



**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT  
VALLEYWISE HEALTH  
ADDENDUM #3 TO THE  
REQUEST FOR PROPOSALS  
FOR  
MEDICAL CODING AND CDI AUDIT  
SERVICES**

**90-25-339-RFP**

**COVER SHEET**

**POSTED 7/11/2025**

BY SIGNING AND RETURNING THIS COVER SHEET, I CERTIFY RECEIPT OF ADDENDUM #3 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 #3 MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL.

MEDICAL CODING AND CDI AUDIT SERVICES

90-25-339-RFP

ADDENDUM #3

The Maricopa County Special Health Care District (“District”) d.b.a. Valleywise Health is hereby issuing Addendum #3 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 three will make changes to the Solicitation and correct defects and ambiguities.

The following is a response to a question that was not included in Amendment #2; this question was received prior to July 2, 2025, No Later Than 11:00 A.M. Phoenix, AZ. Time (cut-off date and time for questions):

Question	<p><b>Request for Data</b></p> <p>To understand the impact reviewers can have on your quality and financial measures, we will need a twelve (12) month discharge report of all <i>inpatient</i> claims with a unique, deidentified patient admission ID. We request that the file is in a spreadsheet format such as Excel (.xlsx or .xls) or Comma Separated Values (.csv). Additionally, we will create a mapping of all payors from the file received and identify how they reimburse claims. Any available off-the-shelf information on how each payor reimburses, especially commercial payors such as Aetna, Anthem, Cigna, Humana, United HealthCare will help create a more complete analysis. Below are the typical fields needed to perform our analysis:</p> <ul style="list-style-type: none"> <li>• <b>Patient ID:</b> Unique ID for each discharge (If possible, please send a deidentified record number)</li> <li>• <b>Admit Date:</b> Date of Inpatient Admission</li> <li>• <b>Discharge Date:</b> Date of Inpatient Discharge</li> <li>• <b>LOS:</b> Length of Stay</li> <li>• <b>MS-DRG Code:</b> Centers for Medicare &amp; Medicaid Services Diagnostic Related Group Code</li> <li>• <b>APR-DRG Code:</b> All Patients Refined Diagnosis Related Group Code</li> <li>• <b>APR-DRG SOI:</b> All Patients Refined Diagnosis Related Groups Severity of Illness</li> <li>• <b>APR-DRG ROM:</b> All Patients Refined Diagnosis Related Groups Risk of Mortality</li> <li>• <b>Billed DRG Grouper:</b> Which was billed? MS DRG or APR DRG?</li> <li>• <b>Facility Name:</b> Name of Facility</li> <li>• <b>Payor Financial Class:</b> Name of Financial Class (e.g., Medicare, Medicaid, Blue Cross, Commercial, Self-Pay, Tricare)</li> <li>• <b>Payor Name:</b> Name of Payor</li> <li>• <b>Payor Insurance Plan Name:</b> Name of Insurance Plan</li> </ul>
Answer	This information is not required to submit an offer