

## HEMATOLOGY/ONCOLOGY PHYSICIAN SERVICES PERFORMANCE WORK STATEMENT

### I. STATEMENT OF OBJECTIVES

A. The Contractor shall provide qualified Hematology and Oncology physician(s) to provide inpatient (approximately 27 inpatients) coverage, and outpatient services, with a minimum of (1) clinic day per week focusing on Head, Neck and Lung; and provide coverage for other Hematology/Oncology outpatient clinics during times of staffing shortages or absences and emergencies as needed. Services will be rendered at the Robley Rex Veterans Affairs Medical Center (VAMC), 800 Zorn Avenue, Louisville, KY 40206. Contract physicians shall meet or exceed currently recognized national standards as established by The Joint Commission (TJC), and the standards of the American Hospital Association (AHA). In addition, physicians shall comply with all Veterans Health Administration's (VHA) regulations and directives. The Contractor shall provide sufficient personnel who meet all requirements herein and who can be relied on to perform in strict accordance with the contract. The Contractor shall provide physicians who are competent, qualified, and adequately trained to perform assigned duties.

### B. Duties:

1. The Contractor shall be available to provide both inpatient and outpatient consultation services for the diagnosis and treatment of Hematologic and Oncology diseases. For inpatient services, the contractor will be available seven (7) days per week, 24 hours a day. Outpatient services should be offered as needed to meet demand, but no fewer than 1 clinic day per week. It is expected that a provider will be designated for each clinic for the life of the contract to provide continuity of care, when possible, unless circumstances beyond their control necessitate a change. The goal is for all new appointments for outpatient services to be scheduled and seen within 30 days or sooner if clinically indicated. Follow-up clinic appointments are to be seen according to established guidelines.
2. The contractor will provide on-call information, including contact numbers, to the VA's Medical Service Office no later than three working days prior to the end of each month. This information will be published on the VA's monthly call schedule.
3. Consultation processing will be as follows:
  - **Inpatient Consults** will be the responsibility of the contractor and services are expected to be provided within 24 hours of the initiation of the consult or sooner if the condition warrants. The contractor will provide on-call coverage 24 hrs. a day, including holidays. Coverage will include inpatient follow-up visits for any unstable inpatient, and for consultation with the Robley Rex VAMC's medical staff regarding the appropriate medical care of veterans presenting with Hematologic and/or Oncology diseases. Response to initial call is expected within 30 minutes. Consultation services are expected to be made on-site at the Robley Rex VAMC in a timely manner as agreed upon with consulting physician unless the requesting provider determines that an initial telephone consultation is sufficient. For all inpatient consultations, an on-site visit is required. Consults requested must be addressed in a timely manner. Urgent consults will be seen immediately. Consulting provider must be within 30 miles of VA Hospital. The requesting provider is responsible for contacting the providing contractor about the need for inpatient services. The consultation will be completed using an inpatient consult note in CPRS that directly links the response to the original consult, and the completion of an event capture card; hand delivered to the Medicine Administration office.
  - **Outpatient Consults and Follow-up Visits** - Consults will be received and reviewed by the RRVAMC Hematology/Oncology staff within 2 working days of the consult date. The reviewer is responsible for determining the clinically indicated date. The goal is for all new and follow-up appointments, for

outpatient services to be scheduled and seen within 30 days or sooner (of Patient's Preferred Date), if clinically indicated. Outpatient consults will be completed using a consult note in CPRS that directly links the response to the original consult and completing the associated encounter form within 24 hours of patient visit. Follow-up visits will be completed using a follow-up notes and completing the associated encounter form within 24 hours of patient visit.

- **E-Consults** for Hematology will generally be completed by VA staff; however, in cases of staff absences or vacancies, the contractor will receive and review e-consults no later than 3 calendar days of the consult date. E-consults will be completed by using the e-consult note and completing the associated encounter form. E-Consults for Oncology will be reviewed and completed by RRVAMC staff.

## II. TERM OF CONTRACT

A. The Contractor shall provide Hematology and Oncology Services in accordance with the specifications contained herein to beneficiaries of the Department of Veterans Affairs (VA) and the Robley Rex VA Medical Center (603), 800 Zorn Avenue, Louisville, KY 40206. The emergency contract is effective for the (1) year period starting October 1, 2017 through September 30, 2018. This contract is subject to availability of VA funds.

B. The Authority for this procurement extends from Public Law 104-262 and Title 38 U.S.C., Section 8151-8153 and Title 42 Code of Federal Regulations (CFR) 415.170.

## III. SCHEDULE OF SERVICES

**BASE PERIOD, January 1, 2018 - December 31, 2018**

The Contractor shall provide board certified Hematology and Oncology Attendings to provide the following as noted below. It is estimated that approximately 527 patients per month will require services. It is understood that this is a good faith estimate and that the actual number may be higher or lower.

<u>Service Provided</u>	<u>Billing/Payment Explanation</u>	<u>Unit</u>	<u>Est. Qty.</u>	<u>Unit Price</u>
Hematology/Oncology Outpatient services	To be billed by CPT code, priced/covered by the Medicare Physician Fee Schedule (MPFS). Payment will be made at the "facility price" for this locality, at 100%.	CPT code		
Hematology/Oncology Inpatient services	To be billed by provider completing an Event Capture card (hardcopy), hand delivered, to the Medicine Administration office. CPT codes listed will be priced/covered by the Medicare Physician	CPT code		

	Fee Schedule (MPFS). Payment will be made at the "facility price" for this locality, at 100%. A CPRS note must be present in the Medical Record to support the services.			
<b>Committee/Conference Attendance</b> <ul style="list-style-type: none"> <li>• LNET Conference meets weekly</li> <li>• ENT Conference meets once, every 2 weeks.</li> <li>• Thoracic Conference meets once, every 2 weeks</li> <li>• Blood Bank Committee meets once, quarterly</li> <li>• Tissue Committee meets quarterly</li> <li>• Tumor Board meets monthly</li> </ul>	Attendance to be compensated at a fixed cost, of \$100 per meeting attended. Attendance will be documented by Attending contractor signing in on "attendance sheet", kept in the Medicine Administration office.	Fixed Cost, per meeting attended	116 Total Meeting/Conferences	\$11,600
Hematology/Oncology Day/Night On-Call services; on-call services to be provided during holidays as well.	To be billed per day, at a fixed cost of \$250.00/per day.	Per Day	365 days	\$91, 250

#### IV. QUALITY & QUALIFICATION REQUIREMENTS

A. The Contractor must ensure that all Contractor employees or sub-contractors providing services under this contract are fully trained and completely competent to perform the required services. The Contractor is required to maintain records that document competency/performance level of Contractor employees and sub-contractors providing services under this contract in accordance with the Joint Commission (JC) and/or other regulatory body requirements. The Contractor shall provide current copies of these records upon request as needed.

B. If the providers are not employees of the Contractor, they must be regarded as sub-contractors. When this is the case, the Contractor will be responsible for all care rendered by any sub-contractor(s) and must ensure the sub-contractors meet all aspects of this contract.

C. Cancellation of clinics must be made with 90-day notice, and submitted to the VA's Medical Service Office, at the Robley Rex VAMC. Cancellation of clinics with less than a 90-day notice shall occur only due to weather, acts of war or national disasters that are out of control of the VHA or the contract physician. All clinic reduction and cancellation requests shall be in compliance with Medical Center Policy.

D. As a prerequisite to performance under the contract, the contract physician performing the services must be appropriately credentialed and privileged in this specialty area, as set forth by the VHA and VA Medical Center bylaws and policy, including board certification by an American Board and clearance by the National Practitioner Data Bank. The medical center retains the right to review the acceptability of the Contractor's employees. The Contractor shall abide by all aspects of the Medical Staff By-Laws to include medical record documentation. Any failure to meet these requirements is considered nonperformance and the basis for assessment of deduction (see QASP) and/or termination for cause, with all the attendant repercussions.

E. The VA conducts Focused/Ongoing Provider Performance Evaluation (FPPE/OPPE) for each provider delivering services under this contract. The Hematology/Oncology Medical Director appointed under this contract is responsible for working with the Chief, Medical Service to develop appropriate criteria pertinent to hematology/oncology care. Each provider's performance will be evaluated based on this defined criteria. Reviews are conducted 3 months after initial privileges are granted, then biannually and also at the time of 2-year re-credentialing. The results of these evaluations will be given to the Hematology/Oncology Medical Director to present to each provider for review and signature prior to presenting to the Hospital's Credentialing Committee for review. Signed evaluations will be returned to the Medical Service office ASAP, but not longer than 5 working days from the date given (or faxed) to the Medical Director or designee. If a provider fails to meet specific criteria, focused reviews will be conducted until compliance is reached.

F. Contractor shall ensure that the following TMS trainings are completed (timely) during each fiscal year: VA Privacy and Information Security Awareness and Rules of Behavior; and Privacy and HIPAA training.

## VI. CREDENTIAL REVIEWS/PRIVILEGING

A. General: The requirements of the government as stated in this Statement of Work (SOW) are for the performances of professional medical services. The Director of the Robley Rex VAMC grants privileges. As a prerequisite to performance under the contract, if a contract healthcare provider (HCP) performs services at the Robley Rex VAMC, this HCP must be credentialed and privileged at the Robley Rex VAMC. If services are not performed at the Robley Rex VAMC and the services are distributed to two or more HCPs of the group and the services are not directed towards a single provider, then the HCP is not required to be credentialed and privileged. If the HCP in a group is providing all of the service, or all of a specific service, the HCP **MUST** be credentialed and privileged. When applicable, compliance with the credentialing and privileging processes is essential to the performance under this contract. Any failure to meet these requirements is considered nonperformance and the basis for assessment of liquidated damages and/or termination for default.

B. The credentialing and privileging process is subject to the provisions of 38 U.S.C. 4104 (1); VHA Handbook 5005, *Staffing*; VHA Handbooks 1100.17 (*National Practitioner Data Bank Reports*) and 1100.19 (*Credentialing and Privileging*); VHA Directive 2006-067, Credentialing of Health Care Professionals, dated Dec 22, 06; VHS&RA Supplements; Joint Commission; Medical Staff By-Laws; and Robley Rex VAMC Memorandum 603-10-11-023, *Credentialing and Privileging*. The Credentialing Committee, a subcommittee of the Healthcare Delivery Board established at the VAMC is the sole agency authorized to accept applications for privileges submitted by the Contractor to the Chief of Staff and to make recommendations on the granting of privileges. The Robley Rex VAMC Director is the final authority for approving or denying clinical privileges for all contract physicians.

C. Request for privileges and completed credential packets shall be submitted at least sixty (60) days prior to the physician's scheduled start date.

D. Once privileges are granted, subsequent actions taken concerning the privileges of contract providers, including any limitation on privileges, will be governed by the procedures in VHA Handbook 1100.19 *Credentialing and Privileging*; Joint Commission, Medical Staff By-Laws and Robley Rex VAMC *Credentialing and Privileging Policy*.

## **VII. KEY PERSONNEL AND TEMPORARY EMERGENCY SUBSTITUTIONS**

- A. The Contractor will designate a Board-Certified Hematologist OR Oncologist who will serve as the Medical Director of the Hematology/Oncology Section, of the Medicine Service. The Medical Director is responsible for the oversight of the services provided and the staff providing those services. The Medical Director or his/her designee must be available to the VAMC's medical staff should issues arise that need attention.
- B. The Contractor will designate one person who can be contacted for any problems or issues that arise in the performance of this contract to the Robley Rex VAMC with a phone number. The Robley Rex VAMC will also designate a contact person.
- C. The Contractor must identify key personnel proposed to provide the required services and their qualifications upon award of contract. Any change should be immediately communicated to the VAMC.
- D. The Contractor will designate a Board-Certified Hematologist OR Oncologist who will serve as the Fellowship Site Director. The Fellowship Site Director is responsible for the oversight and documentation of the services provided by the Hematology/Oncology Fellows. The Fellowship Site Director or his/her designee must be available to the VAMC's medical staff should issues arise that need attention. The Fellowship Site Director will be responsible for turning in a monthly Education Activity Reports (EARs) to the VA ACOS/E Program Manager, identifying the activity of the fellows who worked at the VA, for the given month

## **VIII. QUALITY ASSURANCE SURVEILLANCE PLAN (QASP)**

The government will monitor the Contractor's performance under this contract using the quality assessment and improvement procedures established by the VAMC and pursuant to the Inspection of Services Clause. Additionally, the Contractor's performance is subject to scheduled and unscheduled review by quality assessment personnel as defined by the VAMC QASP Plan.

## **IX. INFECTION CONTROL**

- A. Standard precautions (SP) shall be observed for all patients. Persons with infectious diseases that require additional precautions be cared for utilizing transmission based isolation. Contact with body fluids shall be minimized when possible.
- B. Needles and syringes shall be placed in puncture resistant containers that are labeled, "Biohazard." The recapping of needles is contraindicated. Sharps shall be handled with care and in compliance with Robley Rex Memorandum 603-137-002, *Disposal of Needles, Sharp Objects, Syringes, and Regulated Waste*.
- C. The contractor shall comply with the Occupational Health program, which includes appropriate testing and screening after exposures to contagious diseases. Hepatitis B vaccine is available on a voluntary basis to all employees who have contact with blood and body fluids. All exposures to blood and body fluids and other contagious disease shall be reported to Occupational Health for follow-up. Appropriate screening and prophylaxis shall be initiated.
- D. Infectious diseases shall be reported to the Infection Control Nurse who reports them to the appropriate agency.
- E. Contractor staff shall comply with hand hygiene policies and procedures to prevent the spread of micro-organisms.

## **X. ADMINISTRATIVE TIME**

The Contractor will be required to attend meetings with the Robley Rex VAMC medical and administrative staff to discuss patient care and contract issues. Attendance to be compensated at a fixed cost, per meeting

attended. Attendance will be documented by Attending contractor by a sign-in sheet, kept in the Medicine Administration office.

#### Committee/Conference Attendance

- LNET Conference meets weekly
- ENT Conference meets once, every 2 weeks
- Thoracic Conference meets once, every 2 weeks
- Blood Bank Committee meets quarterly (*Must attend committee as a back-up, if staff provider is unavailable*).
- Tissue Committee meets quarterly (*Must attend committee as a back-up, if staff provider is unavailable*).
- Tumor Board meets monthly

## XI. DELIVERY OF WORK

A. The Contractor shall provide treatment for Hematologic and Oncologic disorders for outpatients seen in the Hematology and Oncology clinics at least 3 full day clinics per week. Clinics will be Monday-Thursday, 8am-2pm, and will be assigned on an annual basis. The Contractor shall be available to provide consultative services in Hematology and Oncology for inpatients 7 days per week, 24 hours a day including Holidays.

B. The Contractor will provide on-call consultative coverage during the day, evenings, weekends, and Federal holidays. The Contractor will provide on-call information, including contact numbers, to the VA's Medical Service Office via email no later than three working days prior to the end of each month. This information will be published on the VA's monthly call schedule. Any non-emergent change in the on-call schedule must be communicated during normal administrative hours to the Louisville VAMC Medicine Service office in advance. The physician on call be available by phone/pager during this time. He/she is required to respond telephonically within 30 minutes of receiving a call, and must be prepared to provide on-site consultation and/or assistance at the VAMC.

C. Hematology and Oncology services provided in satisfaction of this contract provide no less than:

1. Inpatient and ER consultation service as needed.
2. Approximately 500 outpatients per month
3. Participation in the following VA Multidisciplinary Conferences, i.e. LNET, ENT and Thoracic. The LNET conference meets weekly, and both the ENT and Thoracic conferences meet once, every 2 weeks.
4. Participation in the Blood Bank and Tissue Committees, both committees meet quarterly and the chemotherapy review committee which meets at least monthly and may involve more frequent review and electronic voting.

D. It is understood that some of the duties may be delegated to fellows, but the contract physician is fully responsible for all care rendered to the patient, as well as the clinical outcome. Contract physicians are required to utilize Computerized Patient Record System (CPRS) and Veterans Health Information Systems and Technology Architecture (VISTA) for retrieval of information and documentation of services. The Contractor shall provide physicians who shall:

1. Sign and/or co-sign all fellows notes at the time of the clinic visit. Perform all documentation requirements for fellow supervision (if applicable), per VHA Handbook 1400.01, dated December 19, 2012.
2. Perform requested consultations for inpatients within twenty-four (24) hours of request or sooner as dictated by the acuity of the patient's medical condition. Contractor will document inpatient encounters to assure that billing at the attending level can be performed.

3. Assure that outpatient encounters/and or inpatient event captures documented and completed in CPRS at the time of the visit.
4. Be in compliance with all VA National and VISN directives concerning consult management and clinic scheduling practices as noted.
5. Adhere to documentation levels that are standard in the medical community (CMS).
6. Perform Tort, peer, and other reviews as assigned by the Chief, Medical Services or his/her designated representative.
7. Participate in hospital performance improvement activities: attend scheduled and emergency staff meetings and committee meetings that relate to the specialty of Hematology and/or Oncology.
8. Actively participate in Hematology and Oncology related training of medical students, interns, residents, and fellows (if applicable). In addition, the contract physician attends and participates in patient care conferences, team conferences, professional staff conferences and other appropriate professional activities.
9. Participates in the review and response to patient complaints and/or congressional inquiries.
10. They are responsible for the timely review and signature of chemotherapeutic agents and narcotics.

## **XII. COVERAGE FOR INPATIENT CHEMOTHERAPY SERVICES**

Should a VA patient require inpatient chemotherapy services, the Contractor shall transfer/admit the Veteran patient to a local hospital of the Contractor's choice; however, it must be within 20 miles of the Robley Rex VAMC. The Contractor must be able to properly manage inpatient chemotherapy services and must have admitting privileges at the specified local hospital. For a VA inpatient, the Contractor on call will be contacted by the VA physician. A telephone response is expected within 30 minutes from the initial call. Charges for hospital care completed at a local hospital will be reimbursed by the Robley Rex VAMC, Non-VA Care Office, Louisville, KY. Reimbursement for off-site services will be paid through the Non-VA Care Office at 100% of Center for Medicare and Medicaid Services (CMS) rates or DRG rates.

## **XIII. CLINICAL TASK TO BE PERFORMED/PROVIDED**

Services shall be provided under the general supervision of the Contractor's Medical Director or his/her designated representative. The Contractor shall provide sufficient personnel who meet all requirements herein and who can be relied upon to perform in strict accordance with this agreement.

## **XIV. IF ON SITE VA- CLEAR DESCRIPTION OF DUTY HOURS**

Services shall be available 24 hours per day, 7 days per week including federal holidays. All treatments are provided on site and the Contractor is responsible for having personnel to provide services seven (7) days a week. Timing of services will be performed in accordance with the VAMC physician's orders.

## **XV. INVOICES/BILLING REQUIREMENTS:**

A. Payments made to the Contractor by the Department of Veterans Affairs (VA) under this contract shall be for the total cost of services provided. The Contractor hereby agrees, that in no event shall the Contractor or

his agents bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against the beneficiary, the beneficiary's family, private insurer, Medicare, or any other entity acting on the beneficiary's behalf, for services provided pursuant to this contract. When properly invoiced and processed, VA payment for services provided to VA or DoD beneficiaries under the terms of this agreement shall constitute payment in full.

B. Reimbursement for VA beneficiaries presented prior to the expiration of this agreement shall be made at the contract rate in effect at the time of patient is seen.

C. The documentation and coding of consults, treatment, procedures, progress notes, etc., will be in accordance with documentation guidelines published by the Centers for Medicare and Medicaid Services (CMS), and all applicable coding standards. All diagnoses will be coded using the current International Classification of Disease Index. All procedures and treatment will be coded using current CPT or HCPS codes with qualifying modifiers as indicated by the American Medical Association and CMS. Where global CPT codes exist, distinguishing professional services will include a 26 modifier, while the technical services will include a TC modifier.

D. There are no minimum or maximum numbers of patients established for this contract. The numbers used at the beginning of this solicitation are good faith estimates based on actual clinical data for a specified period of time. The Current Procedural Terminology (CPT) codes most frequently used are reflected in this solicitation; however, other more appropriate CPT codes may be adopted by the AMA and should be used. In this event, reimbursement will be at the CMS rate quoted in the solicitation.

E. Medical Service staff will serve as the administrative COR for purposes of processing invoices for payment. To aid in the invoicing process, the VA Medical Service staff will provide workload data to the contractor after the 15<sup>th</sup> (but no later than the 20<sup>th</sup>) of the month following the date the service was provided. The contractor may use this workload information to submit the monthly invoices for services provided, in arrears.

F. Invoices must be submitted using the VA's Electronic Invoice Presentment and Payment System. Under the IPERA and Mandate AN97, facsimile, e-mail, and scanned documents are not acceptable forms of submission for payment requests. Electronic form means an automated system transmitting information electronically according to the acceptable electronic data transmission methods. Electronic invoicing offers simple and secure solutions, complying with HIPAA, and eliminates the cost and time of processing paper invoices.

G. In addition to the requirements in FAR clause 52.212-4, paragraph (g), invoices shall be submitted and contain the following information: the Contractor's Tax ID number; period of treatment or service; and fees at the contracted rate. The claims must meet Centers for Medicare and Medicaid Services (CMS) billing and coding guidelines. All claims that are not complete and correct will be returned to the provider without action. In order for the claim to be reconsidered, appropriate corrections must be made and submitted as a new claim. The VA will review the invoice against its records and notify the Contractor of invoice discrepancies. Upon resolution of the discrepancies, the VA will approve the invoice and make payment to the Contractor.

H. Claims must be submitted within 60 days of service. Progress notes must be completed before claims are submitted to the Robley Rex VAMC. The COTR will ensure there is no delinquent documentation prior to the invoices being paid.

I. All coding performed by on behalf of the Contractor may be validated by the Robley Rex VAMC Coding Analyst Staff.

## **XVI. FELLOW REQUIREMENTS**

If trainees are involved, the contractor shall designate a physician contractor to serve as the Fellowship Site Director. The Site Director will oversee the Hematology and Oncology fellowship program, here at the VA. The Site Director will be responsible for turning in a monthly Education Activity Reports (EARs) to the VA ACOS/E

Program Manager, identifying the activity of the fellows who worked at the VA, for the given month. In addition, the Hematologist and Oncologist contractors shall supervise fellows in only those clinical activities for which they have been privileged, and shall determine the frequency of supervision, and degree of involvement required. Hematologists and Oncologists shall review, document discussion, and modify aspects of care provided by fellows including diagnosis and treatment plans and shall ensure all diagnostic, therapeutic, and surgical procedures performed by fellows are appropriately supervised. Staff Hematologists and Oncologists should document that they have met with patient, reviewed any aspect of the fellow's notes, History and Physicals, and Plan of Care. Documentation shall be entered into the VAMC computer system using CPRS. Contractor providers shall document inpatient consult note within 24 hours of consult.