



**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH
ADDENDUM #2 TO THE
REQUEST FOR PROPOSALS
FOR
MEDICAL CODING AND CDI AUDIT
SERVICES**

90-25-339-RFP

COVER SHEET

POSTED 7/10/2025

BY SIGNING AND RETURNING THIS COVER SHEET, I CERTIFY RECEIPT OF ADDENDUM #2 TO THE MEDICAL CODING AND CDI AUDIT SERVICES.

Printed Name of Authorized Individual

Name of Submitting Organization

Signature of Authorized Individual

Date

THE SIGNATURE PAGE OF THIS ADDENDUM TWO MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL.

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ADDENDUM #2

The Maricopa County Special Health Care District (“District”) d.b.a. Valleywise Health is hereby issuing Addendum #2 to the Request for Proposals which requested sealed proposals from qualified Proposers to provide MEDICAL CODING AND CDI AUDIT SERVICES.

Pursuant to the Procurement Code Clause HS-305, Addenda to Solicitations, Paragraph A (1), this Addendum two will make changes to the Solicitation and correct defects and ambiguities.

The following are responses to questions were received on or before July 2, 2025, No Later Than 11:00 A.M. Phoenix, AZ. Time:

Question	Please define the full scope of work for coding services, including facility vs professional?
Answer	The Work Statement (Scope of Work) is located in Section 3.0, page 7.
Question	Please provide the specialties for coding services.
Answer	This would include all specialties
Question	Do you have a coding backlog?
Answer	This information is not required to submit an offer
Question	What is your average length of stay?
Answer	This information is not required to submit an offer
Question	Do you have a documented process
Answer	This information is not required to submit an offer
Question	Are you looking for a company to come in and do the auditing of your Coding CDI team or are you looking for a company to help staff the individuals for the department, like Coders and CDI specialist? We are a staffing firm, and we can help staff Coders, CDI etc
Answer	Please refer to Q&A #1
Question	How many coders are there at Valleywise? What is the # of coders per record type? ie IP, SDS, OBS, Clinic, etc
Answer	This information is not required to submit an offer
Question	Will the initial audit volume be 20 records per coder
Answer	This information is not required to submit an offer
Question	Will the audit include any E/M professional fee coders
Answer	This information is not required to submit an offer
Question	How many Clinical Documentation Specialists (CDSs) are currently on your team
Answer	This information is not required to submit an offer
Question	How many CDSs would you like included in the audit
Answer	This information is not required to submit an offer
Question	Will we also be auditing 20 records per CDIS
Answer	This information is not required to submit an offer
Question	Are there any ongoing CDI initiatives (e.g., risk adjustment, coding denials, CDI expansion) that this audit should be aligned with
Answer	This information is not required to submit an offer
Question	What are your goals in conducting this CDI audit (e.g., identify improvement areas, validate CDI impact, prepare for external review
Answer	Reference page 7, 3.0 Work Statement, Paragraph 3.3 Scope of Service
Question	Was there an impetus to begin this external review
Answer	This information is not required to submit an offer
Question	Has there been an incumbent doing this work
Answer	This information is not required to submit an offer

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Question	If yes, are there any trends from current or previous audits that you can share?
Answer	This information is not required to submit an offer
Question	As it relates to FQHC, what are you doing now to ensure compliance
Answer	This information is not required to submit an offer
Question	In addition to EPIC, what systems are used to support chart access and documentation (e.g., CAC, CDI tools, EHR platforms)
Answer	This information is not required to submit an offer if there is a system the offeror is unable to support, please state that information within the submitted offer.
Question	What systems will charts be pulled from for the audit
Answer	This information is not required to submit an offer
Question	How will charts be made available to the vendor (e.g., direct access, secure file transfer)
Answer	Secure access to Epic.
Question	Will we need to involve IT resources for access setup or reporting
Answer	If the offeror has limited IT knowledge, the offeror may need to engage their own IT resources-please indicate the limitation within the submitted offer.
Question	Who will be in charge of chart selection
Answer	Valleywise Health
Question	What is the sample size expected on prospective vs retrospective
Answer	Sample size is not relevant to submitting an offer
Question	Focused vs random reviews
Answer	This information is not required to submit an offer
Question	Should the audit scope include the full claim lifecycle — including billing, payment, and denial review
Answer	It will not include billing, payment or denial review.
Question	What is the scope of the CDI program — inpatient only or does it include outpatient/all specialties/payers (e.g., Peds, OB, Burns)?
Answer	This information is not required to submit an offer if the offeror is limited to the work they can perform, it should be stated within their offer.
Question	Can you share anymore about the CDI reviews such as the experience of the current team? Any existing second level reviews that are being conducted?
Answer	This information is not required to submit an offer
Question	For ED coding - are the coders responsible for I&Is and E/M? If so, what system do they use to determine the E/M level of service? <ul style="list-style-type: none"> • If not - would the audit include validation of these?
Answer	The audit would consist of review of I&I coding, but no E/M leveling on all outpatient account types.
Question	Can you provide clarification on the sample list (ref. pg 8)?
Answer	Page 8 does not discuss a “sample list”
Question	How many internal coders does Valleywise Health have
Answer	This information is not required to submit an offer
Question	Is your standard audit volume 20 per coder? (or is that only when below 95%)
Answer	20 charts per coder is standard on the initial audit and any quality follow up reviews.
Question	What is the projected volume for each coding type and CDI (based on 20 charts per coder)?
Answer	20 charts is the standard amount but subject to vary.
Question	Are there any reporting requirements
Answer	Reference the reporting requirements described within the RFP. If the offeror has limitations regarding reporting, it should be stated within their offer.
Question	How are audit findings shared with client? (via Valleywise Health’s system or

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	vendor's system)
Answer	The audit can be conducted via the vendor's software of a mutually agreed upon format.
Question	Does your health system have an inpatient and outpatient CDI program? Does the program include pediatric services
Answer	Yes
Question	If your health system has a CDI program, what is the current structure (how many full-time vs part-time specialists)
Answer	Reference the scope of service section of the RFP
Question	Do they also review denials on accounts initially reviewed by CDI
Answer	This information is not required to submit an offer
Question	Does your health system currently conduct CDI and Coding audits? If so, what is the current or historical frequency and what is the average annual volume completed for CDI and Coding (By coding type: IP, ED, SDS, IR, CC, OBS, Clinic, Series, Ancillary)
Answer	Reference scope of service within the RFP document.
Question	Are there preferred credentials for CDI auditors (i.e. CDIP vs. CCDS)
Answer	Reference Section 3, paragraph 3.10
Question	Can you share current denial rates by type (i.e. DRG downgrades, coding errors, medical necessity)
Answer	This information is not required to submit an offer
Question	How is denial data currently tracked and categorized
Answer	This information is not required to submit an offer
Question	Have you implemented any platforms/software to manage your CDI program
Answer	This information is not required to submit an offer
Question	What is your health system's internal CDI policy regarding clinical validation queries
Answer	This information is not required to submit an offer
Question	What is your health system's CDI work strategy on account review (review accounts for record completeness vs skip review of accounts if they already have an MCC/no potential for higher reimbursement)
Answer	This information is not required to submit an offer
Question	In section 5.2.3 under "Instructions to Proposers" it ask vendors to describe proposed fee arrangement for providing services. It goes on to describe hourly billing rates and/or other alternative fee arrangements. However, in attachment E all of the specialties look to be broken out by "Per Record" pricing and not hourly?
Answer	5.2.3 Fee Arrangement requests a description of the bidder's proposed fee arrangement for providing services.
Question	What is the preference for the Valleywise system, hourly or per record? We ask because hourly billing is more cost effective for the majority of clients we work with. Per record pricing can become expensive, especially when we do not know volumes, productivity, or complexity of charts we will be auditing/coding
Answer	Reference section 5.2.3 Fee Arrangement
Question	What type of encoder does Valleywise Health use? We understand that the encoder is available for IP/DRG facility coding but is it available for outpatient coding as well? o Epic is listed as the EMR in the RFP. Are there any other systems/applications outside of Epic staff will be using?
Answer	This information is not required to submit an offer
Question	IP/DRG – do you have a breakdown of LOS based on production standards for Valleywise Health? o Can you please also provide the expected hourly production for each auditing and coding specialty listed in the RFP?
Answer	This information is not required to submit an offer

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Question	Will our auditing and coding teams review both facility and profee coding
Answer	This would be dependent on what type of audit is being conducted, per the scope of service section of the solicitation. Profee audits would include E/M leveling review..
Question	What are the anticipated volumes for the auditing and coding specialties listed in the RFP
Answer	This information is not required to submit an offer
Question	Will Valleywise be providing coding guidelines to those vendors awarded the RFP or will the vendor have to produce their own coding guidelines
Answer	This information is not required to submit an offer
Question	Given the Valleywise Health System supports pediatrics, do you want specialized coders/auditors for the pediatric specialties? • Education In section 3.4 it refers to one-hour education sessions for the Valleywise coding team if we should find any trends after audits? Is this training required to be onsite, or can it be completed remotely
Answer	3.4 “Service Background” does not discuss education sessions.
Question	In section 3.7 of the General Requirements, it states that the vendor will provide all equipment and technology for the requested services in the RFP. Will Valleywise be able to share the standard requirements all staff computer equipment must adhere to including any applications that may be needed outside of what Valleywise uses
Answer	This information is not required to submit an offer
Question	What is the expected timeline for transitioning of services should any of the current vendors not be awarded this contract? When does Valleywise expect new vendors to be up and running at one hundred percent capacity for both coding and auditing services
Answer	This information is not required to submit an offer
Question	In attachment G, section 6 lists immunization requirements for all staff. We understand that these requirements are necessary for onsite employees, but are they also required for staff who will work remotely?
Answer	Not required if remote
Question	Tobacco use – we acknowledge that Valleywise is committed to being a smoke free campus, but we wanted to know if tobacco use by remote employees was allowed
Answer	Not required if remote
Question	Do we need to register pre award on GreensecurityLLC
Answer	This information is not required to submit an offer
Question	Page 35. Are you still utilizing GreenSecurity? Page 35. If you are using GreenSecurity, are we required to register on GreenSecurity in order to submit to this RFP or only if we are awarded
Answer	Only if awarded.
Question	Page 43. Insurance. Since no travel is authorized under this contract and services are being performed remotely only, and no consultant would ever be traveling to work for you, would you consider a waiver for automobile liability insurance
Answer	Yes, if the vendor only works remotely, we can accept a waiver for automobile liability however, this insurance must be provided IF there are any reasons for the vendor to be on a Valleywise Health Campus.
Question	Page 4. Please share the link to the Valleywise Health Contracts Management website
Answer	This information is not required to submit an offer
Question	References - Page 15 asks for 5 references but Page 23 Attachment C asks for 3 references. Please confirm if you want 3 references or 5 references
Answer	3 References are required

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Question	Page 35. Employee Requirements - Onboarding - If individuals are not employees of the Valleywise team, can you explain the rational/approach/process for having team members go through 3-5 days of onboarding? Page 35. Employee Requirements. If awarded and if required, is your 3-5 business days of orientation with or without pay
Answer	Page 35 Employee Requirements states, "3-5 business days depending on position" it is not anticipated that any persons hired as a result of this RFP will be required to attend Employee Orientation.
Question	Page 37. Cooperation with other contractors and subcontractors – Can you give an example of how we would need to “accommodate the work of another” Valleywise contractor/vendor
Answer	This information is not required to submit an offer
Question	Page 41. Indemnification. In our industry, mutual indemnification is standard. Would you consider it
Answer	This information is not required to submit an offer
Question	Attachment B – Organizational Information – I’m assuming that it is acceptable to attach additional pages to this form for #7, #9, and #10, since there is insufficient space to reply to the information requested. Please confirm.
Answer	Submit what is necessary to fulfill the offer.
Question	Forms. Please confirm which forms do not have to be submitted with our Proposal
Answer	This information is not required to submit an offer
Question	Page 27. CC Payments. Does this mean we have to have our credit card through your vendor/bank
Answer	Please not page 27 states: “If the successful vendor indicates that they will accept such payment, further information will be available at time of award. Please indicate below whether or not you would be willing to accept credit card payments.” Please indicate Yes or No in the boxes provided.
Question	How many applications will be required to access and review a record
Answer	This information is not required to submit an offer
Question	What is the anticipated volume
Answer	This information is not required to submit an offer
Question	What encoder do you use? (3M, Quadramed, HSS, Optum
Answer	This information is not required to submit an offer
Question	Will encoder access be granted to our auditors
Answer	This information is not required to submit an offer
Question	Please describe your current audit process
Answer	This information is not required to submit an offer
Question	Are there specific auditing or quality assurance processes you expect from Med-Matrix
Answer	This information is not required to submit an offer
Question	Are there specific KPIs you prioritize for auditing performance
Answer	This information is not required to submit an offer
Question	Are there specific expectations around auditor availability (e.g., weekends, holidays, after-hours)
Answer	This information is not required to submit an offer
Question	What is the expected turnaround time for auditing
Answer	This information is not required to submit an offer
Question	ED Coding Do coders assign I&I and E&M CPT’s? Do coders assign both hospital and professional E&M’s
Answer	Answered in previous questions.
Question	Are ICD-10-PCS codes assigned to outpatient encounters

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Answer	PCS coding is only on inpatient accounts.
Question	Do coders assign I&I and observation hours
Answer	Yes
Question	Are there any types of records that will be excluded from working the IP DRG encounters? Will the claims be grouped to MS DRG, APR DRG or both
Answer	The inpatient account's groups to both MS and APR DRGs. Amount is dependent on the sample selection.
Question	Can you please provide 12-month historical patient volumes per service line and specialty for all coding service lines and specialties included within the scope of this RFP
Answer	This information is not required to submit an offer
Question	Please provide the list of specialties our auditors will be assigned e.g., Medical, OBGYN, Neurology, Cardiology, GI
Answer	All medical/surgical specialties
Question	CDI Questions What is the anticipated volume
Answer	Answered in previous questions
Question	Do you have a CDI program? Please describe
Answer	This information is not required to submit an offer
Question	Are queries a permanent part of the medical record
Answer	This information is not required to submit an offer
Question	Do coders and CDI initiate queries
Answer	This information is not required to submit an offer
Question	What technology is leveraged (if any) for the CDI program
Answer	This information is not required to submit an offer
Question	How many CDI staff are on the CDI team
Answer	This information is not required to submit an offer
Question	Are any CDI staff credentialed as coders? If so, how many
Answer	This information is not required to submit an offer
Question	Are all CDI nurses credentialed as CDI (CCDS, CDIP)
Answer	This information is not required to submit an offer
Question	Do the CDI staff work remotely or onsite
Answer	This information is not required to submit an offer
Question	Do you have a centralized CDI team
Answer	This information is not required to submit an offer
Question	What type and frequency of interaction does the CDI staff have with the coding staff
Answer	This information is not required to submit an offer
Question	How long has the CDI program been implemented
Answer	This information is not required to submit an offer
Question	What is the CDI department's reporting/governance structure
Answer	This information is not required to submit an offer
Question	Do you have a provider champion
Answer	This information is not required to submit an offer
Question	Can you provide a list of clinical specialties the CDI team reviews and/or is associated with?
Answer	This information is not required to submit an offer
Question	Are there performance metrics/goals currently in place surrounding productivity, impactful queries, etc.? Are staff meeting these goals currently?
Answer	This information is not required to submit an offer
Question	.Do CDI staff issue concurrent and retrospective review queries?
Answer	This information is not required to submit an offer

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Question	What are the current KPIs being monitored for the CDI program?
Answer	This information is not required to submit an offer
Question	Are there any known pain points related to coding/documentation accuracy influencing the priorities and/or scope of CDI (denials, CMI, quality outcomes, etc.)?
Answer	This information is not required to submit an offer
Question	What is the average monthly or Daily volume for each speciality?
Answer	This information is not required to submit an offer
Question	Are there any customer specific coding guidelines that needs to be followed in the audit or can we follow standard coding guidelines (listed below)? 2023 CMS Coding Guidelines for E&M Levels 2024 AMA CPT Coding Guidelines for procedures 2025 ICD-10-CM/PCS Coding Guidelines for diagnosis and procedures
Answer	This information is not required to submit an offer
Question	How will we review the EMR? Will there be a SharePoint or SFTP site where charts will be loaded? Will we be given access to EMR portal(s)? If yes, would it include access to a code lookup tool (3M, encoder pro etc.)?
Answer	This information is not required to submit an offer
Question	How will we receive the coded charges for the accounts that need audit?
Answer	This information is not required to submit an offer
Question	Is there any specific expectation on the reporting and analytics or can we provide a sample report that can discussed & mutually agreed?
Answer	This information is not required to submit an offer
Question	What is the frequency of reporting you are expecting (Weekly/Monthly/Other)?
Answer	This information is not required to submit an offer
Question	How many coders you have per chart type?
Answer	This information is not required to submit an offer
Question	How many charts are coded per coder?
Answer	This information is not required to submit an offer
Question	how many roles are currently open
Answer	This information is not required to submit an offer
Question	If vendor employees will all be 100% remote, are immunizations still required (page 34
Answer	This information is not required to submit an offer
Question	Do we need to register with Green Security prior to our submittal/response to the RFP? Or only upon award of the RFP work (Page 35
Answer	No
Question	Page 7, 3.2 Coding Audits and Attachment E for Pricing, it appears to include only technical/facility. Do you also want to include professional fee services in this RFP or is this RFP specific only to facility? Will there be a separate RFP for professional fee services?
Answer	Page 7, 3.2. Include E/M ProFee auditing.
Question	Are you willing to share if you have used external vendors for these services previously and when was the last contract period
Answer	This information is not required to submit an offer
Question	Are you able to give estimated annual volumes by chart type for this contract? Example • IP • ED • SDS • IR • CC • OBS • Clinic • Series • Ancillary • CD
Answer	This information is not required to submit an offer
Question	For ancillary testing and for series records please define the term “record”? Example: outpatient reoccurring visits that are billed 1x/month and contains multiple visits on

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	one account.
Answer	This information is not required to submit an offer
Question	Can you please clarify your CDI definition of per “record”? Example: compliant queries; missed query opportunities; correct template; appropriate question, dx options, and clinical indicators.
Answer	This information is not required to submit an offer
Question	What is the expected audit frequency
Answer	This information is not required to submit an offer
Question	Will you please share staffing breakdown by department
Answer	This information is not required to submit an offer
Question	Beyond 3M and EPIC are there any additional software/tools that are currently being used by the coding/CDI departments?
Answer	This information is not required to submit an offer
Question	Per section 3.3 education can be delivered remotely. Can Valleywise confirm that remote education suffices to meet requirements? Per attachment E “no travel charges clause” notates onsite education. In the event an on-site education is required will travel expenses be reimbursed despite the no travel charges clause? 5a. What would constitute a need for onsite education
Answer	This information is not required to submit an offer
Question	Per section 3.3 rebuttal workflow if a record requires reauditing post rebuttal will this trigger a new per record charge? 6a. Is there a limit to rebuttals per record
Answer	Rebuttal process should be included in your cost per chart/record.
Question	The recent addendum that was posted to the website references “sealed proposals, yet the RFP states that all proposals can be emailed in for submission. ♣ Can the proposal still be emailed in as stated in the RFP or do we need to send physical copies? ♣ If we need to send physical copies how many copies must we provide and whose attention does it need to be addressed to
Answer	All offers must be emailed by due date and time posted on the website.
Question	The clinical AI solution that we provide, SmarterPrebill, reviews 100% of patient charts same-day using 5,000+ robust, proprietary algorithms and recommends optimal coding for each chart. These recommendations are surfaced to Valley Health's CDI team, who make the final decision whether to accept the recommendation. This is all done “pre-bill”, not post bill. As such, SmarterDx is a software solution only and does not include any auditors or require access into the client EHR (aside from a data feed into SmarterPrebill). Would this type of solution be considered?
Answer	This information is not required to submit an offer
Question	Regarding references, there is one mention of 3 required and another mention of 5 required. Can you confirm how many references we need to include in our submission.
Answer	3 references are required.
Question	What is your current audit program?
Answer	This information is not required to submit an offer
Question	What challenges are you facing with your audit program?
Answer	This information is not required to submit an offer
Question	What audit findings have been identified in the last four quarters?
Answer	This information is not required to submit an offer
Question	What is your current CDI program?
Answer	This information is not required to submit an offer
Question	What CDI model is currently in place (e.g., concurrent, retrospective, hybrid)?

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Answer	This information is not required to submit an offer
Question	Are there specific documentation improvement goals you are targeting (e.g., severity of illness, risk of mortality, HCC capture)?
Answer	This information is not required to submit an offer
Question	What tools or software are currently being used for CDI (e.g., Nuance)?
Answer	This information is not required to submit an offer
Question	Are there internal coding guidelines or payer-specific rules we should consider?
Answer	This information is not required to submit an offer
Question	What is the volume of records to be audited on a monthly, quarterly, and annual basis?
Answer	This information is not required to submit an offer
Question	What is the desired frequency of audits?
Answer	This information is not required to submit an offer
Question	What types of audits are required? 1. Inpatient 2. Outpatient 3. Professional 4. Risk Adjustment
Answer	This information is not required to submit an offer if the offeror is limited to the audits they can perform they should state the limitation within their offer.
Question	Please provide the breakdown of number of audits requested by IP, OP, and ER. If possible, please break it down by sub-specialty within OP (e.g., Wound Care).
Answer	This information is not required to submit an offer if the offeror is limited to the number or type of audits, they can perform that limitation should state the limitation within their offer.
Question	Are there specific specialties or departments to focus on (e.g., cardiology, orthopedics)?
Answer	This information is not required to submit an offer if the offeror has limitations regarding specialties or departments, they can provide audits on, the limitation should be stated within their offer.
Question	What is the expected depth of the audit (e.g., full record review vs. targeted codes)?
Answer	This information is not required to submit an offer, if the offeror has limitation regarding the depth of an audit, it should be stated within their offer.
Question	Are both coding and CDI audits expected as part of the same engagement, or are they separate?
Answer	This information is not required to submit an offer, if the offeror has limitation regarding coding or CDI audits, it should be stated within their offer.
Question	How many coders are currently deployed for this scope of work?
Answer	This information is not required to submit an offer
Question	How many CDI specialists are currently involved in this scope of work?
Answer	This information is not required to submit an offer
Question	Please provide the number of physicians involved.
Answer	This information is not required to submit an offer
Question	Please provide the number of charges being audited by department and what % is audited.
Answer	This information is not required to submit an offer, there is no guaranteed quantities.
Question	What is the expected turnaround time for audit completion and reporting?
Answer	This information is not required to submit an offer, vendor should include any limitations to their turnaround time for an audit completion and reporting within their offer.
Question	Will remote audit access be provided, or is on-site presence required at any point?
Answer	Reference Section 3, paragraph 3.4 Service Background
Question	Are physician queries expected to be part of the audit scope?
Answer	Please reference scope of service.

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Question	Do you require support for appeals or rebuttals following audit findings?
Answer	This information is not required to submit an offer vendor should include any limitations they have regarding appeals or rebuttals of audit findings.
Question	Have there been any compliance findings?
Answer	This information is not required to submit an offer
Question	Which file format do you prefer for our final response (e.g., PDF, Word
Answer	This information is not required to submit an offer, vendor should include the file format they use and any format limitations they have.
Question	Do you have any specific font type, size, or style requirements we should follow
Answer	This information is not required to submit an offer
Question	Does this refer to the narrative structure outlined in Section 5.2, the required order of attachments listed in Section 5.4, or a specific visual/document formatting (e.g., font, layout) that proposers must follow
Answer	Refer to all information within section 5.0 Instructions to Proposers
Question	To confirm: Aside from the content described in Sections 5.2 and 5.3, should we also return all of the attachments listed in Section 5.4 (e.g., Attachments A–I, signed addenda, etc.) as part of our complete response package?
Answer	Refer to all information within section 5.0 Instructions to Proposers
Question	Attachment F instructs proposers to respond directly to the Work Statement (Section 3) and “describe how each task will be accomplished.” Meanwhile, Sections 5.2 and 5.3 already ask for detailed narrative responses on experience, qualifications, methodology, compliance, etc. Could you please confirm whether: Attachment F should be a separate, standalone document that restates and expands on Section 3.0 (Work Statement), OR If a proposer addresses the Work Statement elements throughout Sections 5.2 and 5.3, will that satisfy the expectations for Attachment F
Answer	Refer to all information within section 5.0 Instructions to Proposers
Question	If our organization is a current vendor and has an executed BAA on file with Valleywise Health, do we still need to sign and return the BAA included in this RFP? If not, how should we appropriately acknowledge or fulfill this requirement within our proposal
Answer	This information is not required to submit an offer
Question	The Executive Summary does not specify the total number of providers employed by Valleywise Health. Could you please provide this information? Additionally, will the scope of this engagement include both employed and non-employed providers
Answer	This information is not required to submit an offer
Question	Are all professional services billed as “provider-based” under an outpatient hospital setting? If some groups are billing as independent (POS 11), can you share what specialties
Answer	This information is not required to submit an offer
Question	Within your current compliance program, how many audits are conducted on a monthly basis? The documentation references 20 cases in quality reviews—should we assume this is the standard audit volume
Answer	This information is not required to submit an offer
Question	Regarding Section 3.9A, could you clarify the expected productivity requirements for this engagement, either on a daily or monthly basis
Answer	This information is not required to submit an offer
Question	Would you like 3 or 5 references? There is a discrepancy between Section 5.2.9 and Attachment C.

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Answer	3 references are required
Question	Is the setup of Sections 5.7 (both questions) and 5.8 intentional?
Answer	5.7 Professional References (Attachment C) 5.8 5.8 Intentionally Left Blank (Attachment D)
Question	Are the audits going to be Technical/Facility Coding? Do you also want Professional Fee audits?
Answer	This information is not required to submit an offer
Question	Page 8 stated education may be provided via WebEx or in person but page 26 (Attachment E) states only On-site education. Are you open to use of Zoom versus WebEx, and is remote education acceptable in lieu of on-site education?
Answer	It is anticipated that training will be remote.
Question	Are the 67,000 Emergency Department visits included in the 450,000 Outpatient and Ambulatory visits quoted in the RFP?
Answer	This information is not required to submit an offer
Question	What is the total dollar amount Valleywise has allocated for this contract?
Answer	This information is not required to submit an offer
Question	Are expenses (i.e., travel, meals, business, etc.) separately reimbursable as part of this proposal, or should any anticipated expenses be factored into the overall pricing? Are expenses separate from the allocated budget for this project?
Answer	Reference Attachment E, "Pricing"
Question	What is the start date for this three-year contract?
Answer	This information is not required to submit an offer
Question	Have coding compliance assessments, similar to what is described in this proposal, been performed in the past?
Answer	This information is not required to submit an offer
Question	Please describe the current compliance, coding and CDI organization as it exists today (i.e., # of FTEs, centralized or decentralized, outsourced or employed, systems utilized to support the coding and CDI processes, etc.)?
Answer	This information is not required to submit an offer
Question	Are there policies and procedures governing coding and CDI? This might include coding accuracy standards, auditing, and monitoring (new employees, normal random audits, focus audits, auditing the auditor).
Answer	This information is not required to submit an offer.
Question	Have a risk assessment and workplan been conducted, or will the vendor be asked to support drafting?
Answer	Reference Section 3.0 Work Statement
Question	Is supporting and fulfilling corrective actions (i.e., development of policies and procedures, implementing controls, etc.) part of this project or will this be strictly serving as coding compliance?
Answer	Reference Section 3.0 Work Statement
Question	To whom will the vendor be reporting (e.g., Chief Compliance Officer, Internal Audit, HIM, or Coding Department), and will there be dedicated Valleywise staff to support the vendor for this project?
Answer	This information is not required to submit an offer
Question	Is a per chart pricing required, or is Valleywise open to alternative pricing strategies?
Answer	This information is not required to submit an offer
Question	Is a per chart pricing required, or is Valleywise open to alternative pricing strategies?
Answer	Reference Attachment E, Pricing,

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Question	Section 35.B. Terms and Conditions states: Subcontractors invoice cannot be marked-up and must ba pass through. Is this true? "Subcontractor's invoice shall be invoiced directly to the Contractor, who in turn shall pass through the costs to Valleywise Health, without mark-up. A copy of the Subcontractor's invoice must accompany the Contractor's invoice."
Answer	Payment will only be made to the awarded contractor, "The Subcontractor's invoice shall be invoiced directly to the Contractor, who in turn shall passthrough the costs to Valleywise Health, without mark-up. A copy of the Subcontractor's invoice must accompany the Contractor's invoice."
Question	3.3 Scope of Services Determine the accuracy and integrity of coding in accordance with ICD-10-CM/PCS Official Guidelines for Coding & Reporting, CPT Guidelines, AHA Coding Clinic, CPT Assistant, Centers for Medicare and Medicaid rules and regulations, as well as FQHCspecific coding and abstracting guidelines. • CPT and CMS guidelines often vary in their directives; will one entity's recommendations supersede the other, will the reviews be based on payers, or will each audit dictate which guidelines should be followed? • Will any professional coding be reviewed in addition to the hospital coding and CDI?
Answer	Yes-Professional Coding
Question	Determine that all pertinent diagnoses and procedures have been appropriately captured by the provider for medical necessity and coding compliance purposes. • Will UASI be responsible for providing documentation feedback during the coding reviews for outpatient CDI? • Will UASI be auditing providers in addition to coders and CDS? • Would Valleywise consider allowing ACDIS CDI guidance as a source of truth and reference for the CDI reviews?
Answer	This information is not required to submit an offer
Question	Identify provider documentation improvement opportunities on a provider-specific basis and identify any areas for educational improvement. • Will each audit scope outline if the focus is coding or documentation accuracy, or should it be assumed that documentation and coding will be reviewed for all requested audits and all chart types?
Answer	This information is not required to submit an offer
Question	General Questions • Sections 3.6 and 3.9 refer to productivity logs and working hours for the auditing team. Is Valleywise interested in per-hour rates in addition to the per-record rates? • Will the Valleywise audit team be managed by UASI or by Valleywise's HIM leadership? o If UASI manages the team, will this be a managed services engagement where UASI will own planning and scheduling regular reviews and be accountable for the overall performance of the Valleywise coding and CDS teams
Answer	This information is not required to submit an offer
Question	Is Valleywise open to an electronic rebuttal process to enhance our partnership
Answer	This information is not required to submit an offer
Question	Does Valleywise anticipate UASI will train and perform initial prebill audits for new employees or during disciplinary scenarios?
Answer	This information is not required to submit an offer
Question	What is the turnaround time expectation for prebill reviews
Answer	This information is not required to submit an offer
Question	How does Valleywise anticipate providing review cases, ex: HCAPS reports, Epic work queues, 837 files, etc.?
Answer	This information is not required to submit an offer
Question	Please provide the expectation of the frequency of the steady-state compliance

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	audits and the number of employees
Answer	This information is not required to submit an offer
Question	Does Valleywise have a preferred format or audit tools that UASI will be required to use?
Answer	This information is not required to submit an offer
Question	Will we be reviewing for a compliant query during the CDI review and will there be any educational sessions surrounding findings
Answer	This information is not required to submit an offer
Question	<p>Please provide estimated annual chart volumes and the volumes to be audited for each of the following audit types:</p> <ul style="list-style-type: none"> - <i>Inpatient (IP)</i> - <i>Emergency Department (ED)</i> - <i>Same-Day Surgery (SDS)</i> - <i>Interventional Radiology (IR)</i> - <i>Critical Care (CC)</i> - <i>Observation (OBS)</i> - <i>Clinic</i> - <i>Series</i> - <i>Ancillary Tests</i>
Answer	Reference Section 3.0 paragraph 3.2 "Coding Audits"
Question	<p>What is the expected frequency and interval for conducting:</p> <ul style="list-style-type: none"> - <i>Comprehensive audits (e.g., monthly, quarterly)?</i> - <i>Targeted audits? Or Compliance Audits (Ex. Random Sampling)</i>
Answer	Reference Section 3.0 paragraph 3.2 "Coding Audits"
Question	Are there specific specialties, departments, or high-risk areas that Valleywise prioritizes for audits? Please specify.
Answer	This information is not required to submit an offer
Question	What is the expected scope of supplemental services that may be added during the contract term? How will these additions be communicated and prioritized?
Answer	This information is not required to submit an offer
Question	<p>Turnaround Expectations</p> <p>Could you please confirm the expected turnaround time (TAT) for audit completion once cases are received? A defined timeframe will help us allocate resources and ensure timely delivery aligned with your operational goals.</p>
Answer	This information is not required to submit an offer
Question	<p>Defined Scope of Audits</p> <p>Can you clarify whether the audits are aimed at validating 100% coding compliance or whether each audit type has a tailored scope? For instance, are specific areas such as MS-</p>

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	DRG validation, APC accuracy, POA indicators, E/M levels, or other clinical categories included in the audit scope?
Answer	This information is not required to submit an offer
Question	Code Assignment Responsibilities Do providers participate in assigning codes, or is coding fully handled by the HIM/coding team? If providers are involved, will the audit include a review of provider-assigned codes as part of the scope?
Answer	This information is not required to submit an offer
Question	Can you provide examples or templates of current CDI query formats, including expectations for structure, clinical indicators, and diagnosis options?
Answer	This information is not required to submit an offer
Question	What KPIs or metrics are used to evaluate CDI query effectiveness (e.g., physician agreement rate, response rate, DRG impact)?
Answer	This information is not required to submit an offer
Question	Are there known documentation gaps or trends that are a priority for CDI improvement (e.g., MCC/CC capture, SOI/ROM, PSI)?
Answer	This information is not required to submit an offer
Question	<p>Please describe the rebuttal process for audit findings, including:</p> <ul style="list-style-type: none"> - <i>Timelines</i> - <i>Preferred communication method</i> - <i>Required level of response detail</i>
Answer	This information is not required to submit an offer
Question	Provider Query Response Times What is the current or expected turnaround time for providers to respond to CDI queries? This will help us align our query management processes accordingly.
Answer	This information is not required to submit an offer
Question	High-Priority Clinical Focus Areas Are there specific diagnoses or clinical conditions currently prioritized for enhanced CDI focus? Understanding your areas of concern will support targeted and effective documentation improvement.
Answer	This information is not required to submit an offer
Question	Query Communication Channels How are CDI queries currently communicated to providers (e.g., Epic In-Basket, external query platform, email)? Knowing the communication method will help us ensure continuity and minimize workflow disruptions
Answer	This information is not required to submit an offer
Question	Please provide details on the Epic modules/work queues that auditors will access. Are there any specific restrictions or configurations to be aware of?
Answer	This information is not required to submit an offer
Question	What are the technical requirements and security protocols for accessing Valleywise Health's systems (e.g., Citrix via IPv4)? Is there a pre-approval process for third-party tools?
Answer	This information is not required to submit an offer
Question	Does Valleywise utilize specific features or custom configurations of the 3M™ encoder within Epic that auditors should be familiar with?
Answer	This information is not required to submit an offer
Question	Document Volume per Encounter Could you please share the average number of documents per patient encounter and the average number of pages per document? This will assist us in estimating review effort and system capacity needs.

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Answer	This information is not required to submit an offer
Question	Inbound Interface for Automation Can Valleywise Health transmit required patient demographics and clinical documentation in HL7 format to support automated coding and CDI workflows?
Answer	This information is not required to submit an offer
Question	Outbound Interface Capabilities Can Valleywise Health receive final coded data directly into your central EMR/EHR or billing system as part of the automation and integration framework?
Answer	This information is not required to submit an offer
Question	Client-Side Interface Support Will Valleywise Health have a dedicated technical or interface team to collaborate with AGS Health in creating or leveraging existing system interfaces for this engagement?
Answer	This information is not required to submit an offer
Question	Are there preferred certifications for auditors based on chart type (e.g., CCS, RHIA, CDIP, CPC for IP, ED, IR)?
Answer	This information is discussed within the RFP
Question	What are the expectations for weekend or holiday coverage? How frequently is this required?
Answer	This information is not required to submit an offer
Question	Does Valleywise have a preferred format or method for auditor schedule submissions (e.g., weekly reports, portal access)? Who should be the point of contact?
Answer	This information is not required to submit an offer
Question	Can you share sample templates for any of the following: - <i>Audit findings</i> - <i>Data quality reviews</i> - <i>Productivity reports</i> - <i>Executive summaries</i>
Answer	This information is not required to submit an offer
Question	What is the preferred cadence and format for updates related to coding guideline changes or FQHC-specific regulations?
Answer	This information is not required to submit an offer
Question	Are there specific metrics or benchmarks (e.g., coder accuracy, documentation trends) that should be emphasized in reports or presentations?
Answer	This information is not required to submit an offer
Question	What is the preferred delivery format and frequency for education sessions (e.g., WebEx, in-person)? Are there priority topics?
Answer	This information is not required to submit an offer
Question	Continuing Education Unit (CEU) Accreditation Could you please confirm whether the training and educational materials provided as part of this engagement must be approved for CEUs?
Answer	It is preferable that the training and educational materials provided will be approved for CEUs.
Question	Does Valleywise use an existing training platform for provider/coder education? How should our training align?
Answer	Include the training platform of the offeror/coder and education. What will the offerors training align with?
Question	For coders below 95% accuracy, what is the expected scope and duration of follow-up education, including re-audits?

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Answer	Vendor would go through another round of 20 charts to achieve the 95% accuracy.
Question	Are there any known cost constraints or budgetary considerations we should factor into our proposal?
Answer	This information is not required to submit an offer
Question	Are there any regulatory or compliance guidelines (e.g., CMS, FQHC) that are especially important to monitor during audits?
Answer	Reference Contract provisions, Paragraph 4 "Credentialing"
Question	SaaS Agreement Consideration Given the nature of the proposed solution, may we include our standard Software-as-a-Service (SaaS) agreement in the contracting process, in place of the standard terms of service typically provided?
Answer	Reference Contract Provisions, paragraph 3.8 (C)
Question	What are the long-term goals for coding accuracy, documentation improvement, and revenue cycle performance?
Answer	This information is not required to submit an offer
Question	Are there any past challenges or concerns with prior audit vendors that AGS should address in our proposal?
Answer	This information is not required to submit an offer
Question	What level of collaboration or involvement is expected from internal Valleywise teams during: - <i>Transition</i> - <i>Ongoing audit operations</i>
Answer	This information is not required to submit an offer.
Question	Will there be an opportunity for AGS to conduct a capabilities demonstration or technology showcase as part of the evaluation?
Answer	This information is not required to submit an offer