

University of New Mexico

Hospitals

Request for Proposals

Addendum No. 1

Project Number:

RFP P393-19

Auditing Services for Coding & Billing



Due Date: Friday, May 17, 2019 2:00 p.m. MST

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

UNMHS RFP P393-19-AUDIT SERVICES FOR CODING AND BILLING

General Questions:

1. Anticipated award date? **Answer:** Within 3 months.
2. Anticipated review frequency (annual, semi-annual, quarterly)? **Answer: The Audits will be assigned on an as needed basis. Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work. Typical audits may include review of facility and professional fee documentation, coding, and billing.**
3. Anticipated number of vendors to be awarded? **Answer: One vendor will be awarded.**
4. Is there an incumbent vendor? **Answer: Yes.**
5. What billing system(s) are used by the facilities included in the SOW? **Answer: See answers to 41, 42, and 43.**
6. What is the volume expectation per chart type? **Answer: The Audits will be assigned on an as needed basis. Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work. Typical audits may include review of facility and professional fee documentation, coding, and billing.**
7. Are any encounters included in the review subject to pre-bill review? If so, what is the expected turnaround time? Audits include pre-bill. **Answer: Our expectation would be 60 days, however, may vary based on the nature and scope of audit services.**
8. What time cadence is expected for audit, education, and re-audit, etc.? If so, what is the expected turnaround time? **Answer: Audits include pre-bill. Our expectation would be 60 days, however, may vary based on the nature and scope of audit services.**
9. Does UNM require contractor to use a vendor management system (e.g. Vendormate)? **Answer: Yes. UNMH uses Vendormate.**
10. What components of the SOW work can be provided remotely? **Answer: Our expectation is that the work will be conducted remotely. We may request the auditor to present deliverables or education on-site.**
11. Must education be delivered on-site or can it be delivered via Web-Ex? **Answer: This will depend on the department that will be audited. Some audits may request on-site education.**
12. What does Extended Price mean? **Answer: This is the cost per hour per your staffing team times the hours to complete the scope. E.g. Principal consult at \$XXX/hour times XX hours equals extended cost.**
13. p.10 - 2.3 - This engagement may include the preparation of one or more written reports to UNMHS, as well as assistance in preparing reports or analyses to be submitted to UNMHS and/or certain external parties.
 16. 1 Are there specific requirements for the type of data/analyses to be included in written reports? **Answer: It may vary as the audits will be on an as needed basis.**
 - 16.2 Who are the external parties to whom reports would be submitted? **Answer: Boards and Management**
14. p.11 - 1 - The content and/or parameters of each Review may include encounters that require special treatment as directed by UNMHS. Define special treatment. **Answer: The Audits will be assigned on an as needed basis. Audits will be requested by UNM Health System. Typical audits may include review of facility and professional fee documentation, coding, and billing, but we may request that auditor include other items to support the services provided and/or billed.**

15. p. 11 - 5 - Contractor staff will be available to provide consultative support and assistance on an on-going basis. Such services will include, but not limited to, researching specific documentation, coding or billing questions that may arise, provide both coding and provider education and training remotely and on-site, advising as to resolution of any compliance issues that may be identified, and assisting with external inquiries or investigations that may be initiated by payer.
- 15.1** How will coding or billing questions be submitted and what is the turnaround time expected? **Answer: It will vary based on the nature and scope and urgency. Our expectation is to work collaboratively.**
- 15.2** What is the process for resolving compliance issues that may be identified? **Answer: Our process will be shared with auditor that is selected.**
- 15.3** What work is required to assist with external inquiries or investigations that may be initiated by payer (e.g. writing denial and appeal letters)? **Answer: We may request the auditor to help us write letters or complete documentation to repay required payments.**
16. If on-site training is required, does it require contractor to travel to various locations or will training be centralized at one location? **Answer: Our expectation is that the work will be conducted remotely. We may request the auditor to present deliverables or education on-site.**
17. Would on-site training be required outside of normal business hours or weekends? **Answer: Our expectation is that the work will be conducted remotely. We may request the auditor to present deliverables or education on-site. We may expect education outside of normal business hours if the department is not able to meet during business hours. This will depend on the scope of the audit.**
18. Will all records for the locations included in the SOW (UNMH, SRMC, and UNMMG) be accessible through the same EMR or are there multiple EMR systems? **Answer: We use Cerner and Mosaiq. All hospitals and providers use these EMRs.**
19. Are any records included in the reviews not part of the EMR and only accessible on paper? **Answer: No, all records are included in our EMR. However, the auditor may not have access to the EMR. We may have to provide the records through a portal. Please provide an estimate with and without access to our EMR.**
20. How long does the approval process take for contractors to obtain access to EMR(s)? **Answer: No, all records are included in our EMR. However, the auditor may not have access to the EMR. We may have to provide the records through a portal.**
21. What EMR(s) will the contractor be required to use and is specialized training required? **Answer: Cerner and Mosaiq. We require the auditor to take our internal training.**
22. Will contractor have access to the encoder(s) used by the UNM coders? **Answer: We have not provided this type of access.**
23. Will remote auditors have access to the EMR for clinical documentation review? **Answer: The auditor may not have access to the EMR. We may have to provide the records through a portal.**
24. **On Page 11, there is a section regarding Technical Support (B). Could you please describe or provide an example of support that would be requested at the Enterprise level (24/7/365) as it relates to the audit services for coding and billing? Answer: UNMH does not need technical services 24/7/365. UNMH would like to know the type of support the vendor has to ensure our**

audit will be performed as scheduled if their system goes down and do you have IT infrastructure to continue the audit?

25. We would like to clarify the contract term. SECTION I. INTRODUCTION AND GENERAL INFORMATION It states: It is intended that this RFP will result in UNMHS entering into a contractual agreement with one or more successful Offeror(s), for an Initial Contract Term of up to four (4) year(s) with an option to automatically renew for additional terms, as provided for in NMSA 13-1-150 (Multi-Term Contract). Continuation of the contract(s) is contingent upon satisfactory contract compliance by the Contractor, as determined by UNMHS. The UNMHS must approve all contract renewals, amendments and adjustments. Section 3.11 goes on to state the PERIOD OF CONTRACT. The term of the resultant Price Agreement(s) arising from this proposal may be for a term of eight years (8) as provided for in NMSA 13-1-150 (Multi-Term Contract).

30.1 Can you explain how this has worked or works for similar engagements? At the time of year four expiration is there communication between both parties to determine if the contract will be renewed for another year, two years, etc. up to four more years?
Answer: The agreement can be set up in this manner or UNMH can make the agreement an auto renewal process whereby, no communication is required to renew.

30.2 Based on Section 3.11 it appears that all responses should include potential pricing for an 8 year period – is that the intent of this language? **Answer: Yes. If increases in pricing were to incur, UNMH would like to know this information and /or a percentage of increase per year.**

26. Do you have an estimated date in which the addenda will be available that will include the answers to questions? **Answer: May 2, or before.**
27. We need annual patient census information broken out per facility. The RFP doesn't include all patient censuses. **Answer: For UNMH the 2018 patient days were 156,672 so dividing by 365 gets an average daily census of 429. For SRMC it is 14,514 patient days for 2018. So the average daily census would be 40.**
28. Will the sample size be set based on amount per coder or purely based on volume? **Answer: It will vary by project.**
29. ED – Will review include facility and professional E&M leveling? **Answer: Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work.**
30. Observation/same day surgery – will the review include infusion and injection? **Answer: This has not been determined yet.**
31. Observation – Will review include observation hour's calculation? **Answer: This has not been determined yet.**
32. Ancillary – will this be a full claim audit? Charge entry CPTs and modifiers? **Answer: Certain audits may include full claim audits. This is typically what we would expect.**
33. Inpatient – Will review include APR-DRGs? **Answer: Certain audits may include full claim audits. This is typically what we would expect.**
34. Medical Group – Will the sample size be set by provider or coder? **Answer: Sample sizes will vary depending on the scope of the audit. We may request an audit of the provider and/or coder.**

35. How many coders will be included in the audit? **Answer: Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work.**
36. The RFP indicates professional and facility services as part of the audit. Is this an audit of physician billing only or does it also include facility billing?
37. Do you have a required volume or percentage to be reviewed by coder and physician? How many charts per coder will need to be reviewed? **Answer: Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work.**
38. How often will the audit be conducted – Monthly, Quarterly, Annually, etc? **Answer: Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work.**
39. Is work allowed remotely? **Answer: Yes, we expect the work to be conducted remotely.**
40. What is your EMR? **Answer: Cerner and Mosaik**
41. What is your Encoder? **Answer: 3M and Optum Encoder**
42. What is your billing system? **Answer: Soarian and IDX**
43. What is the volume expectation per chart type? **Answer: Audits will be assigned on as needed basis. Each audit will have to be scoped based on the request.**
44. Are coding accuracy rates requested per coder/provider? If so, how many coders/providers are included? **Answer: Audits will be assigned on as needed basis. Each audit will have to be scoped based on the request. We may request this information**
45. What time cadence is expected for audit and education, re-audit, etc? **Answer: We expect audits to be completed within 60 days.**
46. Will remote auditors have access to the EMR for clinical documentation review? **Answer: We currently do not allow access, however, this may change in the future.**

Acute/Facility Reviews:

47. Anticipated volume of records per review? **Answer: The Audits will be assigned on an as needed basis. Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work. Typical audits may include review of facility and professional fee documentation, coding, and billing.**
48. What service areas will be included (Inpatient, ASC, Observation, etc....)? **Answer: The Audits will be assigned on an as needed basis. Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work. Typical audits may include review of facility and professional fee documentation, coding, and billing.**
49. Will there be any focus areas? **Answer: The Audits will be assigned on an as needed basis. Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work. Typical audits may include review of facility and professional fee documentation, coding, and billing.**
50. Will UNMHS select the sample for review? Or HIA? **Answer: The Audits will be assigned on an as needed basis. Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work. Typical audits may include review of facility and professional fee documentation, coding, and billing.**

51. Will there be a need for UB validation? **Answer: The Audits will be assigned on an as needed basis. Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work. Typical audits may include review of facility and professional fee documentation, coding, and billing.**

52. Will there be a need for POO validation? **Answer: The Audits will be assigned on an as needed basis. Audits will be requested by UNM Health System. UNMH has not established scope, volume or frequency of audit work. Typical audits may include review of facility and professional fee documentation, coding, and billing.**

Inpatient:

1. Will POA indicators need to be validated for all diagnosis codes or just HAC's? **Answer: Yes, this may be requested.**
2. Will any inpatient APR-DRG's require validation? **Answer: Yes, this may be requested.**

Outpatient:

1. Is PCS code validation required? If so, what patient types? **Answer: Yes, this may be requested.**
2. Will Injection and Infusion validation be required for any outpatient types? **Answer: Yes, this may be requested.**
3. Will interventional services be included in the sample? If so, will supervision and interpretation codes need to be validated? **Answer: Yes, this may be requested.**
4. Will facility E/M codes need to be validated? **Answer: Yes, this may be requested.**
5. Will EAPG validation be required? **Answer: Yes, this may be requested.**

Profee/Provider Reviews:

1. Are codes being assigned by provider, coder, or combination?
 - a. Who assigns the diagnoses codes? **Answer: Coders**
 - b. Who assigns the E/M codes? **Answer: Combination**
 - c. Who assigns the CPT codes? **Answer: Combination**
 - a. Will there be any focus areas? **Answer: No, there is not.**
2. Will UNMHS select the sample for review? Or HIA? **Answer: We will discuss based on scope.**
3. Are there midlevel providers? **Answer: Yes**
 - a. Are they credentialed to bill? **Answer: Yes**
 - b. Do any payors not credential midlevel's? **Answer: No**
4. Proceduralists? **Answer: Yes**
5. Practice in Hospital and Clinic? **Answer: Yes**
6. Are there any residents and/or students? **Answer: Yes**
 - a. List of supervising providers? **Answer: This will depend on service being provided**
7. Who is the MAC? **Answer: Novitas**
8. Guidelines (95, 97, both)? **Answer: both**
9. Will the 1500 be available? **Answer: yes**
10. Provider-based billing? **Answer: yes**

