**Date:** July 26, 2024

**Title:** RFQ/P#: 20241236863 Medical Coding Support Services

**Subject:** Questions Addendum

1. What type of coding tech is used today for acute charts? (Is it the 3M Encoder only or some form of CAC technology? If CAC Technology, please state which product) We use 3M 360 CAC.
2. Is the Coding Services in this RFP outsourced today or handled inhouse? We currently use an outside vendor for coding support services but also have in-house coders.
3. Is there charging with the ED facility coding scope or is it only ED Coding? ED Coding only. Our Charge Capture team handles the ED charging.
4. Is there a targeted go live date? February 2025

Exhibit A, Page 15 of 46, references pricing tied to overall quality scores of audits performed by the District’s contracted coding audit vendor. What is the methodology used for auditing and calculating the quality score? Quality scores are calculated by evaluating the principal/primary diagnosis, secondary diagnosis codes, PCS and CPT procedure code assignments and validating the DRG or APC.  Each code is counted as one.  Accuracy rates are calculated by how many codes are correct divided by the total number of codes on the account.

1. What is the expected award date for the contract? The contract should be awarded before August 1, 2024
2. For the volume outlined in the RFP, will it be distributed evenly throughout a 12-month period? The volume will depend on current needs of the District but should be distributed fairly evenly.
3. For any Facility Inpatient Charts, what is the average LOS?
4. For any Observation Charts, what is the average LOS?
5. The scope states “The District is seeking a vendor to provide ICD-10-CM/PCS and CPT facility coding services.” Please clarify if the coding will be Facility and/or ProFee for the following?

It will be Facility for all chart types.

* Inpatient
* Behavioral Health Inpatient
* Emergency
* Mothers & Newborns
* Same Day Surgery
* Observations
* Outpatient

1. Does the Oncology Series include Medical Oncology and/or Radiation Oncology? Yes
2. For Therapy, Behavioral and Oncology Series Charts, do you consider each DOS to count as a “chart”? No, series charts can have multiple DOS within the month.
3. What details are required to be included in the monthly executive summary? Volume coded, current coder roster, Internal audits and trends, action plans based on audit findings, query stats
4. Please describe the resolution process for the District’s contracted coding audit vendor in the event that the coder does not agree with audit findings? The coders have an opportunity to rebut the audit findings. The coding manager has the final recommendation if disagreement between auditor and coder.
5. For the purpose of determining pricing premium and reductions, is this based on overall combined accuracy rates for all coders or each individual coder? Overall combined accuracy rates for all coders.
6. Do the John Peter Smith Hospital coders coding for both facility and pr fee? This RFP is for facility.
7. What is the EMR (electronic medical record), host system for facility? Epic
8. What system are required for access for coding? Epic, 3M, Iodine.
9. Are different systems used for wound care and clinics? No.
10. Do the coders create physician queries to clarify documentation? Yes.
11. Are queries a permanent part of the record? Yes.
12. Are coders responsible to injections and infusions, facility and professional fee E/M and charging) in the emergency room? No, this is handled by Charge Capture.
13. Who is responsible for IVR (Interventional Radiology procedure coding)? Not in scope for this RFP.
14. Are all modifiers impacting reimbursement assigned by coders? No.
15. Do coders provide weekend consistently work weekends? No, but do occasionally when needed.
16. Does John Peter Smith Hospital coders/CDI perform concurrent coding while patient is inhouse? CDI completes concurrent reviews, coders do not.
17. What encoder utilized for facility and pro fee? 3M for facility.
18. Is CAC part of the encoder package for either facility? Yes.
19. What are the coding volumes broken down by chart type to be coded: This was included in the pricing chart in the RFP. They are only estimates and not guaranteed volumes.

a. Inpatient

b. Outpatient

i. Same Day Surgery

ii. Observation

iii. Emergency Department

iv. Clinics

v. Diagnostic/Ancillary

vi. Recurring

vii. Wound Care

1. What is John Peter Smith Hospital’s DNFC (days not final coded) goal? N/A
2. Is there a backlog in coding? And if so, what is the backlog volume by account type. No.
3. Refer Tab 6 - Tab 6.Diversity Enterprise Participation - Does vendor have to respond to this section and choose options A,B,C or Vendor has to respond to Exhibit F: JPS Supplier Diversity: Good Faith Form or Both ? What if Vendor is not certified MWVBE or does not have MWVBE subcontractor? Vendor has to respond to both sections as required by the competitive solicitation. If a vendor is not MWVBE certified, there is a section on the good faith form to complete accordingly.
4. Will all services be awarded to a single vendor, or will it be a multi-vendor award? If multiple, how many vendors are typically chosen? Will you look to award certain chart types to certain vendors? Single vendor award.
5. What is the frequency of the external audits performed on the coders? What does the rebuttal process entail? Monthly audits.
6. When pricing is adjusted for overall quality scores of audits performed by the district’s contracted coding audit vendor, how is the pricing adjusted; per service, per coder or the entire invoice? Per chart type categories of IP, OBS/Same Day Surgery, Outpatient and Emergency.
7. The district has a Level III NICU where more than 4,300 babies are born each year, are NICU babies not included in the Mother and Newborn volumes (379 accounts per year) and instead included in the Inpatient volumes? Newborn volumes are included in Inpatient volumes. The volumes listed are estimated accounts to be completed by the vendor, not all accounts coded.
8. In regard to Recurring encounters, are CPT codes assigned by coder? Not usually unless there is a CPT procedures that falls under 10000 – 69999.
9. Are OP coders responsible for charge validation of charge master driven codes or any other charges? No, Charge Capture handles charges.
10. Coding Tools/application: Is the team going to work on a JPS application or a vendor application? The coders will log into JPS applications.
11. Is there any minimum volume or compensation guaranteed if contracted? No.
12. Is this work queue common for multiple vendors or dedicated? There will only be one vendor.
13. Is there any possible pilot process in place if contracted? There will not be a pilot process.
14. What is the ramp up phase quality and production expected? 3 months.
15. What is the expected ratio of onshore and offshore team size? There is no expected ratio.
16. Is this request for overflow coding, if so what % are you asking the awarded vendor to be responsible for? The estimated volumes are listed in the RFP.
17. In section F, number 4b: In the case of financial harm to JPS caused by vendor’s coding errors that result in disallowance of payment, recoupment of prior payment, denial of claim, reduced future reimbursement or other adverse financial consequence, respondent will refund JPS the fees paid to code such accounts, can you please provide further clarification on JPS’ expectations and the dispute process associated with this item? Is the expectation that any error that results in a denial write-off, DRG downgrade, etc. that is root caused back to a coding error by the vendor, the vendor will be responsible for paying back the amount that was written-off or recouped by the payer? The vendor would not charge JPS for coding of those accounts. Please provide further clarification on the dispute process, tracking of these instances and remediation procedure. JPS would inform the vendor of the error and vendor would have the opportunity to dispute.
18. What is the current production standards that the staff are being held to in each work type? N/A
19. What percentage of the staff are meeting the production requirements? N/A
20. Turnaround time for missing documentation? Varies by type of documentation.
21. Are there any non-coding tasks? No
22. Do you have a second level review process for HACs, PSIs etc.? Yes, sent to CDI team to review.
23. Do you have query templets? Yes
24. Turnaround time for queries? 2 days
25. For SDS and OBV is there an I/I charging component? Coder is not responsible.
26. “Schedule 2 Fees and Expenses” is this document completed once a vendor has been selected during the contract phase? No, please complete prior to submission of your response.
27. “Exhibit D Vendor Certification Form” is this document completed once a vendor has been selected during the contract phase? No, please complete prior to submission of your response.
28. “Exhibit E Conflict of Interest Questionnaire” is this document completed once a vendor has been selected during the contract phase? No, please complete prior to submission of your response.
29. “Exhibit F JPS Supplier Diversity: Good Faith Form” is this document completed once a vendor has been selected during the contract phase? No, please complete prior to submission of your response.
30. Can vendor utilize an existing MSA and BAA with JPS, and add a Service Order for Coding services? Possibly, that will be up to legal. They might require an updated MSA and BAA.
31. Would Your organization prefer global or domestic coding resources? No preference.
32. Would your organization consider a blended (hybrid) option with some global and some domestic coding resources? Yes.
33. Is there a pre-bill DRG process in place? If yes, please explain. Yes, certain accounts are sent for CDI review prebill. Criteria can vary based on evolving needs.
34. What is your organization’s CMI – Medicare and non-Medicare? 1.80 combined
35. What credentials are required for facility coding? (AHIMA and/or AAPC) Coder has to have either AHIMA or AAPC certification.
36. Are there any coding, CDI (Clinical Documentation Improvement), or HIM (Health Information Management) software implementations planned for the next 12 months that would impact coding? No.
37. Is your organization looking for business-day coverage or seven days a week? Mostly business day unless need to cover backlogs or month-end on weekends.
38. What are your organization’s HR requirements for remote vendor coders? Clear background check and drug screen.
39. Will the awarded coding and services be under one contract with your organization or multiple contracts? One contract.
40. What holidays does your organization observe? New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day
41. How will the coding workload be distributed to the vendor? Coding manager instructions.
42. Will it be first in, first out (FIFO), by service line such as cardiac or orthopedic, or is there another way work will be distributed to the vendor? FIFO unless instructed otherwise by JPS manager.
43. Is there a post-bill coding audit done and with what frequency? Yes, monthly
44. What is the expected productivity per facility service line below? We do not have productivity standards for vendors.
    * 1. Impatient
      2. Behavioral Health Inpatient
      3. Ambulatory Surgery/Same Day Surgery
      4. Observation
      5. Emergency Department
         1. Include Injections and Infusions? Yes or No?
         2. Include Leveling - professional, facility or both? If yes, which ones?
         3. Include charging? Yes or no?
45. What is the approximate FTE count over the health system by service line? N/A
    * Inpatient
    * Behavioral Health Inpatient
    * Ambulatory Surgery/Same Day Surgery
    * Observation
    * Emergency Department
    * Ancillary/Diagnostics
    * Clinic/Urgent Care
    * Oncology Series
    * Therapy Series
    * Behavioral Series
46. What is the CDI reconciliation process? Coder sends DRG mismatches to CDI for review.
47. Penalty for quality – will the awardee have the opportunity to rebut the findings prior to penalty? Yes.
48. Can we include an hourly rate for non-productive time such as training, JPS meetings, etc? No.
49. Can we start hourly for 60-90 days and then transition to per chart? No.
50. Please provide the time frame for support services- for example, are the volumes guaranteed or variable? Volumes are not guaranteed. What is the shortest time for support and the longest? An example could be 6 weeks minimum for support and 12 month maximum for guaranteed support. The contract will be for 3 years with 2 optional 1-year renewals.
51. Can we offer a technology for reduced cost savings as part of this RFP? No.
52. If global is honored, is there a preference for which county outside the US? No.
53. Please elaborate on question 1. H in context so we can answer this question accurately? Please disregard.
54. Please explain Financial Assistance Screening in question 1. J? Please disregard.
55. Please provide more context as well on question 1. H and how patient efficiency relates to coding services in this RFP. Please disregard.
56. Please clarify on question 1. N. Is this in relation to hiring and resourcing planning for this RFP? Yes.
57. Please provide what itemized invoices mean for JPS. Account type (Clinics, ED, Inpatient, OBS, Same Day Surgery), number of accounts (units), Unit price and totals.
58. How many vendors does the District expect to award a contract? One.
59. Why is the District going out to bid at this time? Competitive bidding requirements.
60. Does the District intend to completely outsource coding requirements? No.
61. Will the District require a Project Manager on site? No. Will the District allow all contract work to be done remotely? Yes.
62. What is the current internal production expectation for each coder currently within the program? N/A
63. Exhibit A – SLA – premium / reduction table: How frequently are the District’s coding audits performed? Monthly. How many charts are reviewed? OP/ED – 15 accounts, IP and SDS/OBS – 10 accounts. Will there be an opportunity for vendor coders / auditors to engage in a rebuttal process for the findings that may impact rate premiums or reductions? Yes. Are accounts for audit randomly selected or by DRG, diagnosis, or other factor? Randomly selected per coder’s accounts for that month.
64. Exhibit A – Is the District open to considering per hour pricing? No.
65. Can the District please provide a copy of the RFP that is not locked for editing to enable vendors to provide redlines and exceptions to the Contract Terms, along with filled forms? All required forms in the RFP are unlocked and not restricted to editing.
66. On page 29 of the RFP, titled Schedule 1, Scope of Services, does the District expect the vendor to fill this form for the RFP response? If so, may we get more clarification on how to proceed with this form? No, we will add it from the Scope in the RFP.
67. On page 31 of the RFP, titled Schedule 2-A, Contractor's Standard Rates and Profiles, does the District expect the vendor to fill this form for the RFP response? If so, may we get more clarification on how to proceed with this form? Please disregard and just complete the Price Sheet on page 15.
68. Will the District consider redlines to the cyber insurance of the BAA to be more aligned with the Respondent's cyber insurance policy limits? Legal will determine allowed amounts but redline as you see fit.
69. Can the District please clarify what information they wish to see in response to section II. Business Requirement E. k. when asking "Please provide your company-wide experience in patient access efficiency." Please disregard.
70. Can the District please clarify what information they wish to see in response to section II. Business Requirement E. p. when asking for the span of control for leaders in the organization? Please provide the number of FTEs that leaders that will be assigned to the JPS account typically have reporting to them.
71. Is there charging with the ED facility coding scope or is it only ED Coding? Coding only.
72. What restrictions are there for offshore coding? Must have a remote desktop in the US for each coder to access the JPS system. The data that is loaded into the vendor’s system must be hosted in the US and no data can leave the US shore. Are you willing to assist chosen vendor in getting the agreement with Epic to allow offshore resources? Yes, we will submit the TPA application for the chosen vendor.
73. Are there any payer specific offshore restrictions? No, there are no payer specific offshore restrictions.
74. What volume of charts and services/specialties will JPS utilize vendor support for? This is listed in the pricing sheet.
75. How does JPS measure accuracy of codes? (code over code, weighted, etc.) Code over code.
76. Does JPS require a certain volume of QA reviews per month/quarter? No.
77. What is the timeline for access to the system? A week.
78. Are coders required to calculate and charge Observation hours? No.
79. Does JPS have a CDI team? Yes
    * 1. If yes, do they perform retrospective and/or concurrent reviews? Both.
80. Are coders required to write Queries? Yes.
    * 1. If yes, are query templates available? Yes
81. Are per chart Inpatient rates allowed by LOS (length of stay)? No.
82. Will the District agree to a minimum volume in order to receive more competitive pricing? No.

All corrections, changes, additions, revisions, and/or clarifications in this Addendum #1 to the

RFP are hereby made a part of the RFQP/RFP # 20241236863 Medical Coding Support Services.

All Respondents to the RFQP/RFP shall acknowledge receipt and acceptance of this Addendum #1 by signing in the space provided and submitting the signed Addendum #1 with the RFQP/RFP.

Proposals submitted without an executed copy of this Addendum #1 attached may be considered informal and may be rejected.

Received, acknowledged, and conditions agreed to on this day of , 2024, by:

Respondent:

Company Name:

If there are questions pertaining to this addendum, please contact Eureka Harris at [Bid\_submissions@jpshealth.org](mailto:Bid_submissions@jpshealth.org)