



King's Daughters

Written Questions and Answers

Physician Chart Review

RFP KD-0128-24

New closing Date: 11/28/2023

Today's Date: 11/06/2023

No.	Question	Answer
1.	Please share the total volume of reviews?	Volume is dependent on what is agreed between vendor and UKKD. Expectation is 4 reviews per hour.
2.	What confirm the type of reviews – focused, random, targeted, DRG, etc.?	Targeted DRG's based on UKKD volume, top billed DRG's and DRG's that have a high probability of documentation error
3.	Please confirm if clinical documentation staff are separate from physician reviews and may be certified clinical documentation specialists.	Physician conducted medical chart reviews happen in real time. Clinical Documentation Staff is separate from physician reviews. CDSs are not acceptable for this role.
5.	Please also confirm the required credentials of this role.	MD
6.	The RFP indicates that you require seven paper copies of the proposal as well as an electronic copy on CD or USB drive. I would like to confirm that this is still accurate as we are seeing more companies eliminate paper submissions.	Yes. That is correct
7.	Offeror is expected to utilize predictive data analytics to review charts	No
9.	What is the national standard rating you are going by so we may apply that?	<i>Provide the company's rating for the last 5 years.</i>

10.	We are SOC2 certified and to send any information via cd or USB is typically not standard by most health systems. Is it possible to send it via email or is that the only acceptable way?		We do not send any data. For these types of reviews, the vendor has limited access to our EHR to see coding and coding queries.
11.	Is this a combination of coding and auditing for services? Is this to be a pre-bill review of Facility IP services and Pro-fee? Could you describe the scope in greater detail?		This is coding knowledge paired with clinical provider knowledge to review the account and the coding for any opportunities in documentation and coding before it gets billed.
12.	Are we going to be provided EMR Access?		Yes
13.	Offeror is expected to provide Physician conducted medical chart reviews for the acute care setting completed after final coding and before billing. Is this considered Shadow Coding where we would review the coder or Providers? If so how many providers and specialties?		No, this is not shadow coding. This is DRG assessment
14.	Offeror is expected to utilize predictive data analytics to review charts. Could you describe if this is coding that we would do?		We would expect predictive data regarding a list of which DRG's/charts would require review and have the highest possibility of documentation error.
15.	Offeror is expected to provide access to standard management reports in real time. This would be geared towards coding. Could we have more clarification on this?		Reports expected would show the outcomes of query suggestions/coding/DRG changes and the financial impact those changes have on the final bill. Other reports include Key Performance Indicators such as recommendation rates, acceptance rates and denial prevention rates (monthly and YTD).
16.	Nearly all of our resources work in either India or the Philippines and we need to know if you have any restrictions where the work is executed. Under no circumstances do we house data in our offshore locations for any of our healthcare clients. Our team connects to U.S. based servers via a secure VPN to access any required data.		We don't have restrictions, but our preference would be here in the US so that we can communicate and work together in real time, if needed.

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