



**VIA EMAIL**

DATE: June 19, 2014

TO: Prospective Proposers

FROM: Maureen Crystal  
Director of Contracts

RE: Request for Proposal (RFP) No. Q14-41  
Type of Service: NCD/LCD Medical Necessity

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**Addendum No. 1**

RFP Q14-41 is hereby amended. Consisting of THREE (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](mailto:lisandra.reid@downstate.edu) or fax at 718-270-3342

\_\_\_\_\_  
Vendor's Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Date

DMC Materials Management webpage: [www.downstate.edu/materials](http://www.downstate.edu/materials)

# RFP Q14-41 IFB: NCD/LCD Medical Necessity

## Questions and Answers (A)

1. Please define your use of the term "**Proactive**". Will the audit be limited solely to claims that have already been billed, or will the auditor be required to review and advise on services prior to billing or prior to discharge? **A:** Proactive is intended to mean that these reviews will be initiated by SUNY DMC or by the vendor's account selection logic. These reviews may occur prior to or after an initial bill has been sent.
2. **Scope of Audit:** The detailed specifications identify three "targeted claims" (knee replacements, hip replacements, and pacemaker implants), and this list is reflected in the cost proposal grid. However, the specifications also suggest a broader, global scope for the audits. Is the selected vendor expected to recommend additional areas of concern alongside the audits of these targeted claims? How should vendors propose costs for these issues that are outside the scope of the cost proposal grid? **A:** The reviews should include knee replacements, hip replacements, and pacemaker implants, but indeed, include a broader scope of reviews. Please recommend and propose cost for broader scope.
3. **Readmissions:** Do you intend the audit to identify only preventable readmissions for the three "targeted claims" or do you require that review of readmissions focus on claims and payment issues raised by CMS' Readmission Reduction Program? **A:** audit of readmissions should separate and prioritize CMS target diagnoses, however the audit can include other accounts in diagnoses agreed to by SUNY DMC and the vendor.
4. **Claim Selection:** How will claims for audit to be selected? Will the selected vendor be permitted to identify likely areas of concern within the targeted claims and select—randomly or otherwise—individual claims for review? If not, will the selected vendor work collaboratively with SUNY-DMC to develop search algorithms to identify claims for review? Will SUNY-DMC independently select claims and direct the selected vendor to audit only those claims? **A:** the vendor is expected to present a plan for identifying accounts that are at high risk SUNY DMC will work collaboratively with the vendor but seeks a vendor with an established plan of action and experience in similar projects.
5. **Record Access:** Will the selected vendor be permitted remote, electronic access to medical records, claim forms, and other documents essential to audits? If not, will records be delivered to the selected vendor for offsite review? Will the selected vendor be required to maintain any physical presence onsite during the audits? If not, will the selected vendor be required to make site visits at any prescribed intervals? **A:** SUNY DMC will provide scanned copies of records and/or remote access to the applicable systems.
6. **Timeframes:** When does SUNY-DMC anticipate that audit work would commence under this contract? Within what timeframe would SUNY-DMC expect the vendor to complete its review of any claim? **A:** Audit work would begin at the conclusion of contract negotiations and systems access resolution.

7. Will this work be done under privilege? A: SUNY DMC would like the vendor to recommend if reviews be carried out under privilege.
8. Can you define what you mean by “revenue enhancement?” A: SUNY DMC would like audits to include information regarding missed charges or uncoded procedures if they are identified in the reviews.
9. How many records are expected to be reviewed? A: SUNY DMC would like the vendor to propose an account review plan with the greatest compliance impact.
10. How quickly does SUNY feel it will identify records for review and be able to share the records with the vendor? A: SUNY DMC would like the vendor to propose an account review plan with the greatest compliance impact. This includes recommending the means of identification of records to be reviewed.
11. What timeframe are the records from (e.g.. January 1, 2013 – December 31, 2013)? A: :Starting with Calendar 2014, staying within 6 months of date of service/discharge.
12. Are all records covered by the same MAC? the same LCD? and the same documentation requirements? A: SUNY DMC’s MAC is NGS.
13. When do you hope to have the project kicked-off by and do you have a target date in mind for project completion? A: Audit work would begin at the conclusion of contract negotiations and systems access resolution. This is proposed as a 5-year contract.
14. Related to “first conduct an assessment and analysis of current operations, staffing and outcomes” – What operations, staffing and outcomes does SUNY want an assessment completed on (e.g. utilization management, internal audit, clinical documentation, etc. A: Utilization management, internal audit, clinical documentation improvement would be appropriate for review. SUNY DMC desires the vendor to propose a plan that would have the greatest compliance impact.
15. When did SUNY implement their CDI program? A: 2012.
16. Who taught CDI strategies to team? A: Navigant.
17. How many CDIs are employed at each facility? A: 2.
18. Are there currently pre-templated physician queries? A: No.
19. Is the medical record totally electronic? A: No.

End