MY HOSPITAL
Hilo Medical Center
MY COMMUNITY

Contracts Management

Date: February 26, 2016

To: Potential Offerors

From: Gary L. Callahan, Senior Contracts Manager

Re: **Solicitation Addendum # 01 to RFP 16-0306**
Coding & Documentation Audit Services for Hilo Medical Center

This correspondence serves as Solicitation Addendum # 01 to the subject Request for Proposals. Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.
Please note that the Proposal Submission Deadline **remains** as follow:

Tuesday, March 1, 2016, 3:00 PM, HST

The following questions have been received and our responses are included below and incorporated into the solicitation.

1. Section 1.2 states, "This RFP is issued under the provisions of the East Hawaii Regional Procurement Policies & Procedures. All OFFERORS are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any OFFEROR shall constitute admission of such knowledge on the part of such OFFEROR." How can we obtain a copy of the Policies and Procedures?
We will provide the policies to the selected vendor.

2. Will HHSC consider using the terms and conditions of an existing contract? If the selected vendor has a current contract with HHSC, provided it allows for the services requested under this solicitation, this could be considered.

3. Does billing have to be done weekly during this engagement? Monthly billing is acceptable.

4. Will we have access to the claim forms to ensure the data matches what was submitted?
We'll give you access to LSS which serves as both our EMR and our billing system for physician services.

5. Will we be reviewing all services billed or just claims paid? You'll select a sample of 20 encounters per provider and the services provided during that encounter. You'll look at that which is ordered, administered, and billed as well as look for evidence of services that may have been provided but not documented. It's probably not necessary to look at closed claims but I'll defer to you as to whether it's advisable to look at closed claims.

6. If a procedure has been performed and billed on the same date of service, will the consultant be responsible for reviewing the procedure in addition to the E/M? Yes. And if you're evaluating a surgeon, you certainly want to select a number of encounters that includes surgeries and other procedures in addition to E&M's in order to get a meaningful result.

7. Is the consultant expected to select the random sample or will Hilo complete the sample selection? Answered above.

8. Please confirm if information for coder per claim can/will be shared?
   If you're asking if we want you to compile accuracies by coder, then answer is "no." Diagnosis codes, procedure codes, and E&M codes are being assigned by the physicians. Coders may change the codes.

9. What is Hilo's accuracy standard based on? Claims, services billed, or weighted points?
   Accuracy of coding is based on the volume of correct diagnoses placed divided by the total number of diagnoses that is available to be assigned to the account.

10. Please confirm if claim files submitted to the payer (EDI 837), can/will be shared with vendors to facilitate audits. Vendor maybe given access to our claim application (**ePremis**) to view copy of the claim.

11. Can you confirm which one of the following your organization uses for assigning the E&M level: the 97 Evaluation and Management Guidelines or the 95 Evaluation and Management Guidelines?
    1997

12. In the RFP you note that the audit will be for 15 providers. Further on in the narrative though is noted an additional list 7 FP and 4 new FP joining in March. Can we assume that the audit will be for a total of 26 providers? We assume that we will audit 20 encounters for each provider to ensure statistical relevance thus totaling 520 encounters total for the 26 providers to be included in the March audit. Is our logic correct?

    You will audit 15 providers for a total of 300 encounters. We have four FP faculty at are included in the fifteen. 2015 was the first year of a residency program. All encounters performed by the faculty and residents are billed through faculty. The faculty are accountable for the codes assigned. So audit 20 charts per faculty member and conduct the training and "report out" as one group. I would suggest that faculty and only the 2nd year residents be invited. (We have no 3rd year residents.) If you're selected to do the training/audits, we'll give you the E&M coding arrays of all 15 providers.