STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary
Office of Procurement and Support Services Gary I. Goldberg, CPM, CPPO, Director

INVITATION FOR BID
INFORMATION RESOURCE MANAGEMENT ADMINISTRATION

DATA ENTRY SERVICE
DHMH/OPASS-10-10107

ADDENDUM #4

All persons who are known by the Issuing Officer to have received the above-referenced Bid Board Notice are hereby advised of the following:

Please see the attached DHMH Data Entry Job Specifications for the UB-04 In-Patient form. These Specifications replace and supersede the Specifications contained in IFB Attachments Part 2, pages 31 through 52. The attached Specifications must be used for processing test files for the Medical Assistance UB-04 In-Patient form and any other tasks associated with this form.

See also Questions and Answers No. 2.

All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the DHMH Procurement Officer.

5/13/2009
Date

Sharon R. Gambrill
Sharon R. Gambrill
Procurement Officer

Upon receipt, please return the addendum acknowledgement via fax, e-mail or hardcopy to:

Linda Neeley, Procurement Coordinator
DHMH – Information Resource Management Administration
201 West Preston Street – 4th Floor, Baltimore, Maryland 21201
Phone 410.767.3877 (voice) - Phone # 410.333.5958 (fax)
LNeeley@dhmh.state.md.us

ADDENDUM ACKNOWLEDGEMENT RECEIPT

I acknowledge receipt of Addendum #4 to **OPASS-10-10107**- titled "Data Entry Services" and dated May 13, 2009.

_____
Vendor's Name

_____
Authorized Signatory - (Print)

_____
Signature

_____
Date

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT PROCESSOR "01" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check		Special Instructions
										Low	High	
1	RECORD TYPE	1-2	2	A/N				Y	Y			Always "01"
2	Filler	3-40	38	A/N		S	S					
3	Date billed-45	41-46	6	N	R	Z	Z	Y				Mmddyy-creation date
4	Filler	47-189	143	A/N		S	S					
5	VERSION-CODE	190-192	3	A/N				Y	Y			Always "004"
6	ICN Number	193-209	17	N								
6a	Medium Indicator	193-193	1	N				Y	Y			Always "1"
6b	Batch Julian Date	194-198	5	N	R	Z	Z	Y	Y			
6c	Reel	199-200	2	N				Y	Y			Always "00"
6d	Batch Number	201-203	3	N	R	Z	Z	Y	Y			
6e	Document Number	204-207	4	N				Y	Y			Always "0000"
6f	Line number	208-209	2	N				Y	Y			Always "00"

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT PROVIDER RECORD "10" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	N				Y	Y			ALWAYS "10"
2	56-(NPI)	3-12	10			S	S					
3	SPACES	13-34	22			S	S					Key 'D'
4	57-MEDICAID PROVIDER NUMBER	35-43	9	N	R	Z	Z					KEY LAST NUMBER ENTERED IN BLOCK 57.
5	SPACES	44-192	149			S	S					
6	ICN	193-209	17	N				Y	Y			DUPLICATE FROM "01" RECORD

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT PATIENT DATA "20" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	N	R	Z	Z	Y	Y			ALWAYS "20"
2	SPACES	3-4	2	A/N	L	S	S					
3	3a- PATIENT CONTROL NO.	5-15	11	A/N	L	S	S					
4	SPACES	16-24	9	A/N	L	S	S					
5	8b - Last Name	25-44	20	A	L	S	S					
6	8b - First Name	45-59	15	A/N	L	S	S					
7	8b - Middle Initial	60-60	1	A/N		S	S					
8	SPACES	61-64	5	A/N	L	S	S					
9	14- Type of Admission	65	1	A/N		S	S					
10	15- Admission Source	66	1	N		Z	Z					
11	Space	67-128	62	A/N	L	S	S					
12	12- ADMISSION DATE	129-134	6	N	R	Z	Z					MMDDYY
13	13- Admission Hour	135-136	2	N	R	Z	Z					
14	6- Statement Covers From	137-142	6	N	R	Z	Z					MMDDYY

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check		Special Instructions
										Low	High	
15	6- Statement covers Thru	143-148	6	N	R	Z	Z					MMDDYY
16	17- Patient's Status	149-150	2	N	R	Z	Z					
17	Spaces	151-172	22	A/N	L	S	S					
18	3b- Medical Record Number	173-185	13	A/N	L	S	S					Key as appears
19	Spaces	186-192	7	A/N	L	S	S					
20	ICN	193-209	17	N				Y				
20a	Medium Indicator	193-193	1	N		Z	Z	Y	1Y			Duplicate from "10" record
20b	Batch Julian Date	194-198	5	N	R	Z	Z	Y				Duplicate from "10' record
20c	Reel	199-200	2	N	R	Z	Z	Y	'00'			Duplicate from "10" record
20d	Batch Number	201-203	3	N	R	Z	Z	Y				Duplicate from "10' record
20e	Document Number	204-207	4	N	R	Z	Z	Y				Key
20f	Line Number	208-209	2	N	R	Z	Z	Y				Duplicate from "10" record

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT THIRD PARTY RECORD "30" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07 PAGE 11 OF 1

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	N	R	Z	Z	Y	Y			ALWAYS "30"
2	SPACES	3-4	2	A/N	L	S	S					
3	3a- PATIENT CONTROL NUMBER	5-15	11	A/N	L	S	S					DULICATE FROM "20" RECORD
4	SPACES	23-34	19	A/N	L	S	S					
5	60- CERT.-SSN-HIC.-ID (MA NUMBER)	35-45	11	A/N	L	S	S					OUTPUT THE LAST MA # ON UB-92 FORM.
6	SPACES	46-172	127	A/N		S	S					
7	54- PRIOR PAYMENTS	173-182	10	N	R	Z	Z					IF MORE THEN ONE PRIOR PAYMENT ADD ALL AND MAKE ONE TOTAL. THIS IS A NUMERIC FIELD - NO ZERO SUPPRESSION
8	SPACES	183-192	10	A/N	L	S	S					
9	ICN	193-209	17	N	R	Z	Z	Y				DUPLICATE FROM "20" RECORD

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT TAN OCCURENCE "40" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Khana Kokotova DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	N				Y	Y			ALWAYS "40"
2	Seq number	3-4	2	N		N	N	Y	Y			Key '01'
3	3a- PATIENT CONTROLNUMBER	5-15	11	A/N	L	S	S					DUPLICATE FROM RECORD "20"
4	SPACES	16-24	9			S	S					
5	4- TYPE OF BILL	25-27	3	A/N	L	S	S					
6	63- Treatment Auth Code 1	28-35	8	N	R	Z	Z					
7	63- Treatment Auth Code 2	36-43	8	N	R	Z	Z					
8	63- Treatment Auth Code 3	44-51	8	N	R	Z	Z					
9	31A- OCCURRENCE CODE	52-53	2	A/N	L	S	S					
10	DATE (1)	54-59	6	N	R	Z	Z					MMDDYY
11	32A- OCCURRENCE CODE	60-61	2	A/N	L	S	S					
12	DATE (2)	62-67	6	N	R	Z	Z					MMDDYY
13	33A- OCCURRENCE CODE	68-69	2	A/N	L	S	S					
14	DATE (3)	70-75	6	N	R	Z	Z					MMDDYY
15	34A- OCCURRENCE CODE	76-77	2	A/N	L	S	S					

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
16	DATE (4)	78-83	6	N	R	Z	Z					MMDDYY
17	31B- OCCURENCE CODE	84-85	2	A/N	L	S	S					
18	DATE (5)	86-91	6	N	R	Z	Z					MMDDYY
19	32B- OCCURRENCE CODE	92-93	2	A/N	L	S	S					
20	DATE (6)	94-99	6	N	R	Z	Z					MMDDYY
21	33B- OCCURRENCE CODE	100-101	2	A/N	L	S	S					
22	DATE (7)	102-107	6	N	R	Z	Z					MMDDYY
23	34B- OCCURRENCE CODE	108-109	2	A/N	L	S	S					
24	DATE (8)	110-115	6	N	R	Z	Z					MMDDYY
25	35A- OCCURENCE SPAN CODE (1)	116-117	2	A/N	L	S	S					
26	FROM DATE	118-123	6	N	R	Z	Z					MMDDYY
27	THRU DATE	124-129	6	N	R	Z	Z					MMDDYY
28	35B- OCCURENCE SPAN CODE (2)	130-131	2	A/N	L	S	S					
29	FROM DATE	132-137	6	N	R	Z	Z					MMDDYY
30	THRU DATE	138-143	6	N	R	Z	Z					MMDDYY
31	36A- OCCURENCE SPAN CODE (3)	144-145	2	A/N	L	S	S					
32	FROM DATE	146-151	6	N	R	Z	Z					MMDDYY
33	THRU DATE	152-157	6	N	R	Z	Z					MMDDYY
34	36B- OCCURRENCE SPAN	158-159	2	A/N	L	S	S					

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check		Special Instructions
										Low	High	
	CODE (4)											
33	FROM DATE	160-165	6	N	R	Z	Z					MMDDYY
34	THRU DATE	166-171	6	N	R	Z	Z					MMDDYY
35	SPACES	172-192	21			S	S					
36	ICN	193-209	17	N		Z	Z					DUPLICATE FROM "20" RECORD

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT CONDITION VALUE "41" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Khana Kokotova DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	N	R	Z	Z	Y	Y			ALWAYS "41"
2	SEQUENCE NUMBER	3-4	2	N	R	Z	Z		'01'			
3	3a- PATIENT CONTROL NO.	5-15	11	A/N	L	S	S					DUPLICATE FROM RECORD "20"
4	SPACES	16-24	9			S	S					
5	18- CONDITION CODE (1)	25-26	2	A/N	L	S	S					
6	19- CONDITION CODE (2)	27-28	2	A/N	L	S	S					
7	20- CONDITION CODE (3)	29-30	2	A/N	L	S	S					
8	21- CONDITION CODE (4)	31-32	2	A/N	L	S	S					
9	22- CONDITION CODE (5)	33-34	2	A/N	L	S	S					
10	23- CONDITION CODE (6)	35-36	2	A/N	L	S	S					
11	24- CONDITION CODE (7)	37-38	2	A/N	L	S	S					
12	25- CONDITION CODE (8)	39-40	2	A/N	L	S	S					
13	26- CONDITION CODE (9)	41-42	2	A/N	L	S	S					
14	27- CONDITION CODE	43-44	2									

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
	(10)			A/N	L	S	S					
15	28- CONDITION CODE (11)	45-46	2	A/N	L	S	S					
16	Space	47-55	9	A/N		S	S					
17	39A- VALUE CODE (1)	56-57	2	A/N	L	S	S					
18	VALUE AMOUNT (1)	58-66	9	N	R	Z	Z					
19	40A- VALUE CODE (2)	67-68	2	A/N	L	S	S					
20	VALUE AMOUNT (2)	69-77	9	N	R	Z	Z					
21	41A- VALUE CODE (3)	78-79	2	A/N	L	S	S					
22	VALUE AMOUNT (3)	80-88	9	N	R	Z	Z					
23	39B- VALUE CODE (4)	89-90	2	A/N	L	S	S					
24	VALUE AMOUNT (4)	91-99	9	N	R	Z	Z					
25	40B- VALUE CODE (5)	100-101	2	A/N	L	S	S					
26	VALUE AMOUNT (5)	102-110	9	N	R	Z	Z					
27	41B- VALUE CODE (6)	111-112	2	A/N	L	S	S					
28	VALUE AMOUNT (6)	113-121	9	N	R	Z	Z					
29	39c- VALUE CODE (7)	122-123	2	A/N	L	S	S					
30	VALUE AMOUNT (7)	124-132	9	N	R	Z	Z					
31	40c- VALUE CODE (8)	133-134	2	A/N	L	S	S					
32	VALUE AMOUNT (8)	135-143	9	N	R	Z	Z					
33	41c- VALUE CODE (9)	144-145	2	A/N	L	S	S					
34	VALUE AMOUNT (9)	146-154	9	N	R	Z	Z					

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check		Special Instructions
										Low	High	
35	39d- VALUE CODE (10)	155-156	2	A/N	L	S	S					
36	VALUE AMOUNT(10)	157-165	9	N	R	Z	Z					
37	40d- VALUE CODE (11)	166-167	2	A/N	L	S	S					
38	VALUE AMOUNT(11)	168-176	9	N	R	Z	Z					
39	41d- VALUE CODE (12)	177-178	2	A/N	L	S	S					
40	VALUE AMOUNT(12)	179-187	9	N	R	Z	Z					
41	SPACES	188-192	5			S	S					
42	ICN *	193-209	17	N		Z	Z	Y				DUPLICATED FROM "20" RECORD

* ICN = '1' Julian Date '00' Batch Number Sequence Number '00'

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT ACCOMMODATIONS VALUE "50" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	N	R	Z	Z	Y	Y			ALWAYS "50"
2	SEQUENCE NUMBER	3-4	2	N	R	Z	Z					SYSTEM GENERATED
3	3a-PATIENT CONTROL NO.	5-15	11	A/N	L	S	S					DUPLICATE FROM RECORD "20"
4	SPACES	16-24	9			S	S					
5	42- ACCOMMODATIONS REVENUE CODE 1	25-28	4	N	R	Z	Z					REVENUE CODES "100" - "219"
5a	**44- hcpcs code**	**29-33**	**5**	**A/N**	**L**	**S**	**S**					
6	SPACES	34-36	3	A/N	L	S	S					
7	46- SERVICE UNITS	37-41	5	N	R	Z	Z					
8	47- TOTAL CHARGE	42-51	10	N	R	Z	Z					KEYED WHEN REVENUE CODES ARE "100 THUR 219" ONLY.
9	48- NON-COVEREDCHARGES	52-61	10	N	R	Z	Z					KEYED WHEN REVENUE CODES ARE "100 THUR 219" ONLY.
10	SPACES	62-192	131			S	S					
11	ICN NUMBER	193-209	17	N		Z	Z	Y				DUPLICATE FROM "20" RECORD.

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT ANCILLARY "60" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	N	R	Z	Z	Y	Y			ALWAYS "60"
2	SEQUENCE NUMBER	3-4	2	N	R	Z	Z	Y				SYSTEM GENERATED.
3	3a-PATIENT CONTROL NUMBER	5-15	11	A/N	L	S	S					DUPLICATE FROM "20" RECORD
4	SPACES	16-24	9			S	S					
5	42- ANCILLARIES REVENUE CODE (1)	25-28	4	N	R	Z	Z					REVENUE CODES "022x" - "999x"
5a	**44 - hcpcs proc code**	**29-33**	**5**	**A/N**	**L**	**S**	**S**					
6	SPACES	34-37	4			S	S					
7	46- SERVICE UNITS (1)	38-44	7	N	R	Z	Z					
8	47- TOTAL CHARGES (1)	45-54	10	N	R	Z	Z					KEY ONLY WHEN REVENUE CODES ARE OTHER THAN "100 THUR 219" AND "001"-022x-999x
9	48- NON-COVERED CHARGES (1)	55-64	10	N	R	Z	Z					KEY ONLY WHEN REVENUE CODES ARE OTHER THAN "100 THUR 219" AND "001"-022x-999x
10	SPACES	65-192	128			S	S					
11	ICN NUMBER	193-209	17	N	R	Z	Z	Y	Y			DUPLICATE FROM "20" RECORD.

DATA ENTRY WILL GENERATE ONE RECORD TYPE 60 AND A SEQUENCE CODE FOR EACH ANCILLARY CODE.

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT MEDICAL RECORD "70" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	N	R	Z	Z	Y	Y			ALWAYS "70"
2	SPACES	3-4	2			S	S					
3	3a-PATIENT CONTROL NUMBER	5-15	11	A/N	L	S	S					DUPLICATE FROM "20" RECORD
4	SPACES	16-24	9			S	S					
5	67-PRINCIPAL DIAGNOSIS CODE	25-29	5	A/N	L	S	S					
6	SPACES	30	1			S	S					
7	67a-Medical Diagnosis Code 2	31-35	5	A/N	L	S	S					
9	67b- Medical Diagnosis Code 3	36-40	5	A/N	L	S	S					
11	67c- Medical Diagnosis Code 4	41-45	5	A/N	L	S	S					
12	67d- Medical Diagnosis Code 5	46-50	5	A/N	L	S	S					
13	67e- Medical Diagnosis Code 6	51-55	5	A/N	L	S	S					
14	67f- Medical Diagnosis Code 7	56-60	5	A/N	L	S	S					
16	67g- Medical Diagnosis Code 8	61-65	5	A/N	L	S	S					
18	67h- Medical Diagnosis Code 9	66-70	5	A/N	L	S	S					
19	67i- Medical Diagnosis Code 10	71-75	5	A/N	L	S	S					
20	67j- Medical Diagnosis Code 11	76-80	5	A/N	L	S	S					

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check		Special Instructions
										Low	High	
21	67k- Medical Diagnosis Code 12	81-85	5	A/N	L	S	S					
22	66 Diagnosis and Procedure Code Qualifier	86	1	N	R	Z	Z	Y	Y			ALWAYS "9"
23	74-PRINCIPAL PROCEDURE CODE	87-91	5	A/N	L	S	S					
24	74-PRINCIPAL PROCEDURE DATE	92-97	6	N	R	Z	Z					MMDDYY
25	74a- Medical Procedure Code 2	98-102	5	A/N	L	S	S					
26	74a- Medical Procedure Date 2	103-108	6	N	R	Z	Z					MMDDYY
27	74b- Medical Procedure Code 3	109-113	5	A/N	L	S	S					
28	74b- Medical Procedure Date 3	114-119	6	N	R	Z	Z					MMDDYY
29	74c- Medical Procedure Code 4	120-124	5	A/N	L	S	S					
30	74c- Medical Procedure Date 4	125-130	6	N	R	Z	Z					MMDDYY
31	74d- Medical Procedure Code 5	131-135	5	A/N	L	S	S					
32	74d- Medical Procedure Date 5	136-141	6	N	R	Z	Z					MMDDYY
33	74e- Medical Procedure Code 6	142-146	5	A/N	L	S	S					
34	74e- Medical Procedure Date 6	147-152	6	N	R	Z	Z					MMDDYY
35	Spaces	153-192	40			S	S					
36	ICN NUMBER *	193-209	17	N	R	Z	Z	Y				DUPLICATE FROM "20" RECORD.

* ICN = '1' Julian Date '00' Batch Number Sequence Number '00'

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT PHYSICIAN RECORD "80" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	A/N				Y	Y			Always "80"
2	1d-ID QUALIFIER 76 ATT	3-4	2	A/N		S	S					Always '1D'
3	3a- PATIENT CONTROL NUMBER	5-15	11	A/N	L	S	S					DUPLICATE FROM "20" RECORD
4	76-ATTENDING PHYSICIAN NPI	16-25	10	N		S	S					
5	SPACE	26	1			S	S					
6	76-ATTENDING PHYSICIAN NUMBER (legacy)	27-35	9	N	R	Z	Z					
6	77-OPERATING PHYSICIAN NUMBER NPI	36-45	10	N	R	Z	Z					
7	77-Operating physician qual	46-47	2	A/N		S	S					
8	77 -Operating physician number (legacy)	48-56	9	N	R	Z	Z					
9	filler	57-192	136	A/N	L	S	S					
10	Icn	193-209	17			S	S					

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT OVERFLOW "81" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	N				Y	Y			ALWAYS "81"
2	SEQUENCE NUMBER	3-4	2	N		S	S		'01'			
3	3a- PATIENT CONTROLNUMBER	5-15	11	A/N	L	S	S					DUPLICATE FROM RECORD "20"
04	81A- CC1 CODE (1)	16-17	2	A/N	L	S	S					
05	CC DATA1(1)	18-27	10	N	R	Z	Z					
06	CC DATA2(1)	28-37	10	N	R	Z	Z					
06	81b- CC2 CODE (2)	38-39	2	A/N	L	S	S					
07	81b CC DATA1(2)	40-49	10	N	R	Z	Z					
08	81b CC DATA2(2)	50-59	10	N	R	Z	Z					
09	81c- CC3 CODE (3)	60-61	2	A/N	L	S	S					
10	CC DATA1(3)	62-71	10	N	R	Z	Z					
11	CC DATA2(3)	72-81	10	N	R	Z	Z					
12	81d- CC4 CODE (4)	82-83	2	A/N	L	S	S					

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check		Special Instructions
										Low	High	
13	81b CC DATA1(4)	84-93	10	N	L	Z	Z					
14	81b CC DATA2(4)	94-103	10	N	L	Z	Z					
15	SPACES	104-192	89			S	S					
16	ICN	193-209	17	N		Z	Z					DUPLICATE FROM "20" RECORD

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT CLAIM SCREEN RECORD "90" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check Low	Range Check High	Special Instructions
1	RECORD TYPE	1-2	2	N	R	Z	Z	Y	Y			ALWAYS "90"
2	SPACES	3-4	2			S	S					
3	3a-PATIENT CONTROL NUMBER	5-15	11	A/N	L	S	S					DUPLICATE FROM "20" RECORD
4	SPACES	16-42	27			S	S					
5	FILLER	43-52	10	N	R	Z	Z		ZEROS			DATA ENTRY WILL KEY 10 ZEROS
6	FILLER	53-62	10	N	R	Z	Z		ZEROS			DATA ENTRY WILL KEY 10 ZEROS
7	TOTAL CHARGES (ACCOMMODATIONS AND ANCILLARY)	63-72	10	N	R	Z	Z					KEYED ONLY WHEN REVENUE CODE IS "001".
8	TOTAL NON-COVERED CHARGES (ACCOMMODATIONS AND ANCILLARY)	73-82	10	N	R	Z	Z					KEYED ONLY WHEN REVENUE CODE IS "001".
9	SPACES	83-192	110			S	S					
21	ICN NUMBER	193-209	17	N	R	Z	Z	Y				DUPLICATE FROM "20" RECORD

DATA ENTRY WILL COMBINE TOTAL CHARGES FOR ACCOMMODATIONS AND ANCILLARY INTO TAPE SEQ NO. 7. THEY WILL ALSO COMBINE TOTAL NON-COVERED CHARGES FOR ACCOMMODATIONS AND ANCILLARY INTO TAPE SEQ NO. 8.

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT BATCH CONTROL RECORD "95" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check		Special Instructions
										Low	High	
1	RECORD TYPE	1-2	2	N	R	Z	Z	Y	Y			ALWAYS "95"
2	SPACES	3-24	22			S	S					
3	Number of Claims	25-30	6	N	R	Z	Z					
4	Spaces	31-192	162			S	S					
3	ICN	193-209	17	N	R	Z	Z	Y				DUPLICATE FROM "01" RECORD.

DHMH DATA ENTRY JOB SPECIFICATIONS
OUTPUT RECORD FORMAT AND EDITING PROCEDURE

RECORD TITLE: UB-04 INPATIENT FILE CONTROLRECORD "99" RECORD LENGTH: 209 BLOCK SIZE: 209

COMPLETED BY: Angela White DATE: 07/12/07

Tape Seq. No.	Field Name	Output Position	Size	A/N	Justify R/L	Fill Chart	No Data	Mandt	Const	Range Check		Special Instructions
										Low	High	
1	RECORD TYPE	1-2	2	N	R	Z	Z	Y	Y			ALWAYS "99"
2	SPACES	3-192	190			S	S					
9	ICN	193-209	17	N	R	Z	Z	Y				DUPLICATE FROM "01"

* NOTE : MUST BE LAST RECORD ON TAPE

DHMH - OPASS 10-10107 Data Entry Services
Questions & Answers No. 2
May 13, 2009

1: Q:

We are considering the following approach to the work:

To pickup and scan documents at Rely Scanning Facility (or MBE Partner facility) nearby DHMH facility i.e. within the 250 miles radius. Therefore the documents would be available for DHMH to review and access anytime. The scanned images would be securely and electronically sent for data entry to our Carlinville, Illinois location. We could provide the images at no cost to DHMH if needed. These images can be used as a permanent electronic record copy of the original. [We have been performing scanning and data entry work for several state departments with full assurance of confidentiality and security of both original documents and electronic files generated in the process]

Therefore, would performing data entry at Illinois locations be allowed under this contract?

[By way of clarification, the above is ONE of the approaches to this project that we are considering. We are open to setting up a facility for full scope of services in the vicinity of DHMH offices, if DHMH considers that to be necessary and more effective way of executing this project]

A: No, the 250 mile limit for performing the data entry work as described in the solicitation remains in effect.

2: Q:

If a certified MBE submits a proposal for this solicitation; does that in any way dilute, reduce or eliminate the chances of non-MBE Prime respondents being awarded this contract?

A: The award will be made to the lowest bid received from a responsive and responsible bidder, regardless of MBE status. In the event of tie bids, minority business enterprise status may be used to break a tie in accordance with COMAR 21.05.02.14.

3: Q:

Could you please send us a score sheet (or criteria & respective weights) for reviewing of proposals and selection of suitable vendor for this solicitation?

A: Financial bids from responsive and responsible bidders will be ranked from low to high. There will be no weighting or score sheet.

4: Q:

Would you allow sub-contracting the pickup (and scanning – if permitted) of the documents to a subcontracted vendor within the 250 miles radius?

A: Sub-contracting of the pickup and delivery of documents would be allowed, however, not for the purpose of delivering to a scanning facility. Documents must be delivered directly to the facilities which will perform the data entry.

5: Q:

Would the document be stapled or would there be any need to prep the document before data entry or scanning? (eg. Sorting, Removing staples, unfolding, straightening dog ears, etc).

A: Some documents may have supplementary documentation attached, however, the forms with the data to be keyed will be on top and the contractor will not be required to remove staples or otherwise sort or detach any forms.

6: Q:

Would you allow for approximately three weeks of tooling time to modify our existing data entry and verification software to match the requirements to create and populate 13 templates provided by DHMH.?

A: Due to time constraints, the Department cannot guarantee that there will be sufficient time between contract award and the start date to accomplish this.

7: Q:

We have so far received four documents as listed below. Are there any additional documents / information that you plan to provide to the vendors between now and the bid submission date? If yes, what would be the timeline for these inputs?

DHMH_OPASS_10-10107_Data_Entry_Services

DATA_ENTRY_IFB_ATTACHMENTS_-_PART_1

DATA_ENTRY_IFB_ATTACHMENTS_-_PART_2

Data Entry Services Addendum 1- 5-1-09

A: Additional documentation that has been or will be provided includes test documents, minutes from the Pre-Bid Conference, and possibly additional questions and answers. Other addenda to the solicitation may be issued as required.

8: Q:

Could you please send us the following?

A) Minimum one sample output data file per document/record type (This will help us confirm our understanding of the exact output file format, extension and data structure. Our understanding so far is that we are required to submit fixed-length format text files with predefined positions for data fields.).

B) Look up tables with data values in them (in case you are going to provide these for the project)

A: We cannot provide output files due to confidentiality issues. Look up tables are not available for the documents to be processed.

9: Q:

Is this project funded?

A: Yes.

10: Q:

What is the anticipated acceptance period and process? (i.e. time and steps between delivery of output by the vendor and confirmation of acceptance by DHMH)

A: The department will have 30 days from the date of delivery to accept /reject processed data. Within this time frame, the Department may require data entry corrections by the contractor if it is determined that errors were made in data entry and are not from the source documents.

11: Q:

a. Is there a current vendor or in-house team already doing this work?

b. If yes, does the current vendor have any special qualifications and/or approvals that will prohibit or restrict any new vendor from winning this contract?

c. Does the current vendor have any additional qualifications or abilities besides the selection criteria mentioned in this IFB that put them in an advantageous position to win this project?

d. What is the current price provided by the vendor per item?

e. What is the total contract price paid per year to the current vendor?

A: There is a vendor currently under contract to perform these services. Any vendor that meets the requirements of the current solicitation (DHMH-OPASS 10-10107) may be considered for award. No other special qualifications are required. As has been stated in the previous Q&A, the price per item under the current contract is proprietary information of the contractor. The current year not-to-exceed amount of the contract is $541,720.28. The five year total funding including modifications is $1,654,537.92

12: Q:

Is a copy of the current contract between DHMH and its current vendor available? If not, can you share the summary including volume of work handled by them, pricing, etc.

A: Vendors may request this information by making a written Public Information Act (PIA) request to the Procurement Officer. The PIA is found in the State Government Article ("SG"), §§10-611 through 10-630, Annotated Code of Maryland. However, due to the time required to review the requested records, the Department cannot guarantee that they will be provided before bids are due. Information regarding the current volume of work being performed under the contract is included in the solicitation.

13: Q:

To price the RFO accurately and cost effectively can you please provide the average number of ACTUAL keystrokes per document type. The current specifications provide us with very detailed information about each field in each form with respect to maximum length of the field, and its position in the output file. But, we would like to know practically how much data goes into the forms as opposed to the maximum allowed data.

A: DHMH does not have keystroke statistics for the forms listed under this solicitation. The specifications and test documentation should provide sufficient data for pricing.

14: Q:

If this project has been running already: can DHMH provide an estimate of time required in minutes for completing each type of document/record?

A: This should be determined by individual vendors based on the document specifications, sample documents and test documents that the Department has provided. Processing time may vary from vendor to vendor.

15: Q:

Will the pre-production test require the vendor to pick-up documents at the DHMH facility? Our offices are in IL. Could DHMH ship the test package to our facility?

A: The test documentation has been made available online. However, the eventual contractor will be required to pick up document batches three times per week as described in the solicitation.

16: Q:

Can you please explain under what specific criteria a vendor would be financially disqualified?

A: If a bidder is determined to be responsive and responsible, the low bidder will be selected for award.

17: Q:

Are there other forms/documents/records that are not being shown today that the vendors will see when entering the data?

A: No.

18: Q:

Will the vendor be required to key what is seen on the form or correct spelling of information in the fields?

A: The vendor will be required to key the information as seen on the form. Correcting spelling of information on forms is not the vendor's responsibility.

19: Q:

Are there any data fields in the documents which will require the data entry person to make a Logical decision or interpretation (eg IF this condition, key XYZ – ELSE, key ABC)? Or are all fields to be keyed on as-is basis?

A: Data fields are keyed on as-is basis.

20: Q:

What addendums do not have to be returned in the offer packet?

A: The documentation that is required to be submitted with a bid is described in the solicitation, Procurement Method and Bid Submission Requirements sections. In addition, the ***Addendum Acknowledgement Receipts*** *for* ***all Addenda*** *to this solicitation must be included with all bid submissions.*

21: Q:

Can a vendor submit a joint bid with another organization? Or would the vendor have to submit as prime and sub contractor type relation response?

A: Vendors should submit bids as a single prime contractor. Any other vendors would serve as sub-contractors to the prime contractor.

22: Q:

Which are the top 3 most important aspects of the project expected from the Data entry vendor?

A: The vendor awarded a contract under this solicitation will be expected to meet all of the requirements listed in the solicitation.

23: Q:

What percentage of the forms will originally be in hand-written form, versus type-written form? And what percentage will be mixed (hand-written + type-written) forms? An analysis for all 13 types of forms will be greatly helpful.

A: The great majority of the forms submitted for data processing will be type-written. Most of the forms originate with organizations outside of DHMH and we cannot provide specific data on the percentage of hand-written versus type-written documents.

24: Q:

What percentage of forms submitted are incomplete, contain errors, etc.?

A: We estimate that less than 1% of forms contain errors or omissions that would not allow completion of required data entry.

25: Q:

What is the vendor required to do in order to cope with errors made in recording information on the forms submitted? What is the vendor required to do in order to cope with incomplete forms?

A: If data entry of a record cannot be completed due to omissions or errors in required fields, illegibility or for other reasons beyond the control of the contractor, the contractor should pull the relevant record and report as required in #11 of the Contractor Requirements section of the solicitation.

26: Q:

Is there a list of fields which are critical, required, non-critical fields for accuracy?

A: A limited number of fields are described as Mandatory (Mandt.) in the document specifications. However, all fields requiring entry of data are critical for purposes of accuracy. Omissions or incorrect entry of required data will be considered a data entry error as described in the solicitation.

27: Q:

What is the timeframe for the resolution of any questions that might arise during execution of work? Can DHMH commit to resolving any questions regarding un-located, unreadable, illegible, incomplete or incorrect data?

A: Any questions arising during the execution of work under the contract should be addressed to the Department's Contract Monitor. The Department will make every effort to resolve issues within 24 hours or being made aware of the problem.