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| Purpose and Objectives  | Please provide an explanation of UC’s definition of AI.  | This RFP is for Autonomous coding as defied as “coding” powered by artificial intelligence |
| Submission of Proposals | Due to the increasing security risk of data potentially being shared from non-secure devices and networks, 3M HIS has adopted a policy whereby email of confidential data or delivery of devices that are shared externally must be securely encrypted.  This process ensures the highest level of security is achieved as data is exchanged via email.  We would like to deliver the RFP to you via an encrypted, secure file transfer protocol site (ShareFile) that can be accessed by the RFP contact and downloaded for internal distribution.  You will receive an email with instructions to create a password and activate your account for the purpose of downloading the RFP response files. We can test the process prior to the final delivery of the RFP to ensure successful downloading and distribution and instructions for using ShareFile will be provided.  Please advise if this is acceptable.  | This question will be addressed by UC Health and the Medical centers IT / Data Security teams during the second evaluation phase of the bidding process. The recommendation is all business partners include information like this in the required security assessment documents when submitting to the RFP bid.  |
| Scope | Is this for all UC sites or UC Davis only?  | The evaluation is for all UC sites. During bidding process each Academic medical centers will determine if they want to move forward with a statement of work.  |
| Scope | Is this RFP only for Professional coding?  | Currently this RFP is only for professional coding services. The Hospital Coding leadership will be part of the review to see what business partners are currently offering.  |
| Scope | Inpatient/OP? Not specific?  | All patient classes should be included. |
| Scope | All specialties?  | All specialties should be included, the recommendation is if you have a primary specialty, call that out during your submission process.  |
| Scope | Any facility component? | Hospital/Technical services are not in scope.  |

1. For the ED - does this include:  Facility E/M,  Professional E/M, Procedures, Injections & Infusions, and Diagnosis Coding?
* Currently this RFP is only for professional coding services. The Hospital Coding leadership will be part to of the review to see what business partners are currently offering.
* Procedure and Diagnosis coding should be included if your offer these services through an Autonomous coding solution.

Under Section 3: Customer Service and Support – Q14 What is your process and turnaround times to address issues that arise from backend audits and review during implementation and post implementation?

1. Are you able to further explain what UC Health is looking for here?
* How are audits tied to implementation?
* What’s being audited?

During the implementation and post-periods, UC Health and the selected Academic medical centers will conduct a system comparison audit to national coding guidelines to ensure the accuracy of the coding system. We are looking to see what the turnaround time is for correcting the coding automation to match that of UC Health requirements and address other related findings.

1. What level of human centered design and workflow integration would you be looking for from the vendor?
* We are evaluating each potential business partners solutions which includes evaluating the difference levels of human centered workflows and design. Our goal is to enhance and make our current process and teams more efficient.
1. Are you considering implementing Epic’s upcoming intelligent coding AI-assisted workflow, estimated to be released May 2024? Would you consider an implementation partner to support implementing the module?
	* The UC System is always looking to leverage current technology / workflows released by Epic. Evaluation of bring a business partner in for Epic implementation or optimization is not part of this RFP.
2. Can you please provide an estimated annual encounter volume for the following specialties?
	* Lab (Professional)
	* Pathology (Professional)
	* Cardiology Studies (Professional)
	* Bedside / IP (Professional)
	* OP Surgery
	* OP Clinic
	* Infusion (ED, IP, OP)

During the second phase of this bidding evaluation, the UC academic medical centers will provide this level of detail based on their initial review of potential business partners response to determine which professional services areas from their medical centers will be included in the potential awarding process.

1. What is the current coding process/workflow?
	1. Each Academic Medical Center has its own operational coding process and workflow leveraging Epic and national best practices. During the second evaluation phase of this RFP the potential business partners selected can ask this question during the demo/presentation meetings.
2. Who is coding infusion and injections now?
	1. Each Academic Medical Center has its own operational charging/coding process and workflow leveraging Epic and national best practices.
3. How are coding errors or missing documentation handled now?
	1. Each Academic Medical Center has its own operational coding process and workflow leveraging Epic and national best practices. During the second evaluation phase of this RFP the potential business partners selected can ask this question during the demo/presentation meetings.
4. Are nurses involved in the coding process at any of the sites?
	1. Each Academic Medical Center has its own operational coding process and workflow leveraging Epic and national best practices. During the second evaluation phase of this RFP the potential business partners selected can ask this question during the demo/presentation meetings.
5. How many locations are performing outpatient infusion/injection? What types of locations are they?
	1. Each Academic Medical Center has its own operational coding process and workflow leveraging Epic and national best practices. During the second evaluation phase of this RFP the potential business partners selected can ask this question during the demo/presentation meetings.
6. What your volume of the following initial codes: 96360, 96365, 96374, 96409, and 96413?
	1. Data will be provided to potential business partners during the second round of evaluation.
7. Radiology - Is this hospital-based radiology, or are there also imaging centers that would be included in the volume?
	* 1. This RFP is for professional services only. While this does include radiologist coding of their professional services, that would include hospital site locations or free-standing imaging centers based on each Academic medical centers determination what will be included in the potential awards business.
8. Should pricing for the proposal be based only upon Radiology and ED at this time?
9. Pricing should be based on the services the business partner is presenting they will supply through their autonomous coding solution.
10. ED specifies Facility and Professional.  For the facility portion does this include:
11. Hospital/Facility coding is not part of this RFP only professional services performed by the academic medical centers/clinics.
	1. Facility E/M level? Please refer to the response listed above in letter ‘i’
	2. Complete coding of the encounter for all diagnoses and procedures? Please refer to the response listed above in letter ‘i’
	3. Infusion/Injection administration charge capture for the ED? Please refer to the response listed above in letter ‘i’
12. With the “Other Areas of Interest”, we have the following questions:
13. Each potential business partner should include all professional services their autonomous coding solution supports.
14. Pathology -   Are coders coding the CPT codes or are those charges entered at the department level upon order and passed through, and the coders are only coding diagnosis codes? Please refer to the response listed above in letter ‘i’
15. OP Surgery - Clarify if this is only for the professional billing component only? Please refer to the response listed above in letter ‘i’
16. Please clarify the Bedside/IP Professional interest

 Please refer to the response listed above in letter ‘i’

1. OP Clinic – professional billing component only? Please refer to the response listed above in letter ‘i’
2. Infusion (ED, IP, OP) - Please clarify that this is the charge capture of the administration of the injection/infusions, including start/stop time where appropriate. Please refer to the response listed above in letter ‘i’