

SOLICITATION  
FOR  
INPATIENT PROFESSIONAL CLAIMS CODING FOR THE  
DEPARTMENT OF HEALTH, ADULT MENTAL HEALTH DIVISION

THIS IS A HIEPRO SOLICITATION

The purpose of this Solicitation is to establish a contract for personnel to work on reviewing the medical record documentation/progress notes and assigning service codes/Current Procedural Terminology (“CPT”) codes to inpatient professional claims for services provided at the Kona Community Hospital by the Department of Health, Adult Mental Health Division (“AMHD”), Hawaii County Community Mental Health Center (“CMHC”) psychiatrist. The personnel will be coding the inpatient professional claims based on the documentation provided by the CMHC psychiatrist. The personnel shall also develop a list of service codes based on provider credentials.

The vendor’s personnel will be responsible for the following:

A. Inpatient professional claims coding:

1. Review medical record documentation/progress notes/health treatment information and assign the appropriate service codes.
2. Translate diagnostic and procedural phrases from the progress notes into numerical codes (CPT/Healthcare Common Procedure Coding System (“HCPCS”)).
3. Review the provider credentials to ensure that services provided are within the scope of their practice.
4. Create an excel spreadsheet with patient name, date of birth, diagnosis/diagnoses, service code, encounter number, medical record number, and date of service or encounter start and stop dates.

B. List of CPT/HCPCS codes:

1. Develop a list of service codes from the CPT and HCPCS reference books or from other sources (Health plan, Medicare, etc.) based on provider credential.
2. Create the list of codes in a Microsoft Word document.

It is estimated that the tasks listed above will take approximately 500 hours to complete. **All inpatient coding and development of the list of service codes by credential shall be completed on or before the term of this contract.**

Any vendor awarded a contract shall have individuals who meet the minimum qualification requirements of the personnel (certified professional coder) required to work on the coding of inpatient professional claims:

1. Have a bachelor's degree in healthcare administration or have a minimum of 3 years of coding experience.
2. Be a Certified Professional Coder ("CPC"), certified by the American Academy of Professional Coders or the American Health Information Management Association.
3. Have knowledge and experience in using CPT, ICD-10, and HCPCS reference books.
4. Be proficient in computer skills, especially in using Microsoft Office.
5. Have knowledge and expertise in coding procedures and diagnoses used by licensed providers.
6. Have good communication skills.

The vendor shall comply with the components as described below for this contract:

1. The vendor shall provide qualified personnel to perform the work and be prepared to complete the inpatient professional claims coding within the scheduled time frame.
2. Personnel work shall be performed remotely Monday through Friday, except for State holidays, from 7:30 am to 4:15 pm.
3. Personnel will be reporting to AMHD's Program Specialist V or designee.
4. The vendor shall provide resumes of the individuals that will be assigned to work as a coder.
5. AMHD shall have the right to terminate the assigned personnel if they are not performing satisfactorily at any time by giving the vendor ten (10) days telephone notice.
6. The vendor shall provide new personnel to replace the non-performing personnel to complete the work.
7. Payment Terms: Payment due to the vendor within 30 days after the satisfactory completion of the work. The vendor shall send a monthly invoice to AMHD with the assigned personnel's name, total hours worked, and the dates of actual work.

Submitting a Quote:

1. Submit a quote for an hourly rate to provide the requested services for the period May 1, 2023, to September 30, 2023.

2. Submit a narrative explaining how the vendor and their personnel meet the experience and qualification requirements.

The act of submitting an offer is to be considered as full acknowledgment that the vendor will review all the terms and requirements and the scope of work for this solicitation.

The contract will be awarded to the vendor with qualified personnel and the lowest offer. To be eligible for a contract, a vendor must be "Compliant" with all of the requirements listed on Hawaii Compliance Express at the time a contract is awarded. To meet this requirement, vendors may either be listed as "Compliant" on Hawaii Compliance Express or produce other documents showing compliance with all of the requirements listed on Hawaii Compliance Express. All these other documents shall be valid at the time this solicitation closes. Documents other than the Certificate of Vendor Compliance from Hawaii Compliance Express are subject to verification by the State. Vendors who are not compliant at the time this solicitation closes will not be eligible for the award.