

University of New Mexico

Hospitals

Request for Proposals

Addendum No. 1

Project Number:

RFP P427-20

Medical Coders and Auditors



Due Date: October 13, 2020 2:00 p.m. MST

The time and date proposals are due shall be strictly observed.

UNMHS RFP P427-20 Medical Coders and Auditors

General Questions:

1. Whether companies from Outside USA can apply for this?
(like, from India or Canada)

Any company may apply. However, services must be performed as required by UNMH and data must be accessed and protected in accordance with UNMH requirements. UNMH policy does not allow offshoring of Protected Health Information.

2. Whether we need to come over there for meetings?
Attendance at meetings will be required based on UNMH need and at UNMH sole discretion.

3. Can we perform the tasks (related to RFP) outside USA?
(like, from India or Canada)

UNMH requires all work to be performed in accordance with all Federal law and regulations, including HIPAA as well as consistent with UNMH data and network security requirements. UNMH's data security requirements require all access to protected health information and the UNMH network to be from geographic locations within the United States. Patient data and the UNMH network cannot be accessed from outside USA.

4. Can we submit the proposals via email?

No.

5. Will the University entertain responses to the above-mentioned RFP for only partial services support, i.e. auditing only? NO

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| 6. How many coders are you currently using from vendors? <u>Approximately 46 coders</u> |
| 7. How many vendors are you currently partnered? <u>1</u> |
| 8. Backlog? If yes, provide the approximate amount. <u>On the outpatient side, on average, worklists are about 12 days out – in reality, worklists should be 7 days or lower and by next June 2021, the goal should be 4 days or less. For all other areas (IP, observation, same day surgery, and ED), goal is to have all areas 3 days or less in turnaround.</u> |
| 9. Describe current coding model and how work is distributed, e.g., are coders in certain areas or across depts., query process, etc. <ul style="list-style-type: none">• <u>IP – Coders code all available IP encounters. IP coders will perform retrospective queries, as needed. Facility has an internal guideline for retrospective queries.</u>• <u>Observation (OBS) – We have set coders that code OBS encounters – though at times, we have trained an OBS coder to work on same day surgeries as well. Queries are occasionally sent, depending on documentation needs.</u> |

- Same Day Surgery (SDS) – We have set coders that code SDS encounters – thought at time, training has been provided to allow SDS coder to code OBS encounters. Occasional queries may be sent, depending on documentation needs.
- ED – ED coders are exclusively utilized to code emergency room encounters.
- Outpatient/Ancillary – Coders are generally trained to code in 2-3 areas. All worklists are created with like clinics.

10. Denial/Edit expectation and process/systems (Are coders working their denials/edits?) No expectation of coders working denials, though we are interested in coders working edits. We utilize Soarian for all edit (NCCI, MUE and MN) resolutions.

It should be noted that on all outpatient encounters, coders are expected to review NCCI, MUE and MN edits and resolve prior to finalizing coding on any given encounter.

11. Is a CDI program in place? If so, who is responsible for conducting the physician queries as related to coding? CDI program is in place – At this time, program is comprised of 13 RN CDIs that are being exclusively utilized on IP encounters. Queries are a shared responsibility between CDI and IP coders.

12. What is the expected start date and/or timeline of the partnership? We are looking for a long-term partnership – in terms of start date, completion of RFP and contracting will dictate when the start date will be commenced.

13. Will our coders have Encoder access? Can the remote coder utilize their own laptop or must the vendor issue all coders a laptop? (Staff page 10 and Misc. page 11) All contract coders will be provided access to our systems, including our Encoder. In terms of laptop, that will be left to the vendors' preference, as long as security measures are in place by the vendor to safeguard PHI and all other sensitive information.

14. States ALL OP Coders MUST hold CPC or CCS-P Credentials. Are other credentials acceptable? (Objectives pages 9 and 10) The following credentials are also acceptable: CCS, CIRCC, RHIT (depending on experience)

15. What does UNM extended price mean? (Page 33) If vendor offers a reduced pricing option if client decides to utilize vendor for a longer set period of time.

16. Can you elaborate on the Onboarding/Testing requirements, Access turnaround time & process, Training/Systems Walk-through Plan This will depend on each vendor and their own onboarding requirements – however, UNMH will work with vendor on crafting an onboarding and training plan for all new coders. In addition, UNMH will request access for all new contract coding staff. As systems access is outside the purview of HIM, turnaround time can vary between 2-4 weeks.

17. Estimated chart volume(s) by chart type and specialty (Objective page 9) Overall, visit volumes were placed in RFP – with the exception of emergency room volumes, which average 100,000 annually.

18. Current productivity standard(s) by chart type

- IP – 13 charts/day
- OBS – 18 charts/day
- SDS – 30 charts/day
- ED – 56 charts/day
- Outpatient – 80 visits/day (if diagnosis code is only needed to be coded); 48 visits/day (if diagnosis and CPT portions are both completed)
- Edits – 70 edit resolutions/day

19. Is the vendors standard QA for coders acceptable? 100% QA is noted for the first month and then monthly. (Performance Measurements page 11) Vendor may provide their QA standards and process and UNMH will review accordingly to determine if we are in agreement.

20. Productivity/Quality Reporting expectation, e.g., will our coding manager have access to run reporting or will the client provide reporting? (Management page 11) Either option could be viable, depending on vendor/client preference.

21. How many vendor auditors will have access to your systems? How will they login? (Management page 11) For QA auditors (contract auditors auditing contract coders), there are no limitations on system access; while any external audits may have limitations (this is still an outstanding issue on the UNMH IT side, which cannot be expanded upon at this time).

22. What are your DNFB and A/R Goals At this time, specific goals concerning internal DNFB and A/R will not be disclosed – though, it should be reiterated that all areas should be down to 3 days or less for coding.