

OFFICE OF PROCUREMENT  
2-STEP REQUEST FOR BID (RFB): AUDIT SERVICES FOR HEALTH CLAIMS RECOVERY ENGAGEMENT  
RFB NUMBER: 919-008  
RFB CLOSING DATE: May 22, 2019 @ 3:00PM



**ADDENDUM #1**  
Issued: May 15, 2019

**ADDENDUM FOR THE PURPOSE OF:**

- To provide the attached questions & answers

All other specifications, terms and conditions remain unchanged.

A handwritten signature in black ink, appearing to read 'Patrick Johnson', written over a horizontal line.

Patrick Johnson, MBA  
Director of Procurement

Please **sign** below to acknowledge receipt of this Addendum and return with the proposal. Failure to return this Acknowledgement of Addendum may deem a proposal nonresponsive.

**NOTE: ACKNOWLEDGEMENT OF RECEIPT OF BID ADDENDA WILL NOT BE ACCEPTED BY FACSIMILE OR E-MAIL.**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Signature

**OFFICE OF PROCUREMENT**  
**2-STEP REQUEST FOR BID (RFB): AUDIT SERVICES FOR HEALTH CLAIMS RECOVERY ENGAGEMENT**  
**RFB NUMBER: 919-008**  
**RFB CLOSING DATE: May 22, 2019 @ 3:00PM**

Question	Answer
Will detailed Cigna claims data be provided to the auditors?	<i>Once the audit scope is accepted and an executed Audit Agreement is on file, Cigna will release a claim data extract to the approved audit firm for sample selection. The data files are sent in a standard tab delimited ASCII text file format at the service line level. The data file would encompass the entire scope period identified since we validate Control totals for that period to ensure sample is accurate and complete. The data file does include details at the service line level that include billed charges, paid amount and patient liability. Although benefit plan identification is notated on the file – the specific plan details would not be contained. The client’s plan documents would be utilized to verify accurate administration of client benefits. Please note, claim data extract files are a resource to review limited claims information and to choose a sampling of claims. In order to fully audit a claim for payment accuracy, an on-site audit is required to review the hard copy sample claim against our claim processing system, internal procedures and provider contract information. Cigna's claim payment system sometimes contains payment details that cannot be captured in an electronic file.</i>
Also, what is the expected end date of the engagement?	<i>The kick-off date is stated in bid document. The bidder must provide the end date.</i>
Will this be a co-sourcing arrangement, with the successful vendor working under the direction of Internal Audit?	<i>Yes</i>
Would experience auditing Blue Cross claims be an acceptable replacement for Cigna experience?	<i>No</i>
What type of medical claims will be selected for the audit. i.e. Office visits, Hospital Stays, emergency room, high-dollar claims etc. Or a mixture of all types?	<i>Strategy for developing the sample plan must address how risks will be identified, data collected, and controls assessed.</i>
Who is responsible for selecting the claims for audit? Cigna or the Institution (Auditor)?	<i>The selected auditor.</i>

\*\*\*\*\*END OF QUESTIONS & ANSWERS\*\*\*\*\*