

**FIRST AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
NORDIC CONSULTING PARTNERS, INC**

THIS AMENDMENT TO THE AGREEMENT, entered into this 12 day of November, 2024, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Nordic Consulting Partners, Inc, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for the purpose of Revenue Cycle Organizational Readiness services on September 12, 2024 for the term of September 9, 2024 through December 31, 2024, in an amount not to exceed \$196,000; and

WHEREAS, the parties wish to amend the Agreement to add additional services increasing the amount by \$398,000 to a new maximum amount not to exceed \$594,000.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 3, Payments, of the agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions, and specifications set forth in this Agreement and in Exhibit A, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B. County reserves the right to withhold payment if County determines that the quantity or quality of the work performed is unacceptable. In no event shall County's total fiscal obligation under this Agreement exceed FIVE HUNDRED NINETY-FOUR THOUSAND DOLLARS (\$594,000). In the event that the County makes any advance payments, Contractor agrees to refund any amounts in excess of the amount owed by the County at the time of contract termination or expiration. Contractor is not entitled to payment for work not performed as required by this agreement. All invoices must be approved by the Patient Financial Services Manager or their designee. Invoices must be sent to: SMMC-Accounts-Payable@smcgov.org. Processing time may be delayed if invoices are not submitted electronically.

2. Section 4, Term, of the agreement is amended to read as follows:

Subject to compliance with all terms and conditions, the term of this Agreement shall be from September 9, 2024, through March 31, 2025.

3. Original Exhibit A, Exhibit B, and Exhibit C are replaced with Revised Exhibit A (rev. 9/30/2024, Revised Exhibit B (rev. 9/30/2024), and Revised Exhibit C (rev. 9/30/2024).

4. **All other terms and conditions of the agreement, between the County and Contractor shall remain in full force and effect.**

In witness of and in agreement with this Agreement's terms, the parties, by their duly authorized representatives, affix their respective signatures:

For Contractor: NORDIC CONSULTING PARTNERS, INC

DocuSigned by: <i>Morri, Jamie</i>	15 October 2024	Morri, Jamie
Contractor Signature	Date	Contractor Name (please print)

COUNTY OF SAN MATEO

Dad J. Gonzalez

By: Resolution No. 080739
 Vice President, Board of Supervisors, San Mateo County

Date: November 12, 2024

ATTEST: *Phil Allegro*

By:
Clerk of Said Board

Revised Exhibit A (rev. 9/30/2024)

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Epic Revenue Cycle Organizational Readiness – Charge Capture & Revenue Reconciliation

IMPLEMENTATION TIMELINE

Contractor will continue to support County’s Revenue Cycle Organizational Readiness as part of the Epic implementation for charge capture and reconciliation processes. Upon being awarded the work, Contractor is prepared to begin in early September, with project completion on November 1, before the Epic go-live.

A robust healthcare charge capture and reconciliation process ensures accurate billing by capturing all services provided, reducing revenue leakage, and enhancing compliance. This leads to improved financial performance, streamlined operations, and better data accuracy, supporting informed decision-making and reducing compliance risks.

Contractor will interview revenue-generating clinical departments, utilize cost center mapping, assess the Epic automated charge capture tools, confirm reconciliation workflows, provide protocols and training, collaborate with San Mateo Medical Center (SMMC) IT to create KPI monitoring dashboards, and optimize sustainable methodologies for charge capture and reconciliation workflows. To conclude the project, Contractor representatives will conduct Revenue Roadshows, educating charge leads at the clinical department level on how to perform their new responsibilities and utilize the tools and attestation process.

ACTIVITIES:

- Develop a tracking mechanism to properly forecast Epic Revenue at go-live, by each clinical department, ensuring gaps and leakage are identified, tracked, and addressed during system conversion.
 - Analyze current revenue and usage by the clinical department for go-live stabilization
 - Gain an understanding of any planned shifts in revenue and usage due to cost center realignment, if any
 - Gain an understanding of any planned charge rate adjustments or consolidations, as well as adjustments that may have impacted historical revenue and usage
 - Validate interfaces of charges from bolt-on systems, timing, and any related data
 - Identify any centralization of efforts related to charge capture
 - Identify third-party clinical contracts related to services provided on behalf of SMMC and charged by SMMC
 - Understand charge manipulation through automation (billing modifiers, charge explodes, charge summarizations, etc.)
 - Gain an understanding of how charge capture will occur in Epic for each clinical department and how it occurred in the prior system
 - Identify and understand any other workflows or processes that impact charging
- Develop methodology and process for charge reconciliation, ensuring accurate and complete charge capture, enhancing compliance, reducing revenue leakage, and maintaining financial performance.
 - Complete the data fields in the Charge Reconciliation Tracker through interviews with the clinical departments, Revenue Integrity, and Epic IT build resources
 - Develop a methodology and provide the tools to implement charge reconciliation workflows with attestations for accountability and monitoring for each charge generation department
 - Work with SMMC Reporting team to develop specialized reporting tools to give department charge leads the necessary data to reconcile daily charge activity

- Develop training materials and job aides that explain the reconciliation process and outline the expected steps each charge department should perform to reconcile charges each day
- Conduct roadshow training for each clinical department, reinforcing the concepts explained above
- Develop Charge Capture and Reconciliation Policies and Procedures impacted by conversion to Epic Resolute Billing System
 - Reference the Contractor repository to identify potential gaps; bring areas for possible policy/procedure creation to SMMC for consideration
 - Create training materials and up to ten (10) job aides to assist and guide employees in areas where policies and procedures are needed
 - Determine the charge capture minimum days for each clinical department, the reconciliation schedule, discrepancies monitoring, and turnaround times to resolve charge capture issues.
- Assign appropriate foundational Epic Dashboards and Epic Reports for clinical charge capture and reconciliation staff, Revenue Integrity supervisors, and managers to monitor process compliance.
 - Create a job aid or training for how to interpret the dashboards to determine if there are issues with charge capture that need to be addressed through automation or education
 - Implement the monitoring of charge reconciliation efforts through the dashboard to confirm they are occurring at the rate predetermined for each clinical area.
 - Determine if the clinical department will be responsible for any charge-related work queues
 - Establish ownership of charge capture for each clinical department
 - Establish ownership of charge reconciliation for each clinical department
 - Determine who back-ups will be to include in training
 - Establish dashboards to track expected revenue and charge volumes
 - Establish reports to perform charge reconciliation to ensure timeliness, identify missing and pending charges
- Develop and maintain through project end, a tracking document that captures potential build impacts within Epic based on customization to Epic Foundation build.

DELIVERABLES:

- Epic Revenue Forecast Tracker: Contractor will create a tracking sheet using current EMR and Finance data to monitor daily forecasted revenue in Epic for each clinical department that can be used to compare revenue to the same month from the previous year.
- Charge Capture and Reconciliation Playbook: Contractor will provide, for each charge capture methodology utilized in Epic by SMMC, training documents and job aides to perform charge reconciliation successfully. The cadence for charge reconciliation for each clinical department and to whom it will be reported will be determined with input from Revenue Integrity, ensuring success and aiding clinical departments that struggle or need re-education for new staff.
 - Charge Reconciliation Tracker: excel spreadsheet documenting each revenue-generating clinical department, Epic assigned Cost Center, charge capture tool in Epic, staff responsible for charge capture & reconciliation, cadence for both, SMMC CDM, Coding & IT contact, related Epic work queues, reports & dashboards, KPI's and workflows monitoring
 - Draft Policy and Procedures: draft policies and procedures for clinical department charge capture and reconciliation for adoption by SMMC.
 - Epic Reports: Identify Epic reports to assist with charge capture and reconciliation efforts with assistance from IT to customize for each clinical department.
 - Monitoring Tools: Create a list of key monitoring tools within Epic (Dashboards and Reports) that each clinical charge capture and reconciliation department and

Revenue Integrity supervisor and manager will utilize to monitor the process. This document will also include standards for charge capture and reconciliation workflows, as defined by industry standards and Contractor expertise from prior projects.

- Staffing: work with clinical departments to identify primary and secondary department /clinic based staff to perform charge capture and reconciliation, documenting said staff and the Epic workflow.
- Education: Create educational materials and job aids, and train clinical departments on charge reconciliation, including attestation of workflow and process understanding.
- Attestation: each clinical department is responsible for attesting completion of assigned charge reconciliation when performed.
- Build Impact Summary Tool: Contractor will provide an Excel document to track Epic build changes necessary to accommodate SMMC charge capture and reconciliation with SMMC-based customizations to Epic Foundation builds based on Contractor's understanding of the SMMC clinical department and Revenue Integrity staffing structure. This tool intends to reduce discrepancies between system configuration and the SMMC staffing model for charge capture and reconciliation processes.

Epic Revenue Cycle Denials Management

IMPLEMENTATION TIMELINE

Nordic will initiate the Denials Prevention project upon execution on this agreement and on a timeline established by mutual consent. During the initial period, Nordic will focus on establishing methodology and program structure around the Denials Prevention Committee. Additionally, Nordic will review Epic system build pertinent to denial workflows to ensure configuration is optimized for operations. After 4 weeks to complete the initiatives previously outlined, the project will then pause to allow for all San Mateo team members to focus exclusively on Epic post-live claim submission. During this time, San Mateo will send initial Epic claims and allow the requisite time for insurance payment information to post back into Epic. After the 2024 holiday season, this project will resume on the week of January 6 and focus attention toward implementing the policies, procedures, and methodology established previously. The Denials Prevention Committee will be able to begin their work using Epic data, analyzing root cause of initial denials, and defining action plans to address and mitigate future denials in those areas. Nordic will partner with the DPC to properly establish DPC methodology and ensure SMMC team members gain comfort in performing their Denial analysis and workflows within Epic.

ACTIVITIES:

- Establish Denials Prevention Committee (DPC) in conjunction with Epic go-live. DPC will be structured in a way that best aligns with Epic functionality and workflows; committee will be comprised of integrated areas within Revenue Cycle and clinical spaces. Main objectives will be:
 - Analyze existing denials trends using Epic tools
 - Develop methodology for cleaning up pre-existing denials in efficient, consistent manner
 - Develop methodology to identify root causes and prevent future denials from occurring
- Identify required participants of DPC, including expectations surrounding each role and associated stakeholders with the need for shared information from the committee
- Agree upon and develop DPC charter

- Establish standardized methods for obtaining Denials and Write-off data that are consistent with industry standards and provide insightful information for data analysis. Whenever possible, utilize standardized, repeatable processes that can be easily repeated and data can be obtained or analyzed across the committee
- Plot out DPC workflow for:
 - Analyzing denials information
 - Prioritizing highest impact
 - Performing root cause analysis
 - Developing plan for addressing denial
 - Execution of plan
 - Monitoring results and tracking financial results
- Review and agree upon what payer-delivered remittance codes (aka CARCs) are categorized as denials and update Epic appropriately within this defined categorization. Perform this review at the payer level, ensuring any non-standard use of specific remit codes are captured and properly configured within Epic.
- Understand existing problem areas surrounding denials, including problem payers, specific scenarios (service line, specialty, denial category, etc), and custom payer responses in order to properly address these instances when live with Epic.
- Define denial categories and owning areas for each denial code, driving proper workflow and workqueue routing to be addressed by the appropriate group
- Define effective communication mechanism to share outputs and progress of DPC to Executive Stakeholders
- Communicate all work that derives from DPC that requires Epic configuration changes. Outline major change areas and specific changes that need to occur in order to properly align denials workflows and functionality within Epic.
- Post go-live, participate with DPC and facilitate the initial evaluations of denial analysis, trends and actions toward addressing and preventing denials moving forward. Document top denial areas, capture baselines, define and execute action plans for prevention. Monitor and track progress for each action plan.

Deliverables:

- Denials Prevention Committee RACI - establish expectations surrounding Responsibility, Accountability, Consultation, and Information sharing surrounding each role of the committee and its indirect stakeholders.
- Denials Prevention Committee Charter - explanation of key information surrounding DPC, including overview, scope, approximate schedule, necessary resources, and goal outcomes.
- Denial Prevention Committee Manual - documented playbook of all aspects of DPC, including committee membership, data gathering tools, methodology for analyzing, prioritizing and acting upon findings, and communication strategy
- Denials Issue Log - tracker for logging denials findings from data analysis. This tool will help properly define the issue and its root cause, along with having objective weighting criteria to prioritize the issue alongside other logged findings.
- Remit Code Denial Cheat Sheet - List of all remit codes flagged in Epic as a denial, both for HB & for PB. Each code will have historical background surrounding justification of denial for future reference. Each denial code will also be assigned a denial category and owning area for addressing the denial within Epic.
- Denial Risk Prevention Workbook - Summary of all current state problem areas identified during project and how they can be addressed moving forward when in Epic. Specific consideration surrounding defining whether the issue can be addressed through workflow/training or via technical configuration changes.

Epic Revenue Cycle Operational Go-Live Support

IMPLEMENTATION TIMELINE

Nordic will initiate the Operational Go-Live Support project within 2-3 weeks after the Epic Go-Live date. During that time, Nordic will work with SMMC to obtain KPI metrics for go-live, and get plugged into Go-Live Command Center structure. Beginning after go-live, Nordic will directly insert the team into each of the specified Revenue Cycle areas (Patient Access, Charging/Revenue Integrity, Coding & HIM, Patient Financial Services) and work within the constructs of Go-Live Command Center support to evaluate KPIs, identify top issues, provide operational guidance, and perform other functions to stabilize the Revenue Cycle in a timely manner. This go-live support team will stay intact until January 2025.

ACTIVITIES:

- Provide operational support throughout the following areas of the Revenue Cycle:
 - Patient Access
 - Charging and Revenue Integrity
 - HIM
 - Billing and Claims
 - Payment Posting and Insurance Follow-up
- Serve as an advisor for Supervisors, Managers, and other leadership roles to understand new roles within Epic, including:
 - Epic workflow support
 - Epic Revenue Cycle reporting tools, including productivity reporting
 - Epic Dashboards
 - Epic Resolute revenue throughput, including cash acceleration measures
- Maintain a comprehensive list of revenue cycle issues and statuses throughout the go-live
- Track agreed upon KPIs, including charge and revenue performance compared to baselines
- Monitor and analyze overall revenue as well as CFB work queues to identify issues and risk, drive accountability, and support issue resolution and revenue recovery
- Assist Revenue Cycle teams with monitoring reports and tools
- Support through major go-live milestones, including claims released to payers, clearinghouse acceptance rates, initial remit files received from insurance payers, clean payment rates, first statement date, and first patient payment.
- Go-live financial protection monitoring:
 - Complete agreed upon monitoring processes around Revenue Cycle focus areas and report out as needed
 - Participate in daily revenue monitoring meetings as subject matter experts and bring results from analysis as well as issue/impact information
 - Track back-to-baseline performance monitoring from a charging standpoint
 - Review charging information at departmental level, compared against legacy baseline targets
 - Partner with Epic to review performance at each service-line level and provide added support for any departments needing charge generation assistance
 - Validate that Revenue Cycle related issue escalation processes for system break/fix interventions are being followed
 - Perform data analytics to discover root causes of revenue-related issues and make recommendations for solutions

- Identify and escalate identified areas at the organization that could benefit from additional staff training and/or process review per issue escalation process
- Assist with creation of daily/weekly status reports to post go-live monitoring revenue monitoring stakeholders
- Educate and train team to further promote sustainability
- Provide at-the-elbow support to Revenue Cycle team members and leadership throughout the duration of the engagement

Deliverables:

- Go-Live Issue Tracker - Complete list of all identified issues during go-live, with progress updates through to resolution for historical reference. Tracker will identify impact to Revenue Cycle area(s), along with comparative priority assignment.
- Rev Cycle KPI Tracker - Week-to-week progress tracker of agreed upon Revenue Cycle metrics, tracked against goal performance. For metrics trending off-track, Nordic will provide action-oriented steps to improve upon the metric and reach target metric goal.
- Epic Revenue Cycle Standard Review Timetable - Summary, by role, of standard Epic tasks that should be monitored by Revenue Cycle leadership teams periodically. Daily, Weekly, Monthly, and Annual tasks will be grouped into respective sections, along with instructions for performing the tasks and what the overall purpose is for task completion.
- Rev Cycle Leadership Training Guides and Cheat Sheets - Nordic to document any requested training materials to aide SMMC Supervisors in performing daily tasks.

Revised Exhibit B (rev. 9/30/2024)

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

Epic Revenue Cycle Organizational Readiness – Charge Capture & Revenue Reconciliation

Contractor's Total Professional fees \$178,000 and will be invoiced according to the following schedule. Invoices are payable upon receipt of each invoice by County:

- Payment of \$89,000 is due and payable upon Expected Start Date
- Payment of \$89,000 is due and payable upon Expected End Date.

Epic Revenue Cycle Denials Management

Total professional fees: \$199,000

- Payment of \$99,000 is due and payable upon Expected Start Date
- Payment of \$100,000 is due and payable upon Expected End Date.

Epic Revenue Cycle Operational Go-Live Support

Total professional fees: \$190,000

- Payment of \$95,000 is due and payable upon Expected Start Date
- Payment of \$95,000 is due and payable upon Expected End Date.

Total anticipated travel costs of \$27,000 may be reallocated to professional services upon mutual written agreement if not needed to cover actual travel costs.

Revised Exhibit C (rev. 9/30/2024)

Performance Metrics

County will measure Contractor performance of the services in accordance with the procedures set forth by the performance indicators below. Contractor acknowledges that the performance indicators are a reasonable minimum standard by which to measure Contractor performance of the services.

Contractor shall deliver the following project deliverables by the mutually agreed dates 100% of the time:

Epic Revenue Cycle Organizational Readiness – Charge Capture & Revenue Reconciliation

1. Epic Revenue Forecast Tracker
2. Charge Capture and Reconciliation Playbook
3. Charge Reconciliation Tracker
4. Draft Policy and Procedures
5. Epic Reports: Identify Epic reports to assist with charge capture and reconciliation efforts with assistance from IT to customize for each clinical department
6. Monitoring Tools: Create a list of key monitoring tools within Epic (Dashboards and Reports)
7. Build Impact Summary Tool.

Epic Revenue Cycle Denials Management

Delivery of following project deliverables:

1. Denials Prevention Committee RACI
2. Denials Prevention Committee Charter
3. Denial Prevention Committee Manual
4. Denials Issue Log Tracker
5. Remit Code Denial Cheat Sheet
6. Denial Risk Prevention Workbook

Epic Revenue Cycle Operational Go-Live Support

Delivery of following project deliverables:

1. Go-Live Issue Tracker
2. Rev Cycle KPI Tracker.
3. Epic Revenue Cycle Standard Review Timetable
4. Rev Cycle Leadership Training Guides and Cheat Sheets