University of New Mexico Hospitals
Request for Proposals

Addendum 4 dated 10-2-20

Project number RFP P427-20
Medical Coders and Auditors

Due date for proposals is October 13, 2020, 2:00PM MST

Due Date for all inquiries is 10-5-20, 2:00PM MST

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

1. Page 13

Cost/Fee (5 Points) Using a chart format such as excel, provide cost for each medical record coding assignment based on both a **per chart rate** and an **hourly rate. If per chart rate is not allowable, please state "N/A"**

- Inpatient/Outpatient Interventional Radiology
- Inpatient/Outpatient Gastroenterology
- Inpatient/Outpatient Cardiac Cauterization

We would include the impatient class types above with the Inpatient Discharges. When we provide this back to you, we would leave "Inpatient" off and provide our answers based on outpatient experience, is this permissible? This is allowable.

Also, is "Cauterization" meant to be "Catheterization"? We have not seen cauterization called out this way on other RFP's and would like to clarify. Apologies, yes catheterization. Cauterization was a typo.

2. What is UNMH productivity standard for inpatient charts? 13 charts per day; roughly 260 charts on a monthly basis
3. What is UNMH productivity standard for observation encounters? 18 charts per day; roughly 360 charts on a monthly basis
4. What is UNMH productivity standard for surgical encounters 30 charts per day; roughly 600 charts on a monthly basis
5. What is UNMH productivity standard for outpatient clinic and outpatient ancillary services? Split: If coder is coding diagnosis codes only for an outpatient encounter, standard is 75 charts per day (roughly 1500 encounters on a monthly basis). If coder is coding diagnosis codes and CPT procedural codes (such as E&M and other procedures); standard is 45 per day, roughly 900 charts on a monthly basis.
6. What is UNMH accuracy requirement? UNMH requires coders to be meeting industry standards for accuracy (95%)
7. Is this RFP for the coding of all four (4) UNMH hospitals, to include the IP Rehabilitation facility and the Children's Hospital? Yes
8. How long has UNMHS been working with the current incumbent? 5 years
9. Is there anything specific the current incumbent is not doing, or performing poorly on, that you would like to see improved? Due to the last RFP being 5 years old, and new management now in place, UNMH felt it was in the organization's best interests to complete a new RFP to see all vendor options and make sure organization's best interests were addressed.

10. Is Computer Assisted Coding (CAC) utilized in either the inpatient or the outpatient setting? Both
11. Are the inpatient accounts for the acute care setting only, or do these include LTACH, rehab, SNF, or any other setting? Acute care setting only
12. Do the inpatient coders assign CPT codes? No
13. Is there a DRG mismatch process between coding and CDI? If so, what is that process? Yes. If a mismatch occurs, coder will assign, from a predetermined listing, a reason for mismatch (subsequent documentation, educational opportunity for CDI, etc.). All CDIs are required to complete a final review on all reviewed encounters – If they disagree with the coder, they will ask for a second level review to be performed by a coding educator to either confirm final coding or have final coding revised.
14. Can the inpatient coders see concurrent review information by the CDI team? Yes
15. Are there templates in place for post discharge queries? Yes
16. For Inpatient Auditors, are these reviews of DRG impact only, or total quality reviews? Both
17. For Inpatient Auditors, where and how are the reviews/recommendations recorded and communicated to the coders? Traditionally, external auditors compiled reporting for the organization with all audit findings. The audits will be shared with the department and individual coders.
18. Would these Inpatient Auditors review internal UNMH coders as well as other contracted staff? Yes, both
19. Do the NCCI, MUE, and Medical Necessity edits populate in 3M? 3M will only populate edits on Medicare encounters – many times, coders will need to log into our billing system to see a true picture of all NCCI, MUE and medical necessity edits.
20. Is there a process in place for Outpatient Queries as appropriate? This is largely not utilized at this time, though on occasion, queries have been sent on observation, day surgery, and other procedural outpatient encounters as needed.
21. Are the coders responsible for charges in any way? Not necessarily, though on observation encounters, they will enter infusions/injections/hydration charges.
22. Do outpatient coders assign PCS codes? No
23. Do the observation coders assign observation hours and perform carve-outs? No
24. Do the observation coders assign injections and infusions? Yes

25. Do the emergency department coders assign the facility level? Yes If so, do you have a documented facility leveling guideline process for Emergency Department accounts? Yes
26. Do the emergency department coders assign injections and infusions? Yes
27. Do the emergency department coders assign trauma activation code G0390? Yes – we have established facility criteria for trauma activation codes.
28. Do the outpatient/ancillary coders assign facility level of services for the clinics? Yes If so, do you have a documented facility leveling guideline process for clinic accounts? Yes
29. Are interventional radiology accounts included in the SDS workflow? IR encounters are separated from the standard SDS workflow
30. For Outpatient Auditors, would review of revenue codes and charges as assigned by clinical departments be part of the scope (Lab, Radiology, Supplies, etc.)? No
31. For Outpatient Auditors, where and how are the reviews/recommendations recorded and communicated to the coders? Traditionally, external auditors compiled reporting for the organization with all audit findings. The audits will be shared with the department and individual coders.
32. For Outpatient Auditors, would these reviews apply to all outpatient types of accounts as noted in the coder scope (same day surgery, observation, emergency department, and outpatient clinic/ancillary)? Yes
33. Would these Outpatient Auditors review internal UNMH coders as well as other contracted staff? Yes
34. For edit resolutions, are these for inpatient and outpatient accounts? Both
35. For edit resolutions, are these coding and billing related? Coding Prebill and/or post bill? Generally, pre-bill.
36. For edit resolutions, would billing follow up or insurance related issues (coverage issues, incorrect ID/group numbers, etc.) be included in this scope? No

37. If our company is not a resident of New Mexico do we need to complete the application for resident contractor certification form? No just mark N/A.

38. Will UNMH sign an NDA prior to proposal submission? UNMH will not sign an NDA prior to the proposal. If you have material that is proprietary or confidential, you need to make sure it is marked as such in your proposal. See page 2 of the RFP, paragraph just above the table of Contents.

39. Page 9; Exhibit A Scope of Work lists the admissions. How many coders/auditors do you have on staff? In terms of contract services, we currently have 45 coders; with 5 external auditors. Or, will this RFP be the total number of coders/auditors? Addendum 1 number 6 lists 46. Is that the number you see needing going forward? Yes
40. Is this RFP to replace your current vendor or supplement the current vendor? Either – depending on outcome of RFP
41. Following the 4 week auditing 100% period, what is the number of charts to audit per FTE? Page 11; Management/Performance Measures For the auditing piece, we'd like to have a random, audit each month of approximately 150-300 encounters. If contract coders are utilized, it is an expectation that contract company will follow their own internal quality assurance auditing process for their contract coders.

42. I noted on page 3 that it is UNM's intent to enter into contractual agreements with one or more successful offeror(s). The description of the Scope of Work starting on page 9 appears to encompass both the hospital (facility fee) and the separate and distinct physicians (professional fee) components of patient care. Would UNM be willing to entertain a proposal for just one of these two components, i.e. just for the professional fee component or for just for the facility fee component? Both only
43. Page 9 delineates the 30,000 inpatient admissions, the 11,000 observation admissions, the 24,000 surgical encounters, and the 750,000 outpatient clinic/ancillary services that are performed annually at UNM. Page 9 also states that this will be on a supplemental basis. Is there an estimate of the volumes of each of these services is expected to be assigned to the successful offeror(s)? Historically, contract services have covered 35-50% of all encounter volumes.
44. The stated 750,000 annual outpatient clinic/ancillary services most likely includes diagnostic radiology (and its subspecialties) and both clinical and surgical pathology, same day surgery, and more, as well as many physician visits (i.e. E&M and other outpatient professional services.) Insofar as we have different fees for different services, is it possible to get a more detailed breakdown of the estimated supplemental coding the vendor will be assigned for these categories of services. Historically, contract services have covered 35-50% of all encounter volumes. Historical vendors have provided coding for outpatient clinic visits, professional fee (E&M), diagnostic radiology, same day surgery, observation, and inpatient encounters. UNMH is interested in a detailed breakdown of all coding services vendor provides and what is specific charges are associated with those encounter types. If supplemental coding services are needed, UNMH will work with vendor to plan scope and total volumes and numbers of coders needed for the specific areas. It is hard to project, though as stated, generally contract coding has covered 35-50% of stated volumes.
45. Does UNM now have a backlog in any of its coding that the selected vendor(s) will need to resolve? Somewhat – though this reality may change once RFP is closed.
46. From the performance measures cited on page 11 (i.e. the expected productivity of 8 charts per hour and the statement about no unapproved overtime) it appears that UNM expects to be quoted hourly prices. Will UNM consider a per encounter or per operation or per radiograph pricing structure? Yes