

August 30, 2024

To: All Potential Respondents  
From: First Last, Purchasing Agent  
Subject: 005-RFP-1222-2025

### **Addendum One**

#### **Revised Proposal Due Date:**

**Proposals shall be submitted no later than 2:00 PM on September 13, 2024.**

#### **Please amend the subject RFP to include answers to the following timely received questions:**

- Q1. Exhibit 12 requests an estimate of State of Iowa staff time required to complete the initial report. Please clarify what is meant by "initial report."
- A1. Please indicate in your proposal how much time/assistance you would need from IVH staff to complete your initial report and any ongoing support to complete the task. IVH will have team leads identified in various departments to assist with the comprehensive evaluation once the RFP is awarded.
- Q2. Please confirm that PointClickCare is the current platform utilized for the EMR.
- A2. Yes, PPC is IVH's EMR.
- Q3. Section 1.4 Objectives requests that respondents code and bill for services for IVH. Please specify what type of coding is requested. Is this billing coding only or MDS coding?
- A3. Billing coding. We have MDS nurses that complete MDS coding.
- Q4. Could you please provide additional information on the timeline for the following: notification to vendors that are selected to provide product demonstrations, estimated date(s) of the product demonstrations, estimated vendor award date.
- A4. Once the RFP closes, the IVH team will work diligently to select and schedule demonstrations, and award. Review will be completed and demonstrations scheduled according to scheduling availability with vendor and IVH staff. We are looking to move forward and award this position as soon as possible. Once awarded we will work with the vendor to set up an appropriate timeline of implementation after the comprehensive evaluation is completed.
- Q5. Can you provide the number (headcount and FTE) of each service provider credential category (e.g. MD's) on staff that will generate claims?
- A5. IVH has 1 Medical director that oversees our medical care. We contract primary care providers for routine medical and acute visits. We also contract the following providers that come out to our facility weekly: Dentist (DDS- 2) Wound Care (DNP -1) Optometrist (OD- 1) Podiatrist (DPM -1) Orthopedics (DO-1) Dermatology (DO-1) On staff we have

the following Respiratory Therapy, Physical Therapy, Speech therapy, Xray and currently working on a contract for OT services.

Q6. Are services to be claimed under this RFP performed currently being captured, and if so, how and from what system will the services be found? Is any of this paper based?

A6. Services being performed are documented in a combination of paper and electronic methods. Paper documents have Medicare coding for procedures and Dx. Once the visit is completed these papers are scanned into our PCC Electronic Health Record.

Q7. When was the PointClickCare application licensed?

A7. PCC was implemented 1.5 years ago.

Q8. Has this software application been implemented; if so, when, and if not, what is the expected implementation date?

A8. PCC was implemented 1.5 years ago.

Q9. What applications within PointClickCare are being used or being planned for use and when?

- a. Integrated EHR solution?
- b. Point-of-care documentation?
- c. Scheduling?
- d. Billing?
- e. Care planning?
- f. Reporting?

A9. IVH currently uses PCC for POC documentation, Care planning, and Submissions of MDS assessments through the automated portal. Scheduling for MDS is used as a guide and updated according to the schedules of the RCC teams completing the assessments. PCC has billing capabilities however we are not currently using this as we are not billing at this time.

Q10. Is this system capable to create institutional and professional claims?

A10. We have purchased the Billing portion of PCC but have not used this since we are not currently billing.

Q11. Is this system HL7 compliant?

A11. Yes

Q12. Why are you not using (or planning to use) the billing feature within your PointClickCare software application?

A12. IVH does not use the billing portion since we are not currently billing, but open to working with vendor to establish a plan moving forward.

Q13. Please confirm that the Softwriters application is your pharmacy system used by IVH.

A13. Yes, Softwriters application FrameworkLTC is our Pharmacy software.

Q14. When was this software application licensed?

A14. 2014

Q15. Has this software application been implemented; if so, when, and if not, what is the expected implementation date?

A15. Yes. Is has been in operation since 2014.

- Q16. What features within Softwriters are being used or being planned for use and when?  
A16. We have FrameworkLTC and FrameworkBI that is being used.
- Q17. Is this system HL7 compliant?  
A17. Yes
- Q18. Are there any other systems that will be pertinent to the review and evaluation of your services and supporting systems?  
A18. PCC, Framework, Softwriters, are systems that are being used by IVH.
- Q19. Are there any specific perceived technology gaps that your existing software licenses do not fill that you are looking to solve through this RFP? Please explain?  
a. Billing?  
b. Medicaid Record Coding?  
c. Eligibility Inquiries?  
d. Other?  
A19. Currently unsure at this time as we are not billing. These gaps may be identified along the way when working with the vendor during the comprehensive review
- Q20. Is there an estimate on annual collections to be generated from this RFP?  
A20. IVH is unsure of what all can be billed and is looking to vendors in providing their fee schedule or fee structure.
- Q21. Are you able to supply the list of services to be claimed in an electronic format, such as Excel, CSV, or direct import?  
A21. Yes, but we would need to collaborate with the vendor on how this would be done and what we would be billing for.
- Q22. How do you currently obtain Medicare and Medicaid eligibility data?  
A22. We do not bill at this time, but are willing to work with the vendor on who this data should be shared and gathered.
- Q23. Is any Medical Record documentation currently paper based? If so, are there plans to move this paper base documentation to electronic format in the future?  
A23. No, IVH uses PointClickCare
- Q24. Do you have a current Charge Description Master that lists provided services? A CDM customary includes service description, procedure code, and unit charge among others.  
A24. No we do not, but with the help of the vendor we can devise one after completion of the comprehensive evaluation by the vendor.
- Q25. Do you currently send any claims to Medicare or Medicaid (professional or institutional)?  
a. If so, how many claims are submitted for an average month  
b. If so, are there any statistics that you can share for monthly claims per service per month per payor?  
- Number of Claims Submitted  
- Total Gross Charges  
- Total Amount Collected  
- Total Adjustments for Paid Claims

- Total Adjustments for Unpaid (Uncollectible) Claims
  - c. If not, do you have any estimates as to how many daily claims would be submitted in an average month?
- A25. (From a pharmacy standpoint- no Medicare part D or Medicaid will be a part of this RFP)
- Q26. If this work is currently being performed, is it performed by in-house VHI staff or by a vendor? If performed by a vendor, how long has that arrangement been in place?
- A26. This work isn't currently being done. This is why IVH would like a comprehensive review of billable services.
- Q27. In Section 1.5 of the RFP, you noted that there is a combination of contracted providers (e.g., Wound Care, Optometry, Podiatry, Orthopedics, Chiropractic Care and Dental Services). Please clarify that the other listed services are performed by VA staff.
- A27. Other services not listed are provided by a combination of private offices and VA facilities. The clinic where residents are taken depends on Veteran Status and insurance coverage
- Q28. In Section 1.5 of the RFP, you noted the availability of X-Ray equipment. Who provides radiology services, and are they contracted professionals or VA staff?
- A28. IVH has our own Xray tech and equipment. We partner with the VA to have Xray's interpreted for the report. We have a contracted provider to fill in for vacations, on off shift and weekends/holidays.
- Q29. As you have a combination of contracted and non-contracted (VA employed) staff, will submitted claims be submitted under a single VA professional group NPI or will multiple NPIs be used?
- A29. Please note that IVH is a state facility. We are not part of the VA system. Submission using a single Professional group vs multiple NPI will be discussed with vendor to determine best practice. IVH is very unique in the care and services we provide.
- Q30. Will all collections received through this billing effort belong to IVH?
- A30. IVH is looking to vendors to provide their fee schedule or fee structure.
- Q31. Does your pharmacy system include all the basic elements to assist in the claiming process such as:
- NDC
  - HCPCS code
  - Unit of Measure
  - Quantity dispensed
  - Dispense date
  - Average wholesale unit price
  - Unit cost
  - Drug type (brand name, generic, OTC)
- A31. Yes, FrameworkLTC has all this information for every prescription dispensed.
- Q32. Can your pharmacy system export daily dispense data in an Excel or CSV file? Other means such as a direct interface?
- A32. We have the ability to pull data in either an excel or CSV file.

- Q33. Is your pharmacy classified as a Long-Term Care Pharmacy and does it meet the requirements for Medicare Part D claiming?
- A33. We are classified primarily as a Long Term Care Pharmacy as well as a compounding pharmacy. We do all our billing for Medicare part D and Medicaid directly in the pharmacy.
- Q34. Will any of your Medicare Pharmacy dispenses be Part D eligible for claiming and reimbursement?
- A34. No. We already do this ourselves.
- Q35. Is any Medical Record documentation currently paper based? If so, are there plans to move this paper base documentation to electronic format in the future?
- A35. Yes we have some paper based documentation. Once the paper documentation is completed it is scanned into PCC. We continue to evaluate all forms on a consistent basis to identify if we can transition to an electronic forms. Some forms will not transition to an electronic form as it works best to be paper within our facility- they are however always scanned into PCC after completed.
- Q36. Do you have a certified medical record coder? If so, how many FTE's perform this work, and is that person an employee or a contractor?
- A36. IVH does not have a certified Medical record coder. We do have a Health Information management team that assist with maintaining the Dx codes in PCC and scans visits and paper reports into PCC.
- Q37. Do you currently code your claims for diagnosis codes? If so, briefly please explain the process and who assigns the code?
- A37. We do not code claims as we are not billing, however some of the services that we provide are documented on paper forms that include procedure codes along with ICD 10 Dx codes.
- Q38. Do you currently code your claims for HCPCS procedure codes? If so, briefly please explain the process and who assigns the code?
- A38. No we do not code as we are not billing.
- Q39. Do you currently code your medications for diagnosis codes? If so, please explain the process and who performs the work? If so, please explain the process and who performs the work?
- A39. When an order transmits to the pharmacy, there is an optional field for the diagnosis code. The entry is dependent on the person entering the prescription order. Providers, nurses, and pharmacists are able to enter orders into PCC.
- Q40. Do you currently code your medications for HCPCS procedure codes? If so, briefly please explain the process and who assigns the code?
- A40. No we do not code medications
- Q41. What other liabilities are subject to Section 4.1.7 outside of "full reimbursement for any fines and penalties incurred by the Department resulting from Respondent's billing errors"?
- A41. IVH is needing to ensure that the Vendor selected will take full responsibility to ensure accuracy and eligibility requirements are met when filing claims and vendor will take full responsibility for any inaccuracies.
- Q42. Is there a budget to perform this scope of work?
- A42. IVH is looking to vendors to provide their fee schedule or fee structure.

**Please acknowledge receipt of this addendum by signing in the space provided below, and return this letter with your offer (do not send back separately).**

I hereby acknowledge receipt of this addendum.

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Signature

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Date

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Typed or Printed Name