

**STATEMENT OF WORK
FOR
CODING, CLAIMS PROCESSING & POSTING, ACCOUNT REVIEW AND FOLLOW
UP**

A. PURPOSE OF CONTRACT:

The mission of Rosebud Service unit is to provide the best possible health care services to the Native American population of the Rosebud Reservation in South Dakota. To meet this mission the Rosebud Service Unit (RSU) needs support for the revenue cycle to contribute to the capture, management and collection of patient service revenue.

The purpose of the acquisition is to enter into a firm-fixed price, non-personal service, performance based, requirements type contract for medical records coding, data entry, third party billing, accounts receivable, and coding queue services for the Rosebud Service Unit to meet our Third Party Internal Controls in the absence of full time regular staff.

B. SPECIFICATION OF SERVICES:

CERTIFIED MEDICAL CODING AND REPORTING SERVICES

Contractor will provide remote ICD-10, CPT, EM, HCPCS and CDT coding and abstracting of all assigned visits. Shall code and make complete and accurate all medical visits (clinic, outpatient, ambulatory surgery, inpatient, observation beds, pharmacy, laboratory, dental radiology, behavioral health and others) via the specified EHR system. Apply RCM Management Team Internal Controls Policy (ICP) as directed, and National Reporting and Coding Guidelines.

Visit data will be reviewed for accuracy and completeness to the highest allowable level so the Rosebud Service Unit receives the appropriate level of reimbursement. National Coding Guidelines will be applied. Feedback to RSU staff regarding concerns or issues will be trended and provided to staff.

Contractor shall provide personnel as to perform coding and coding duties as required. Personnel shall have prior experience in medical records coding outpatient visits, ambulatory surgeries, inpatient stays, et cetera and provide Certified Coders (AAPC, AHIMA) with knowledge of the use of applicable computer technology to accomplish duties required.

Contractor, when working incomplete visits, will send provider and other ancillary staff "Notifications" for any record deficiencies (coding, DE, documentation), utilizing the EHR Provider Notification Tool and/or through other designated notification process per RCM management team.

Contractor shall utilize Contractor claims tracking system to provide dashboards for real-time tracking, reporting, and analysis and trending to RCM management team. As needed basis only.

Contractor coding and notification reports shall be generated weekly and/or monthly and provided to RSU management team.

Contractor will report to the Supervisory Health System Specialist (HIM Manager or Contract Representing Officer).

Contract will complete the error reports are reviewed and corrected on a daily and/or weekly basis.

Provide on-site support as requested. Travel will be reimbursed separately.

Participate in monthly management meetings

Contractor shall provide a toll-free telephone number. The toll-free number shall be available seven (7) days per week, 24 hours per day, except for routine maintenance of equipment. Response time will be during normal business hours; 7am to 5pm CST.

THIRD PARTY BILLING REPORTING SERVICES

Contractor shall provide remote third-party resource billing services. Direct access and use of the current EHR and Billing system via VPN approval and access will be required. As needed basis.

Contractor shall provide editing, approving and submission of claims/bills for all billable services including emergency room, inpatient, outpatient clinic, dental, and pharmacy, behavioral health services via Electronic or Hardcopy submission requirements to third party payer resource on an as needed basis

Contractor shall review visit claim data for accuracy and completeness for appropriate level of reimbursement based on assigned codes and provider documentation. As needed basis.

Contractor shall process and submit claims (if assigned exporting duties) directly to the appropriate carrier or clearinghouse via designated communication means in a format acceptable to the appropriate carrier. Electronic submission of claims, in the HIPAA formats, will be the mode of choice when accepted by the carrier/clearinghouse. As needed basis.

Claims not processed electronically shall be processed and printed on paper utilizing the proper standard claim form (ADA, CMS-1500, UB-04, NCPDP etc.). Contractor shall send the processed paper claims to the carrier.

Claims rejected by the carrier for any reasons and claims identified as deficient shall be returned to the service location for correction and resubmitted back to the Contractor for processing. As needed basis.

Contractor shall utilize Contractor claims tracking system to provide dashboards for real-time tracking, reporting, and analysis and trending to executive and management staff. As needed basis.

Contractor billing and deficiency reports shall be generated weekly and/or monthly and provided to Rosebud Service Unit Business Office Manager and other identified personnel. As needed basis.

Provide on-site support as needed and requested by Rosebud Service Unit representative.

Travel to be reimbursed separately at actual costs. As needed basis.

Provide the Rosebud Service Unit with claim billing data as generated by Contractor.

All electronic transactions generated by Contractor shall be HIPAA compliant.

Contractor shall provide a toll-free telephone number. The toll-free number shall be available seven (7) days per week, 24 hours per day, except for routine maintenance of equipment. Response time will be during normal business hours. As needed basis.

Contractor shall bear the expense of all forms, envelopes, printer ribbon, postage and other supplies/equipment (except at the service locations) necessary in the performance of the contract. As needed basis.

Contractor will comply with industry standards, applicable rules and regulations, payer requirements, state and federal law, including but not limited to the OIG recommendations on compliance programs and HIPAA requirements. As needed basis.

Contractor shall provide personnel as to perform billing duties as required. Personnel shall have basic knowledge of the State Medicaid programs in South Dakota and surrounding states as related, as well as basic knowledge of Medicare and other insurance payer policies. Personnel shall have prior experience in billing clinic visits, outpatient visits, ambulatory surgeries, inpatient stays, et cetera and have knowledge of medical code sets (ICD-10, CPT, HCPCS, CDT and etc.), preferably Certified Billers and/or Coders, and the use of applicable computer technology to accomplish duties required. As needed basis.

PATIENT ACCOUNTS RECEIVABLE AND REPORTING SERVICES

Contractor will provide remote accounts receivable posting, denial management and aged claim follow-up services to the Rosebud Service Unit to allow accountability of billed

claims and follow-up services for previously submitted, yet unpaid or denied claims by the third-party payers. As needed basis.

Contractor will utilize the facility Accounts Receivable System. As needed basis.

Contractor will assist Rosebud Service Unit with actual posting of payments and adjustments in the facility Accounts Receivable System, utilizing the HIPAA Standard Reason Codes only. As needed basis.

Contractor will employ the use of Electronic 835 remittance advice posting capabilities when available by third party payers. As needed basis.

Contractor will provide denial research determinations with reprocessing of claims when possible. Contractor accounts receivable services will be based on obtaining the optimal reimbursement to which the facility is legally entitled. As needed basis.

Contractor will follow up on all accounts that have an outstanding balance, with the parameters and policies being set by the Chief Executive Officer and Business Office Supervisor. Communication, corrective action and reprocessing tasks will be performed when applicable to resolve the outstanding balance. As needed basis.

While maintaining the highest levels of integrity, compliance, and ethics, Contractor shall obtain for the Rosebud Service Unit the full financial reimbursement to which they are legally entitled for services provided. As needed basis.

Contractor, if requested, will submit debt management letters for outstanding accounts to private insurance companies using data generated by the Rosebud Service Unit Accounts Receivable Package. Where applicable, the written demands when contacting an insurance company, will list the applicable state insurance statutes for reimbursement. The demand letters should be provided by the facility, utilizing preset language in those letters. As needed basis.

Contractor, if requested, will submit outstanding account letters to non-eligible patients based on information transmitted to them by facility accounts receivable package. A minimum of three letters is submitted to the patients for each account allowing ample time for them to respond. As needed basis.

Contractor will complete all debt management tasks per start and stop records utilizing the facility Accounts Receivable Debt Collection Program. As needed basis.

Start records are claims that need to be sent for the first-time collection action. These records initiate the debt management process. As needed basis.

Stop records are claims that have previously been sent for collection action but have had a change in balance. These records either stop the collection action because the balance

has been paid in full or written off, or these records cause an update in information being sent to the payers or patients. As needed basis.

Contractor shall provide a toll-free telephone number. The toll-free number shall be available seven (7) days per week, 24 hours per day, except for routine maintenance of equipment. Response time will be during normal business hours.

Contractor shall utilize Contractor claims tracking system to provide dashboards for real-time tracking, reporting, and analysis and trending to executive and management staff. As needed basis.

Contractor accounts receivable posting, research, claim action and claim deficiency reports shall be generated weekly and/or monthly and provided to Rosebud Service Unit Business Office Manager and other identified personnel. As needed basis.

Provide on-site support as needed and requested by Rosebud Service Unit representative. Travel to be reimbursed separately at actual costs. As needed basis.

REVENUE GENERATION CYCLE FUNCTIONS AND PROCESSES

Contractor will provide quarterly random sample audit and review of provider and/or staff assigned diagnoses and services provided coding and provider documentation education as requested.

Contractor will provide consultative services on-site and off-site to Rosebud Service Unit on revenue generation cycle functions and processes. Travel expenses for on-site support as needed and requested by Rosebud Service Unit will be reimbursed separately at actual costs.

Contractor will also serve as a technical advisor to the Rosebud Service Unit multi-disciplinary revenue enhancement teams in addressing the accounts receivable processes, changes, and necessary enhancements. As needed basis.

Contractor will provide on the job training via onsite or remote (Webinar) method for individual staff, providers and program development on the various functions of the revenue process and workflow.

Contractor will also serve as a technical adviser to the Rosebud Service Unit's multi-disciplinary revenue enhancement teams at Rosebud Service Unit in addressing the revenue enhancement work plan.

Contractor will identify key management objectives and accountability in the revenue generation cycle. Develop timelines to accomplish key management objectives and develop methods for accountability with full reporting.

Eliminate redundancy of work within the revenue generation cycle, refine and implement new workflow processes. Identify best practices and provide staff training to accommodate new tasks for each job per workflow process changes.

Contractor will comply with industry standards, applicable area reimbursement specific rules and regulations, state and federal law, including but not limited to the OIG recommendations on compliance programs and HIPAA requirements. Rosebud Service Unit compliance plans will be adhered to.

Contractor will work with pertinent staff and programs to initiate a process change and develop evaluation criteria for the effectiveness of the change.

Contractor will develop a concurrent program for providers and other staff to improve documentation to ensure proper and accurate coding for revenue generation purposes.

Contractor will perform compliance and financial audits on individual processes of Rosebud Service Unit staff and processes per request of administration and executive staff. Contractor will provide full reporting including findings and recommendations.

Address, define, and implement the use of Contractor Software, DT-Capture Software and other automated systems as requested and as it applies to the revenue generation cycle.

At the request of Rosebud Service Unit, Contractor will perform a facility revenue generation cycle assessment and analysis that will include auditing and monitoring of coding, provider documentation, and billing processes.

DELIVERABLES

When requested, the contractor requested will code visits within four days from DOS. Contractor will contact provider if visit is not complete to meet the four days.

When requested, the contractor will bill all visits within 10 days from the DOS. The contractor will contact RSU Patient Registration should patient demographics need to be revised. If insurance needs to be added the contractor will contact RSU Accounts Receivable or the Business Office Manager. The BMP and BCCP claims will be billed on a monthly basis for all claims within the month by following week of the last day of the month. If visits are denied due to past timely filing or billing error, the contractor will reimburse those monies back to the service unit due to failure of not having the claim billed timely or correctly.

The contractor will address all Medicaid and Medicare claims and complete within 30 days from DOS. PI and other insurance will be addressed and completed within 60 days from DOS. Failure to do so will result in contractor reimbursing RSU for loss revenue.

The contractor will be notified to backfill for the Accounts Receivable Posting, Review, and Follow-up within two weeks or on short notice due to staff being out of the office. Failure to follow-up on aged claims will result in contractor reimbursing service units for loss revenue.

REPORTING REQUIREMENTS

The contractor will provide a weekly deficiency report which is compiled to communicate to the service unit including specific deficiencies for a particular visit as well as to help demonstrate repeat occurrences of issues. This information can be used to identify problem areas and help develop resolutions to the problem.

The contractor will participate on a weekly conference call with the Business Office Manager to review deficiency report and resolve any other issues as needed.

The contractor will contact the Business Office Manager if unable to work due to technical difficulties or unanticipated events, as soon as possible in order to make necessary changes.

The contractor will submit timecard with hours and staff names on a monthly basis to the Business Office Manager for certification that satisfactory services have been received in accordance with the Scope of Services of the contract. The invoice shall be forwarded to the Area Finance and RSU Contracting Officer Representative for payment.

The contractor will conduct weekly or bi-weekly calls with the RSU Center staff via conference call.

The contractor will respond to requested reports such as PHN billing, Billed/Collected Ratio, etc.

C. GOVERNMENT FURNISHED EQUIPMENT, FACILITIES AND PROPERTY:

The contract takes place in multiple locations as needed. The Indian Health Service does not anticipate the need for additional Government furnished property, facilities, and services.

D. CONTRACTOR FURNISHED EQUIPMENT, FACILITIES, AND PROPERTY:

The contractor will provide their own facility, office equipment and appropriate equipment.

E. WORK SCHEDULE/PAYMENT SCHEDULE:

The work will be done off site for Rosebud Service Unit, Rosebud South Dakota. The contract will support the Rosebud Revenue Cycle as needed.

The contractor will adhere to work duties and schedule in accordance with the SOW.

F. QUALITY ASSURANCE:

The purpose of this quality assurance surveillance plan (QASP) is to provide a governmental developed and applied system to assure the use of quality assurance methods in the administration of the performance based acquisition standards included in the Third Party Collection Services contract. The intent is to ensure that the Contractor perform services for the Rosebud Service Unit that are provided in accordance with performance requirements set forth in the contract documents, that the government receives the quality of services called for in the contract and that the government only pays for the acceptable level of services received.

This plan provides the basis for the Contracting Officer's Representative (COR) to evaluate the quality of the contractor's performance. The oversight provided for in the contract and in this plan will help ensure that service levels reach and maintain the required levels throughout contract term. Further, this plan provides the COR with a proactive way to avoid unacceptable or deficient performance and provides verifiable input for the required annual past performance evaluations.

G. REPORTING REQUIREMENTS:

The Contractor shall ensure that all new contract staff will complete a background evaluation.

H. PROFESSIONAL QUALIFICATIONS CRITERIA

Certified Medical Coding and Reporting Services: Certified Professional Coder (CPC or CPC-A) to provide quality review and analysis of a wide range of patient medical records and ensure accuracy of coding and maintain records in accordance with accepted medical and legal standards. Accounts for coding and abstracting of patient encounters, including diagnostic and procedural information. Codes in accordance with ICD-10 coding conventions and with the official coding guidelines approved by American Health Information Management Association (AHIMA), American Healthcare Association (AHA), Centers for Medicare and Medicaid Services (CMS) and National Center for Health Statistics (NCHS). Review visit in the electronic health record and ensures providers and other clinicians assign the appropriate ICD-10-CM codes. Assigns the appropriate CPT code for outpatient, inpatient, emergency room and other professional services and diagnostic services.

Third Party Billing Reporting Services: Individuals must have broad in-depth knowledge and understanding of business office procedures and hospital policies. Requires thorough knowledge of all third party claims submission process and attendance at continuing education opportunities to stay abreast of current changes. Extensive knowledge of ICD-10-CM and CPT/CHSPCS coding terms in order to interpret and

resolve problems based on information derived from system monitoring reports and the UB92 and HCFA-1500 billing form submitted to the third party payer.

Patient Accounts Receiving and Reporting Services:

Individuals must be experienced in preparing invoices, bills, or vouchers for payment by reviewing the documents (purchase order, contract, blanket purchase agreement, call order, delivery tickets, etc.) to ensure they are authorized, obligated, charged to the correct appropriation, and supported by documentation; providing customer service for inquiries to payment status, customer accounts, and accounting procedures; work with subsystems related to payments including Secure Payment System (SPS), the GOVTRIP System, the Unified Financial Management System UFMS Accounts Payable module, and various UFMS queries to analyze payments. Perform duties as follows:

- Responsible for the posting of all contractual and/or adjustments related to and in conjunction with posting of payments in accordance with hospital policy and procedures.
- Reviews and examines various bill types of patient care to third party payers and performs third party collection posting to the automated account receivable program.
- Verify the accuracy of payment history for the period involved and determines the extent of underpayment or over payment, if any.
- Initiates download of electronic files to a patient management system-Accounts Receivable module.
- Enters payment data into automated individual accounts receivable reflecting appropriate deductible, co-insurance, non-covered charges and standard payment amount to reconcile patient accounts.

Revenue Generation Cycle and Processes:

As needed provide services to Rosebud Service Unit to increase collections, reduce denials and automate billing workflows across the revenue cycle.

I. COMPLIANCE WITH IHS RULES AND REGULATIONS

Complies with all policies, rules regulations of HHS/IHS/Rosebud Service Unit with zero violations.

Maintains patient privacy/confidentiality/HIPAA with zero breaches of privacy.

J. ANY SPECIAL REQUIREMENTS:

Utilizes EHR and RPMS computer system.

K. CONTRACTING OFFICER REPRESENTATIVE (COR):