

## Questions and Answers (Q&A)

\*Answers are in red letters.

1. Q-Can the VA confirm if there are incumbent contract(s) staff currently performing these services? If so, can the VA provide the contract # and number of incumbents?  
**This is a new requirement.**
2. Q- Can the VA clarify if this contract is a Services Contract ACT (SCA) Wage Determination required contract?  
**This is service contract and subject to SCA.**
3. Is there a page limitation for the technical response?  
**25 pages excluding resume**
4. PWS Section 1.1. states “this is to supplement current VA Inpatient and outpatient coding staff”. Can the VA clarify:
  - a. How will work be assigned and distributed to the vendor versus the current VA coding staff?  
**Everyone will be assigned their workload in the same manner through the appropriate software.**
  - b. Specifically for auditing and coding services, can the VA provide the workload distribution process?  
**There are a variety of audits and monitors. The data and format will be provided in email with the requested due date back.**
  - c. Is the estimated workload outlined in the CLINS the quantities of workload above and beyond what the current onsite staff will do?  
**Contractor will be coding majority of our Outpatient encounters as we do not have enough in house to code the workload. Inpatient coding is done in house and will need coverage  
From time to time should one of ours be out for extended period of time.**
  - d. Can the VA detail the current # FTEs filling the VA coding staff now?  
**Four outpatient and Three inpatient coders in house.**
5. PWS Section 5.2 states “The Contractor shall provide for its staff; computers, reference material, software/encoder tools” yet Section 5.5.2 States “The Contractor shall abstract identified data items and either enter the data into the local encoder program”. Can the VA clarify if the vendor is to use their own encoder or the VA’s encoder in the performance of their work?  
**Will need to use the VA’s Encoder software.**
6. Can the VA clarify the turn around time for each service? For example, how long will the coder have to code outpatient, inpatient, ancillary, surgery upon receipt of the record? How long will the vendor have to audit outpatient, inpatient upon receipt? Any other timeline expectations we need to be aware of?  
**Expected turn around time is seven days from assignment date. Anything still pending is considered a back log.**

7. The CLINS indicated there will be 480 hours of on-site CDIS services required. Can the VA clarify if these 480 hours are to be split over 12 months, or if they are to be done all at once within the first month, or within another timeframe? **This can be split over the 12 months and also depends on necessity.**
8. PWS Section 5.5.5.3, External auditing Services “These audits shall be performed separate from normal coding activities and shall conform to the format requested by the facility. Audits may be requested at standardized intervals or additional audits to address specified circumstances may also be requested at any time.” Can the VA clarify the audit results format that will be required?  
**The required National standard for coding accuracy or higher. If other audits are requested it would be whatever the facility set as the goal. So this result requirement will vary based on the type of audit.**
9. PWS Section 5.5.5, External Auditing Services, Can the VA clarify which CLIN(s) these services will map to?  
**External auditing services will still fall under the Inpatient Auditing and Outpatient Auditing. External refers to the vendor conducting the audit vs in house staff.**
- 10- PWS page 25 (9) Paid Sick Leave is not checked as a requirement. If this is a SCA contract can the VA clarify if paid sick leave is a requirement.-  
**Quote should include everything that is required based on SCA.**
- 11- PWS 1.1. states “...Additionally, the Contractor shall provide coder education and training, clinical documentation improvement (CDI) services, quality improvement auditing and performance monitoring to VANCHCS coders, providers and other staff if indicated.” Can the VA provide more details to what will be required for performance monitoring, how much workload and frequency for performance monitoring will be required, and what CLIN(S) this specific task is tied to?  
**There are already various VA monitors and audits in place that vendor will conduct and any additional other additional audits or monitors as needed. Example coding accuracy of contractor and in house coders done monthly. This would fall under Inpatient and Outpatient Auditing Services.**
- 12- PWS 1.2 states “Clinical document improvement (CDI) and/or Training Services may be performed remotely or on site as indicated by VANCHCS.” Can the VA clarify how much training will be required onsite? Can training be provided remotely? Will a travel CLIN be provided for onsite training if required?  
**Services can be performed remotely or on site and will be dependent on the what the topic may be and how big the audience would be. We requested that 480 hours of onsite training be provided. How this is achieved will probably again be decided based on the training plan. I don’t know what the budget is for travel.**
- 13- PWS 1.2 states “Clinical document improvement (CDI) and/or Training Services may be performed remotely or on site as indicated by VANCHCS.” How much training is the VA requiring onsite? Can training be provided remotely? Will a travel CLIN be provided for onsite training if required?  
**This is same question as above.**
- 14- PWS 5.5.5.2 states “Audit results may be used for training and education of coders and providers; and for documentation improvement functions in conjunction with the CDI program.”

External coder audits are typically done on the coders. Are physician audits required of this contract in addition to the external coder audits?

Yes, currently one monthly Audit in place.

15- PWS 5.5.5.8.4 references “task orders”. Can the VA clarify how many task orders will be awarded to this solicitation?

We cannot provide the exact task order to be issued for the entire life of the contract (5 years).

16- PWS 5.6.3 requires CDIS be available during regular business hours, however the CLIN is for only 960 hours. Is the VA preference to have a full time CDIS rather than a part time CDIS to meet the full requirements of the solicitation?

Preference is to have someone in place during our business hours and not moonlighting or random late night hours. We need for someone readily available during our office hours should staff, providers, etc need assistance or if we have tasks that need to be completed in a specific timeframe.

17- PWS 5.7.1, can the VA clarify if this section refers to training the VA requires of our vendor coders provided by the VA?

Given the nature of some of the questions, will the VA consider extending the due date to accommodate for staffing plan development based on the answers to the questions

No, if we extend due date we have to extend for everyone.

18-PWS-1.2-page 31 of 67: CLINS #0007, #1007, #2007, #3007, & #4007 for training services indicate remote in the pricing table yet here the language suggests onsite or offsite at the VA's discretion. **Please clarify in the pricing table if it is onsite, remote, or both?** For both

19-PWS-5.3.2-page 37 of 67: **What is the maximum number of diagnosis codes to be coded on each encounter?** Will code all appropriate diagnoses for the encounter

20-PWS-5.4-page 37 of 67: **Please confirm that the Government desires a 97% level compared to 95% coding accuracy which has been past practice in VA?** Desire 97%

21-PWS-5.5.2.1.6-page 38 of 67: Historically the VA system has limited a Contractor's ability to query provider's directly, since the Contractor is outside the firewall. **Has VA solved this issue to allow Contractor to direct query with the providers? If not, please clarify the language regarding Contractor queries to providers.** Contractor will query

22-PWS-5.5.3.1.2-page 39 of 67: The VA outlines the process for concurrent coding in this section of the PWS. **Please confirm that discharge summaries for each patient will be available in the EHR to allow for Contractor to complete coding within the turnaround time. Also, please outline the process the VA would like the Contractor to follow should discharge summaries be missing from the EHR.** Inpatient coding is done in house and contract will be used to assist as needed.

23-PWS-5.5.4.1-Page 39 of 67: **Please specify which E/M guidelines are used by the VANCHCS 95 or 97 and will the E/M calculator be mandated for use by all outpatient coders?** Both are utilized and yes use of E&M calculator is required.

24-PWS-5.5.5.1-Page 40 of 67: Contractor understands that VA has National Coding Guidelines. **Please specify whether 95 or 97 will be used and whether use of the E/M calculator**

**be mandated for use by all outpatient auditors? Both are utilized and yes use of E&M calculator is required.**

25-PWS-5.5.5.8.4.-Page 41 of 67: **Please confirm that the Government will require all Bidders to use an audit sample of a minimum of 10% for all audit related work compared to the 5% which has been past practice for VA. Yes, 10%**

26-PWS-5.7.3-Training-Page 43 of 67: **Will the Government accept any costs to AHIMA and/or AAPC relating to the VA coding staff training as ODCs? No**

27-In the PWS Section 3 subsection 3.4 states that CDI training may be performed on-site or remotely. If it is on-site, there will be a travel requirement. **Will travel be reimbursed in accordance with the FTR? Some funding allocated for travel purposes determined on case by case basis**

28-Section 5.5.2.1.4 states that a local coder may be asked to work in the VA facility requesting work. **What is the likelihood that this VA will request a coder on-site? Very unlikely**

29-Section 5.7 Training and Education says Contractor must provide inpatient and outpatient training at least once a month up to four hours a quarter. It offers that the training can be offsite or on-site if requested. Onsite training will require a team to come to the facility/travel. **Will the facility request on-site training? How often? Yes. How often is based on what the facility needs and what the vendors training plan.**

30-Section 5.2 states “The Contractor shall provide for its staff; computers, reference material, software/encoder tools for conducting reviews and developing training materials”. **Will the Contractor be required to obtain separate encoder tools, other than those accessible through VA? If so, is the requirement limited to meeting training needs requiring an encoder? Vendor will need to use the same Encoder as the VA.**

31-Section 5.5.2 states, “The Contractor shall abstract identified data items and either enter the data into the local encoder program, or write the information on source documents as agreed with the local facility.” **Does “source documents” refer to hard-copy records? Will the notation of source documents be required for remote coders or only in cases in which local coders work on-site per Section 5.5.2.1.4? Referring to items such as spreadsheets, word documents, etc.**

32-Section 5.7.3 states, “Training will include one approved CEU through AAPC/AHIMA per quarter.” **Is it the intention of VA that the Contractor will provide training which has been developed by the Contractor and approved for CEU credit through AAPC/AHIMA? Yes**

**33-Please clarify exactly what the turnaround times are for all coding and auditing?**

**We go with the National standards for coding turn around times. There are some monthly, biweekly, or to be determined based on the type audit.**

**34- coder training/ education remote**

**Is it 24 training sessions? What's the duration of training session?**

**As long as you keep to the requested hours stated, its up to vendor how its done.**

**35-CDIS service onsite**

**What is 480 in CDIS services onsite ?**

480 hours of CDIS services provided face to face

**36- CDIS service remote**

**What is 480 in CDIS services remote?**

480 hours of CDIS services provided remotely