Answers to Questions Regarding RFP 013-2023: Coding

1. Page 4, Proposers Must Submit…since CDs are quite antiquated, will you accept flash drives in place of the CDs?
    a. Yes
2. What are the estimated coding volumes for Inpatient and Outpatient Services?
    a. See attached report
3. Will this be a one vendor award or multiple vendor award?
    a. One vendor.
4. Do you accept offshore coding or hybrid onshore / offshore coding?
    a. Hybrid onshore/offshore coding
5. How many coders have been outsourced today?
    a. 10
6. What is your current EMR and encoder software?
    a. Allscripts for EMR, Eagle for billing and 3M for coding
7. Will this RFP be for facility coding services or both facility and professional fee coding? – both Facility and Professional
    a. If professional fee, what are the associated number of providers that will need Coding services – Please refer to attached report
8. For item 7 under Scope of Services regarding Business references, are these expected to be separate/different from our references regarding our coding experience?

a. Preferably relating to coding experience.

9. What are your current productivity standards per area of coding?

a. 95% or above

10. Can you provide transaction volume by function for the scope included in this RFP?

a. See attached report

11. Can you confirm that you require a CD version of our proposal or will an electronic copy (.pdf) also be compliant?

a. CD or Flash Drive only.

12. Are there certain volumes that need to coded? Or as there an expected number of hours each coder is expected to work? Is there a minimum/maximum number of hours required?

a. Estimating 50-60 charts per coder, per day

13. Is this a new initiative? If not, please provide the names of the current vendor(s) providing the services

a. No; Change Healthcare & Diskriter

14. Can you please let us know the previous spending of this contract?

a. $240,000/Year

15. Which specialties tend to need contract staffing hours? ED, ED Psych, ED OB & Trauma ED

a. Can you provide coding productivity requirements by type and specialty? Estimating 50-60 charts per coder, per day

16. If you have a current vendor, are they providing offshore or domestic coders? Domestic

    a. Do you prefer domestic or offshore coders? Domestic
    b. Would you be open to a blended model/mix of domestic and offshore coding support? Yes

17. Are the Community Health Practices in scope? If so, are there Facility based practices that will require facility technical coding? Yes & Yes

18. There was mention of coders needing to be well versed in 3M clinical documentation improvement applications, is there a CDI program and is it in scope for the RFP? Yes

19. Monthly Volumes by facility for the following patient types and length of stay: See attached report

    a. Inpatient 0-9 days
    b. Inpatient 10-20 days
    c. Inpatient 20+ days
    d. OB and Newborn (0-3 days, 4-6 days, 7-9 days)
    e. IP Behavioral Health
    f. IP Trauma, OP Trauma

g. Emergency

h. Same Day Surgery (SDS)

i. Observations

j. OP - any other patient types not related to ED/Trauma (Ancillary, Radiology, Therapy, Lab, etc.). Please provide volumes by patient type.

20. Is 3M CAC in place? Or another CAC for specific patient types? We have HDM and 360 encompass which includes 3M EMD. Electronic queries for the doctors. The CDI nurses also use 360 encompass

21. Is ED facility EM Leveling included with ED coding? If yes, which tool is used (Optum Lynx, etc) Yes; unsure of coders tools other than 3M

22. Volume of pre/post bill billing edits completed/reviewed by coding staff.

23. What 3M platform/version is being used (360, ARMS, HDM) - 360 & HDM

24. Are offshore resources allowed? Yes, a hybrid model is allowed

25. Is subcontracting allowed? No

26. Are there any Pro Fee claims expected? If so, please provide associated expected volumes by specialty. Yes

27. Can you please provide historical and /or projected volumes for Inpatient areas including, but not limited to: (e.g., Medicare Part A): Behavioral health, Labor and Delivery (L&D), Emergency Department (ED), Trauma / Outpatient areas

including, but not limited to: (e.g., Medicare Part B): Emergency Department (ED) and Trauma / Medical Records Reviews? See attached report

28. Please provide an anticipated Selection, Go-Live, and / or Contract start date? See timeline included in RFP. Ideally, a go-live date no later than 1/1/2024 would be ideal.
29. Will this be a sole source agreement and replace the incumbent's contract? Yes
30. What is the current and projected resource count providing these services? 10 coders
    a. What volume will be passing to the awardee or new partner? See attached report
31. Do you anticipate coder production to be office-based, or is NHCC amenable to work from home? Coder may work remotely, but may require some on-site time, as needed (meetings, trainings, support, etc.)
32. Are there any implementation and transition guidelines we should include in our proposal to meet NHCC's needs? Yes
33. Is there a current or proposed template for workflow and / or methodology for all services the awardee should be following? We are developing a revised workflow and would be open to suggestions
34. Is Section F. Scope of proposed services, including work plan and methodology referring to an implementation plan? Yes

Answers to Questions Regarding RFP 013-2023: Coding

35. What EHR is NuHealth utilizing? Allscripts/Sunrise

36. What is the standard QA percentage expectation i.e., 3% of total volume? 5%

37. What is the typical length of time for training and ramping up coders to full production? 3-5 days

38. Please provide name of all incumbent providers and their pricing for the services outlined in the RFP. – Not available

39. Please can the Agency provide the following information around usage:

    a. Historical usage by labor category - 26 FT, 2 PT

    b. Contracted staff hours by year – N/A

    c. Current budget for this program – N/A

    d. Anticipated volume of contract staff – Minimum of 10

    e. Typical workday hours for each labor category – N/A

    f. Average length of assignment – N/A

40. Why is the Agency going out to bid at this time? Indicated in RFP

41. How long has the client been working with outside staffing agencies to fulfill coding needs? 3+ years

42. How can the new vendor enhance customer satisfaction? Are there any pain points with the way the program is currently functioning? Coding feedback and provider/staff training is necessary and helpful.

43. Are the MBE/WBE requirements mandatory? No

a. Will accept a proof of Good Faith Effort, when we are unable to meet such a requirement? Yes

b. Will the Agency allow vendors to utilize one subcontractor to cover all of the subcontracting requirements? Yes

44. May we submit exceptions to contract terms and conditions? No

45. Will vendor staff have access to all required systems? Please list the systems.

Yes, Allscripts, Eagle as needed, and 3M

46. Please provide expected volume and frequency of patient encounters.

47. Can vendor propose pricing for additional services? Yes

48. Does the Agency intend to completely outsource coding requirements? Yes

49. What is the current internal production expectation for each coder/for the program? 50-60 encounters per day, per coder

50. Do we need to capture observation hours? Yes

51. What is the Agency's expectation surrounding the volume of this contract? Is there any potential for Full-Time Employees (FTEs)? Yes

52. Can the Agency provide information around the spending of the previous/incumbent contract? No

53. Does the Agency expect the vendor to provide QA for outside staff (coders not staffed by the vendor)? Possibly

54. Can the Agency clarify what additional insurances they anticipate being needed?

55. Will the county accept Certificate of authority in lieu of Business License?

56. Page 3, B: Medical Record Review – Is the Agency looking for auditors as well as coders? Or just for the vendor to audit their own internal coding staff? Audit their own internal coding staff, but if auditing is available, we would be open to exploring further

57. Page 3, C: Coding Education Update and Support: Is this for the vendor's own coders? Is the Agency looking for someone to educate and update their (the Agency) staff on Coding Changes? Yes, preferably

58. Page 19 – What is involved in the NuHealth employee orientation? Does the vendor staff have to have a pre-employment physical exam and annual health assessments? Yes, if they will be on-site

59. Content of Proposals D. 2 – Is there a maximum or minimum number of project descriptions that can fulfill this requirement? No

60. How many references does NuHealth Systems want to see for the sub-contractors? A minimum of 3 references

61. Under Schedule A, Section 2., Scope of Services, please clarify why Emergency Department (ED) is listed under inpatient areas. – This is the primary area requiring coding support

62. Under Schedule A, Section 2., Scope of Services, why are there only certain services listed under inpatient? Does this RFP not include cardiac, neuro, gastro, etc.? These services are to be included in the current proposal

63. Under Schedule A., Section 2., Scope of Services, please clarify under outpatient if this would include Same Day Surgery and/or Observation services. - Yes

64. Under Schedule A., Section 2., Scope of Services, what are the required volumes for this engagement in charts or hours? A minimum of 50 charts per coder, per day

65. Under Schedule A., Section 2., Scope of Services, states: "In addition to the scope of work listed above, proposers should describe their plan for transition and plan for regular updates to the executive team at NuHealth. Updates should include both weekly meetings and status reports." Is this description referring to the transition from one vendor to another or referring to the transition from our team to supporting your team? Please clarify the context and intent of this item. - Transition from your team to supporting the NuHealth team, but please also include your transition plan from the existing vendor to you (if selected)

66. The ad posted online at The New York State Contract Reporter has a primary contact listed (Catherine Iacopelli) and a submit to contact (Courtney Hobbs) while the RFP itself states neither of these contacts and has under Contacts and

Submission this email: mlowe@numc.edu. Who should the RFP response be addressed and sent to at NHCC?

67. Would NHCC prefer global or domestic coding resources? Would NHCC consider a blended option with some global and some domestic coding resources? Yes, blended may be an option
68. Please identify if there is Computer-Assisted Coding (CAC) software utilized by NHCC. - No
69. Is there a pre-bill DRG process in place? If yes, please explain. There is a DRG validation process in place that are reviewed.
70. What is the NHCC CMI – Medicare and non-Medicare? 80% vs 20%
71. What is the NHCC average length of stay (ALOS)? ~4, but variable & data can be provided to confirm
72. Does any facility coding include charging? Yes
73. Please validate the NCHH encoder is 3M. Yes
74. 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, but this is subject to change
75. What is the DNFB/DNFC day or is it daily? How is NHCC measured from this perspective? Daily, measured by IP & OP. Additional data can be provided separately for DNFB.

a. Dollars (under 5 million as an example)

b. Turnaround time (TAT) (within a certain number of days)

c. Volumes (under a certain number of cases)

76. What are the NHCC Human Resources (HR) requirements for remote vendor coders? Annual employee trainings may be required, such as HIPAA training, etc.

77. Will the awarded coding services be under one contract with NHCC or multiple contracts? One contract

78. What holidays does NHCC observe? List to be provided

79. How will the coding workload be distributed to the vendor? 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? First in, first out, but may need to prioritize based on payer TFL's.

80. Is there a post-bill coding audit done and with what frequency? Not internally, but we'd like to implement this process. Only external audits are done a this time.

81. What is the expected productivity per service line below? – A minimum of 50 charts per coder, per day

a. Inpatient

b. Ambulatory Surgery

c. Observation

d. ED

e. Ancillary

f. Recurring

g. Professional Fee

82. What is the approximate FTE count over the health system by service line?

Currently there are 10 outsourced coders and ~30 internal coders

a. Inpatient

b. Ambulatory Surgery

c. Observation

d. ED

e. Ancillary

f. Recurring

g. Professional Fee

What is the CDI reconciliation process?

There is a "mismatch" process where the coder will notify CDI if the coding does not match.

83. Please provide more details on the type of review volume, review elements, and process required. Are these reviews performed within the NHCC audit management system? If yes, what is that system? We'd like to implement a new workflow around this process. Reviews are not currently performed and

there is not audit management system performing these reviews at this time.

84. Is the coding opportunity for a backlog, staff augmentation (as needed) or partial or full outsource. How many coding resources do you need? A minimum of 10 coders with opportunities to increase with volumes and need

85. Please share the Coding volumes by patient type? See attached report

86. What are your productivity standards by patient type? 95% or higher

87. Can the work be done offshore in India? Yes, partially. We may require onshore support for feedback and instruction

88. How many charts do you want us to audit monthly /quarterly? 5%

89. What are your expectations from manager support from a vendor.? (Staff augmentation vs. outsource) – Onshore management support and customer service required

90. How many coding vendors do you have now and how many do you plan on having? Currently two. Ideally we'd like one.

91. How many permanent Nassau coders and contract coders do you have now? ~35 combined between IP/OP, 25 of which are internal coders.

92. What is expected turnaround time? 3 days

93. What EHR is utilized? Allscripts

94. Is the scope of services focused on auditing clinical documentation and coded records for accuracy and compliance or is there a component of scope focused

on coding medical records for billing (production coding)? Yes, please include auditing clinical documentation for accuracy

a. If the latter, what is the expected volume of encounters that vendor will be expected to code prior to billing? See attached report

i. Is there an estimated percentage breakout of inpatient versus hospital outpatient for coding prior to billing? See attached report

95. What is the expected estimated monthly or annual volume of encounter vendor is expected to audit? 5% +, based on outcome

a. Is there an estimated percentage breakout of inpatient versus hospital outpatient? 5% for IP and OP

96. What EMR will the vendor be working in to conduct coding audits? Allscripts

97. What will be the expected turnaround time from point in which NuHealth provides encounters for vendor to audit and when vendor provides audit results? 3 business days

98. Will vendor be selecting samples for clinical documentation and coding audits or will NuHealth be selecting these samples for vendor review? Vendor to select. NuHealth will select, as needed.

99. What is the excepted rebuttal process for NuHealth management to review and potentially rebut/validate vendor's audit recommendations? For example, will

there be multiple rounds of rebuttals and will coders who original coded the medical record be expected to provide rebuttal feedback? This will be contingent on the circumstance and topics surrounding the audit recommendations.

100. Are staff expected to be onsite or call also staff be remote? Hybrid model would be expected with staff on-site as needed. Particularly the ED coders.

101. Can you confirm all staff need to be US-based? Partial offshore support may be allowed

102. Please confirm NHCC's primary point of contact for this engagement. "mlowe@numc.edu" is listed as Contact and Submission on Page 1, however the ad placed in the New York State Contract Reporter lists Catherine Iacopelli as the Primary Contact and Courtney Hobbs as the Submit To Contact.

103. Is NHCC willing to an accept a proposal for a single item listed in the Scope of Services (e.g. solely for Coding and Coding Review)? We are capable of providing all services outlined in the Scope of Services. - Yes

104. Is NHCC willing to accept redlines to Schedule "B" – Standard Clauses for NHCC Contracts? Yes

105. Is NHCC looking to completely outsource its Inpatient Coding practice or will there be a mix of NHCC coders and/or additional contract coders from various companies? There will be a mix

106. What is NHCC's approximate annual number of inpatient discharges and average LOS?

107. Are coders responsible for creating queries? Yes, in certain cases

108. Is there integration of communication between coding and CDI? No

Is NHCC requesting an additional service of External Auditing, or is the section highlighted below referencing your standard coding process and coder expectations? No section highlighted, but we are requesting standard coding process and expectations to include an internal audit process.

109. What is the current RPMS/EHR system in use by NUMC for both inpatient and outpatient areas? EHR is Allscripts/Sunrise

110. Could you provide an estimate on the anticipated volume from each area (inpatient and outpatient)? See attached report

111. Can you provide more details on the specific types of areas or specialties that fall under the outpatient category? See attached report

112. What specialties to be coded- Main ED/Trauma – Professional/Part B & Facility/Part A discharges only, Psych Facility discharges only, L&D Facility discharges only & L&D beta HCG check, Patients left without being seen from

ED/Psych. Possibly ASU, IP Technical (including ED admits), Observation & Downgrades and Outpatient clinic services

113. Inpatient, Outpatient and or Facility – combined, see above

114. Volumes per week and month in each specialty to be coded – See attached report

115. How will vendor receive records to be coded – electronic access

116. Expected turn time – 3 business days

117. Is there a vendor providing these services now – yes, partially

118. If yes to above is that vendor part of this RFP selection – N/A

119. Length of contract – 2 years, with an exit clause

120. Does Vendor have to registered in the state of N.Y. - Yes

121. Offshore resources acceptable - Yes