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(ro)6(u)3(g)-6(h)3(l)-8(y)-3( )990 0 R(y)-3( )99062 0 0912 0 612 792 reW*ñBT/F6 75 cha

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

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

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