



**csa**<sup>SM</sup>

**GSA** Contract Holder

## **Federal Supply Service**

### **Authorized Federal Supply Schedule Price List**

*On-line access to contract ordering information, terms, and conditions, up-to-date pricing, and the option to create an electronic delivery order are available through GSA Advantage!<sup>®</sup>, a menu-driven database system.*

*The INTERNET address GSA Advantage!<sup>®</sup> is: [GSAAdvantage.gov](http://GSAAdvantage.gov).*

### **Professional Services Schedule (PSS)**

Legacy Schedule: Financial and Business Services (FABS)

Schedule Source: 00CORP

SIN 520-8 and 520-8RC: Complementary Audit Services

SIN 520-9 and 520-9RC: Recovery Audits

SIN 520-21 and 520-21RC: Program Management Services

**Contract Number: GS-23F-0002X**

**Contract Period: October 5, 2010 – October 4, 2020**

**Cahaba Safeguard Administrators, LLC**

500 Corporate Parkway

Birmingham, AL 35242

205-820-6002 (main) / 205-220-7998 (fax)

Contract Administration Source: Randy Heal – 205-820-6010

[www.csallc.com](http://www.csallc.com) / [gsaschedule@csallc.com](mailto:gsaschedule@csallc.com)

Business size: Large

*For more information on ordering from Federal Supply Schedules click on the FSS Schedules button at [fss.gsa.gov](http://fss.gsa.gov).*

## i. General Services Administration

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Information regarding this contract is included on the cover page and subsequent pages of this price list.

## ii. Customer Information

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### 1. SPECIAL ITEM NUMBERS, LABOR RATES, and LABOR CATEGORIES

#### 1a. Special Item Numbers Awarded

SIN Awarded	Description	Cross-Reference
<b>520-8/520-8RC Complementary Audit Services</b>	Services performed by auditors including assist in developing questions for use at hearings, develop methods and approaches in evaluating a new or proposed program and forecast potential program outcomes.	All Labor Categories Apply. See Appendix A (Labor Rates) and Appendix B (Labor Category Descriptions).
<b>520-9/520-9RC Recovery Audit</b>	Audits performed to recover funds resulting from overpayments, duplicate payments and underpayments.	All Labor Categories Apply. See Appendix A (Labor Rates) and Appendix B (Labor Category Descriptions).
<b>520-21/520-21RC Program Management Services</b>	The management of financial and business solutions programs and projects and includes but is not limited to program management, program oversight, project management and program integration of a limited duration.	All Labor Categories Apply. See Appendix A (Labor Rates) and Appendix B (Labor Category Descriptions).

*520-8RC, 520-9RC and 520-21RC: GSA's Disaster Purchasing Program allows state and local governments to buy supplies and services directly from all GSA Schedules to facilitate recovery from major disaster or facilitate disaster preparation and response.*

#### 1b. Labor Rates

See Appendix A for Labor Rates

#### 1c. Labor Categories

See Appendix B for Labor Category Descriptions

### 2. MAXIMUM ORDER

The maximum order threshold of orders to be issued is \$1,000,000.

### 3. MINIMUM ORDER

The minimum dollar value of orders to be issued is \$100.

### 4. GEOGRAPHIC COVERAGE

The geographic scope of this contract encompasses domestic delivery only.

### 5. POINTS OF PRODUCTION

Birmingham, Alabama; Morrisville, NC; and other offices in the United States.

## 6. DISCOUNTS

Prices shown are net prices.

## 7. QUANTITY DISCOUNTS

None.

## 8. PROMPT PAYMENT

No special discount is offered for prompt payment. Payment terms are net 30 days.

## 9. GOVERNMENT PURCHASE CARDS

### *9a. At or Below Micro-Purchase Threshold*

Government Purchase Cards are accepted at or below the micro-purchase threshold.

### *9b. Above Micro-Purchase Threshold*

Government Purchase Cards are not accepted above the micro-purchase threshold.

## 10. FOREIGN ITEMS

Not applicable.

## 11. DELIVERY SCHEDULE

### *11a. Time of Delivery*

Shall be specified in Schedule by ordering agency.

### *11b. Expedited Delivery*

Not applicable.

### *11c. Overnight and 2-day Delivery*

Not applicable.

### *11d. Urgent Requirements*

When the Federal Supply Schedule contract delivery period does not meet the bona fide urgent delivery requirements of an ordering agency, agencies are encouraged, if time permits, to contact the Contractor for the purpose of obtaining accelerated delivery. The Contractor shall reply to the inquiry within 3 workdays after receipt. (Telephonic replies shall be confirmed by the Contractor in writing.) If the Contractor offers an accelerated delivery time acceptable to the ordering agency, any order(s) placed pursuant to the agreed upon accelerated delivery time frame shall be delivered within this shorter delivery time and in accordance with all other terms and conditions of the contract.

## 12. FOB

Destination.

## 13. ORDERING INFORMATION

### *13a. Contractor's Ordering Information*

For mailed orders, the postal mailing address where paper form orders should be mailed is as follows:

Cahaba Safeguard Administrators, LLC  
Attn: Randy Heal, Contract Administrator, GSA PSS Schedule  
500 Corporate Parkway  
Birmingham, AL 35242  
[gsaschedule@csallc.com](mailto:gsaschedule@csallc.com)

### *13b. Ordering Procedures*

For supplies and services, the ordering procedures, information on Blanket Purchase Agreements (BPAs), and a sample BPA can be found at the GSA/FSS Schedule homepage ([www.gsa.gov/schedules](http://www.gsa.gov/schedules)).

## 14. PAYMENT ADDRESS

### *14a. Payment Via Check/U.S. Mail*

Cahaba Safeguard Administrators, LLC  
Attn: Accounts Receivable  
500 Corporate Parkway  
Birmingham, AL 35242

### *14a. Payment Via ACH*

Cahaba Safeguard Administrators, LLC  
Wells Fargo Bank  
ABA Routing Number: See Invoice  
Account Number: See Invoice

## 15. WARRANTY PROVISION

Not applicable.

## 16. EXPORT CHARGES

Not applicable.

## 17. GOVERNMENT COMMERCIAL CREDIT CARDS

Cards are not acceptable for payments. Bank account information for electronic payments will be included on the invoices.

## 18. TERMS AND CONDITIONS OF RENTAL, MAINTENANCE AND REPAIR

Not applicable.

## 19. TERMS AND CONDITIONS OF INSTALLATION

Not applicable.

20. TERMS AND CONDITIONS OF REPAIR PARTS

Not applicable.

21. LIST OF SERVICE AND DISTRIBUTION POINTS

Not applicable.

22. LIST OF PARTICIPATING DEALERS

Not applicable.

23. PREVENTIVE MAINTENANCE

Not applicable.

24. SPECIAL ATTRIBUTES AND COMPLIANCE

*24 a. Special Attributes*

Not applicable.

*24 b. Section 508 Compliance*

To be addressed on a task order basis. The Electronic and Information Technology (EIT) standard can be found at ([www.Section508.gov](http://www.Section508.gov)).

25. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

133312947

26. CENTRAL CONTRACTOR REGISTRATION (CCR) DATABASE

Cahaba Safeguard Administrators, LLC (CSA) is registered with SAM, since the consolidation of the Central Contractor Registration (CCR) Database/FedReg, ORCA, and EPLS. Our registration on SAM is currently valid through 10/18/2016.

### iii. Executive Summary

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Using this General Services Administration (GSA) contract vehicle, CSA is ready to supply complementary audit, recovery audit, and program management services to all federal government agencies. CSA applies an understanding of Medicare rules and regulations, billing, coverage determinations, and payment models to determine program overpayments, underpayments, and duplicate payments. Furthermore, our process is refined by using data analytics to pinpoint the most important data and issues.

CSA provides the experience, tools, and resources necessary to obtain accurate audit results. We determine the focus of each audit in order to quickly identify areas requiring further investigation. Working with our customers to understand their specific needs, we apply our expertise in healthcare recovery audits and then focus our efforts on the most crucial potential program vulnerabilities. We do this by applying our custom-designed processes and technology, created specifically to detect, investigate, recover, and prevent overpayments, fraud, waste, and abuse. Additionally, our customers benefit from our extensive knowledge of Medicare payment models and rate setting and our customer-centric program management.

CSA is a general management/consulting firm based in Birmingham, Alabama, with offices in North Carolina and Iowa. Government healthcare agencies have turned to CSA for over 15 years to provide recovery audit, complementary audit, and project management services in the areas of auditing, fraud investigations, data analysis, and medical review. More specific experience for each SIN, Complementary Audits, Recovery Audits and Program Management, follows:

#### COMPLEMENTARY AUDIT SERVICES (SIN 520-8 and SIN 520-8RC)

- Conduct cost report audits for government healthcare programs by ensuring compliance with CMS directives and instructions, program law, Generally Accepted Government Auditing Standards (GAGAS), and Generally Accepted Accounting Principles (GAAP).
- Process provider cost report appeals based on applicable Provider Review Reimbursement Board (PRRB) guidelines, CMS directives and instructions, program law, GAGAS, and GAAP.
- Develop and implement targeted audit plans for specific purposes such as rebasing, wage index development, and rate setting.
- Evaluate and recommend potential outcomes due to program changes for specific providers, such as stand-alone cancer hospitals, rural community hospitals, and home health agencies through target audits.
- Identify cost report data elements impacting audit or reimbursement issues for components such as bad debts, organ acquisitions, and graduate nurse education reimbursement. Recommend program improvements.
- Design audit procedures and processes in accordance with customer needs and applicable guidelines for cost elements outside standard cost reports.
- Apply data analytics for targeted audit plans and potential program changes like those described above.

## RECOVERY AUDITS (SIN 520-9 and SIN 520-9RC)

- Monitor whether or not reasonable payments were made to hospitals and providers in accordance with a variety of regulations and demonstration projects.
- Identify Medicare providers who have been potentially overpaid and require additional recovery audit work.
- Perform recovery audit work on identified Medicare providers to determine amount of overpayment
- Quantify the overpayment amount, initiate and coordinate the recovery of the overpaid funds
- Where instances of fraud are noted, work with appropriate Centers for Medicare and Medicaid Services (CMS) or the Military Health System (MHS) officials and law enforcement officials to pursue further action
- Policy and regulation development assistance
- Expert Witness services in support of litigation, claims, or other formal cases
- Determine reasonable costs for healthcare services

## PROGRAM MANAGEMENT SERVICES (SIN 520-21 and SIN 520-21RC)

- **Program management**
  - Program integration services
  - Program policy and regulation development assistance
  - Implementation support for new workloads, including workload transitions and demonstration projects
  - Program oversight for compliance with benefit scope and payment structures
    - Data analytics for data mining, predictive modeling, text mining
    - Building crosswalks between federal healthcare programs beneficiary databases for data matching of dually eligible beneficiaries
    - Provide a multi-disciplinary team for review of data aberrancies, reimbursement issues and potential fraud, waste and abuse
- **Project management**
  - Project leadership and communications with stakeholders
  - Project planning and scheduling
  - Project management, including performance monitoring and measurement
  - Develop project management tools to track a variety of workloads, goals, and deadlines
  - Reporting and documentation associated with project/program objectives
  - Stakeholders briefings, participation in required meetings, and related project support services
  - Project close-out services

## Appendix A - Labor Rates

Proposed Labor Category	10/5/15 – 10/4/16	10/5/16 – 10/4/17	10/5/17 – 10/4/18	10/5/18 – 10/4/19	10/5/19 – 10/4/20
<b>Administrative Coordinator**</b>	\$53.71	\$54.41	\$55.11	\$55.83	\$56.56
<b>Administrator III</b>	\$116.54	\$118.05	\$119.59	\$121.14	\$122.71
<b>Advanced Staff Audit Specialist</b>	\$81.04	\$82.09	\$83.16	\$84.24	\$85.34
<b>Advanced Staff Auditor</b>	\$81.77	\$82.83	\$83.91	\$85.00	\$86.10
<b>Analyst</b>	\$139.89	\$141.70	\$143.55	\$145.41	\$147.30
<b>Audit Analyst II</b>	\$81.01	\$82.06	\$83.13	\$84.21	\$85.31
<b>Audit Analyst III</b>	\$88.18	\$89.33	\$90.49	\$91.66	\$92.86
<b>Audit Director</b>	\$220.54	\$223.41	\$226.32	\$229.26	\$232.24
<b>Audit Manager</b>	\$157.29	\$159.33	\$161.41	\$163.50	\$165.63
<b>Audit Task Order Manager</b>	\$189.46	\$191.92	\$194.42	\$196.95	\$199.51
<b>Benefit Integrity Coordinator</b>	\$94.85	\$96.08	\$97.33	\$98.59	\$99.88
<b>Benefit Integrity Manager</b>	\$104.70	\$106.06	\$107.44	\$108.84	\$110.26
<b>Benefit Integrity Specialist**</b>	\$52.37	\$53.05	\$53.74	\$54.44	\$55.15
<b>Chief Legal Counsel</b>	\$130.85	\$132.55	\$134.27	\$136.02	\$137.79
<b>Data Analysis Manager</b>	\$134.24	\$135.99	\$137.75	\$139.55	\$141.36
<b>Database Administrator</b>	\$103.92	\$105.27	\$106.64	\$108.02	\$109.43
<b>DBA Coordinator</b>	\$114.43	\$115.92	\$117.42	\$118.95	\$120.50
<b>Director of Operations</b>	\$159.39	\$161.48	\$163.56	\$165.68	\$167.84
<b>In-Charge Auditor</b>	\$96.68	\$97.94	\$99.21	\$100.50	\$101.81
<b>Investigator II</b>	\$83.62	\$84.71	\$85.81	\$86.93	\$88.06
<b>Investigator III</b>	\$83.98	\$85.07	\$86.18	\$87.30	\$88.43
<b>Junior Analyst**</b>	\$68.33	\$69.22	\$70.11	\$71.03	\$71.95
<b>Medical Review Manager</b>	\$88.71	\$89.86	\$91.03	\$92.21	\$93.41
<b>Nurse Consultant II</b>	\$92.43	\$93.63	\$94.85	\$96.08	\$97.33
<b>Nurse Consultant Coordinator</b>	\$96.11	\$97.36	\$98.63	\$99.91	\$101.21
<b>Program Director</b>	\$177.93	\$180.25	\$182.59	\$184.96	\$187.37
<b>Reimbursement Technical Advisor</b>	\$150.20	\$152.15	\$154.13	\$156.13	\$158.16
<b>Resource Analyst</b>	\$97.46	\$98.73	\$100.01	\$101.31	\$102.63
<b>Senior Accountant</b>	\$90.12	\$91.29	\$92.47	\$93.68	\$94.89
<b>Senior Audit Specialist</b>	\$117.56	\$119.09	\$120.64	\$122.20	\$123.79
<b>Senior Auditor</b>	\$123.95	\$125.56	\$127.19	\$128.85	\$130.52
<b>Senior Statistician</b>	\$94.40	\$95.63	\$96.87	\$98.13	\$99.41
<b>Staff Accountant</b>	\$62.85	\$63.66	\$64.49	\$65.33	\$66.18

## Appendix B – Labor Category Descriptions

<b>Administrative Coordinator**</b>	
<b>Relevant SINS</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Provides administrative and clerical duties in a timely and accurate manner.
<b>Education Requirements</b>	High school graduate
<b>Experience Requirements</b>	1 to 3 years secretarial experience required
<b>Certifications</b>	None

<b>Administrator III</b>	
<b>Relevant SINS</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Maintains the various systems in use by CSA as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse, as well as assist with new development projects in unison with other System Administrators. Responsibilities include the evaluation of system resources, usage, performance and security of those systems. Daily, weekly and monthly ongoing administration tasks are to be performed to keep the designated systems functioning without interruption. Act as a technical lead in designing enhancements to improve performance of existing programs and new development projects.
<b>Education Requirements</b>	<ul style="list-style-type: none"> <li>• Bachelor’s degree in a technical field plus three years of relative experience is a prerequisite qualification</li> <li>• Four or more years specific technical experience in a relative environment in lieu of degree</li> </ul>
<b>Experience Requirements</b>	4 or more years specific technical experience in a relative environment
<b>Certifications</b>	None

<b>Advanced Staff Audit Specialist</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Performs or assists in the performance of audits in an accurate and timely manner. Performs or assists in performance of functions related to the program process. Ensures audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue. Ensures appeal functions are performed in accordance with program regulations, the Provider Reimbursement Review Board (“PRRB” or “Board”) guidelines and decisions, as well as directives from the Centers for Medicare and Medicaid Services (CMS).
<b>Education Requirements</b>	<ul style="list-style-type: none"> <li>• Bachelor’s degree in accounting or related field</li> <li>• Minimum of 24 semester hours of accounting courses</li> </ul>
<b>Experience Requirements</b>	Requires 1 to 2 years healthcare/audit experience basic knowledge of program reimbursement principles or an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Complete no-audit reviews with little supervision.
<b>Certifications</b>	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

<b>Advanced Staff Auditor</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Performs or assists in the performance of audits in an accurate and timely manner. Ensure audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue.
<b>Education Requirements</b>	<ul style="list-style-type: none"> <li>• Bachelor’s degree in accounting or related field</li> <li>• Minimum of 24 semester hours of accounting courses</li> </ul>
<b>Experience Requirements</b>	Requires 1 to 2 years healthcare and/or audit experience and basic knowledge of program reimbursement principles or an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Ability to complete no-audit reviews with supervision.
<b>Certifications</b>	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred

<b>Analyst</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Acts as a subject-matter expert and designs, implements and modifies new and existing systems and coordinates projects to provide solutions to support the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
<b>Education Requirements</b>	Bachelor’s degree
<b>Experience Requirements</b>	Familiarity with programming languages and systems design with 4 or more years of experience preferred
<b>Certifications</b>	None

<b>Audit Analyst II</b>	
<b>Relevant SINS</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	<p>Performs or assists in the completion of any of the following in an accurate and timely manner: performance of audits, appeals audits and related appeals activities including preparation of position papers, analysis and verification of provider's data and systems in support of healthcare programs, development and/or support of fraud and abuse investigations, programming application, statistical, technical, and analytical skills in the design, execution, and dissemination of reports and analytics.</p> <p>Ensure these audits and/or investigations are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, generally accepted accounting principles (GAAP) in those cases where program principles do not address to an issue and any other governmental agency regulations and principles as appropriate.</p>
<b>Education Requirements</b>	Bachelor's degree in accounting or related field with a minimum of 24 semester hours of accounting courses
<b>Experience Requirements</b>	Requires 1 to 2 years healthcare and/or audit experience or an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Experience in a position using SAS Enterprise, SQL or other comparable query software is preferred.
<b>Certifications</b>	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

<b>Audit Analyst III</b>	
<b>Relevant SINS</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	<p>Performs or assists in the completion of any of the following in an accurate and timely manner: performance of audits, appeals audits and related appeals activities including preparation of position papers, analysis and verification of provider's data and systems in support of healthcare programs, development and/or support of fraud and abuse investigations, programming application, statistical, technical, and analytical skills in the design, execution, and dissemination of reports and analytics.</p> <p>Ensure these audits and/or investigations are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, generally accepted accounting principles (GAAP) in those cases where program principles do not address to an issue and any other governmental agency regulations and principles as appropriate.</p>
<b>Education Requirements</b>	Bachelor's degree in accounting or related field with a minimum of 24 semester hours of accounting courses
<b>Experience Requirements</b>	<ul style="list-style-type: none"> <li>Requires 2 to 3 years health care and/or audit experience or requires an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required.</li> <li>Experience in a position using SAS Enterprise, SQL or other comparable query software is preferred.</li> <li>The incumbent is able to complete reviews of all provider/physician types with little supervision and interpret pertinent laws and regulations and appropriately communicate these findings.</li> </ul>
<b>Certifications</b>	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

<b>Audit Director</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Provides the executive direction for the accomplishment of all work under the assigned task orders. This position is responsible for all operations related to the assigned task orders and directs all activities required to assure timely, accurate, and thorough performance required to meet or exceed customer requirements, while providing high quality work products.
<b>Education Requirements</b>	<ul style="list-style-type: none"> <li>• Bachelor's degree, preferred in accounting or another analytical field</li> <li>• Master's degree from an accredited institution or an equivalent number of credits in business, economics, budget, management, computer science or the ADP field</li> <li>• Substitution of 4 additional years of relative work experience in lieu of the Master's degree</li> </ul>
<b>Experience Requirements</b>	Requires 10 or more years of professional experience with at least 3 years as a senior manager responsible for managing complex systems and work flow
<b>Certifications</b>	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) and/or Master's degree is preferred

<b>Audit Manager</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	<p>Manage and direct audits to meet timeliness and quality standards. Ensure audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue.</p> <p>Organize the staff and manage the activities required to assure timely, accurate, and thorough rate setting activities, audits, appeals, and provider education to ensure accurate reporting and to perform other reimbursement activities</p>
<b>Education Requirements</b>	Bachelor Degree in statistics, nursing, health care, business, accounting or related field. (If position is primarily over auditors, a BS in Accounting or BS with at least 24 hours of Accounting is required. If position is primarily over nurses, a BS in nursing and an active RN license is required.)
<b>Experience Requirements</b>	<ul style="list-style-type: none"> <li>• Minimum of five years of successful supervisory or leadership experience.</li> <li>• Possess leadership, team building and/or Performance Management skills to evaluate and improve the performance of the staff</li> <li>• The ability to develop ideas to effectively solve problems and effectively communicate these solutions to others for implementation</li> </ul>
<b>Certifications</b>	N/A

<b>Audit Task Order Manager</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Direct the activities required to assure timely, accurate, and thorough processing for CSA operational areas. Meet or exceed the Statement of Work (SOW)/TO requirements while providing high quality service to our customers and the public. Responsible for creating an organizational structure and overseeing the hiring of staff in order to best accomplish the tasks under his/her purview. Interact with all levels of CSA management to coordinate workflow and act as the official spokesperson to the agencies. Utilize his/her expertise when performing other tasks such as quality assurance, customer service, etc. In addition, while performing any of his/her duties, the incumbent shall act as a spokesperson for CSA.
<b>Education Requirements</b>	<ul style="list-style-type: none"> <li>• A Bachelor's Degree (If position is primarily over auditors, a BS in Accounting or BS with at least 24 hours of Accounting is required. If position is primarily over nurses, a BS in nursing is required.)</li> <li>• A Master's Degree from an accredited institution or substitution of 4 additional years of related work experience in lieu of the master's degree</li> </ul>
<b>Experience Requirements</b>	<ul style="list-style-type: none"> <li>• Five or more years of professional experience with at least 3 years as a manager/supervisor responsible for managing complex systems and work flow and experience</li> <li>• A broad knowledge of claims processing, systems support, correspondence processing, and/or ad hoc reporting requirements and capabilities</li> </ul>
<b>Certifications</b>	

<b>Benefit Integrity Coordinator</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	The BI Coordinator position evaluates, investigates and adjudicates highly complex and priority instances in the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse while providing guidance to the investigative staff in detection such activities. Gains insight to cases and schemes across all of lines of business and is also responsible for coordinating and monitoring Quality Improvement/Quality Assurance activities.
<b>Education Requirements</b>	Bachelor's degree
<b>Experience Requirements</b>	<ul style="list-style-type: none"> <li>• Incumbent must possess the knowledge, experience and performance level that are typical of an associate who has at a minimum 3 years of experience with Medicare Benefit Integrity activities or other related fields.</li> <li>• At least 2 years of project management experience.</li> </ul>
<b>Certifications</b>	A certification as a Certified Fraud Examiner (CFE) is preferred

<b>Benefit Integrity Manager</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	The Benefit Integrity Manager is responsible for directing the work of the Benefit Integrity/Investigation unit staff in the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
<b>Education Requirements</b>	Bachelor's degree, preferably in one of the following disciplines: business, Health Care, mathematical/statistical, accounting and/or law enforcement
<b>Experience Requirements</b>	1 to 3 years with contract law, Medicare policy, and claims processing procedures
<b>Certifications</b>	None

<b>Benefit Integrity Specialist**</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Performs and/or assists in the preparation, research, and completion of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse investigations/cases involving program abuse and/or fraudulent activities including communicating with providers, beneficiaries, professional associations, law enforcement, and/or other government agency staff.
<b>Education Requirements</b>	High school graduate
<b>Experience Requirements</b>	1 year or less proven knowledge of Medicare regulations pertaining to claims billing policies, claims processing policies and claims adjudication
<b>Certifications</b>	None

<b>Chief Legal Counsel</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Provides legal advice and research as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
<b>Education Requirements</b>	JD degree
<b>Experience Requirements</b>	<ul style="list-style-type: none"> <li>• Membership in the State Bar Association</li> <li>• Must have 3 to 5 years of experience as a practicing attorney</li> <li>• In-depth knowledge of corporate law, the Medicare program and federal contract procurement.</li> <li>• Previous law enforcement experience is preferred.</li> </ul>
<b>Certifications</b>	Licensed to practice law

<b>Data Analysis Manager</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	The Data Analysis Manager position ensures all data analysis requirements as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse in a timely and accurate manner. The incumbent must be able to manage and direct a diverse and highly professional staff consisting of Mastered level statisticians, registered nurse coordinators, DBA Coordinators, and Analysts.
<b>Education Requirements</b>	Bachelor's degree in statistics, health care, business, accounting or related field.
<b>Experience Requirements</b>	Minimum of 5 years of successful supervisory or leadership experience
<b>Certifications</b>	None

<b>Database Administrator</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Provides the support required to administer and control CSA corporate database resources in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. It is responsible for the logical design, physical design, implementation, and ongoing administration of the databases.
<b>Education Requirements</b>	Bachelor's degree in a technical field plus three years of relative work experience
<b>Experience Requirements</b>	Minimum of 5 years specific technical experience in a relative environment
<b>Certifications</b>	None

<b>DBA Coordinator</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Performs multiple tasks and acts as a liaison between departments as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. Prioritization and workflow are daily tasks to be monitored and changed to effectively meet the stringent timeframes set out by our customers. May also act as the Statistician applying statistical and technical skills in the design, collection, compilation and analysis of statistical data to support the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
<b>Education Requirements</b>	Master's degree in statistics, mathematics, or a closely related field
<b>Experience Requirements</b>	More than 5 years demonstrated working knowledge of statistical techniques including the use of SAS/SPSS and related computer database languages
<b>Certifications</b>	None

<b>Director of Operations</b>	
<b>Relevant SINS</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Provides the daily direction to accomplish all work under the assigned task orders. This position is responsible for area operations to assure timely, accurate, and thorough performance required to meet or exceed customer requirements, while providing high quality work products.
<b>Education Requirements</b>	Bachelor's degree
<b>Experience Requirements</b>	A minimum of 3 years' supervisory experience in the general area of medical/utilization review or fraud investigation.
<b>Certifications</b>	None

<b>In-Charge Auditor</b>	
<b>Relevant SINS</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Performs or assists in the performance of audits in an accurate and timely manner. Ensure audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue.
<b>Education Requirements</b>	Bachelor's degree in accounting or related field with a minimum of 24 semester hours in accounting courses.
<b>Experience Requirements</b>	Requires 2 to 3 years health care and/or audit experience and a good knowledge of program reimbursement principles or an equivalent combination of education and experience. Ability to complete reviews of all provider types with little supervision.
<b>Certifications</b>	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

<b>Investigator II</b>	
<b>Relevant SINS</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	The Investigator II is responsible for reviewing, analyzing and developing the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. The Investigator II is assigned more complex work activities and is responsible for prioritizing their workload and conduct independent research of guidelines and laws.
<b>Education Requirements</b>	Bachelor's degree
<b>Experience Requirements</b>	1 to 3 years of experience within the disciplines of fraud investigation, law enforcement investigation or like fields.
<b>Certifications</b>	None

<b>Investigator III</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	The Investigator III is responsible for reviewing, analyzing and developing the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. The Investigator III is assigned the most complex work activities and is responsible for prioritizing their workload while directing the workload of other investigators. Conducting independent research of guidelines and laws and assisting with the quality assurance review on the work of the other Investigators are additional responsibilities of this position.
<b>Education Requirements</b>	Bachelor's degree
<b>Experience Requirements</b>	More than 3 years of experience within the disciplines of fraud investigations, law enforcement investigation or like fields.
<b>Certifications</b>	A certification as a Certified Fraud Examiner (CFE) is preferred

<b>Junior Analyst**</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Works directly with the BI Staff to support the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. The incumbent performs extensive research on applicable laws and policies to find relevant material, interprets statistical findings and apply them to the discussed topic, publish proactive case referral packets and monitors all data requests.
<b>Education Requirements</b>	High School graduate
<b>Experience Requirements</b>	<ul style="list-style-type: none"> <li>• Minimum 1 year experience using Medicare regulations/guidelines, ICD-9 coding, and medical terminology</li> <li>• Minimum 1 year experience working with claims processing systems, and correspondence requirements</li> </ul>
<b>Certifications</b>	None

<b>Medical Review Manager</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Directs the activities required to assure timely, accurate, and thorough processing as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
<b>Education Requirements</b>	Bachelor's degree in nursing
<b>Experience Requirements</b>	<ul style="list-style-type: none"> <li>• Must possess the knowledge, experience, and performance level that is typical of an associate who has at a minimum 5 years of experience with Medicare Benefit Integrity/Medical review activities or other Medicare payment safeguard functions</li> <li>• Minimum of 3 years of supervisory experience in the general area of medical/utilization review</li> </ul>
<b>Certifications</b>	None

<b>Nurse Consultant II</b>	
<b>Relevant SINS</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Acts as a subject-matter expert to conduct prepayment and post payment reviews of all types of healthcare claims utilizing professional medical knowledge to determine the medical necessity/coverage of services billed in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
<b>Education Requirements</b>	Bachelor's degree or actively pursuing a Bachelor's degree
<b>Experience Requirements</b>	<ul style="list-style-type: none"> <li>• Minimum of 5 years clinical experience.</li> <li>• Minimum of 2 to 4 years of experience and proven abilities within the medical/utilization review discipline.</li> </ul>
<b>Certifications</b>	Licensed Registered Nurse

<b>Nurse Consultant Coordinator</b>	
<b>Relevant SINS</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Applies professional medical experience and applicable policy to two-dimensional data to select fraudulent trends for further review while providing guidance to the nurse consulting staff in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. The coordinator gains insight to cases and schemes across all of lines of business and is also responsible for coordinating and monitoring Quality Improvement/Quality Assurance activities.
<b>Education Requirements</b>	Bachelor's degree
<b>Experience Requirements</b>	<ul style="list-style-type: none"> <li>• Minimum of 5 years clinical experience.</li> <li>• Minimum of 2 to 4 years of experience and proven abilities within the medical/utilization review discipline.</li> </ul>
<b>Certifications</b>	Licensed Registered Nurse

<b>Program Director</b>	
<b>Relevant SINS</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Provides the executive direction for the accomplishment of all work under the assigned task orders. This position is responsible for all operations related to the assigned task orders and directs all activities required to assure timely, accurate, and thorough performance required to meet or exceed customer requirements, while providing high quality work products.
<b>Education Requirements</b>	<ul style="list-style-type: none"> <li>• Bachelor's degree, preferred in accounting or another analytical field</li> <li>• Master's degree from an accredited institution or an equivalent number of credits in business, economics, budget, management, computer science or the ADP field</li> <li>• Substitution of 4 additional years of relative work experience in lieu of the Master's degree</li> </ul>
<b>Experience Requirements</b>	Requires 10 or more years of professional experience with at least 3 years as a senior manager responsible for managing complex systems and work flow
<b>Certifications</b>	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) and/or Master's degree is preferred

<b>Reimbursement Technical Advisor</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	<p>To develop and provide direction to the Managers and the audit staff on the business plan, department, and Government Programs goals. The incumbent is also responsible for the communication of workflow and provider issues to Managers of the department.</p> <p>Completes provider position papers and provider appeal requests to support the appeals process.</p> <p>Ensures appeal functions are performed in accordance with program regulations, the Provider Reimbursement Review Board (“PRRB” or “Board”) guidelines and decisions, as well as directives from the Centers for Medicare and Medicaid Services (CMS).</p> <p>Ensures management controls for the reimbursement functions are documented and used to meet program guidelines.</p>
<b>Education Requirements</b>	Bachelor’s degree in accounting or related field with a minimum of 24 semester hours of accounting courses
<b>Experience Requirements</b>	Requires at least 15 years of program experience, including comprehensive technical knowledge and demonstrated ability to interpret and apply program principles of reimbursement within time budgets and appropriate quality.
<b>Certifications</b>	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred

<b>Resource Analyst</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Applies analytical skills to monitor, analyze, research, track, and control customer projects designed to improve quality, productivity, and service in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
<b>Education Requirements</b>	Bachelor’s degree preferably in Business Administration or related field
<b>Experience Requirements</b>	More than 3 years of experience working in area involving project coordination, technical writing, process re-engineering, or quantitative analysis
<b>Certifications</b>	None

<b>Senior Accountant</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Appropriately vouchers cost experience by the company to its customer in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. To ensure the billing process is compliant with regulations, the incumbent must possess knowledge of the Generally Accepted Accounting Principle (GAAP), the Federal Acquisition Requirements (FAR) and the internal accounting systems used by the company and its parent company. The incumbent will perform analysis of historical accounting/cost information to be used in determining various trending needs, as well as, projections of costs.
<b>Education Requirements</b>	<ul style="list-style-type: none"> <li>• Bachelor’s degree in accounting</li> <li>• Master’s in Accountancy or Master’s in Business Administration beneficial</li> </ul>
<b>Experience Requirements</b>	Minimum 4 years of accounting experience
<b>Certifications</b>	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

<b>Senior Audit Specialist</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Performs or assists in the performance of audits in an accurate and timely manner.. Ensures audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue. Ensures appeal functions are performed in accordance with program regulations, the Provider Reimbursement Review Board (“PRRB” or “Board”) guidelines and decisions, as well as directives from the Centers for Medicare and Medicaid Services (CMS).
<b>Education Requirements</b>	Bachelor’s degree in accounting or related field with a minimum of 24 semester hours of accounting courses
<b>Experience Requirements</b>	Requires at least 2 years healthcare and/or audit experience and extensive knowledge of program reimbursement principles or an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Ability to complete reviews of all provider types and difficulty levels.
<b>Certifications</b>	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred

<b>Senior Auditor</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Performs or assists in the performance of audits in an accurate and timely manner. Ensure audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue.
<b>Education Requirements</b>	Bachelor's degree in accounting or related field with a minimum of 24 semester hours in accounting courses.
<b>Experience Requirements</b>	Requires 3 to 4 years healthcare and/or audit experience with at least 2 years of audit experience. Must have extensive knowledge of Medicare reimbursement principles or an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Able to complete reviews of all provider types and difficulty levels.
<b>Certifications</b>	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

<b>Senior Statistician</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Applies statistical and technical skills in the design, collection, compilation and analysis of statistical data as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. Performs statistical analyses for a broad spectrum of types of data and identifies patterns of practice.
<b>Education Requirements</b>	Master's degree in statistics
<b>Experience Requirements</b>	1 to 3 years of experience with statistical processes/techniques and methodologies including the use of SAS/SPSS and related computer database languages.
<b>Certifications</b>	None

<b>Staff Accountant</b>	
<b>Relevant SINs</b>	520-8, 520-8RC, 520-9, 520-9RC, 520-21, and 520-21RC
<b>Functional Responsibilities</b>	Appropriately vouchers cost experience by the company to its customer in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. To ensure the billing process is compliant with regulations, the incumbent must possess knowledge of the Generally Accepted Accounting Principle (GAAP), the Federal Acquisition Requirements (FAR) and the internal accounting systems used by the company and its parent company. The incumbent will perform analysis of historical accounting/cost information to be used in determining various trending needs, as well as projections of costs.
<b>Education Requirements</b>	<ul style="list-style-type: none"> <li>• Bachelor's degree in accounting</li> <li>• Master's in Accountancy or Master's in Business Administration beneficial</li> </ul>
<b>Experience Requirements</b>	Minimum 1 year of accounting experience
<b>Certifications</b>	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

## Appendix C – Service Contract Act

SCA Eligible Contract Labor Category	Commercial Rate	SCA Equivalent Code – Title	Wage Determination No. and Hourly Rate, based on Revision 17 (07/08/2015):
Administrative Coordinator**	\$53.71	#01112 - General Clerk II	<b>05-2104</b> \$16.24
Benefit Integrity Specialist**	\$52.37	#01052 – Data Entry Operator II	<b>05-2104</b> \$15.69
Junior Analyst**	\$68.33	#01052 – Data Entry Operator II	<b>05-2104</b> \$15.69

\*\*The Service Contract Act (SCA) is applicable to this contract and it includes SCA applicable labor categories. The prices for the indicated (\*\*) SCA labor categories are based on the U.S. Department of Labor Wage Determination Number(s) identified in the SCA matrix. The prices offered are based on the preponderance of where work is performed and should the contractor perform in an area with lower SCA rates, resulting in lower wages being paid, the task order prices will be discounted accordingly.