



VIA EMAIL

DATE: June 19, 2014

TO: Prospective Proposers

FROM: Maureen Crystal
Director of Contracts

RE: Request for Proposal (RFP) No. Q14-40
Type of Service: Medical Records Query

Addendum No. 1

RFP Q14-40 is hereby amended. Consisting of Pages (3) pages (*Word/Excel Versions of bid not included in this number*), including this cover page.

All other terms and conditions of the RFP dated June 13, 2014 remain in full force and effect.

Immediately upon receiving this Addendum No. 1, please acknowledge such receipt by providing the information requested below and returning this page only via email to lisandra.reid@downstate.edu or fax at 718-270-3342

Vendor's Name

Contact Person

Date

DMC Materials Management webpage: www.downstate.edu/materials

RFP Q14-40: Medical Records Query Services

Questions and Answers:

1. Can you please provide an organizational structure of current Care Management? What functions roll up underneath Care Management? It appears that traditional HIM Coding functions fall under Care Management? **Care Management report to the VP of Nursing, HIM report to the Chief Financial Officer.**
2. Does SUNY Downstate have a formal Clinical Documentation Improvement program? Does this fall under Care Management? **Yes, a formal CDI reprocess is in place, with the reporting structure to VP of Nursing.**
3. Are medical record queries completed concurrently when the patient is in-house and, if so, by whom (i.e. Clinical Documentation Improvement Specialist, Coder, other)? **Yes, by CDI Specialist.**
4. What systems are being used today for the query and reporting process? What is the EHR and Registration/Patient Accounting system being used? **Healthbridge is our HER, Siemens Eagle 2000 is the Registration system**
5. What percent of medical record queries are completed retrospectively after patient discharge? **Unknown**
6. Comment on the status of ICD-10 Remediation Activities underway today. Would this assessment be a part of a larger organizational ICD-10 effort? **Currently level of review is for both ICD-9 and preparation for ICD-10**
7. What role, if any, do Case Managers play in the query process? **Medical necessity evaluation**
8. Are you looking for new physician query design or modification of existing queries or an inventory of design opportunities? **New physician query design**
9. Are medical record queries electronic, with eSignature, or a manual process? **Manuel process currently**
10. Are medical record queries considered a permanent part of the legal medical record, signed by the physician? **Yes**
11. Are medical record queries tracked as a record deficiency and, if so, in what system? **Yes, tracked with the Morose system**

12. What training has staff (CDI, Coders, and physicians) received to date for ICD-10? Comment on the current education materials and systems available today. **Both CDI specialist and HIM coding has been trained and completing certification for ICD-10**

13. An assessment must be performed to truly determine the specific tactical plan for education and improvement and monitoring mechanisms. Will the awarded firm have the opportunity to modify these tactical plans after completion of the assessment? **Consideration pending**

14. How many staff would need training related to physician query documentation?

- a. Case Managers
- b. Clinical Documentation Improvement Specialists
- c. Coders
- 4. Physicians

Care Management, CDI, and Coders consist of 12 FTE's. Physician's total number to be determined

15. What is the expected duration of project phases?

- a. Assessment
- b. Implementation plan reporting
- c. Improvement plan implementation
- d. Training
- e. Monitoring

Our expectation is for the vendor to provide that an industry standard training protocol

Can we present our approach to the SUNY Selection Team? We are available upon request and would welcome the opportunity to discuss some of your specific needs and challenges. **A presentational approach may be prohibited to contractual time line obligations.**

End