



**Office of the State Treasurer**

**Request for Information**

**Second Injury Fund**

**Medical Bill Review, Medical Bill Payment,  
Auditing Services and Pharmacy Services**

**July 30, 2019**

## **Section 1: Introduction and Purpose of the Request for Information (RFI)**

The Treasurer of the State of Connecticut (the “State” or the “Treasurer”) has issued this RFI to assess the options available to the Treasury in providing Medical Bill Review, Medical Bill Payment, Auditing Services and Pharmacy Program Services.

The Office of the Treasurer (“OTT”), through the Second Injury Fund (“SIF” or “the Fund”), is seeking information from Respondents to provide medical bill review, medical bill payment, auditing services of injured worker medical bills that require discounting, providing pharmacy services, issuing payments to medical providers and hospitals on behalf of the SIF, pharmacy invoice reimbursements and injured worker reimbursements. The response to this RFI must include information about providing auditing of bills and invoices from medical providers, hospitals and pharmacies to ensure the prevention, detection and correction of duplicate payments, non-compensable provider invoices, mathematical errors, excessive or unauthorized medical or pharmacy rates and discounting invoices in accordance with the Connecticut Workers’ Compensation Commission Fee Schedule and or Preferred Provider Network(s) available through the Respondent. Respondent must give priority to prompt and accurate processing of invoices and timely payment to medical service providers and pharmacies. Respondent must have strong financial and internal controls in place to issue payments to providers, collect duplicate payments, if any, as well as issue payments to pharmacies and request reimbursement from the Fund. Respondent must possess the expertise to interpret and understand various state laws regarding workers compensation and SIF.

Respondent may submit information on services more fully described in the Scope section of this RFI.

This RFI is intended for information gathering purposes only and the OTT is not obligated in any way to use the information received. This is not a Request for Proposals (“RFP”) or a Request for Qualifications (“RFQ”). Generally, the RFI process will assist the State in determining whether it will pursue a RFP with the intent to enter into a contractual agreement for such services sometime in the future. Persons and/or entities responding to the RFI will not be compensated in any way. Responding to this RFI will not enhance the chances of receiving future work with the Treasury or any other State agency. Similarly, not responding to this RFI will not be a detriment to any person or entity when responding to future competitive procurement opportunities. A link to the full electronic version of this RFI, any amendments and/or additional related information is available on the Treasury website at: [www.ott.ct.gov/business\\_requestsforproposals.html](http://www.ott.ct.gov/business_requestsforproposals.html) .

## **Section 2: Confidentiality**

Respondents are advised that the OTT is a constitutional Office of the State of Connecticut and its records, including responses to this RFI are public record.

The Respondent understands that due regard will be given to the protection of proprietary or confidential information contained in all responses received. However, Respondent should be aware that all material associated with this RFI is subject to the terms of the Connecticut Freedom of Information Act (“FOIA”) and all corresponding rules, regulations and

interpretations. If the Respondent in good faith believes that any portion of its submission is exempt from public disclosure under FOIA, then, in order to maintain confidentiality, the Respondent (i) must include an explanation containing the precise statutory basis for such exemption and (ii) the material claimed to be exempt must be clearly marked “Confidential”. The Treasurer will use reasonable means to safeguard such confidential information but will not be held liable for any inadvertent or intentional disclosure of such information, materials or data. Submissions marked as “Confidential” in their entirety will not be honored as such and the Treasurer will not deny public disclosure of all or any part of a submission so marked. Only information marked “Confidential” that is accompanied with a precise statutory basis for such exemption under FOIA shall be safeguarded.

By submitting information with portions marked as “Confidential,” the Respondent (i) represents that it has a good faith reasonable belief that such information is exempt from disclosure under FOIA pursuant to the precise statutory basis cited, and (ii) agrees to reimburse the Treasurer for, and to indemnify, defend and hold harmless the Treasurer, its officers, fiduciaries, employees and agents from and against, any and all claims, damages, losses, liabilities, suits, judgements, fines penalties, costs and expenses including, without limitation, attorneys’ fees, expenses and court costs of any nature whatsoever arising from or relating to the Treasurer’s non-disclosure of any such designated portions of a proposal if disclosure is deemed required by law or court order.

### **Section 3: Second Injury Fund Overview**

The Treasurer is the custodian of the SIF. The Fund is a state operated workers’ compensation insurance fund established in 1945 to discourage discrimination against veterans and encourage the assimilation of workers with a pre-existing injury into the workforce. Public Act 95-277 closed the Fund to new “second injury” claims for injuries sustained on or after July 1, 1995 and expanded enforcement, fines and penalties against employers who fail to provide workers’ compensation coverage. Prior to July 1, 1995, the Fund provided relief to employers where a worker, who already had a pre-existing injury or condition, was hurt on the job and that second injury was made “materially and substantially” worse by the first injury. Such employers transferred liability for these workers’ compensation claims to the Fund if certain criteria were met under the Connecticut Workers’ Compensation Act (thus the term “Second Injury Fund”).

Today the Fund continues to be liable for those claims transferred prior to the closing of the Fund as well as claims involving uninsured employers, reimbursement of cost of living adjustments for certain injuries involving payment of benefits or dependent widow’s benefits and, on a pro rata basis, reimbursement claims to employers of any worker who had more than one employer at the time of the injury.

The Fund is responsible for adjudicating qualifying workers’ compensation claims fairly and in accordance with applicable law, industry standards and best practices. Where possible, the Fund seeks to return injured workers to gainful employment or seeks settlement of claims, which will ultimately reduce the burden of Fund liabilities on Connecticut taxpayers and businesses.

### **Section 4: Scope**

This RFI is not an RFP and should not be construed as such. The State is not soliciting offers to enter into a contractual agreement.

The objective of this RFI is to obtain information regarding providing Medical Bill Review, Medical Bill Payment, Auditing Services and Pharmacy Services.

The Respondent shall undertake to provide medical bill review, medical bill payment and auditing services of injured worker claims that require discounting; provide pharmacy services; issue checks to medical providers on behalf of the SIF utilizing an electronic check issuing process and transmit a secure electronic positive payee file to the Fund's bank; collect duplicate payments made in error to medical providers or hospitals and refund the Fund; pharmacy invoice reimbursement and injured worker reimbursements; provide reporting process to the Fund to meet mandatory reporting requirements of section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (P.L. 110-173) (herein after referred to as MMSEA); discount medical bills in accordance with the Connecticut Workers' Compensation Fee Schedule and or Respondent's Preferred Provider Network(s); medical case management in person and or telephonic for in state and out of state injured workers; provide independent medical examination services; peer to peer case review; nurse review; expert testimony at hearings and in court, and other related services. The Respondent shall audit bills and invoices to ensure the prevention, detection and correction of duplicate payments, non-compensable services listed on invoices, mathematical errors, excessive or unauthorized medical or pharmacy services and rates and discount invoices in accordance with the Connecticut Workers' Compensation Commission Fee Schedule and or Respondent's Preferred Provider Network(s).

Respondent shall give priority to prompt and accurate processing of invoices and timely payment to medical service providers and pharmacies. Strong financial and internal controls are required and must be demonstrated. Respondent must possess the expertise to interpret and understand various state laws regarding workers compensation and the SIF.

Respondent shall have the ability to provide other services that are required or necessary to provide the services included in this RFI to the Fund.

#### **A. Medical Bill Review and Auditing Services**

The Respondent shall submit information on ability to provide:

1. On an annual basis, a copy of a current Service Organization Control or equivalent audit report covering the scope of services relevant to the workers' compensation medical bill review, medical bill payment, issuance of Explanation of Review ("EOR") and checks on behalf of the SIF, pharmacy and auditing services;
2. An electronic interface with the Fund to facilitate timely and efficient processing of medical and pharmacy invoices for payment by Respondent. Respondent shall provide information on access to Respondent's computer system by Fund personnel to view medical invoices, EOR, copy of payments issued to the medical provider, pharmacy invoices and payments;

3. Verification of each claimant's eligibility and determine if treatment is consistent with compensable injury, body part or disease as provided by the Fund;
4. An efficient and effective invoice process, payment and check issuing system including a positive payee file transmission to the Fund's bank or other such transmissions as required by the bank, capable of utilizing the Fund's current claimant payment history, and institute improvements as required by the Fund;
5. Resolution of all vendor-related disputes with claimants and hospitals and medical providers (providers);
6. Analyze, research and document, when requested by the Fund, decisions regarding payment adjustment recommendations;
7. Re-price bills and respond to provider and hospital inquiries;
8. Analyze trends in billing patterns, and demonstrate the ability to provide such analysis to Fund personnel upon request;
9. Identify duplicate invoices from provider involving the same date of service or dates within reasonably close proximity, pertaining to the same service for the same injured worker;
10. Verify claimant eligibility to receive benefits;
11. Re-price all provider invoices. The re-pricing must be in accordance with the Connecticut Workers' Compensation Fee Schedule and or Respondent's Preferred Provider Network(s);
12. Issue checks to medical providers on behalf of the SIF utilizing an electronic check issuing process and transmit a secure electronic positive payee file to the Fund's bank;
13. Issue an EOR for each medical bill; Respondent may provide copies of EOR's and payment through electronic access to the Fund;
14. Issue and send a weekly check register and have the ability to provide a full and comprehensive copy of the payment history database of all claims paid on behalf of the Treasurer;
15. Other services that may be required and necessary to conduct medical bill review, auditing services and access to pharmacy services;
16. Information that Respondent has control over the services listed in this RFI and Respondent has the necessary resources, financial or otherwise, to provide the services listed in this RFI;

17. Additional savings beyond the Connecticut Workers' Compensation fee schedule pricing whenever permitted;
18. Maintain a network by entering into provider and hospital agreements for the delivery of compensable services at specified rates;
19. Ability to reconsider provider and hospital bills if required and make adjustments to savings, if appropriate;
20. Ability to invoice the Fund for services provided and submit detailed information about such proposed charges on a monthly basis;
21. Ability to adjust monthly invoice for non-compensable bills, items not covered or specifically excluded under the Workers' Compensation Act; reconsidered charges and duplicate bills.

## **B. Pharmacy Services**

Respondent shall submit information about its pharmacy services, and Respondent's ability to:

1. Provide Network Pharmacy Provider locations to the Fund;
2. Ability to receive, review and pay on behalf of the Fund complete and accurate bills for covered drugs;
3. Ability to verify eligibility in accordance with records furnished by the Fund;
4. Track pharmacy prescriptions RX numbers (in network and out of network) and days supplied. If there is a duplicate RX number, the Respondent must be able to identify this situation;
5. Identify if an injured worker is refilling prescriptions before the refill time period;
6. Make information regarding prescriptions readily available electronically to the Fund for review, authorization to dispense or decline to dispense medication, if necessary;
7. Make payments to the pharmacy for all such prescriptions and the Fund reimburses Respondent;
8. Should the prescription not be picked up by the injured worker then Respondent must demonstrate capability of reversing the charges and showing such reversal of charges to the Fund;
9. Discount pharmacy invoices when applicable;

10. Maintain a toll-free telephone number that is available twenty four (24) hours per day and seven days a week, to receive and respond to inquiries from Network Pharmacy providers regarding pharmacy services;
11. Provide catalogue pricing including average wholesale pricing for retail brand, retail generic, home delivery brand, home delivery generic, etc.;
12. Review of network and out of network prescription invoices;
13. Mail Order Pharmacy Services via mail or delivery services, if necessary; the mail order pharmacy services will dispense all covered drugs in accordance with standard policies and procedures, the professional judgment of the dispensing pharmacist and all applicable laws and regulations;
14. Electronic access to tools that enable the viewing and or download of directories of Network Pharmacies by geographic areas or other methods as maybe requested by the Fund;
15. Provide a bi-monthly spreadsheet detailing the name of the medication, dosage, date of service, provider name, network pharmacy provider name and price of prescriptions by claimant name;
16. Produce and issue pharmacy cards that enable injured workers to access the Respondent's Pharmacy Services or Mail Order Pharmacy Services;
17. Written documentation that includes a drug list, the scope of benefits covered under Respondent's Pharmacy Services, billing procedures and other operating processes that support the administration of this program;
18. Perform drug utilization reviews when requested by the Fund.

### **C. Data and Payment Processing Requirements**

Respondent shall submit information about capability to provide:

1. A regular schedule for retrieving invoices (i.e.: overnight of paper invoices or electronically receive PDF of paper bills or other methods of retrieving invoices) from the Fund for bill review and bill payment processing, including re-pricing and coding according to the applicable medical/pharmacy documentation;
2. On-site (at the Fund) periodic invoice payment processing, if requested by the Fund;
3. Reference on each payment of the applicable section of the Connecticut General Statutes for the claim, CT workers' compensation district, injured workers' name and social security number, and claim number assigned by the Fund, as prescribed by federal, state or local law;

4. Assign a separate control number on each bill processed for payment and have the ability to reference the control number on the EOR, the check register and in the computer system the Fund has access to obtain information;
5. Explain how Respondent will track bills previously paid and subsequently submitted for reconsideration;
6. Respondent providing access to a Preferred Provider Network and Respondent's ability to provide discounts on medical and pharmacy invoices submitted by the Fund. Respondent shall provide information about providing additional savings beyond the Connecticut Workers' Compensation Fee Schedule, whenever possible;
7. A bill review system that has processes priority bills as designated by the Fund;
8. A toll-free number for providers and Fund personnel and access to a computer system by which the Fund may obtain current information on Contract Providers, Network participation, view EOR's, issued payments and copies of medical bills submitted by the Fund;
9. Electronic access to tools that enable the viewing and or download of directories of Contract Providers by geographic areas or other methods as maybe requested by the Fund;
10. Access to Respondent's Network and computer systems using several Fund-specific identification numbers;
11. The process Respondent will utilize to prioritize certain bills, including priority bills that may require specific payment as instructed by the Fund;
12. Detect, prevent and correct any duplicate payments, based upon matching claimant information with provider, service code, and date of service for medical and pharmacy invoices. For pharmacy invoices the Respondent's system must match the prescription number, number of pills, date of service and the National Drug Code (NDC);
13. Accommodate full, partial and installment payments;
14. Respondent is responsible for issuing physical checks to providers each week on behalf of the Fund. Respondent must have capability to issue checks, submit check information to the authorized bank for the Fund using a positive payee file or other such file as required by the bank to detect fraud;
15. Electronically transfer a weekly check register to the Fund in a format designated by the Fund;



16. Off-set provider payments;
17. Void, hold and/or re-issue checks, if requested by the Fund. Respondent shall have the capability to include these transactions on the next check register issued to the Fund and on the electronic file sent to the Fund's bank;
18. On-line access to Respondent's systems, from the Fund's location, to view Respondent's payment activity and invoice status;
19. Control, track and balance all provider invoices submitted by the Fund on a daily and or weekly basis;
20. Make available to the Fund copies of bills, EORs including all discounts allowed on payments to providers or pharmacies, and a copy of the check issued and mailed;
21. Use of a test environment with test data when performing all required system tests on the bill review system. Respondent shall not use the production system or data for testing;
22. Train Fund personnel equipping them with the skills necessary to fully utilize Respondent's computer systems, including but not limited to the bill review, bill payment, auditing systems and pharmacy program.

#### **D. Reporting Services**

Respondent shall submit information on capability to provide:

1. Daily or weekly reconciliation of paid and/or unpaid invoices, as may be requested by the Fund;
2. Daily or weekly electronic payment registers, as requested by the Fund;
3. Daily or weekly electronic file to the Fund's bank for all payments issued. The file transmission must be a positive payee file or other such file as required by the Fund's bank;
4. Weekly or monthly activity report with weekly or daily provider and claimant summary, showing the cost effectiveness of the invoice payment, auditing services and pharmacy program;
5. Applicable regulatory changes to its bill review system within the timeframe prescribed by law for such changes. If there is no timeframe prescribed by law, then such changes shall occur within a reasonable timeframe of enactment of the law, rule or regulation. Respondent shall provide information of its capability to notify the Fund in writing no less than fourteen (14) days prior to making such changes to the applicable systems;

6. Monthly invoice report of payment by Connecticut state statutes and workers' compensation district, and injured worker's claim number as provided by the Fund;
7. Monthly invoice detailing within thirty (30) days after the prior month's activity charges to explain Respondent's fees;
8. Issue Internal Revenue Service ("IRS") Form 1099 each year to all medical providers and pharmacy providers paid by the Fund during the course of the year. Respondent shall withhold taxes as required by the IRS, if applicable, and file all appropriate forms timely and accurately with the IRS. The Respondent shall be responsible for any reporting errors to the IRS, fines and/or penalties for its failure to comply with IRS rules, procedures and guidelines. Respondent shall submit information about capability to notify the Fund of Respondent's schedule to meet such annual filings;
9. Full payment history, including, if requested by the Fund, all claimant data in Respondent's possession on a quarterly basis, in an electronic format mutually agreed upon;
10. Prepare and deliver EOR's. The EOR shall indicate the claimant's name, dates of service, original amount billed, itemized savings attributable to the Fund for any reduction to the bill and such other additional fields as mutually agreed upon by the Fund and the Respondent. Respondent shall make available to the Fund for review an electronic copy of EOR's and an electronic copy of the check;
11. Provide reporting services to the Fund to meet mandatory reporting requirements of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173) (MMSEA);
12. Deliver other electronic reporting as may be required by the Fund, local, state or federal laws;
13. Deliver monthly utilization reports and send such reports electronically to the Fund;
14. Deliver monthly, quarterly and annual reports to the Fund, when requested, by category of service codes, or alpha name and by provider;
15. Deliver bi-weekly listing of medical, pharmacy and hospital invoices that are under review and or under reconsideration to the Fund;
16. A nurse for consultation on Fund matters at an hourly rate for such consultation;
17. Employer respondent examination services, medical case management services in state or out of state and in person or telephonic, and job placement vocational rehabilitative services as required by the business needs of the Fund.

### **E. Nurse Audit Services**

Respondent shall submit information on capability to provide:

1. A nurse review, clinical validation or other in-depth review of hospital and surgery invoices in excess of \$6,000. However, the Treasurer may designate certain bills to be reviewed irrespective of the dollar amount;
2. Specific utilization parameters, as may be requested by the Fund from time to time, within the bill review system. Respondent must have the capacity to notify the Fund's Nurse Consultant upon receipt of a provider's report that includes the information listed below so that the Fund may determine the best course of action:
  - a. Physical therapy sessions in excess of 20 visits;
  - b. Chiropractic care visits in excess of 20 visits;
  - c. Rehabilitation and/or work hardening programs that exceed 8 weeks;
  - d. Pain management program that exceeds 8 weeks;
  - e. Each emergency room visit;
  - f. Initial psychiatric visit;
  - g. Epidural injections that exceed three (3) injections within a 90 day period
3. Weekly, monthly or annual utilization report, listing of medical, pharmacy and hospital bills under review, pharmacy spreadsheet for any injured worker that must include: name of medication, dosage, date of service, days' supply, provider's name, pharmacy and price;

### **F. Network Durable Medical Equipment and Ancillary Medical Services**

Respondent shall submit information on capability to provide:

1. The Fund with access to Respondent's network of durable medical equipment providers or vendors to Durable Medical Equipment, including but not limited to: mobility devices, orthotics and prosthetics, electrical stimulation devise, respiratory therapy devices, bone growth stimulation devices, and other medical supplies;
2. Respondent shall provide access through the Respondent's network of Ancillary Medical Service vendors and providers to diagnostic testing, radiology/image, home health care services, transportation services, translation services, home modification services and service animals. Respondent shall agree to provide custom products or services when such products or services are available in the market place.

### **G. Security and Confidentiality Requirements**

Respondent shall submit information on capability to provide:

1. Compliance with all applicable State and Federal privacy laws and shall ensure the confidentiality of all data handled by Respondent for the Fund;

2. Limited authorized use of an exemplar of the signature of the State Treasurer inscribed on a form. Respondent shall agree to use said signature exclusively for and solely in its electronic check processing system issuing checks for the Fund. Respondent shall demonstrate ability to use all reasonable and appropriate safeguards for access to the use of the Treasurer’s signature and to ensure that the signature shall be used exclusively for processing checks pertaining to authorizations granted, in writing, by the Treasurer;
3. Commercially reasonable efforts to secure the Fund’s bank account numbers and the exemplar of the signature of the State Treasurer;
4. Ability to, at Respondent’s own expense, encrypt any and all data stored on removable media as well as data in transit outside of Respondent’s network which Respondent come to possess or control, which has been classified as confidential or restricted;
5. Ability to purchase and renew cyber liability insurance with a limit of not less than \$500,000.00 for each claim and \$500,000 in the aggregate.

**Section 5: RFI Submission Instructions and Response Format:**

**A. Timeframe for the RFI is as follows:**

RFI Issue Date	July 30, 2019
Deadline for Questions	August 6, 2019 by 2:00 P.M. EST
Answers Released	August 20, 2019 by 5:00 P.M. EST
RFI Response Due Date	August 30, 2019 by 2:00 P.M. EST

**B. How to submit responses to this RFI:**

To answer this RFI follow all instructions included within this document. Respondent is required to submit responses to all sections within the RFI.

The answers to this RFI will be reviewed by the Fund.

Written responses to this RFI must be received by the Official State Contact Person not later than 2:00 p.m. EST on August 30, 2019. Late responses shall not be considered. Interested parties must respond to this RFI in writing by submitting, one original paper document clearly marked as “original” and five (5) conforming paper copies of the original response.

The original paper response must carry original signature(s) by individual(s) with signatory authority on behalf of the Respondent and be clearly marked on the cover as “Original”. Unsigned responses will not be accepted and will not be reviewed. The original response and each conforming paper copy of the response must be complete, properly formatted and outlined.

Responses must be submitted:

- Typed with responses following the instructions and format as set forth within this RFI.
- On “8 ½ X 11” paper
- Double spaced
- No smaller than 12 point, Arial Font
- With a Table of Contents
- With numbered pages
- With a cover sheet specifying: Respondent’s full business name, address of its primary place of business, its corporate status, telephone number, contact person and email address for the contact person.

**C. Communication Official State Contact Person**

The Official State Contact Person is available to answer questions and provide information regarding the service requested and the RFI process. Written questions from potential Respondents must be submitted in writing by not later than 2:00 p.m. EST on August 6, 2019 using electronic mail, with the subject line “Medical Bill Payment, Auditing Services and Pharmacy Program Services” and addressed to:

Maria Greenslade  
 Second Injury Fund  
 Office of the State Treasurer  
 State of Connecticut  
 e-mail: [maria.greenslade@ct.gov](mailto:maria.greenslade@ct.gov).

A link to Treasury’s response to the RFI questions will be posted on the Treasury website by 5:00 p.m. EST August 20, 2019.

All communications with the SIF or any person representing the State concerning this RFI are strictly prohibited, except as permitted by this RFI. Any violation of this prohibition by Respondents or their representatives may result in disqualification or other sanctions, or both.

**Section 6: Information Requested**

The Fund is particularly interested in innovative approaches to providing the services listed in the Scope section of this RFI. The Fund is also seeking responses that capitalize on modern, flexible, technological solutions that efficiently handle the services outlined in Scope section of this RFI.

Respondents are encouraged to provide the Fund with proposed methods, strategies and practices that respond in a topic-by-topic manner (e.g., request/response format) following the numbering sequences utilized in this RFI.

Also include a detailed description of Respondent’s relevant experience relating to:

**A. Experience**

1. Provide a general description of the Respondent's knowledge and experience in providing the services requested under the Scope section including the number of years of experience for each such service.
2. Provide a detailed description of the business model utilized to provide the services listed under the Scope section of this RFI within the last 24 months.
3. Describe the personnel and other resources you have allocated to provide similar services. Please include titles, experience and qualifications of key personnel and their resumes.
4. Describe how your organization has effectively managed a transition from an existing vendor to Respondent. Please outline your experience transitioning services including:
  - Telephone/communication
  - Data transition and migration
  - Payment data and related information to ensure no disruption of payment to providers
  - Pharmacy data and related information to ensure no disruption of medically required prescriptions to injured workers
  - Workers' compensation policy data
  - Injured worker contact and compensable injury information and data
  - Historical payment information, management information and data reports
  - MMSEA data transition, migration and reporting
  - Categories of costs associated with transferring services from one vendor to your Organization
  - Project management of such a transfer
  - Generally list each transition completed by your Organization including the type of data transitioned, time period needed to complete the transition; issues that arose during the transition; length of time to successfully transition, and other relevant information
5. Describe your experience contracting with state agencies.
6. Describe your experience providing the services listed in the scope section of this RFI to other customers.
7. Describe your experience working with a unionized workforce.
8. Provide examples of where you have been innovative in providing the services listed in the scope section of this RFI.

**B. Information Technology/Data Collection**

1. Describe how your Organization transmits and receives protected health information. Be specific as to technology, security measures, firewalls, encryption and other safeguards used.
2. Describe, in detail, how your Organization will limit the use of and safeguard the exemplar of the State Treasurer’s signature and Fund bank account numbers.
3. Describe how your Organization documents and maintains a record of provider communication.
4. Describe your Organization’s experience tracking and communicating requests from the Fund, duplicate payments and collection of duplicate payments.

## **Section 7: Response Format**

### *A. Instructions:*

Respondent’s responses should be formatted so that responses are in a topic by topic manner (e.g.: request/response format) by following the numbering sequence used in this RFI. Respondent should restate each request, question or statement then provide Respondent’s response to each request, question or statement immediately below. Respondent should clearly mark each response with the words “**Respondent Response**”.

### *B. Signatories:*

The RFI must include signatures at the end of Respondent’s submission. The signatories should be clearly marked as follows:

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Authorized Representative: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_