Request For Information (RFI) for Department of Veterans Affairs,
Office of Information & Technology (OIT), Service Delivery and Engineering (SDE), Non- VA Care Claims Processing

Introduction:

This is a request for information only. Do not submit a proposal or quote. As a part of the Department of Veterans Affairs (VA) Technology Acquisition Center (TAC) market research process, this request for information (RFI) will be used to assist VA in finalizing the Non- VA Care Claims Processing Performance Work Statement (PWS) and formulating an acquisition strategy. Additionally, there is no obligation on the part of the Government to acquire any products or services described in this RFI. Your response to this RFI will be treated only as information for the Government to consider. You will not be entitled to payment for direct or indirect costs that you incur in responding to this RFI. This request does not constitute a solicitation for proposals or the authority to enter into negotiations to award a contract. No funds have been authorized, appropriated or received for this effort. Interested parties are responsible for adequately marking proprietary, restricted or competition sensitive information contained in their response. The Government does not intend to pay for the information submitted in response to this RFI.

Background Information:

As part of the Non VA (Medical) Care (NVC) program, the Department of Veterans Affairs (VA) manually adjudicates approximately 25 million claims per year for Purchased Care services provided by Non-VA providers in the community. The Fee Basis Claims System (FBCS) is currently used to process both Electronic Data Interchange (EDI) and paper claims that are scanned into the system. The current FBCS is installed and in use within 142 Non-VA Medical Care claims processing offices and is a foundational component that enables the VHA to improve accuracy and timeliness of Non VA Medical Care claims processing. FBCS allows Non VA Medical Care claims processing departments to manage and adjudicate healthcare claims in an electronic environment which supports the ability to keep track of claims in process and to identify duplicate and non-compliant claims. In addition, this product supports the ability to report on Non VA Medical Care expenditures and improves accuracy and consistency of authorizations. FBCS also provides the ability to monitor individual and department claims processing productivity. FBCS allows VA to communicate with non-VA healthcare providers and Veterans about the adjudication status of their claims by providing a complete audit trail for each claim. FBCS is based on distributed client server architecture and operates from 34 instances. The current architecture uses Microsoft SQL (Structured Query Language) and FBCS client software installed on each of the 35 local servers. A local server supports from one to ten of the total 142 Non VA Medical Care claims processing offices. Each of the servers interface with the local instance of the VistA Fee Basis application to be able to process authorizations, and send payments to Central Fee located at the Austin Information Technology Center (AITC).

FBCS integrates with numerous VA systems:

- Electronic Data Interchange (EDI): where electronic claims are pulled through a connection through the Fee Basis Payment Processing System (FPPS) and the FBCS Central Server at the Denver Heath Administration Center (HAC),

- Veterans Health Information Systems and Technology Architecture (VistA): pulling Veteran Information such as the Computerized Patient Record System (CPRS) for consults/authorization,

- Program Integrity Tool (PIT): where claims are scored on whether they should be paid

- Claims Scrubber: which verifies that claim pricing meets Centers for Medicare & Medicaid Services (CMS) Pricing guidelines,

- Eligibility and Enrollment Web Service: for Veteran eligibility information.

Chief Business Office Purchased Care (CBOPC) has oversight for processing healthcare claims for the Non VA Care (NVC) program. In 2014, this program processed over 14 million claims using FBCS. Over the past year, efforts to improve Veteran access to care have increased the utilization of NVC. As an example in March 2014 the monthly claim volume of claims received was 1.1 million, for the same month in 2015 the claim volume grew to approximately 1.6 million.

The decentralized architecture of the current system creates significant complexity and challenges to combine data across instances – from operational, reporting and data analysis perspectives. The decentralized nature also leads to variations in system performance and higher operations and maintenance costs.

Responses to this RFI are requested by 4:00 P.M. Eastern Time on June 3, 2015.

High Level Technical Functional Requirements:

CBOPC is looking to move to a more centralized claims processing architecture but it is important to note the claims processing system will need to maintain interfaces with local VistA instances as authorizations for care are created and managed locally by VA Medical Center (VAMC) staff.

Claims processing requirements include:
- Referral Management
- Claims Processing
- Document Management
- Appeals Management
- Financial Management
- Correspondence
- Revenue Management
- Reporting

- Interfaces
- User Management
- Work Management

CBOPC is looking for input and recommendations on a future-state claims processing architecture to support the following:

1. Centralization of claims software and data for access by 142 VA claims processing offices to support the need for national reporting and data analysis.

2. Ability for CBO staff to process all non-VA claims via a single user interface regardless of CBO staff work location or the location of the VAMC originating the claim.

3. Interfaces with other VA systems supporting the Non-VA Claims processing architecture as defined in the Background section.

4. Provide a scalable software architecture that will support expandability based on projected growth of claims processing

5. Ability to centrally view claims authorizations (authorizations will be interfaced to the claims system from VistA instances)

6. Ability to generate a multitude of reports via one central user interface (that will not degrade system performance)

7. Use software components/tools that are already supported / approved via the VA Technical Reference Model

8. Software must comply with all applicable VA and Federal Security Standards.

9. Software must support high availability (industry standard 99% availability)

10. Software must be able to implement role based security

11. Software must use existing VA user authentication and authorization Active Directory services.

12. Software must be able to support VA standard messaging (HL7//ANSI X12/XML/etc.)

13. Software must be able to process both EDI and scanned paper claims. The software solution must be capable of parsing data from scanned paper claims for population of the claims database.

14. Software must be modular in design – to allow for agile development and configuration for future enhancements and modifications to workflows.

15. Software must support configurable rules based logic to support automatic adjudication of error free authorized claims and manual claim processing by exception

16. Software must support configurable rules based workflow functionality when manual claims processing is required (configurable work queues, etc.)

17. Software shall utilize open interface architecture as defined by VA to allow new functionality to be introduced by VA or other vendors.

Questions and Critical Considerations for interested Contractors:

Responses to this RFI by interested parties will be used as part of market research by VA representatives to finalize the PWS and develop the acquisition strategy. In accordance with FAR 15.201(E), responses to this notice are not offers and cannot be accepted by the Government to form a binding contract. Any contract that might be awarded based on information received or derived from this RFI will be the outcome of a competitive process. This announcement is based upon the best information available, is subject to future modification, is not a request for proposal, and in no way commits the Government to award of a contract. The VA will not be responsible for any costs incurred by responding to this RFI.

This is a request for information (RFI) only. It is requested that all companies interested in participating in this effort please note their interest, and respond to the areas identified in the "Capabilities Statement" and "General Questions" sections below.

Capabilities Statement:

The page limit for responses to this section is 15 pages.

1. Provide a brief summary of your technical approach to meet VA's high-level requirements detailed above. If a commercially available product is included in the technical approached, identify any expected modifications that would be required to support the high-level requirements detailed above.

2. Please provide an architectural overview of the product you are proposing.
   a. Proprietary/ Non Proprietary / Open Source
   b. Underlying development environment / technologies
   c. Database management system(s)
   d. Hosting requirements/ options
   e. Configurability
   f. EDI support (list of specific EDI transactions supported)
   g. Security (role based, etc.)
   h. Reporting capabilities

3. Please provide a functional overview of the product you are proposing.
   a. Claim types supported – Institutional, professional, dental, pharmacy, etc.
   b. Rules based configurability (to support exception based claims adjudication)
   c. Workflow creation and management
   d. Contract management functionality (ability to set up and adjudicate claims against defined contract requirements)
   e. Eligibility and health benefits configuration

f. Patient and provider correspondence (Explanation of Benefits, approval, denial letters, etc.)

g. Pricing, fee schedule and payment methodologies supported

h. ICD10 compliance status

4. Provide a high-level estimate of the timelines needed to successfully implement the system.

5. Provide information if services and products are available under any Federal Contract Vehicle, e.g., GWACs, GSA Federal Supply Schedule, T4, etc.

General Questions:

The page limit for responses to this section is 5 pages.

1. How should VA approach the technical requirement for maintenance of historical data? Migrate data to new system? Maintain historical data on old system? Transfer data to a repository?

2. How should VA approach migration from the old system to the new system? Phased implementation? Parallel implementation? How long do you think the migration of all offices processing claims to a new system will take?

3. What are the pros and cons of hosting the claims system internally to VA as opposed to externally in a third party data center or the cloud?

4. What type of contract is most appropriate for a project of this scope? FFP, T&M, other?

5. What commercial best practices in claims processing should VA consider incorporating in requirements for a new system?

6. What hardware configuration and paper scanner capability should be available from VA for hosting of your solution?

7. Is it feasible for VA to plan in-house modification of the supplied software to address evolving claims processing requirements. What data rights are applied to your software solution?