

June 5, 2024

To: All Potential Respondents  
From: First Last, Purchasing Agent  
Subject: 005-RFP-1051-2024

### Addendum One

#### Revised Proposal Due Date:

Proposals shall be submitted no later than 2:00 PM on June 17, 2024.

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

- Q1. What EHR system is currently in use at IVH? - Are there any other technology platforms or systems used that we should be aware of?  
A1. **IVH currently uses PointClickCare (PCC) for our EHR. Our pharmacy uses Softwriters, Arxium and PCC.**
- Q2. Can you confirm that billing services will be required for all clinical services provided at IVH, including Wound Care, Optometry, Podiatry, Orthopedics, Chiropractic Care, Dental Services, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, and Mental Health Services?  
A2. **IVH would like the contractor to complete a comprehensive review of the services that we provide and give recommendations. Currently there are some services that bill insurance directly and others that are billed directly to the facility. We also have services that are not billed for at all as the provider is an IVH employee. We would like to work with the respondent to identify which services we should bill for and which to keep the same as to not impact the quality of care that we are currently providing to our residents.**
- Q3. Will the billing services also need and diagnostics, such as x-ray examinations?  
A3. **We do offer xrays at IVH and would like the respondent to evaluate all services that we provide to give recommendations on what is billable.**
- Q4. Does IVH currently have its own billing software, or will you require the billing software provided by our company? - Are there any specific features or capabilities you require from the billing software, especially in terms of integration with the existing EHR system?  
A4. **IVH has PCC billing capabilities however unsure how that work. We would request that the respondent to review and explain what that would look like and what is needed from our agency. IVH currently has an in-house billing system for resident billing.**
- Q5. Is the billing for services provided at IVH currently managed in-house, or is it outsourced to a third-party service, or both? If outsourced, could you please share what aspects of your billing processes are managed by external and internal providers?

- A5. IVH has an in-house finance department. We currently have a finance team to assist residents with their finances and billing.
- Q6. Does the site use VHA Coding Guidelines or does IVH have their own site-specific guidelines utilized for medical record coding?
- A6. IVH does not code our services as we are not currently billing for certain services. For some of our contracted services we do use a billing form that incorporates ICD10 codes that the provider checks.
- Q7. Is there an auditing process to determine the liability for the fines and penalties that would be received?
- A7. IVH does not have an audit as we do not have a process established. By assuming this contract, the respondent would assume all liability for billing, fines, and penalties. IVH will have a team of subject matter experts that would be working with the respondent to establish the process, access, and info needed to complete the job.
- Q8. Is the contractor able to submit an alternative pricing model?
- A8. We would allow for contractors to submit any pricing models (if acceptable by DAS). IVH is interested in finding the best option for us.
- Q9. Could IVH the please provide the maximum number of possible points the contractor could receive for Technical, and the maximum number of possible points the contractor could receive for Cost?
- A9. The scoring breakdown will be released via an addendum on the proposal due date.
- Q10. Is the review and coding of encounters & procedures for billable encounters only, or is IVH requesting medical record coding and review for every facility encounter?
- A10. IVH would request that a comprehensive evaluation be completed by the respondent and identify which encounters would be recommended for billing. Not all services will require coding and review. Respondents make recommendations on qualifying services on how to meet billing guidelines and will then bill for agreed upon services.
- Q11. Are you requesting a revenue cycle program (coding, billing, & claim follow-up) to include software system costs as well? Please provide information as to pricing.
- A11. Pricing should include total costs for all services the respondent is providing, any software upgrades or programs needed for billing should be included in your price. Contractor should also include ongoing costs or pricing structures.
- Q12. Will the contractor be coding, billing Medicaid and Medicare Part B claims for all beneficiaries eligible?
- A12. Yes.

**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