contract. Since the Business Associate agreement is an attachment to the contract, by signing the contract, the contractor is agreeing to the terms of the Business Associate agreement.

Question 8. How are fees currently being billed by any incumbent(s), by category, and at what rates?

Response 8. The incumbent contracts can be downloaded for view online by search for the contract title “Medical Audit Services” on the following website:
<https://dc.cobblestonesystems.com/public/default.aspx>.

Question 9. Is DHCF changing its rules regarding cost reporting submissions deadlines and enforcement?

Response 9. DHCF has not changed its cost reporting submission deadlines. Requirements as set forth in the state plans are still in effect.

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Question 10. Cover Page/L.2 To allow time to consider and respond to all requirements, would the District consider allowing at least 12 business days between the release of Q&A and the proposal due date?

Response 10. The District will issue its responses as soon as possible in advance of the proposal due date.

Question 11. Please L.3.2 Technical Proposal Page 80, Will the Government permit the Representations, Certifications and Acknowledgements to go in the Appendix?

Response 11. Representations, Certifications and Acknowledgements should go with the technical proposal.