

## RFI Responses #1 – Remote Medical Coding

1. I do not see what clinical EMR that is utilized for documentation review for coding purposes from remote coders. Can you verify?

CPRS is the base EMR, but the Nuance software has a GUI interface that allows them to use it to see progress notes and reports from CPRS without having to exit the software they are coding in (CCM or VIP Workplace)

2. Per the Statement of Work 9, Task Three, “Monthly external Audits of coded data shall be performed on any of the VHA required coding activities.” Can government please clarify which CLIN should we use to include pricing for this activity.

All CLIN's (Inpatient, Outpatient, Outpatient Surgery, Pro Fees Coding, Remote Census Coding)

3. Per the Statement of Work 9, Task Five, the contractor will “Provide Quarterly Training to VA Facility Coders”. Can government please clarify which CLIN should we use to include pricing for this activity.

All CLIN's(Inpatient, Outpatient, Outpatient Surgery, Pro Fees Coding, Remote Census Coding)

4. Is this a new solicitation or a re-compete of existing or consolidated contract requirements. If it's a re-compete can government please provide contract number and contractor information?

Re-compete. VA261-16-F-0489 Cooper Thomas

5. We are confused as to the VA's terminology in Remote Census Coding. We have never heard that in regards to patient type. Can you please explain what that means?

This is Nuance/ Clintegrity

6. Task Two - Coding Services (pages 24-27): On Page 26, Deliverable 2 repeats verbiage about Outpatient Coding that is already referenced earlier in Task Two. There is also a Delivery Schedule that references unrelated Auditing and Education services that appears to be out of place.

Table belongs to task 3.

7. Task Three - External Monthly Auditing Services (pages 27-29): This contract doesn't have External Auditing services.

We want the option to have external auditing done; it is not a regular occurrence.

8. Task Four - CDIS Services (Page 29): This contract doesn't have CDIS services.

We want the option to have clinical documentation improvement specialty services; it is not a regular occurrence.

9. Task Five - Training and Education (Page 29):: This contract doesn't have Training and Education services.

We want the option to have training and education; it is not a regular occurrence.

10. Are we to pay for the software that they provide us. and also is it per user.

Vendor purchases own software.

11. What is the government estimated workload to perform this service since its FFP and what will the government allow if amount exceed anticipated volume

This will be an Indefinite Delivery Indefinite Quantity contract with a max aggregate value of \$5.5 million. The guaranteed minimum award amount of this contract is \$2,000.00. The Government does not guarantee that it will place orders under this contract in excess of the guaranteed minimum award amount.

12. Can we use Ama and Vha guidelines for coding?

Must code according to VHA guidelines as appropriate, and official AHA guidelines for ICD-10 coding and AMA guidelines for CPT coding

13. Is there currently an incumbent providing services

There is a contractor currently performing services

14. Can they government provide an historical workload to base bids on per day, weekly and monthly

No.

15. Besides Auditing and Coding what other services would they be needing. ( Example: submit billing and Work on the A/R also)

Option for education/training and clinical documentation improvement services.