External E&M Auditor Services

Vendor Questions

Q1	Describe the Health Information Management (HIM) Coding organization to include: a. Coding processes in-house or outsourced b. Leadership reporting structure c. Number of FTE's dedicated to outpatient, professional, and office visit coding.
A1	a. The coding process is done in-house b. Vendor point of contact will report to El Rio Health Compliance Audit Manager, who then reports to El Rio Health Compliance Director. c. 10 FTE's
Q2	What EMR and automated coding tools are utilized (e.g., Coding Assisted Tool, encoder, etc.)?
A2	El Rio Health uses Epic and our auditors have access to Codify.
Q3	What are the primary functions of the outpatient, professional, and office visit coding staff? Are coders responsible for E/M leveling, charge posting, and reconciliation?
A3	The primary functions are to review selected services for accuracy and documentation compliance. Providers level the E&M and the Coders verify a percentage of provider claims for accuracy. The Revenue Cycle Dept manages charge posting and reconciliation.
Q4	The scope of work indicates a total of 185 providers x10 patient charts = 1,850 patient charts. An additional twenty-five charts per provider may be added should the initial accuracy score falls below 85%, which would then yield a total of 2,100 charts. a. Are 1,850 charts the minimum number of expected records for review? b. If so, is 2,100 charts the maximum number of charts anticipated?
A4	a. Please note that the number of charts to be audited has been updated. 1,320 charts (132 providers x 10 charts) = minimum number of charts to be reviewed If needed, 25 of those original 1,320 providers will have an additional 5 charts reviewed (125 charts) b. The maximum number of charts will depend on the Providers final score. The Providers are required to score >85%, and if they do not achieve that score, an additional 5 charts are added to the Providers audit.
Q5	Will this audit be one-time coding quality assessment of 2,100 charts? a. If not, is this audit being considered as an annual review process? b. Is there consideration for conducting the review of 2,100 charts on a quarterly basis by examining 525 records each quarter throughout the year?

A5	That decision will be made at a later date and will depend on the future needs of the Organization. a. This project is considered part of El Rio Health's annual review process. b. This chart review project is not conducted on a quarterly basis; this is part of the annual review.
Q6	Will this audit address pre-billed accounts or retrospective closed and paid accounts? a. Will the review be based upon a random sample per providers and/or service line? b. Who will be responsible for selecting the cases for assessment?
A6	Retrospective closed and paid accounts a. Yes, the charts are selected using a random sampling method. b. Compliance Audit Manager
Q7	Our audits typically are conducted off-site. a. What is the preference for this request? b. How will the review files be made available? (e.g., electronically or paper)?
A7	a. El Rio Health's preference is off site b. Files will be provided electronically
Q8	When was the most recent coding quality audit completed and what were the overall results?
A8	Provider audits are conducted on an annual basis. The overall score from 2024 was 95%.
Q9	Scope of services item #4 indicates: "Offeror will be responsible for monitoring and performing monthly productivity and quality audits." a. Is the Offeror expected to monitor and conduct productivity and quality audits of El Rio Health's coding staff? If not, please describe this expectation. b. Who are productivity and quality audits expected to be performed on – El Rio Health's staff or the Offeror's coding consulting team? If the Offeror's team, please provide explanation as to the purpose of conducting ongoing productivity and quality audits of Offeror's resources while executing an evaluation of providers clinical documentation and coding? c. Additionally, please outline the timeframe for this monthly productivity monitoring and quality audits; should this step be completed for the duration of provider documentation/coding audit?
A9	a. No, the Offeror is expected to conduct productivity and quality audits on their own staff assigned to this project. b. Offeror's audit consulting team. As we have a deadline to meet, we need to be kept aware of the Offeror's progress and be assured of result accuracy. c. Provided initial assignment of claims occurs by 9/1/125, El Rio Health asks to be kept informed of the vendors progress and quality assurance.

Q10	How is El Rio Health's Epic Audit Manager currently utilized? a. What is the expectation for the Offeror on the use of this tool? Is Audit Manager a requirement? b. Will reports be generated and expected to use through Audit Manager? If so, please describe type of reports and purpose.
A10	Epic is our EMR and Healthicity's program Audit Manager is the audit software. We upload audits into Audit Manager's system to utilize their auditing software. a. Yes, Audit Manager is a requirement of this RFP. b. Provider audit result reports are used for internal tracking purposes. The Provider result reports are shared with the Provider and their Director.
Q11	Are there standard coding policies and procedural guidelines established? If so, please share with the vendors.
A11	This information will be shared prior to the start of the project.
Q12	Does the organization have a timeframe expectation for completing the project?
A12	We have a deadline to finish all provider E&M reviews by 11/11/2025.
Q13	How many vendors were selected to respond to the RFP?
A13	No selections have been made at this point.
Q14	Is it an Annual or Quarterly reviews?
A14	Annual review
Q15	Is post audit education involved in the scope?
A15	No
Q16	What is the timeframe for the audit? Is it to be completed at one time or spread out over several months?
A16	We have a deadline to finish all provider E&M reviews by 11/11/2025
Q17	What specialists would we be auditing?
A17	Family medicine, OB/GYN, and Midwifery
Q18	Is this project intended to be inclusive of office E&M and hospital-based E&M? Will there be any surgical CPT audits needed (office surgeries, ASC surgeries, hospital surgeries)?
A18	Yes – Office E&M; no hospital E&M and no surgeries.

Q19	It is noted code sets ICD-10-CM/PCS, CPT and HCPCS are referenced. Are ICD-10-PCS codes assigned to these provider visits?
A19	NO to PCS; only ICD-10-CM; CPT, HCPCS
Q20	Will all documented and reported ICD-10-CM diagnoses codes be audited (unlimited) or is there a maximum number if diagnoses codes reported? Is HCC Risk Adjustment validation a component of the audit?
A21	All ICD-10-CM codes reported on claim are audited, therefore, unlimited, however typically there are no more than 10 on a claim and more than that is rare.
Q22	With reference to the number of providers and number of charts, we understand there will be 10 charts per provider, each year, totaling 1850 patient charts. It is also understood that if a provider does not meet 85% scoring, an additional 25 charts per provider may be added. Is the value of 2,100 charts for this project assuming a certain percentage of the total providers not meeting 85% threshold?
A22	Please note that the number of charts to be audited has been updated to 1320; 132 providers x 10 charts = 1320 minimum number of charts to be reviewed. If needed, an additional 25 providers x 5 charts = 125 charts. The audit needs to be completed by November 11, 2025.
Q23	Will you request the Offeror to provide physician education if the threshold of 85% is not met?
A23	No
Q24	What type of scoring is requested? - Code over Code, entire claim level? Scores for ICD-10-CM, E&M, CPT?
A24	Scores are based on the E&M code level selected as well as the ICD-10-CM codes selected by the provider.
Q25	Are elements such as Place of Service (POS), date validation, valid provider signature, units, modifiers to be calculated into the scoring?
A25	These areas are reviewed but are not counted in the final score.
Q26	Of the 185 providers, how many providers are Advanced Practitioner Providers (APPs)? - Do these APPs bill under the provider (incident-to and/or split shared), or do they bill under their own NPI?
A26	Of the 132 providers, there are 71 NPs and 4 PA's. We do not bill Incident-to; claims billed under their own NPI.
Q27	Can you provide a listing of the provider specialties included in the 185-provider total?
A27	Specialties include Family Medicine, OB/Gyn, and Midwifery.

Q28	Is the intention for El Rio Health to review recommendations and provide rebuttals as applicable?
A28	Yes, however, rebuttal process will be performed in house.
Q29	Are there facility-specific Coding Guidelines that will be provided and referenced?
A29	We utilize CMS and industry standard guidelines.
Q30	In current workflow, does the provider assign all code sets (ICD-10-CM, E&M, CPT/HCPCS) or is there any certified coder (or any El Rio Health resource) interaction on the claim?
A30	Providers assign all code sets; modifiers are assigned by system.
Q31	It is expected to audit for all payors or are there any specific payors to include or exclude?
A31	All payors will be included.
Q32	What sampling process will be utilized?
A32	Compliance Audit Manager will select samples and upload the dataset to Healthicity Audit Manager.
Q33	Is it expected that all needed patient documentation is present in Epic? Will the auditors access the El Rio Health's instance of Epic to perform the review?
A33	Yes to both questions.
Q34	It is expected to audit from the submitted claim? - If not, what is the source being audited? - Will the claim be available for view in Epic?
A34	No. Dataset in Healthicity's Audit Manager will have the CPT and ICD-10-CM information that was submitted.
Q35	What type of reporting is being requested by the El Rio Health Coding Compliance Manager on a weekly/bi-weekly basis, or more frequently as needed?
A35	Because we are on a deadline, we will want a progress report of providers completed.
Q36	Will this audit be conducted over a particular time frame? For example, an estimated 15-16 providers per month over a 12-month period, and with subsequent reviews of providers below accuracy threshold? Or is a different timeline expected?
A36	We have a deadline to finish all provider E&M reviews by 11/11/2025. The providers being assigned are part of the providers' annual review. This is an ongoing process. We are requesting assistance to complete the providers assigned.

Q37	It is noted the staff assigned should have experience with Audit Manager. Is El ~~Paso~~ Rio Health using an instance of Audit Manager the auditors will be expected to utilize?
A37	The Offeror's auditors are expected to perform the audits utilizing Healthicity's Audit Manager software.
Q38	Is the claims data in a system other than Epic? If so, what system is utilized for claim review?
A38	No.
Q39	The scope of the audit states all work will be conducted remotely. However, if there is any on-site work requested?
A39	No
Q40	May we please see a copy of the applicable above-mentioned Policies and Procedures to review?
A40	These will be shared with the Offeror who receives the award.
Q41	Can we have a copy of the draft terms and conditions that may be outside of the provided copy of the BAA?
A41	A copy of the contract will be shared with the Offeror who receives the award.