



To: All Potential Offerors
From: Gary Prosocki, Procurement Specialist
Date: March 23, 2023
Subject: RFP 480-23, Coding Outpatient – Outsourcing (REBD)

Please add this Addendum #1 to the original RFP documents. It shall be the responsibility of the interested Offerors to adhere to any changes or revision to the RFP as identified in this Addendum #1.

The following changes are being made to the RFP document:

1. Page 1, first paragraph, change Offer Due Date day of week from Monday March 31, 2023 to Friday March 31, 2023.
2. Page 4, Section 1.5.1.4, change Request for Clarifications Date day of week from Monday March 22, 2023 to Wednesday March 31, 2023.
3. Page 6, Section 2.3.2.D, add “6. Exhibit K”.
4. Delete Exhibit J in its entirety, and all references to.

The following questions, and our responses, received as of 3/22/2023, shall be made a part of the procurement file:

Question: Under Exhibit A, Objective, Paragraph 1, Sentence 2: “as UNMH has historically and currently only utilizes internal coders and supplemental contract coding for its coding operation....”. If RFP is completely outsourced to the Offeror, will offeror have opportunity to offer any affected current staff of UNMH?

Response: Yes.

Question: Due to the magnitude of the RFP and that hard copies/thumb drive are required, would you be willing to offer an extension until April 14th?

Response: No.

Question: Under Exhibit A, Objective: Paragraph 1, Bullet point 13 “Ancillary (audiology, rehab, etc.)”. Please provide all services under “Ancillary”

Response: Audiology, rehab and laboratory only.

Question: The rebid lists Exhibit J and K but is not listed in the Proposal Format requested (2.3.2). Do you want Exhibits J and K completed at this time? The original RFP listed references under Proposal Content section and now it does not. Do we remove that from our new response?

Response: See revisions above.

Question: Why is UNMH going out to bid at this time?

Response: There is interest at this time to see if outsourcing the outpatient coding operation may be more cost-effective and operationally efficient for the organization. UNMH has historically kept an internal coding team in place, while utilizing supplemental contract coders as needed. Due to the pandemic, similar to other institutions, it has been challenging to keep the internal coding team in place, due to relocations, retirements, and lack of talent to fill internal positions. In an effort to stabilize the coding operation, outsourcing is being reviewed as an option.

Question: Are the MBE/WBE requirements mandatory?

Response: No.

Question: On Page 12, *“The expected coding turnaround time is 48 hours (if all documentation is present to code and no other extenuating circumstances with encounter), with the exception of national holidays and weekends). Vendor would be required to ensure that all pended encounters (encounters that could not be coded due to lack of documentation and/or other reasons) would be reviewed on a weekly basis to ensure timely processing after being placed on hold.”*. Will awarded vendor be assigned specific work queues and manage coder assignments on a daily basis within the work queues to keep volumes at a certain goal or turnaround time? And is the goal to be coding within 48 hours of the date of service? (per page 10)?

Response: If awarded, vendor would be afforded oversight of the full outpatient coding operation. This entails assignment of all work queues that comprise this operation and the ability to manage all coders that are needed to work in these queues. The goal is to turnaround encounters within 48 hours of the date of service, albeit if documentation is present (as noted in question, if documentation is missing and/or in need of clarification, turnaround time would not follow this principle). UNMH will liaison with vendor as needed, but vendor will have the autonomy to manage the operation, so that turnaround outcome is achieved, along with quality and productivity standards.

Question: Will awarded vendor be responsible for determining how many coders are needed to keep WQ within directive? Or will UNM request a specific number of coders?

Response: Vendor would be responsible for determining all operational needs, such as the number of coders needed, for UNMH account.

Question: What is the expectation for Exhibit J? Should Offeror submit completed responses from our three (3) references (page 13) with our response or will UNM be sending Exhibit J to our references after offeror submits response?

Response: See changes above.

Question: Are there any page limits for a vendor’s proposal submission?

Response: No.

Question: Are you looking to award to one or multiple vendors?

Response: This is undecided at this time by UNMH. It will entirely depend on the outcome of this RFP, based on the submitted vendor’s offerings and final determination by UNMH and its organizational needs.

Question: Does UNMH have plan's to transition additional clinics to a SinglePath coding model?

Response: Yes, it is an expectation that all outpatient clinics will transition to SinglePath. At this time, it is expected that all remaining clinics are likely to transition by 2024 (this is an ongoing project, so dates are still fluid).

Question: If UNMH does have plans to transition additional clinics to a SinglePath coding model, do you have an estimated time frame of this transition and clinics that would be affected?

Response: At this time, we have a tentative completion set for 2024 (though this is still fluid, as the project is ongoing at this time). There are approximately 72 remaining services remaining to transition to SinglePath. We have a broad-range of clinics on SinglePath, almost the full spectrum of primary care and all offered specialties.

Question: Would UNMH personnel be involved in any aspect of the vendor's hiring process, i.e., interview potential UNMH coding candidates, administer UNMH coding assessments, etc?

Response: No, vendor would be allowed autonomy for all decisions regarding staffing resources, such as hiring. Vendor would only need to be compliant with UNMH's coder requirements (credentials, etc.).

Question: Which clinics are currently on a SinglePath coding model?

Response: At this time, SinglePath has been employed across a variety of clinic services (primary care and a range of specialties, such as pediatrics, newborn, endocrinology, sleep, pulmonary, gastroenterology, oncology, rheumatology, neurology, surgery, and women's health).

Question: Would the vendor's management team have access to any UNMH system generated productivity reports?

Response: Vendor could be given access to standardized 3M productivity reporting; however, UNMH does not use this currently for tracking productivity of internal staff. UNMH tracks productivity of its internal staff through another productivity model; this would not be given to vendor. The only expectation would be that vendor is tracking productivity of its coders, whether that be by 3M reporting or its own productivity models/reporting.

Question: Why is this RFP being released as a "Rebid"

Response: Previous RFP 474-22 cancelled.

Question: Are there significant differences in the scope of work compared to the previous issued RFP?

Response: Scope of work language concerning foreign coding resources added.

Question: What training method are you currently using to train existing staff on single path coding?

Response: We have internal coding educators and reference materials. Awarded vendor would be provided training by UNMH internal staff, along with all reference materials. There are also additional 3M-generated materials that are available as well and can be given to vendor, if needed.

Question: Do you have facility E/M charging guidelines/tool available to coders for reference?

Response: At this time, the facility levels are determined at the clinic level. For some special caveats, UNMH will provide reference materials for vendor on any facility leveling criteria and clinic-specific instruction.

Question: Do you utilize both pro fee and facility coders in the clinic setting?

Response: Correct, but with SinglePath, it's the same coder coding both the professional fee and facility component. All non-SinglePath clinics utilize a hybrid charging method – Professional charges are captured by providers and submitted on charge tickets, while coders will abstract facility charges and capture diagnosis codes (which will be shared on both the facility and professional fee billings).

Question: Based on the RFP needing to be submitted hard copy, would UNMH consider extending the submission deadline by at least one week?

Response: No.

Question: Our standard is protocol to supply the reference requested; however Change Healthcare values the time of our clients, and does not reach out to reference clients to fill out forms during the proposal submission stage. We will provide you with the requested references, but can we submit Exhibit J upon being down selected?

Response: We'd like to be able to review reference information as one of our selection criteria. If submitted later, this will hinder the review and final selection process.

Question: Please provide further clarification on the contract term?

Response: Contract terms have not been established; UNMH will generally sign for a set number of years to have vendor(s) activated as active vendors. The length (and continuance) of contract term will depend entirely on vendor's ability to efficiently oversee UNMH's outpatient coding operation.

Question: Please clarify if this is to replace your current staff for a set period of time and just not staffing as needed?

Response: This is a RFP with the potential to outsource our entire outpatient coding operation for the foreseeable future.

Question: Is UNMH asking that when we start, it is your expectation that we audit 100% of all charts for 4 weeks following implementation?

Response: It is an expectation by UNMH that vendor employs a comprehensive onboarding plan. In the past, supplemental coding vendors have provided 100% quality assurance reviews for the first 30 days of a coder's time on our account to ensure quality and productivity standards. If vendor employs another type of onboarding, UNMH is opening to hearing said plan if vendor can affirm the quality of their coded charts.

Question: For the 45K-50K monthly volumes listed by services (cardiology, dermatology, etc.) is the assumption that each of the services listed have a professional component?

Response: As mentioned, 25% of our outpatient clinic volumes are on SinglePath; this would require the coding of technical and professional fee charges (based on 50K volume, potentially 12.5K in encounters); while 75% of the remaining clinics are on nonSinglePath (professional fees are captured on charge ticket; coder would be responsible to capture all appropriate diagnosis codes and abstract for any remaining facility fees, based on 50K volume, potentially 37.5K in encounters).

Question: Later in the document, the RFP states their minimum productivity standards are 6/hour for SinglePath and 10/hour for non SinglePath. What is the timeline for reaching 100% of SinglePath for all encounters, and additionally, will SinglePath be used for the entirety of the volumes listed i.e. 45K-50K encounters per month, or is it limited to certain services?

Response: This question is already addressed in the preceding submitted question/responses.

Question: In Exhibit B – Evaluation Criteria (located on page 14), UNMH states that “PROPOSER(S) that fail to provide financial information may be deemed as non-responsive.” As a private company, we do not provide our audited financial information, however, we can provide our revenue numbers. Would this be acceptable for UNMH?

Response: Based on this circumstance, UNMH will allow this option.

Question: Regarding Exhibit J (located on page 33) – Organizational Reference Questionnaire, is it expected for the vendors to send the questionnaire to each client reference or just one reference?

Response: See changes above.

Question: Regarding Exhibit J (located on page 33) – Question #2 asks – “How would you rate the Offeror’s knowledge and expertise regarding the purpose of the RFP?” Is it expected for the vendor to provide a synopsis to the reference or are we supposed to provide them with UNMH RFP documentation?

Response: See changes above.

Question: Regarding Section 1.10 (located on page 8), is UNMH open to discussing to lower the ten year term of the MSA?

Response: Yes.

Question: Will all vendors have visibility to all questions/answers?

Response: Yes.