

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

**ORDERING INSTRUCTIONS FOR USING  
THE  
STRATEGIC ACQUISITION CENTER (SAC)**

**HEALTH INFORMATION MANAGEMENT (HIM)  
HEALTH RECORD CODING SERVICES**

**BLANKET PURCHASING AGREEMENTS (BPAs)**

**Revision 1 – January 16, 2015**

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

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### **1. *Background:***

In December 2014, the Strategic Acquisition Center (SAC) established multiple-award Blanket Purchase Agreements (BPAs) to General Services Administration (GSA) Federal Supply Schedule contract holders. The BPAs have been established under Federal Supply Schedule (FSS). This guide is intended to simplify the rules for solicitation and competition so the benefits of using the BPAs can be realized.

### **2. *Compliance with FAR:***

Since the BPAs were awarded in accordance with Federal Acquisition Regulations (FAR) subpart 8.405 against FSS contracts, the process for placing orders must be consistent with the procedures outlined by FAR Subpart 8.4 and Department of Veterans Affairs FAR Supplement (VAAR) Subpart 808.4. This means competition among the BPA vendors is still required. However, you will have flexibility in satisfying your requirement when using the SAC HIM BPAs.

There are no posting requirements to the Government Point of Entry (GPE)—FedBizOpps ([www.fbo.gov](http://www.fbo.gov)).

NOTE: All established BPAs for HIM are with Small Businesses. Because these BPAs were established under FAR 8.4 procedures, Vendor Information Pages (VIP) VetBiz verification status is neither a requirement for BPA establishment nor subsequent Task Orders from the BPA(s).

### **3. *Developing Your Requirement(s):***

This Ordering Guide will aid you in finding HIM BPA holders that can support Health Record Coding Services. The BPAs provide a great deal of flexibility in procuring these services that meets your specific requirements and delivery schedules.

You have considerable latitude in structuring your procurement with these BPAs. As a result, you may consider utilizing either a best-value tradeoff approach or a best-value lowest-price-technically acceptable approach. When utilizing the tradeoff approach, both price and other non-price factors—to include technical capability and past performance—shall be used when selecting BPA vendors.

Consideration of ease of procurement and time spent by personnel should also be considered when evaluating factors in procurement.

Customers may contact BPA holders as they develop their requirement for the more complex coding requirements. Coordinating with these vendors may be important for requirements involving unique or complex services where coordination may be appropriate after the Market Research phase. Market Research must be appropriate to the circumstances of your requirement per FAR Part 10 Market Research.

Communication with vendors can be done as part of market research. However, market research should not identify the final solution or be used to exclude other BPA vendors from the competitive process. Market Research should include all BPA holders that can fulfill the requirement.

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Market research could be limited to reviewing catalogs and a site visit could be included as part of the solicitation. Regardless of your approach, activities need to craft their solicitation to satisfy the FAR 8.405 and VAAR Part 808.405 requirements by ensuring all BPA vendors are solicited properly.

The BPAs allow for streamlining the solicitation and evaluation process, increased savings from the GSA schedule rates, and deeper volume discounts. In order to obtain these services, you will need to work with your program office to develop a Statement of Work (SOW), Performance Work Statement (PWS), or Statement of Objectives (SOO) to meet their needs. The SOW, PWS, or SOO are the documents that the BPA holders will utilize every time an administrative and/or clerical service requirement is identified. With this document in place, the ordering process will be simplified and streamlined.

The Performance Work Statement that was developed during the solicitation phase may be utilized in developing and refining your requirement. See Attachment 1—Performance Work Statement.

### **4. Ordering Procedures**

#### **4.1. Review GSA SINs:**

The purpose of the HIM BPAs is to provide the 152 Veterans Health Administration medical facilities and 352 outpatient clinics in all 50 United States, American Samoa, Guam, the Philippines, the Virgin Islands and Puerto Rico a responsive, efficient, and reliable means of obtaining varying degrees of coding assistance. During the market research process of your acquisition, you should determine whether FSS GSA Source 520, SIN 520-9 Financial and Business Solutions (FABS)/Recovery Audits, SIN 520-11 FABS, SIN 520-15 Financial and Business Solutions (FABS)/Outsourcing Recurring Commercial Activities for Financial Management Services and GSA Source 70 SIN 132-51 Information Technology Professional Services - Subject To Cooperative Purchasing is suitable for your requirement. Additionally, CO shall review the prospective contractors' GSA schedule contract to ensure the FSS contract is still in effect and whether prices are current and do not exceed the BPA Schedule. You are encouraged to request further discounts as appropriate for your requirement. A copy of the BPAs can be found on the HIM Program Office intranet site at:

[http://vaww.vhahim.va.gov/index.php?option=com\\_content&view=article&id=45&Itemid=562](http://vaww.vhahim.va.gov/index.php?option=com_content&view=article&id=45&Itemid=562). Additionally, the CLIN structure of the six BPAs can be reviewed in Attachment 2.

#### **4.2. Budget Your Requirement:**

The development of an Independent Government Cost Estimate will be required. The IGCE can be developed as your market research develops. The IGCE will aid in helping to determine fair and reasonable prices and planning for funding.

Like GSA, the SAC is a fee-for-service organization. If your organization has a Service Level Agreement (SLA) with the Office of Acquisition Operations (OAO), the fee will be assessed on a quarterly basis through the Supply Fund office. For BPAs created against Federal Supply Schedules, the SAC charges a nominal fee of one-half of one-percent (0.5%) on obligations for all orders placed against these BPAs. The savings afforded by the HIM

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BPA's should exceed this nominal fee. The discounts offset the cost of the fee; however, it is important to budget for this fee.

All BPA holders have been provided with a Quarterly Sale Reporting Spreadsheet that will aid in the tracking of task orders issued, dollar obligated per task order and SLA.

### **4.3. Solicitation Procedures:**

As Multiple-Award BPAs have been awarded utilizing FAR 8.405-3 procedures, orders must also comply with FAR 8.405-3(c)(2). The following chart outlines general procedures for placing an order under the HIM BPAs:

| Threshold   | Procedure(s)  |
|---|---|
| At or below micro-purchase threshold  | <ol style="list-style-type: none"><li>1. You <u>shall</u> develop a SOW/PWS/SOO for each order issued from a HIM BPA.</li><li>2. You <u>may</u> place orders with any BPA holder, you <u>should</u> attempt to distribute any order(s) among the region's different BPA holders. The Government Purchase Card (GPC) is an authorized use of payment for all BPA holders at this threshold.</li></ol>  |
| Exceeding the micro-purchase threshold but not exceeding the simplified acquisition threshold | <ol style="list-style-type: none"><li>1. You <u>shall</u> develop a SOW/PWS/SOO for each order issued from a HIM BPA.</li><li>2. You <u>shall</u> provide each multiple-award BPA holder with fair opportunity to be considered for each order unless an exception at FAR 8.405-6(a)(1)(i) applies. NOTE: the ordering activity's contracting officer <u>shall</u> document the circumstances when restricting consideration to less than all multiple-award BPA holders offering the required supplies and services.<ol style="list-style-type: none"><li>2.1. The Contracting Officer <u>shall</u> document the circumstances when restricting consideration to less than all the multiple-award BPA holders offering the required services.</li></ol></li><li>3. The Government Purchase Card (GPC) might be an authorized use of payment for BPA holders. You <u>should</u> confirm acceptance with each individual BPA holder.</li></ol> |
| Exceeding the simplified acquisition threshold  | <ol style="list-style-type: none"><li>1. You <u>shall</u> develop a SOW/PWS/SOO for each order issued from a HIM BPA.</li><li>2. You <u>shall</u> provide an RFQ to all BPA holders offering the required supplies or services under the multiple-award BPAs, to include a description of the services to be performed and the basis upon which the selection will be made;</li><li>3. You <u>shall</u> afford all BPA holders responding to the RFQ an opportunity to submit a quote;</li><li>4. You <u>shall</u> fairly consider all responses received and make award in</li></ol>   |

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|  |  |
|--|--|
|  | <p>accordance with your evaluation procedures; and</p> <p>5. You <u>shall</u> document evidence of compliance with these procedures and the basis for your award decision.</p> <p>6. The Government Purchase Card (GPC) might be an authorized use of payment for BPA holders. You <u>should</u> confirm acceptance with each individual BPA holder.</p> |
|--|--|

After quotes have been received, evaluate them and then make a “Best Value” (either utilizing trade-offs or lowest-price technically acceptable) determination based on the evaluation criteria you specified in the RFQ.

Please be advised that acquisition regulations are continually updated. Please refer to <https://acquisition.gov/far/index.html> and <http://www.va.gov/OAL/library/vaar/index.asp> for the most up to date version of Federal and VA regulations.

The chart below list the six BPAs associated with RFQ VA119-14-Q-0014 for THE SAC HIM HEALTH RECORD CODING SERVICES and the POCs for each company.

| BPA Number      | Company                         | Point of Contact   |
|-----------------|---------------------------------|--|
| VA119-15-A-0007 | Axiom Corporation               | <p>Roger House<br/> <a href="mailto:rahouse@axiom-corp.com">rahouse@axiom-corp.com</a><br/> Office 404-995-8880<br/> Cell 404-849-0664<br/> And<br/> Rajan Jindal<br/> <a href="mailto:rkjindal@axiom-corp.com">rkjindal@axiom-corp.com</a></p>                                |
| VA119-15-A-0008 | Cooper Thomas LLC               | <p>Kathleen Strouse<br/> <a href="mailto:Kathleen.Strouse@cooperthomas.com">Kathleen.Strouse@cooperthomas.com</a><br/> 202-387-8366<br/> And<br/> Jeffrey McCandless<br/> <a href="mailto:jmccandless@cooperthomas.com">jmccandless@cooperthomas.com</a><br/> 202-387-8366</p> |
| VA119-15-A-0009 | Healthcare Management Solutions | <p>Matthew Loss<br/> <a href="mailto:proposals@hcmsllc.com">proposals@hcmsllc.com</a><br/> 304-368-0288</p>  |
| VA119-15-A-0010 | Managed Resources               | <p>Richard Ueligitone<br/> <a href="mailto:richard.ueligitone@mri-corp.com">richard.ueligitone@mri-corp.com</a><br/> Office 562-216-2580<br/> Cell 562-787-1091</p>  |
| VA119-15-A-0011 | Sierra 7                        | <p>Rafael Fagundo<br/> <a href="mailto:rfagundo@sierra7.com">rfagundo@sierra7.com</a><br/> Office 703-679-8690<br/> Cell 703-717-1296</p>  |
| VA119-15-A-0012 | Standard Technology             | Fred Behbahani   |

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|--|------|---|
|  | Inc. | <a href="mailto:Behbahanif@stic2.com">Behbahanif@stic2.com</a><br>Office 301-913-9651 Ext. 305<br>Cell 301-641-3688<br><a href="mailto:Behbahanif@stic2.com">Behbahanif@stic2.com</a> |
|--|------|---|

**4.4. Place the Order (eCMS procedures)**

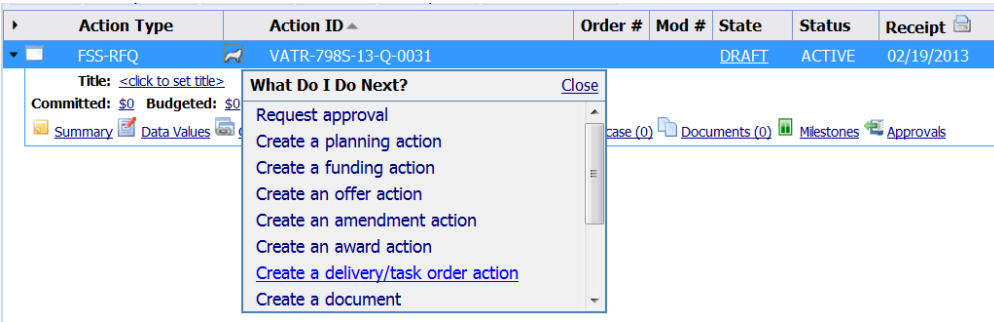
Ordering agencies may place orders for HIM requirement through a Purchase Card transaction (actions below the purchase threshold of \$3,000) and through FSS BPA Orders placed against the vendor's BPA number. The following are eCMS procedures for placing an order with eCMS.

**Step I**

1. Complete the normal eCMS process for your Purchase request, Solicitation, and any amendments.

**Step II**

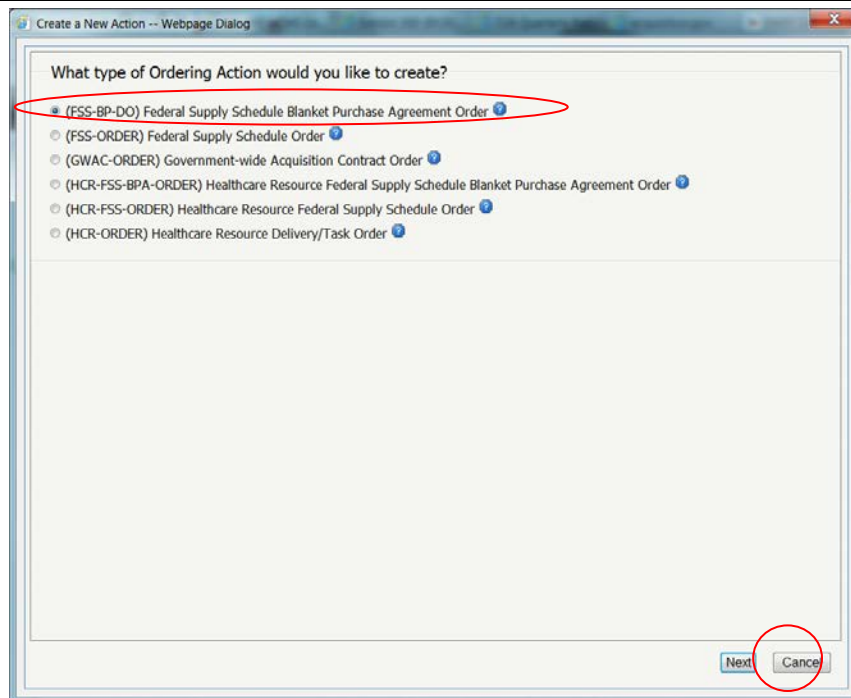
1. When it is time for award, click on the Solicitation (FSS-RFQ) action process coach, and then select "create a delivery/task order action."



**Step III**

1. Select  
☒ (FSS-BP-DO) Federal Supply Schedule Blanket Purchase Agreement Order

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2. Click .

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### Step IV

1. Determine whether to create a new folder or use an existing folder.
  2. Either enter the exact BPA number or use the "Lookup" feature to locate the BPA.
  3. **NOTE:** The BPA Number will be in the system if the contract vehicle was previously used in eCMS.
-



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Create a New Action -- Webpage Dialog

Federal Supply Schedule Blanket Purchase Agreement Order

Enter the following Action information:

Source Action: Alison L Klein/My Folders/test

Receipt Date: 12/29/2014

Agreement Number: va119-15-a-0007 [Lookup](#)

Order Number: [Generate](#)

The FSS-BP-DO will be created in the following folder

Desktop: Alison L Klein

Folder: My Folders/test [Select Folder](#)

☐ Create a new folder for this Action using the Agreement Number as the folder name

☐ Move all actions from My Folders/test to designated folder path above

[Previous](#) [Next](#) [Cancel](#)

4. Click generate.
  5. Click [Next](#).
-

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| Type Code | Description                 |
|-----------|-----------------------------|
| E         | Express Report              |
| F         | Delivery or Task Orders Ext |
| J         | Delivery or Task Orders Int |
| P         | Purchase Orders             |
| Y         | Imprest Fund                |

5 Type Codes Page: 1

OK Cancel

6. Select “F” for External Task Order and then OK.

Step V

1. The **New Milestone Plan** radio button will be selected.
2. Select a Public Plan or Private Plan.
3. Select the appropriate **Date Restriction:** menu item.
4. Select the appropriate line item(s), if appropriate.
5. Click **Create Action**.

Create a New Action - Webpage Dialog

Milestone Selection Options

A Milestone plan is required for the Action being created.  
Public and Private Plans Allowed

Milestone Plan Options

☐ Move Milestone Plan  
☐ Copy Milestone Plan  
☒ New Milestone Plan  
☐ No Milestone Plan

Milestone Selection

☒ Public Plans ☐ Private Plans

PCHS-DO - VA Orders under PCHS-2 Contract  
SIMP - VA Simplified Purchase Less than \$25K (Purchase Order under \$25K)  
NEGOT-1 - VA All Contracts Greater than \$25K and Less than or Equal to \$100K  
NEGOT-2 - VA Negotiated Competitive Contracts (incl. B(a) set-asides) Greater than \$100,000 and  
NEGOT-3 - VA Negotiated Competitive Contracts (incl. B(a) set-asides) Greater than \$500,000  
NEGOT-SS-1 - VA Negotiated Sole Source Contracts (incl. B(a) set-asides) Greater than \$100,000  
NEGOT-SS-2 - VA Negotiated Sole Source Contracts (incl. B(a) set-asides) Greater than \$500,000  
PROTEST - VA Protest

Date Restriction: Business Days Only

Previous Create Action Cancel

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Create a New Action -- Webpage Dialog

Would you like to copy Items from Action: FSS-RFQ VA244-15-Q-0284 ?

☐ Yes

☒ No

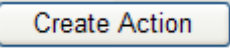
Items

| Item Num | Description | Unit | Unit Price | Qty | Net |
|----------|-------------|------|------------|-----|-----|
|----------|-------------|------|------------|-----|-----|


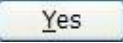
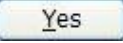
Totals

Number of Selected Items: 0      Selected Total: \$0

Previous    Create Action    Cancel

6. Click Yes to copy items from solicitation.
7. Click 

**Step VI**

1. The order action is created.
2. If desired, remove the milestone plan from the order action by doing the following:
3. From the **Milestones** tab of the action, click on .
4. Click  on the Confirmation window, and
5. Click  on the second Confirmation window.

Confirmation -- Web Page Dialog


Are you sure you want to PERMANENTLY remove the Active Milestones from this Action?

Yes    No

**Step VII**

1. Open the order action to the **Summary** tab. Update the title, from the copied action, as needed. Add comments if desired.

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|                  |   |
|------------------|---|
| <b>Step VIII</b> | 1. Navigate to the <b>Data Values</b> tab and complete the data values.   |
| <b>Step VIII</b> | 1. Navigate to the <b>Briefcase</b> tab and add  <b>Add</b> files as necessary.<br>2. <b>NOTE:</b> You may elect to attach an electronic copy of your IFCAP Purchase Order to the briefcase. |
| <b>Step X</b>    | 1. Navigate to the <b>FPDS</b> tab and report the order to FPDS.<br>2. <b>NOTE:</b> For additional assistance with reporting to FPDS, please refer to your <i>FPDS Reporting User's Guide</i> .   |
| <b>Step XI</b>   | 1. Navigate to the <b>Data Values</b> tab and award the order in eCMS.<br>2. <b>NOTE:</b> For additional assistance with awarding, please refer to your eCMS desktop guide  |

*Congratulations!* You have successfully awarded your order in eCMS. The next step is to ensure that your contract file is properly documented.

### **4.5. Document Your File (eCMS)**

*In addition to any and all contract file documentation required at your local office and FAR 4.8 Government Contract Files and your local office requirements, you must, at a minimum, include the following documentation in the purchase file (also known as eCMS Briefcase):*

1. Identification of the contractor to which the BPA was awarded;
2. Description of the service(s) purchased;
3. Price;
4. Required justification for a limited-source BPA order (see 8.405-6 and note below), if applicable;
5. Basis for the award decision. This should include the evaluation methodology used in selecting the contractor, the rationale for any tradeoffs in making the selection, and a price reasonableness determination for services requiring a PWS, SOW or SOO.

#### **NOTE: Limited sources justification and approvals (FAR 8.405-6):**

“Orders placed under Federal Supply Schedules are exempt from the requirements in Part 6. However, an ordering activity must justify its action when restricting consideration—

- (1) Of schedule contractors to fewer than required in 8.405-3(c)(1-3); or
- (2) To an item peculiar to one manufacturer (*e.g.*, a particular brand name, product, or a feature of a product, peculiar to one manufacturer). A brand name item,

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whether available on one or more schedule contracts, is an item peculiar to one manufacturer. Brand name specifications shall not be used unless the particular brand name, product, or feature is essential to the Government's requirements, and market research indicates other companies' similar products, or products lacking the particular feature, do not meet, or cannot be modified to meet, the agency's need."

### **5. *Contact Information***

Questions? Need help? We're here to help:

#### **VA Enterprise-level HIM BPA Support staff**

Robert Jones, Contracting Officer [Robert.Jones14@va.gov](mailto:Robert.Jones14@va.gov)

Nicole Williams, Contract Specialist [Nicole.Williams6@va.gov](mailto:Nicole.Williams6@va.gov)

Shirelle Taliaferro, Contract Specialist [Shirelle.Taliaferro@va.gov](mailto:Shirelle.Taliaferro@va.gov)

#### **VHA Enterprise-level BPA Contracting Officer's Representative (COR)**

Christina Hrynio, COR [Christina.Hrynio@va.gov](mailto:Christina.Hrynio@va.gov)

#### **Local Level Task Orders**

Contracting Staff and COR will be assigned per task order

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### Attachment 1 – Performance Work Statement

#### **1.0 Background:**

The Veterans Health Administration (VHA) currently captures and stores information including diagnoses, treatment, and providers for all inpatient and outpatient care provided to patients treated at a Veterans Health Administration healthcare facility, and for patients treated at other healthcare facilities at Veterans Affairs expense. All Department of Veterans Affairs facilities store this information in an integrated computer system called “Veterans Health Information Systems and Technology Architecture”. Each facility has its own Veterans Health Information Systems and Technology Architecture database, and selected data from the local databases is uploaded into various national systems. Computerized Patient Record System, the Graphical User Interface with Veterans Health Information Systems and Technology Architecture, is the primary electronic health record where patient information is documented.

Inpatient information is stored in the Patient Treatment File. The Patient Treatment File provides a record of inpatient activity, diagnoses, procedures, and surgeries performed from the time of admission to the time of discharge from inpatient care. The Patient Treatment File is a computerized abstract of each patient discharge and contains over 100 different data items, which describe the characteristics of the patient and the reason for the hospital stay. Patient Treatment Files are completed for inpatients treated at any level of a Veterans Affairs facility (hospital, nursing home, domiciliary, observation), and for Veterans receiving care at non-Veterans Affairs facilities at Veterans Affairs expense.

Outpatient information is entered through Veterans Health Information Systems and Technology Patient Care Encounter, Event Capture or Appointment Manager software modules. Coded data for all professional services – inpatient or outpatient – are captured through Patient Care Encounter. Some of the data elements captured are the date and time of service, identification of the provider, diagnoses and procedures for all care provided including ancillary services, minor and major procedures, and diagnostic studies. Surgical case coding includes the entry of coded procedures and diagnoses for all surgery cases into the Surgery Package utilizing the national encoder product.

A national encoder product is used for coding purposes and is available at each Veteran Health Administration medical facility. The encoder provides all the tools needed to review, analyze, audit, and code inpatient and outpatient episodes of care. The Veteran Health Administration clinical coding program requires full use of the national Veterans Affairs encoder product to include the full spectrum of encoder reports, such as the late identified insurance report. The encoder product is utilized to expedite the coding process, as a communication tool, a compliance tool, and to ensure all billable events are coded within mandated timeframes. Reports are produced and reviewed at least weekly to ensure all billable cases are coded within deadlines. The encoder software provides coders with current web-based coding books, including the industry standard International Classification of Diseases, Common Procedural Terminology, and Healthcare Common Procedural Coding System as well as a number of

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references and support tools. The encoder product is updated and/or modified as needed to meet the data collection needs of the Veterans Affairs. The value of coded data to managers and researchers depends on how accurately it portrays the actual clinical events that take place in the medical center. Complete and accurate diagnostic and procedural coded data are necessary for research, epidemiology, outcomes and statistical analysis, financial and strategic planning, reimbursement, evaluation of quality of care, and communication to support the patient's treatment. Data validity begins with practitioners providing timely and complete health record documentation including an accurate recording of all diagnoses and procedures.

Beginning September 1, 1999, Common Procedural Terminology-4 procedure coding and inpatient Diagnosis Related Groups became a basis for facility and professional charges for bills submitted to third party carriers. Coders are held responsible for the accuracy of these codes and compliance with Federal legislation and Veteran Health Administration guidelines.

There are approximately 152 Veterans Health Administration medical facilities and 352 outpatient clinics in all 50 United States, American Samoa, Guam, the Philippines, the Virgin Islands and Puerto Rico. Veterans Affairs Medical Centers have varying degrees of coding backlogs and some have no coding backlog. Many sites may need continued assistance to keep current. Episodes of care to be coded can include outpatient encounters, ancillary services, major or minor surgery episodes, diagnostic studies, inpatient admissions, and/or inpatient professional services.

The Department of Veterans Affairs, Veterans Health Administration will begin use of the International Classification of Diseases, 10<sup>th</sup> Edition, Clinical Modification/Procedure Coding System (ICD-10 CM/PCS) when its implementation is mandated. The new International Classification of Diseases, 10<sup>th</sup> Edition code sets will apply to health care service dates/encounters on or after the implementation date for outpatient services, inpatient professional encounters, surgery, and inpatient discharges. At that time, International Classification of Diseases, 10<sup>th</sup> Edition Clinical Modification will be used for diagnosis coding; International Classification of Diseases, 10<sup>th</sup> Edition, Procedure Coding System for inpatient procedure coding. Common Procedural Terminology will continue to be used for outpatient procedures.

### **2.0. Purpose:**

The purpose of this Blanket Purchase Agreement is to secure services to assign the current appropriate International Classification of Diseases; Common Procedural Terminology; and Healthcare Common Procedural Coding System Level II codes based on health record documentation of outpatient, surgical, and inpatient care and services provided at or under the auspices of a Veterans Health Administration facility, to include all Community Based Outpatient Clinics, when applicable, and to conduct coding audits of inpatient and outpatient episodes as requested by a Veterans Health Administration facility. The contractor shall provide all resources necessary to accomplish the deliverables described in the Performance Work Statement except as may otherwise be specified.

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### **3.0. Description of Services:**

#### A. The contractor shall:

1. Assign the current appropriate industry standard codes after careful review of the Health Record documentation for all inpatient, outpatient, surgeries, procedures, and ancillary encounters/services.
2. Assign ICD-10 CM/PCS codes upon implementation.
3. Furnish validation of the integrity, quality, and assignment of codes to the data contained in the outpatient Patient Care Encounter, inpatient Patient Treatment File, and non-Veterans Affairs episodes of care under Veterans Affairs auspices.
4. The latest United States editions of the International Classification of Diseases, Current Medical Information and Terminology, of the American Medical Association and the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association shall be used to provide uniform disease and operation terminology, which is complete and scientifically accurate.
5. Code assignment shall be in accordance with National Center for Health Statistics, Centers for Medicare and Medicaid Services, American Hospital Association, American Medical Association and American Psychiatric Association guidelines, as appropriate. On those occasions when there is a question, Veterans Health Administration Coding Guidelines take precedence. Local policies will direct how coding is accomplished and what quantitative and/or qualitative reviews are performed by the facility. The American Hospital Association Coding Clinic and other publications may be used for training and reference purposes.
6. Ensure that the contractor's coders providing services through this Blanket Purchase Agreement and subsequent task orders (herein referred to as Blanket Purchase Agreement) use the facility's national Veterans Affairs encoder product. All coding must be completed through the encoder product. The national Veterans Affairs encoder is a single transparent interface with the Veteran Affairs' electronic health record system Veterans Health Information Systems and Technology Architecture and the Graphical User Interface version of Veterans Health Information Systems and Technology Architecture. All coding is required to be done via the national Veterans Affairs encoder; no other system shall be used or interfaced with the Veterans Affairs systems.

#### B. Contractor is responsible for the management and supervision of its staff. Contractor is responsible for training its staff on Veterans Affairs policy, guidelines, and procedures.

#### C. The contractor shall adhere to all coding guidelines as approved by the Cooperating Parties (American Hospital Association, American Health Information Management Association, Centers for Medicare and Medicaid Services, and the National Center for Health Statistics), as mandated by Health Insurance Portability and Accountability Act and accepted Veterans Affairs regulations, including the following applicable documents:

1. The Official Guidelines and Reporting as found in the Common Procedural Terminology Assistant, a publication of the American Medical Association for reporting outpatient ambulatory procedures and evaluation and management services,
2. The current Official Guidelines for Coding and Reporting in the Coding Clinic for International Classification of Diseases, a publication of the American Hospital Association, and



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3. The current Veterans Health Administration guidelines for coding as found in the Veterans Health Administration Health Information Management Coding Guidelines, Health Information Management, and Department of Veterans Affairs. This workbook is updated at least once per year with new codes and guidance. The contractor must ensure that they have the current version and the guidance is followed. *Note:* While Veterans Health Administration does ask for reimbursement from third party payers, the Veterans Health Administration coding policy is to code only according to coding guidelines. Our own compliance audits use only this definition when determining if any encounter or Patient Treatment File is coded correctly.
  4. The Correct Coding Initiative the Common Procedural Terminology Evaluation and Management codes assure documentation substantiates the code level assigned.
  5. Veterans Health Administration Directive 2009-002 Patient Care Data Capture:  
[http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1821](http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1821)
  6. Veterans Health Administration Directive 2011-006 Revised Billing Guidance for Services provided by Supervising Practitioners and resident:  
[http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2363](http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2363)
  7. Veterans Health Administration Handbook 1400.01 Resident Supervision:  
[http://vaww.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2847](http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=2847)
  8. Veterans Health Administration Handbook 1907.03 Health Information Management Clinical Coding Program Procedures:  
[http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2794](http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2794)
  9. Veterans Health Administration Handbook 1907.01 Health Information Management and Health Records:  
[http://vaww.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2791](http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=2791)
  10. Veterans Health Administration Directive 2011-025 Closeout of Veterans Health Administration Corporate Patient Data Files including Quarterly Patient Census:  
[http://vaww.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2419](http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=2419)
  11. Other directives that Veterans Affairs may issue from time to time.
- D. All written deliverables will be phrased in layperson language. Statistical and other technical terminology will not be used without providing a glossary of terms.
  - E. Upon request of the Contracting Officer, the contractor shall remove any contractor staff that do not comply with Veterans Health Administration policies or meet the competency requirements for the work being performed.
  - F. The contractor shall abide by the American Health Information Management Association established code of ethical principles as stated in the Standards of Ethical Coding published by American Health Information Management.
  - G. All coding and auditing activities shall be performed remotely and will utilize Veterans Affairs' electronic health record.
  - H. The contractor shall provide all labor, materials, transportation, and supervision necessary to perform coding and validation reviews for inpatient, observation, diagnostic tests, ambulatory surgery/medicine procedures and outpatient (clinic) data collection, evaluating the completeness and accuracy of coding diagnoses and procedures in accordance with official coding guidelines (Coding Clinics, Common Procedural Terminology Assistant,

## ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES

Centers for Medicare and Medicaid Services /American Medical Association, Ambulatory Patient Classifications ) in a simulated Medicare payment environment.

- I. Communication:
  - 1. The contractor shall specify a contact person and phone number who is available for personal contact, at a minimum, during regular business hours of the facility that owns the work, for the duration of the work.
  - 2. The contractor shall maintain weekly communication with the Health Information Management Manager, Contracting Officer's Representative or other designee (i.e., coding supervisor/team leader) regarding progress, workload status and/or problems.
  - 3. The contractor shall make every effort to ensure that issues raised by the local facility are addressed within the timeframe specified to in the task order or agreed to with the facility Contracting Officer's Representative.
  - 4. The contractor shall ensure that communications that contain Personally Identifiable Information, Personal Health Information and/or individually identifiable health information/record are encrypted to prevent inappropriate/unauthorized access or disclosure. The Veterans Affairs facility Contracting Officer's Representative will advise the contractor of the encryption to be used.
- J. Contract coders shall code in accordance with all Common Procedural Terminology / Common Procedural Coding Systems coding rules such as Correct Coding Initiative Bundling Guidelines, and use the Healthcare Common Procedural Coding Systems, level II codes, where appropriate.
- K. Contract coders shall exclude coding information such as symptoms or signs characteristic of the diagnoses, findings from diagnostic studies, or localized conditions, which have no bearing on current management of the patient or as appropriate.
- L. Contract coders shall clarify conflicting, ambiguous, or non-specific information appearing in the record by consulting with their supervisor, if necessary, discuss with the local Veterans Affairs contact.
- M. The contractor shall code using the appropriate Common Procedural Terminology for inpatient professional services or nursing home professional services as well as the proper current International Classification of Diseases codes for all diagnoses.
- N. Quality Assessment of Health Information Services:
  - 1. The contractor shall possess all licenses, permits, accreditation and certificates as required by law.
  - 2. The contractor shall perform the required work in accordance with The Joint Commission, Veterans Health Administration, and other regulatory standards. The Joint Commission standards may be obtained from:

The Joint Commission  
One Renaissance Blvd  
Oakbrook Terrace, IL 60181
- O. Exclusions and Sanction Certification: The contractor shall provide annual written certification to the Contracting Officer which certifies that all employees, Sub-Contractors, and their employees have been checked to ensure that all agents providing services under this Blanket Purchase Agreement have been found not to be listed on the List of Parties Excluded from Federal Programs and the Health and Human Services/Office of the Inspector General

## **ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

Cumulative Sanction Report. The annual certification shall be provided within three weeks after award and within three weeks after the exercise of any options periods (if applicable).

- P. The contractor shall be responsible to train new Contract staff (including subcontractors, if applicable) on Veterans Affairs policy and procedures and ensure completion of any Veterans Affairs mandatory training, security clearances, or other tasks required for contractor staff to perform the services outlined in this PWS.
- Q. The contractor staff shall sign confidentiality statements as required. Any person, who knowingly or willingly discloses confidential information from the Veterans Affairs, may be subject to fines.
- R. Health Insurance Portability and Accountability Act regulations require Veterans Health Administration to execute Health Insurance Portability and Accountability Act compliant Business Associate Agreements with appropriate parties that collect, receive, use, or disclose Veterans Health Administration Protected Health Information to perform activities, functions, or services for Veterans Health Administration. Attachment 3.

### **4.0. Specific Mandatory Tasks and Deliverables:**

The contractor shall provide the specific deliverables described below by the timeframes specified or as stated on individual task orders.

The contractor shall not commence performance on the tasks in this Performance Work Statement until the Contracting Officer has conducted a kick off meeting or has advised the contractor that a kick off meeting is waived.

### **4.1 Task One - Coding Services:**

- A. The contractor shall use skills, training, and knowledge of International Classification of Diseases, Common Procedural Terminology, and Healthcare Common Procedural Coding System Level II code sets and guidelines and other generally accepted available resources to review health record documentation and providers' scope of practice to assign diagnostic and procedural codes at a minimum 95% accuracy rate and within required performance timelines.
- B. The contractor shall code Outpatient Encounters including Radiology, Lab or other Ancillary Services, Surgical to include pathology and anesthesia services, Inpatient Professional Services; and Inpatient Episodes/Admission Services as specified under each individual task order; shall include required encoder/ Veterans Health Information Systems and Technology Architecture data elements in accordance with Veterans Health Administration Handbooks and protocols as specifically outlined in the task order. Other identified cases to be coded include but not limited to: Veteran Tortfeasor Claims; Veteran Workers' Compensation, Humanitarians, beneficiaries of the Military Health System (TRICARE is the healthcare program servicing military beneficiaries), Civilian Health and Medical Program of the Department of Veterans Affairs, Ineligibles, Fugitive Felon, Prosthetics, non-Veterans Affairs Fee Services, and New Insurance/Late Checkout.
- C. New Insurance/Late Check Out encounters may not have been coded due to new insurance identified or late check-out and were not identified in the daily coding reports. New

## ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES

Insurance/Late Check Out encounters shall be coded within the turnaround time stated in the local policy or approved by the facility task order Contracting Officer.

- D. The contractor shall use the 1995 or 1997 Evaluation and Management guidelines as specified in the facility policy.
- E. Veterans Health Administration provides a wide variety of primary and specialty care services in the outpatient setting. Inpatient admissions include those for acute care/specialty care, observation, and admissions to the Community of Living nursing care, and domiciliary units to include non-Veterans Affairs Fee services.
- F. The contractor shall abstract other identified data items and enter the data into the local Veterans Health Information Systems and Technology Architecture system, encoder program, or write the information on source documents as agreed with the local facility. This information shall include a decision as to whether or not an encounter is billable, based on non-compliance with documentation and resident supervision guidelines. Coders will utilize the Case Comment communication tool to provide billing staff with a standardized reason (case comment) why they believe an outpatient encounter cannot be billed. Encounters believed to be not billable will be marked with the appropriate Case Comment. Case Comments may include, but is not limited to Agent Orange exposure or Ionizing Radiation, telephone care, non-billable provider, insufficient documentation, or other types of care that cannot be billed. Contractor shall be available to answer any follow up questions regarding the episode and provide references in support of their code selection. Contractor will also record episodes as required.
- G. The contractor shall provide all labor, materials, transportation and supervision necessary to perform coding and abstracting using either the 1995 or 1997, per VA Medical Center policy, the Evaluation and Management guidelines on encounters and standard industry guidelines, e.g. *Coding Clinics* and *Common Procedural Terminology Assistant*, as specified by the Veterans Affairs Administration Center.
- H. The contractor shall adhere to all coding guidelines as approved by the Cooperating Parties and accepted Veterans Affairs regulations.
- I. The contractor shall utilize Veterans Health Administration national encoder, industry standard guidelines, Veterans Health Administration and local policies, and other generally accepted contractor supplied reference materials to assign and/or validate diagnostic and procedural codes reflective of documentation.
- J. The contractor shall utilize the standardized Case Comments in the encoder application to communicate specific document information to Billing.
- K. The contractor shall utilize Patient Care Encounter / Patient Treatment File / Surgery or other database, if necessary, to reflect code changes and names(s) of provider(s).
- L. The contractor shall review and determine whether documentation is adequate to support billable services.
- M. If requested by the facility, the contractor may place a local coder on-site if available in accordance with the task order when the coder lives in the area of a Veterans Affairs facility requesting work. No travel costs will be charged in this scenario.
- N. The contractor shall ensure that individual coders are clearly identified on all work; any paper documents shall clearly identify the individual coder.
- O. When assigning multiple Common Procedural Terminology codes, the contractor shall verify that they are not components of a larger, more comprehensive procedure that can be described with a single code.

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- P. The contractor shall identify those encounters, if any, where documentation does not substantiate an appropriate code(s).
- Q. The contractor shall identify duplicate encounters or encounters created in error because the patient was not seen.
- R. The contractor shall code based on reading and reviewing the documentation in the health record including the Computerized Patient Record System and Veterans Health Information Systems and Technology Architecture Imaging. The contractor shall complete data entry into the encoder application that is integrated with the Veterans Health Information Systems and Technology Architecture system as part of this Contract. Completion of source documents in lieu of Veterans Health Information Systems and Technology Architecture entry may be arranged only upon mutual agreement between the facility task order Contracting Officer and the contractor.
- S. The contractor shall coordinate with the local Contracting Officer's Representative for implementation of contingency plans for data entry when required.
- T. The contractor shall assign modifiers as appropriate to override Correct Coding Initiative edits.
- U. For Inpatient Episodes/Admission Services:
  - 1. Complete all Patient Treatment File Transactions (e.g., 101, 401, 501, 601, and 701/702) in accordance with Veterans Health Administration Handbooks, 1907.03 HIM Clinical Coding Program Procedures and 1907.04 Patient Treatment File Coding Instructions
  - 2. Opening and transmitting Patient Treatment Files will follow local facility protocol.
- V. The contractor shall review documentation to determine why an ancillary or other diagnostic test was ordered and assign an International Classification of Diseases diagnosis code, as appropriate based on date of service, to that test. Contractor shall add the referring providers name in coding case comments.
- W. The contractor shall re-review any coded data when questioned by Veterans Affairs staff due to a billing edit, when a denial is received, or when a retrospective review is completed, to either make changes or substantiate the coding with appropriate coding rules and references. This service is included in the price of the work. The contractor shall use the following during re-review processes:
  - 1. Those codes that were coded and not supported in the documentation, violate a coding rule
  - 2. Those Common Procedural Terminology or International Classification of Diseases diagnosis codes that should have been coded and were not,
  - 3. Inappropriate Common Procedural Terminology or International Classification of Diseases codes
  - 4. Unbundled codes
  - 5. Ancillary encounters with only a diagnosis of V72.5 or V72.6
  - 6. Inaccurate Diagnosis Related Groups assignments
  - 7. All other data elements incorrectly entered by the Contract coder, or not entered when appropriate, e.g. coder case comment, provider, adequacy of documentation.

**Note:** All subsequent reviews completed after the initial review work will be forwarded to the contractor's designated contact person for resolution. The contractor along with the VA facility shall jointly determine a communication mechanism whereby the contractor shall

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access daily unless otherwise indicated on the task order. Veterans Affairs reserves the right to validate all coding, audit results and/or accuracy statistics submitted.

- X. The contractor shall provide to the facility COR a weekly status report, citing number coded, date to be coded, number remaining to be coded, number of suspended encounters, and any issues needing resolution. The date due, format, and method is to be determined by the facility COR.
1. Inpatient Facility coding: Inpatient facility coding is to be completed within seven (7) calendar days from the date coding is assigned.
  2. Per VHA Directive 2011-025, all Patient Treatment File data must be accepted by the Austin Information Technology Center and/or Veterans Health Administration Corporate Data Warehouse no later than seven (7) calendar days from the date of patient discharge. The only exceptions are Patient Treatment File discharges from Contract or Community Nursing Home and non-Department of Veterans Affairs Purchased Care patient files. Error corrections must be re-transmitted by the closeout deadline.
  3. Inpatient facility coding is performed on all inpatient episodes of care, to include Observation and non- Veterans Affairs care under Veterans Affairs auspices, regardless of billable status. Applicable coding guidelines will be followed.
  4. All inpatient facility coding will be entered into the Patient Treatment File utilizing the encoder software.
  5. The Veterans Health Administration Handbook 1907.04 establishes procedures and covers the responsibilities and requirements for the appropriate use of the Patient Treatment File and provides specific instructions for completing each Patient Treatment File transaction (e.g., admission transaction (101), Patient Movement Transaction (501), Surgical Transaction (401), etc.).
  6. A Present on Admission field entry is required for patients that are admitted to certain levels of care. The Present on Admission field is not required for Community Living Center and Domiciliary patients. The Present on Admission provides information on whether a diagnosis was present at the time of a patient's admission. The indicator is required to be assigned to all diagnosis codes involving inpatient admission. Each diagnosis, principal and secondary, and external causes of injury are required to have a Present on Admission indicator appended.
  7. Non- Veterans Affairs purchased care Patient Treatment File coding utilizes the non-Veterans Affairs invoice, as well as submitted clinical documentation if received.
- Y. Inpatient Professional Encounters/Services coding:
1. Inpatient Professional Encounters/Services coding is to be completed within seven (7) calendar days of the date coding is assigned.
  2. Veterans Health Administration Directive 2009-002 Patient Care Data Capture: It is Veterans Health Administration policy to capture and report inpatient billable professional services and inpatient professional mental health services to support the continuity of patient care, resource allocation, performance measurement, quality management, provider productivity, research, and third-party payer collections. This directive requires the capture of defined inpatient professional mental health services regardless of the third-party billing status.

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3. Mental Health Inpatient Professional Services are inclusive of daily evaluation and management, therapy sessions, consultations, etc. For purposes of patient care data capture, mental health services include inpatient professional services performed by a psychiatrist with the credentials of Medical Doctor or Doctor of Osteopathic Medicine , psychologist with the credentials of Doctor of Philosophy or Doctor of Psychology, master level social workers, or physician extender with the credentials of Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant in an inpatient setting, location of the service notwithstanding.
4. Evaluation and Management services are used to capture the provider's professional encounters/services performed in an inpatient setting. The Diagnostic Coding and Reporting Guidelines for Outpatient Services (Hospital-Based and Physician Office) should guide coders when coding inpatient diagnoses for physician professional services. Use the 1995 or 1997 Evaluation and Management guidelines as specified in the facility policy.
5. Identify and link Current Procedural Terminology and International Classification of Disease codes, identify the provider, and the date(s) of service.
6. Guidelines for capturing the inpatient professional encounter/services are contained within the current Veterans Health Administration Coding Guidelines.
7. Contractor may be required to create the Inpatient Professional Service encounter in the Patient Care Encounter application in order to code the service.

### Z. Outpatient Coding:

1. All coding is to be completed within seven (7) calendar days of the date coding is assigned.
2. Outpatient encounters include face-to-face encounters and other occasions of service that are captured within the Patient Care Encounter. These services are captured through completion of electronic encounter forms; review of documentation by qualified coding staff; and automated data capture within radiology and laboratory Veterans Health Information Systems and Technology Architecture packages.
3. Applicable coding guidelines will be followed; outpatient coding guidelines are contained with the current Veteran Health Administration Coding Guidelines. Use the 1995 or 1997 Evaluation and Management guidelines as specified in the facility policy.
4. Assign or validate diagnostic and procedural codes reflective of documentation; correct the Patient Care Encounter, if necessary, to reflect code changes and name(s) of provider(s).
5. Typically outpatient coding does not require the coder to create encounters. Most outpatient encounters are initiated at the location of the visit, at time of patient check-in, and when the provider completes the visit at patient check-out and or completion of the encounter form.

### AA. Surgery case coding to include anesthesia and pathology:

1. Surgical coding must be completed immediately after the procedure when possible and no later than one week from the date coding is assigned.
2. Surgery case coding includes the entry of coded procedures and diagnoses for all surgery cases. It is necessary to assign or validate diagnostic and procedural codes reflective of documentation for all cases in the surgery package.

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3. Assign and enter the diagnostic codes and procedural codes with associated modifiers reflective of documentation using the encoder into the surgery package.
4. Validate that all cases successfully pass from the Surgery Package to Patient Care Encounter using the Patient Care Encounter Filing Status Report.
5. Assign and enter associated billable anesthesia and pathology services related to the surgery using the encoder into the Patient Care Encounter.
6. Anesthesiology visits for surgery performed in the Operation Room may require coders to create encounters for the services as they may not already exist in Patient Care Encounter.
7. Instructions for surgery coding are contained in the Veterans Health Administration Coding Guidelines.

### CC. Task One Deliverables:

1. Inpatient Facility Coding
2. Inpatient Professional Encounter/Services Coding
3. Outpatient Coding
4. Surgery case coding to include pathology and anesthesia services.

### **4.2 Task Two – External Auditing Service:**

- A. The facility task order will specify the period of performance for all audit services.
- B. External audits provide validation of the integrity, quality, and assignment of codes to the data contained in the Patient Care Encounter and inpatient Patient Treatment File at each medical center as evidenced by proper documentation of the care or service provided to the patient. External Audits of coded data will be performed on any of the Veterans Health Administration required coding activities (e.g., inpatient, outpatient, surgery). These audits will be performed separate from normal coding activities and will conform to the task order as developed by the site. These audits will address accuracy of coded data, health record documentation issues, to include recommended remediation of specific documentation deficiencies, process improvement and identify educational needs. Audit accuracy expectations are 95% and above.
- C. The contractor shall be responsible for reviewing all national coding guidelines, Veterans Health Administration Handbooks, Health Information Management Consolidated Patient Agreement Center Service Level Agreement, Veterans Health Administration Coding Guidelines, etc. as well as each facility's policies prior to commencement of an audit. References will be provided by the facility as needed.
- D. To ensure the review findings have value to the facility, the facility will specify the data collection elements to be captured for the audit. The contractor may submit a suggested data collection tool; any changes must be mutually agreed to/approved by the facility task order Contracting Officer.
- E. All reviews will utilize electronic auditing of the Computerized Health Record System whenever possible. Veterans Affairs and Non-Veterans Affairs records may be either scanned documents or hardcopy. The reviews will be conducted by remote data view and remote image view. Should the information not be contained in the Computerized Health Record System or Veterans Health Information Systems and Technology Architecture, the medical center will overnight the documentation to the vendor.



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- F. A detailed project plan may be requested by a facility should the audit require a significant level of effort and expertise. If the plan elements are not spelled out in the task order, the project plan at a minimum should include:
  - 1. Specific timelines for completing the audit
  - 2. Timeframe for the facility reports
  - 3. Number of reviewers
- G. If a sample size or the number of records to be audited is not stated in the task order the contractor shall develop a sample size that assures a 95% confidence level of accuracy for each of the auditing tasks specified on the task order, and may include inpatient hospitalizations, outpatient visits, and non-Veterans Affairs records. The contractor shall submit with the proposal for each task order a detailed description of how they arrived at the sample size. At a minimum the sample size must include a review of the coding activities as specified on the task order and may include any or all of the following: inpatient hospitalizations, ambulatory surgery, diagnostic tests (endoscopy, bronchoscopy, cardiac catheterization, Percutaneous Transluminal Coronary Angioplasty, pulmonary function, radiology, laboratory, etc.), primary care, mental health, medicine sub-specialty, surgery, observation, neurology, and non-Veterans Affairs records. The facility may also provide a list of specific records to audit.
- H. Outpatient, Inpatient Professional, Surgery, and Inpatient facility Audits:
  - 1. Audit includes Evaluation and Management, Common Procedural Terminology procedures, and International Classification of Diseases diagnosis codes. Encounters/quarter are identified by billed episode and then audited against these three criteria. If the encounter does not have a Common Procedural Terminology procedure code associated with the visit, then that data point is not audited.
  - 2. Use the 1995 or 1997 Evaluation and Management guidelines as specified in the facility policy. Review the Evaluation & Management code to determine if correct and identify the reason(s) if not.
  - 3. Determine the accuracy and sequencing of the diagnoses coded and identify the reason(s) if not.
  - 4. Determine the accuracy of Common Procedural Terminology/Healthcare Common Procedural Coding System codes and modifiers and the reason(s) if not accurate.
  - 5. Inpatient review criteria may include: principal and secondary diagnosis code (accuracy, omission, etc.), Diagnosis Related Groups accuracy, correct Present on Admission assignment.
  - 6. The contractor shall have a methodology for resolving coding questions by reviewers and ensuring inter-reviewer consistency and reliability.
  - 7. The contractor shall review findings with Chief, Health Information Management, facility Contracting Officer's Representative, management, and other designated medical center personnel. Any discrepancies identified during this process must be resolved prior to final written report.
  - 8. The contractor shall be responsible for conducting at a minimum an exit conference with management officials at the discretion of the medical center to be coordinated with the Contracting Officer's Representative at the facility.
- I. Reports on findings will be prepared to allow use by medical center staff in re-reviews, education or to provide management updates. Final report elements may be specified in the individual task order or developed with assistance from the facility Contracting Officer's

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Representative. Documentation of audit findings will be as requested by the facility and may include record ID, breakdown of record type (i.e., outpatient, inpatient), breakdown by code (Common Procedural Terminology, International Classification of Diseases, Evaluation and Management, modifier, etc.) of total number of codes reviewed; number of correct codes, accuracy rate, Diagnosis Related Groups reviewed (# correct; accurate); any code changes/errors and reason/reference for error; identified weaknesses and recommendation for correction. Also include any documentation issues/deficiencies and recommendation for improvement/remediation.

- J. The contractor shall provide a final written report to the facility Contracting Officer's Representative within 15 business days following the review(s).
- K. The contractor shall document in writing all records reviewed and provide such documentation to the facility Contracting Officer's Representative with the final report.
- L. Education Plan: To be included in the audit process, weaknesses identified during the audit shall be used to provide a facility specific education/training plan, based on Veterans Health Administration coding and documentation regulations and guidelines, and local policy to present to Veterans Integrated Service Network/Veterans Affairs Medical Center management officials, physicians/clinicians, sub-specialties if needed, and for Veterans Health Administration coding staff to include any recommended remediation. Plan shall be submitted to the local Contracting Officer's Representative within seven (7) calendar days following the audit.
- M. Task Two Deliverables:
  - 1. Project Plan with description of sample size determination
  - 2. Audit: Inpatient facility (Diagnosis Related Group) coding
  - 3. Audit: Inpatient professional encounter coding including surgery coding
  - 4. Audit: Outpatient encounter/services coding
  - 5. Report on audit results
  - 6. Education Plan

### 4.3 Task Three - Training Workshop:

- A. At the task order level, the Contractor shall provide, at a minimum, a two-hour educational session for Veterans Health Administration coding staff, Veterans Integrated Service Network/Veterans Affairs Medical Center management officials, physicians/clinicians, sub-specialties providers or other staff. Contractor is required to develop specific coding education utilizing actual charts and identified coding issues specific to the Veterans Health Administration coder and/or Veterans Affairs facility, and based on Veterans Health Administration guidelines, regulations, and local policy. This can be done either on site or remote at the discretion of the facility.
- B. Task Three Deliverable:
  - 1. Training Workshop

### 5.0 Reporting Requirements:

- A. The contractor shall provide the facility Contracting Officer's Representative with monthly progress reports commensurate with the length of the project unless otherwise indicated on the

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individual task order. The progress report shall cover all work completed during the preceding reporting period. This report shall also identify project activity, issues and resolutions, escalation process for outstanding issues, and remediation for any issues that cause the project to be delayed (both anticipated and unanticipated). The report format will be determined at the task order level.

B. The contractor shall provide a quarterly report to the National Health Information Management Contracting Officer's Representative and the Blanket Purchase Agreement Contracting Officer listing all work referred to the contractor based on a Contractual agreement made through this Blanket Purchase Agreement. The report shall identify the reporting quarter and include the facility/Veterans Integrated Service Network name, type of work (coding/auditing); purchase/task order number; purchase/task order amount, and name of the facility Contracting Officer's Representative. The contractor may propose modifications to the reporting requirements to the National Contracting Officer's Representative and the Blanket Purchase Agreement Contracting Officer.

C. Deliverables:

1. Monthly Progress Report to facility Contracting Officer's Representative
2. Quarterly Report to National Health Information Management Contracting Officer's Representative and Blanket Purchase Agreement Contracting Officer

### **6.0 Schedule of Deliverables:**

The contractor shall meet the Delivery Schedule for each deliverable specified below:

| <b>Task Deliverables</b>       | <b>Deliverable Objective</b>                     | <b>Delivery Due</b>  |
|--------------------------------|--|--|
| 4.1 Task One – Coding Services |  |  |
| 1.                             | Inpatient Facility Coding                        | Within 7 calendar days of the date coding is assigned.   |
| 2.                             | Inpatient Professional Encounter/Services Coding | Within 7 calendar days of the date of coding is assigned.  |
| 3.                             | Outpatient Coding                                | Coding completed within 7 calendar days of the date coding is assigned.  |
| 4.                             | Surgery Coding                                   | Completed immediately after the procedure when possible and no later than one week from the date coding is assigned. |
| 4.2 Task Two - External Audit  |  |  |
| 1.                             | Project Plan with                                | At the time of proposal submission.  |

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|                            |   |  |
|----------------------------|---|--|
|                            | description of sample size determination                              |  |
| 2.                         | Audit: Inpatient Facility (Diagnosis Related Group) Coding            | Complete within the performance period stated on the facility task order.            |
| 3.                         | Audit: Inpatient professional encoder coding including surgery coding | Complete within the performance period stated on the facility task order.            |
| 4.                         | Audit: Outpatient encounter coding                                    | Complete within the performance period stated on the facility task order.            |
| 5.                         | Final Report of audit results   | Within 15 business days of audit completion.   |
| 6.                         | Education Plan  | Within 7 calendar days of audit completion.  |
| 4.3 Training Workshop      |   |  |
| 1.                         | Training Workshop (2 hour minimum)                                    | Provide remotely or on site; date to be determined by/coordinated with the facility. |
| 5.0 Reporting Requirements |   |  |
| 1.                         | Monthly Progress Report   | Within 7 calendar days of the end of the month.                                      |
| 2.                         | Quarterly Reports   | Within 7 calendar days of the end of the quarter.                                    |

### **7.0 Quality Control and Performance Metrics:**

The Health Information Management Manager or Veterans Affairs appointed designee will validate the contractor's work to confirm that Contractual coding and auditing meets accuracy and policy requirements. The contractor is responsible for continuous quality control of their own work product using quality control methods such as auditing. Coding accuracy will be determined by the number of correct codes compared to total number of codes, correct Diagnosis Related Group assignment, and correct review and data entry of identified data items. The contractor must maintain a 95% accuracy level. Failure to meet the required level of accuracy may result in cancellation of this Blanket Purchase Agreement. The designated contacts for the facility and the contractor will discuss any questions regarding coding or expected work.

The contractor shall have in place the following Coding Quality Control/Performance Process whereby the contractor shall:

Meet the expected turnaround time as stated herein or as included on the task order. Work is considered completed when it is received back at the Veterans Affairs facility with data entry done via the encoder or the documentation is at the Veterans Affairs facility.

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The contractor must perform on-going quality assessments of not less than 5% of all coded data elements and provide weekly results to the Veterans Affairs facility Contracting Officer's Representative to ensure that the 95% accuracy rate is met. Data elements include International Classification of Diseases and Common Procedural Terminology codes, Diagnosis Related Groups, and data items abstracted and entered by the Blanket Purchase Agreement coder. The contractor shall track results by coder to assure appropriate follow-up.

The contractor shall monitor to ensure that the 95% quality standard is met on an on-going basis. If monitoring demonstrates that work has fallen below the quality standard, the contractor must develop a corrective action plan and include it with the weekly report to the Contracting Officer's Representative.

Reports to the facility and National Contracting Officer's Representative shall be accurate and completed within the specified timeframe.

If for any reason services cannot be delivered on time, the contractor shall notify the facility Contracting Officer's Representative as soon as possible but no later than three (3) days prior to the due date and provide a written explanation citing reasons for the delay and overall impact, a plan to resolve the reason for the delay, and a firm commitment of when the work shall be completed. The facility Contracting Officer's Representative will review the document collaboratively with the impacted office and issue a response in accordance with the Blanket Purchase Agreement terms and conditions. A timeframe for resolution will be agreed upon at the task order level.

### **8.0 General Information:**

The contractor shall provide all resources necessary to accomplish the deliverables described in the Performance Work Statement, except as may otherwise be specified.

- A. Assign appropriate International Classification of Diseases, Common Procedural Terminology and Healthcare Common Procedural Coding System Level II codes based on health record documentation of outpatient and inpatient care provided at or under the auspices of a Veterans Health Administration facility.
- B. Furnish validation of the integrity, quality, and assignment of codes to the data contained in the outpatient Patient Care Encounter, inpatient Patient Treatment File, the non-Veterans Affairs database and the Integrated Billing package.
- C. Any changes to the Performance Work Statement shall be authorized and approved only through written correspondence from the Contracting Officer. A copy of each change will be kept in a project folder along with all other products of the project. Costs incurred by the

## **ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

contractor through the actions of parties other than the Contracting Officer shall be the responsibility of the contractor.

### **8.1 Personnel:**

The contractor personnel shall possess expertise in health record coding and auditing. These skilled experienced professional and/or technical personnel are essential for successful contractor accomplishment of the work to be performed under this PWS.

The contractor shall utilize only employees, Sub-Contractors or agents who are physically located within a jurisdiction subject to the laws of the United States. The contractor will ensure that it does not use or disclose Protected Health Information received from Covered Entity in any way that will remove the Protected Health Information from such jurisdiction. The contractor will ensure that its employees, sub-Contractors and agents do not use or disclose Protected Health Information received from Covered Entity in any way that will remove the Protected Health Information from such jurisdiction. Personnel providing direct Coding and Auditing services must be a U.S. citizen.

#### **8.1.1 Personnel Replacement:**

Any personnel the contractor offers as substitutes shall meet the security requirements and qualifications as outlined in the Performance Work Statement.

All personnel substitutions shall be submitted to the Contracting Officer's Representative prior to making any change in personnel. The contractor shall submit evidence of completed mandatory training, security documents, and any other information requested by the Contracting Officer's Representative.

Substitute personnel shall not commence work until all necessary security and training requirements are met.

### **8.2 Contractor Personnel:**

#### **The contractor shall:**

- A. Have the ability to read and interpret health record documentation in order to identify all diagnoses and procedures that affect the current outpatient encounter visit, ancillary, inpatient professional fees and surgical episodes.
- B. Meet the education and experience (in para. 8.3) in the industry standard code sets and guidelines for International Classification of Diseases, Common Procedural Terminology, and Healthcare Common Procedural Coding System.
- C. Apply knowledge of current Diagnostic Coding and Reporting Guidelines for outpatient services.

## ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES

- D. Apply knowledge of Diagnostic, Procedure, Professional, and Surgical coding guidelines for inpatient services.
- E. Apply knowledge of Common Procedural Terminology format, guidelines, and notes to locate the correct codes for all services and procedures performed during the encounter/visit and sequence them correctly.
- F. Apply knowledge of procedural terminology to recognize when an unlisted procedure code must be used in Common Procedural Terminology.
- G. Code in accordance with Correct Coding Initiative Bundling Guidelines.
- H. Use the Healthcare Common Procedural Coding Systems, where appropriate.
- I. Exclude from coding information such as symptoms or signs characteristic of the diagnoses, findings from diagnostic studies or localized conditions that have no bearing on current management of the patient.

### **8.3. Coder/Auditor Education and Experience:**

The contractor shall provide experienced, competent, credentialed personnel to perform coding and/or auditing activities.

- A. Contract coders shall have a minimum of two years' experience in International Classification of Diseases, Common Procedural Terminology, and Healthcare Common Procedural Coding System coding and completed the baseline International Classification of Diseases, 10<sup>th</sup> edition requirements listed below or as required to hold a current/active credential;
- B. Audit reviewers must have at least three years of training experience in reviewing records in large tertiary care hospital, and outpatient health care organizations having all subspecialties and primary care, as well as three years of education and training experience and completed the baseline International Classification of Diseases, 10<sup>th</sup> edition requirements listed below or as required to hold a current/active credential:
- C. Contract coders/validation staff shall possess formal training in anatomy and physiology, medical terminology, pathology and disease processes, pharmacology, health record format and content, reimbursement methodologies and conventions, rules and guidelines for current classification systems (International Classification of Diseases, Common Procedural Terminology, and Healthcare Common Procedural Coding System).
  - 1. Coders/auditors shall be credentialed and have completed an accredited program for coding certification, an accredited health information management or health information technician. For the purpose of this Blanket Purchase Agreement, a certified coder/auditor is someone with one of the following **active** credentials listed below. Other credentials shall not be accepted.
    - a. Personnel with responsibilities for International Classification of Diseases 10<sup>th</sup> edition code determination/application activities shall hold a current/active American Health Information Management Association or American Academy of Professional Coders credential.
    - b. Personnel shall have successfully completed the required baseline International Classification of Diseases, 10<sup>th</sup> edition, Clinical Modification/Procedure Coding System continuing education units (CEUs) required by their credentialing organization as follows: American Health Information Management Association

## **ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

requires Registered Health Information Technician 6 CEUs; Registered Health Information Administrator 6 CEUs; Clinical Documentation Improvement Practitioner 12 CEUs; Certified Coding Specialist -P 12 CEUs; Certified Coding Specialist 18 CEUs; and Certified Coding Associate 18 CEUs.

- c. Certification as an American Health Information Management Association International Classification of Diseases, 10<sup>th</sup> Edition, Clinical Modification/Procedure Coding System trainer is also acceptable.
  - d. American Academy of Professional Coders credential holders shall have taken and passed the required International Classification of Diseases International Classification of Diseases, 10<sup>th</sup> Edition Proficiency Assessment.
- D. Credentials for Coding/Auditing: American Health Information Management Association credentials as a Registered Health Information Administrator Registered Health Information Technician, Certified Coding Specialist, and Certified Coding Specialist–Physician, or American Academy of Professional Coders as a Certified Professional Coder or Certified Professional Coder–Hospital.

### **8.4. Contractor Personnel Supervision:**

The contractor will be responsible for managing and overseeing the activities of all Contract personnel in the performance of this effort. The contractor's management responsibilities will include all activities necessary to ensure the accomplishment of timely and efficient support, performed under this Performance Work Statement.

### **9.0 Place of Performance:**

The contractor shall provide off-site coding and audit services assigned to the contractor by the individual Veterans Integrated Service Networks and/or Veterans Affairs Medical Centers at Contractor's facilities. No work at any Government site will take place on Federal Holidays or weekends, unless directed by the Contracting Officer.

### **10.0 Travel:**

The Government anticipates infrequent travel under this effort; however off-site coders may be required to attend on-site coding meetings and/or training if required by the facility or to resolve identified issues and as set forth on individual task orders.

Travel shall be approved by the facility Contracting Officer's Representative in advance and in writing. Any task order will include a cost reimbursable line under which travel may be billed.

All travel that may be required shall be billed and reimbursed at government rates in accordance with Federal Travel Regulations. Profits shall not be applied. Each contractor invoice must include copies of all receipts that support the travel cost claims in the invoice. Travel must be priced separately in the price schedule. Local commuting expenses, e.g. reimbursement charged for mileage, travel times, meals, parking, etc. and other direct costs (cell phone, etc.) will not be charged to the Government.



## **ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

Local travel within a 50-mile radius from the Contractor's facility is considered the cost of doing business and will not be reimbursed. This includes travel, subsistence, and associated labor charges for travel time. Travel performed for personal convenience and daily travel to and from work at the Contractor's facility will not be reimbursed. Travel, subsistence, and associated labor charges for travel time for travel beyond a 50-mile radius of the Contractor's facility are authorized on a case-by-case basis and must be pre-approved by the Contracting Officer's Representative.

### **11.0 Government Furnished Information:**

The Government shall provide the Veterans Affairs reference material as requested by contractor and a complete Case Comment listing provided by the facility Contracting Officer's Representative. References shall include the Veterans Health Administration Handbooks, Health Information Management Consolidated Patient Agreement Center Service Level Agreement, Veterans Health Administration Coding Guidelines, local policies when applicable, and other information as deemed applicable.

### **12.0 Confidentiality and Non-disclosure:**

All deliverables, associated working papers, and other material generated by the contractor in the performance of this task order are the property of the United States Government. Specific requirements will be addressed in the individual task order solicitations as necessary.

All individually identifiable health records shall be treated with the strictest confidentiality. Access to records shall be limited to essential personnel only. Records shall be secured when not in use. At the conclusion of the Contract all copies of individually identifiable health records shall be returned to Veterans Affairs. The contractor shall comply with the Privacy Act, 38 USC 5701, and 38 USC 7332 and Health Insurance Portability and Accountability Act regulations.

Personnel may be required to sign a confidentiality statement in coordination with each COR.

### **13.0 Contractor Personnel Security:**

All contractor employees who require access to the Department of Veterans Affairs' computer systems shall be the subject of a background investigation and must receive a favorable adjudication from the Veterans Affairs Security and Investigations Center (07C). The level of background security investigation will be in accordance with Veterans Affairs Directive 0710 dated June 4, 2010, and is available at:

[http://vaww.va.gov/vapubs/viewPublication.asp?Pub\\_ID=487&FType=2](http://vaww.va.gov/vapubs/viewPublication.asp?Pub_ID=487&FType=2) (Veterans Affairs Handbook 0710, Appendix A Tables 1 - 3). Appropriate Background Investigation forms will be provided upon task order award, and are to be completed and returned to the Veterans Affairs Security and Investigations Center (07C) within 30 days for processing. Contractors will be notified by 07C when the background investigation has been completed and adjudicated. All contract employees who require access to the VA site(s) and/or access to VA local area network systems shall be the subject of a background investigation and must receive a favorable adjudication from the VA Security and Investigations Center prior to commencing work. These

## **ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

requirements are applicable to all sub-contractor personnel requiring the same Background Investigation. In the event that damage arises from work performed by contractor personnel, under the auspices of the Contract, the contractor will be responsible for resources necessary to remedy the incident.

The investigative history for contractor personnel working under this Blanket Purchase Agreement must be maintained in the databases of either the Office of Personnel Management or the Defense Industrial Security Clearance Organization. Should the contractor use a vendor other than Office of Personnel Management or Defense Security Service to conduct investigations, the investigative company must be certified by Office of Personnel Management or Defense Security Service to conduct contractor investigations.

Personnel providing indirect Information Technology infrastructure and support services who require access to Veterans Affairs systems/data must be a U.S. citizen.

Personnel that provide indirect Information Technology Infrastructure and support which requires access to Veterans Affairs systems/data shall undergo a background investigation.

Cost is approximately \$279 per National Agency Check with Written Inquiries (NACI) Background Investigation and approximately \$27 for the fingerprint processing.

### **14.0 Background Investigation:**

The position sensitivity impact for this effort has been designated as Low Risk and the level of background investigation is National Agency Check with Written Inquiries (NACI) Background Investigation.

### **15.0 Contractor Responsibilities:**

The contractor shall bear the expense of obtaining background investigations. If the Office of Personnel Management through the Veterans Affairs conducts the investigation, the contractor shall reimburse the Veterans Affairs within 30 days.

Background investigations from investigating agencies other than the Office of Personnel Management are permitted if the agencies possess an Office of Personnel Management or Defense Security Service certification. The contractor's Cage Code number must be provided to the Security and Investigations Center (07C), which will verify the information and advise the Contracting Officer whether access to the computer systems can be authorized.

The contractor shall prescreen all personnel requiring access to the computer systems to ensure they maintain a U.S. citizenship and are able to read, write, speak and understand the English language.

After the task order award and prior to task order performance, the contractor shall provide the following information, to the Contracting Officer and designated Contracting Officer's Representative:

## **ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

- A. List of names of contractor personnel
- B. Social Security Number of contractor personnel
- C. Home address of contractor personnel or the contractor's address

The contractor, when notified of an unfavorable determination by the Government, shall withdraw the employee from consideration from working under the Blanket Purchase Agreement.

Contractor shall immediately remove all assigned contractor personnel upon expiration of their background check and/or when security requirements are not met.

Failure to comply with the contractor personnel security requirements may result in termination of the Contract for default.

Further, the contractor will be responsible for the actions of all individuals provided to work for the Veterans Affairs under this Blanket Purchase Agreement. In the event that damages arise from work performed by contractor provided personnel, under the auspices of this Blanket Purchase Agreement, the contractor will be responsible for all resources necessary to remedy the incident.”

### **16.0 Government Responsibilities:**

The Veterans Affairs Security and Investigations Center (07C) will provide the necessary forms to the contractor or to the contractor's employees after receiving a list of names and addresses.

Upon receipt, the Veterans Affairs Security and Investigations Center (07C) will review the completed forms for accuracy and forward the forms to Office of Personnel Management to conduct the background investigation.

The Veterans Affairs facility will pay for investigations conducted by the Office of Personnel Management in advance. In these instances, the contractor will reimburse the Veterans Affairs facility within 30 days.

The VA Security and Investigations Center (07C) will notify the Contracting officer and contractor after adjudicating the results of the background investigations received from OPM.

The Contracting Officer will ensure that the contractor provides evidence that investigations have been completed or are in the process of being requested.

### **17.0 Property Rights:**

The preliminary and final deliverables and all associated working papers, application source code, and other material which has been generated by the contractor in the performance of this task order, are the exclusive property of the U.S. Government and shall be submitted to the Contracting Officer at the conclusion of the task order.

## **ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

The Contracting Officer will be the sole authorized official to release verbally or in writing, any data, the draft deliverables, the final deliverables, or any other written or printed materials pertaining to this task order. Any request for information relating to this task order presented to the contractor shall be submitted to the Contracting Officer for response.

No information shall be released by the contractor to outside agencies or persons without first obtaining the permission of the Contracting Officer. The Contracting Officer will be the authorizing official to release any information pertaining to this Performance Work Statement. The contractor shall notify the Contracting Officer and the Contracting Officer's Representative of any request for information relating to this Performance Work Statement.

### **18.0 Invoicing Acceptance:**

Invoicing instructions will be provided on each awarded task order.

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

**Attachment 2 – BPA CLIN STRUCTURE**

| <b>ITEM<br/>NUMBER</b> | <b>DESCRIPTION OF<br/>SUPPLIES/SERVICES</b>   | <b>QUANTITY</b> | <b>UNIT<br/>OF<br/>ISSUE</b> | <b>BPA PRICE<br/>PER UNIT<br/>(EA)</b> |
|------------------------|---|-----------------|------------------------------|--|
| <b>YEAR 1</b>          |   |                 |                              |  |
| <b>CLIN 0001</b>       | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Coding Services:<br/>Inpatient facility coding<br/>each discharge</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1Y.</p> | 1               | Each                         | \$ XX.XX                               |
| <b>CLIN<br/>0001A</b>  | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement. This line item<br/>is not separately priced.</p>  | 1               | Lot                          | NSP                                    |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

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| <b>CLIN 0002</b>  | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Coding Services:<br/>Inpatient Professional<br/>Encounters/Services<br/>Coding each encounter</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1Z.</p> | 1 | Each | \$ XX.XX |
| <b>CLIN 0002A</b> | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement. This line item<br/>is not separately priced.</p>  | 1 | Lot  | NSP      |
| <b>CLIN 0003</b>  | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Coding Services:<br/>Outpatient Coding each<br/>encounter</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1AA.</p>                                    | 1 | Each | \$ XX.XX |

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| <b>CLIN 0003A</b> | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1 | Lot  | NSP      |
| <b>CLIN 0004</b>  | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Coding Services:<br/>Surgery Coding each encounter</p> <p>The contractor shall provide all labor, materials, transportation, and supervision necessary to perform the services as set forth in Performance Work Statement section 4.1BB.</p> | 1 | Each | \$ XX.XX |
| <b>CLIN 0004A</b> | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

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| <b>CLIN 0005</b>  | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Inpatient facility<br/>(Diagnosis Related<br/>Group) coding</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 0005A</b> | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement;<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |



**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

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| <b>CLIN 0006</b>  | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Inpatient professional<br/>encounter coding<br/>including surgery</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 0006A</b> | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement.<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

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| <b>CLIN 0007</b>  | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Outpatient<br/>encounter/service coding</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 0007A</b> | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement.<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

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| <b>CLIN 0008</b>  | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Training Task:<br/>Training Workshop</p> <p>The contractor shall provide all labor, materials, transportation, and supervision necessary to perform the services as set forth in Performance Work Statement section 4.3.</p> | 1                                  | Each                               | \$ XX.XX |
| <b>CLIN 0008A</b> | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1                                  | Lot                                | NSP      |
| <b>CLIN 0009</b>  | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Other Direct Cost: Travel in accordance with Joint Federal Travel Regulations and Section 10.0 of the Performance Work Statement</p>   | Determined at the Task Order Level | Determined at the Task Order Level | N/A      |
| <b>CLIN 0009A</b> | <p>Period of Performance:<br/>12-19-2014 – 12-18-2015</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1                                  | Lot                                | NSP      |

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|                        |   |                 |                          |  |
| <b>YEAR 2</b>          |   |                 |                          |  |
| <b>ITEM<br/>NUMBER</b> | <b>DESCRIPTION OF<br/>SUPPLIES/SERVICES</b>   | <b>QUANTITY</b> | <b>UNIT OF<br/>ISSUE</b> | <b>BPA PRICE<br/>PER UNIT<br/>(EA)</b> |
| <b>CLIN 1001</b>       | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Coding Services:<br/>Inpatient facility coding<br/>each discharge</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1Y.</p> | 1               | Each                     | \$ XX.XX                               |
| <b>CLIN<br/>1001A</b>  | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement. This line item<br/>is not separately priced.</p>  | 1               | Lot                      | NSP                                    |

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| <b>CLIN 1002</b>  | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Coding Services:<br/>Inpatient Professional<br/>Encounters/Services<br/>Coding each encounter</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1Z.</p> | 1 | Each | \$ XX.XX |
| <b>CLIN 1002A</b> | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement. This line item<br/>is not separately priced.</p>  | 1 | Lot  | NSP      |
| <b>CLIN 1003</b>  | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Coding Services:<br/>Outpatient Coding each<br/>encounter</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1AA.</p>                                    | 1 | Each | \$ XX.XX |

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| <b>CLIN 1003A</b> | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1 | Lot  | NSP      |
| <b>CLIN 1004</b>  | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Coding Services:<br/>Surgery Coding each encounter</p> <p>The contractor shall provide all labor, materials, transportation, and supervision necessary to perform the services as set forth in Performance Work Statement section 4.1BB.</p> | 1 | Each | \$ XX.XX |
| <b>CLIN 1004A</b> | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1 | Lot  | NSP      |

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| <b>CLIN 1005</b>  | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Inpatient facility<br/>(Diagnosis Related<br/>Group) coding</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 1005A</b> | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement;<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

# ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES

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| <b>CLIN 1006</b>  | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Inpatient professional<br/>encounter coding<br/>including surgery</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 1006A</b> | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement.<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |



# ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 1007</b>  | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Outpatient<br/>encounter/service coding</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 1007A</b> | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement.<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |                                    |                                    |          |
|-------------------|---|------------------------------------|------------------------------------|----------|
| <b>CLIN 1008</b>  | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Training Task:<br/>Training Workshop</p> <p>The contractor shall provide all labor, materials, transportation, and supervision necessary to perform the services as set forth in Performance Work Statement section 4.3.</p> | 1                                  | Each                               | \$ XX.XX |
| <b>CLIN 1008A</b> | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1                                  | Lot                                | NSP      |
| <b>CLIN 1009</b>  | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Other Direct Cost: Travel in accordance with Joint Federal Travel Regulations and Section 10.0 of the Performance Work Statement</p>   | Determined at the Task Order Level | Determined at the Task Order Level | N/A      |
| <b>CLIN 1009A</b> | <p>Period of Performance:<br/>12-19-2015 – 12-18-2016</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1                                  | Lot                                | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                    |   |                 |                      |                                |
|--------------------|---|-----------------|----------------------|--------------------------------|
|                    |   |                 |                      |                                |
| <b>YEAR 3</b>      |   |                 |                      |                                |
| <b>ITEM NUMBER</b> | <b>DESCRIPTION OF SUPPLIES/SERVICES</b>   | <b>QUANTITY</b> | <b>UNIT OF ISSUE</b> | <b>BPA PRICE PER UNIT (EA)</b> |
| <b>CLIN 2001</b>   | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Coding Services:<br/>Inpatient facility coding<br/>each discharge</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1Y.</p> | 1               | Each                 | \$ XX.XX                       |
| <b>CLIN 2001A</b>  | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement. This line item<br/>is not separately priced.</p>  | 1               | Lot                  | NSP                            |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 2002</b>  | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Coding Services:<br/>Inpatient Professional<br/>Encounters/Services<br/>Coding each encounter</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1Z.</p> | 1 | Each | \$ XX.XX |
| <b>CLIN 2002A</b> | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement. This line item<br/>is not separately priced.</p>  | 1 | Lot  | NSP      |
| <b>CLIN 2003</b>  | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Coding Services:<br/>Outpatient Coding each<br/>encounter</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1AA.</p>                                    | 1 | Each | \$ XX.XX |

# ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 2003A</b> | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1 | Lot  | NSP      |
| <b>CLIN 2004</b>  | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Coding Services:<br/>Surgery Coding each encounter</p> <p>The contractor shall provide all labor, materials, transportation, and supervision necessary to perform the services as set forth in Performance Work Statement section 4.1BB.</p> | 1 | Each | \$ XX.XX |
| <b>CLIN 2004A</b> | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 2005</b>  | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Inpatient facility<br/>(Diagnosis Related<br/>Group) coding</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 2005A</b> | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement;<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

# ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 2006</b>  | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Inpatient professional<br/>encounter coding<br/>including surgery</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 2006A</b> | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement.<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 2007</b>  | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Outpatient<br/>encounter/service coding</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 2007A</b> | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement.<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |



# ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES

|                   |   |                                    |                                    |          |
|-------------------|---|------------------------------------|------------------------------------|----------|
| <b>CLIN 2008</b>  | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Training Task:<br/>Training Workshop</p> <p>The contractor shall provide all labor, materials, transportation, and supervision necessary to perform the services as set forth in Performance Work Statement section 4.3.</p> | 1                                  | Each                               | \$ XX.XX |
| <b>CLIN 2008A</b> | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1                                  | Lot                                | NSP      |
| <b>CLIN 2009</b>  | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Other Direct Cost: Travel in accordance with Joint Federal Travel Regulations and Section 10.0 of the Performance Work Statement</p>   | Determined at the Task Order Level | Determined at the Task Order Level | N/A      |
| <b>CLIN 2009A</b> | <p>Period of Performance:<br/>12-19-2016 – 12-18-2017</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1                                  | Lot                                | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                        |   |                 |                          |  |
|------------------------|---|-----------------|--------------------------|--|
|                        |   |                 |                          |  |
| <b>YEAR 4</b>          |   |                 |                          |  |
| <b>ITEM<br/>NUMBER</b> | <b>DESCRIPTION OF<br/>SUPPLIES/SERVICES</b>   | <b>QUANTITY</b> | <b>UNIT OF<br/>ISSUE</b> | <b>BPA PRICE<br/>PER UNIT<br/>(EA)</b> |
| <b>CLIN 3001</b>       | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Coding Services:<br/>Inpatient facility coding<br/>each discharge</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1Y.</p> | 1               | Each                     | \$ XX.XX                               |
| <b>CLIN<br/>3001A</b>  | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement. This line item<br/>is not separately priced.</p>  | 1               | Lot                      | NSP                                    |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 3002</b>  | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Coding Services:<br/>Inpatient Professional<br/>Encounters/Services<br/>Coding each encounter</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1Z.</p> | 1 | Each | \$ XX.XX |
| <b>CLIN 3002A</b> | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement. This line item<br/>is not separately priced.</p>  | 1 | Lot  | NSP      |
| <b>CLIN 3003</b>  | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Coding Services:<br/>Outpatient Coding each<br/>encounter</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1AA.</p>                                    | 1 | Each | \$ XX.XX |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 3003A</b> | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1 | Lot  | NSP      |
| <b>CLIN 3004</b>  | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Coding Services:<br/>Surgery Coding each encounter</p> <p>The contractor shall provide all labor, materials, transportation, and supervision necessary to perform the services as set forth in Performance Work Statement section 4.1BB.</p> | 1 | Each | \$ XX.XX |
| <b>CLIN 3004A</b> | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 3005</b>  | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Inpatient facility<br/>(Diagnosis Related<br/>Group) coding</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 3005A</b> | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement;<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 3006</b>  | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Inpatient professional<br/>encounter coding<br/>including surgery</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 3006A</b> | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement.<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 3007</b>  | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Outpatient<br/>encounter/service coding</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 3007A</b> | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement.<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |                                    |                                    |          |
|-------------------|---|------------------------------------|------------------------------------|----------|
| <b>CLIN 3008</b>  | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Training Task:<br/>Training Workshop</p> <p>The contractor shall provide all labor, materials, transportation, and supervision necessary to perform the services as set forth in Performance Work Statement section 4.3.</p> | 1                                  | Each                               | \$ XX.XX |
| <b>CLIN 3008A</b> | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1                                  | Lot                                | NSP      |
| <b>CLIN 3009</b>  | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Other Direct Cost: Travel in accordance with Joint Federal Travel Regulations and Section 10.0 of the Performance Work Statement</p>   | Determined at the Task Order Level | Determined at the Task Order Level | N/A      |
| <b>CLIN 3009A</b> | <p>Period of Performance:<br/>12-19-2017 – 12-18-2018</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1                                  | Lot                                | NSP      |



**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                        |   |                 |                          |  |
|------------------------|---|-----------------|--------------------------|--|
|                        |   |                 |                          |  |
| <b>YEAR 5</b>          |   |                 |                          |  |
| <b>ITEM<br/>NUMBER</b> | <b>DESCRIPTION OF<br/>SUPPLIES/SERVICES</b>   | <b>QUANTITY</b> | <b>UNIT OF<br/>ISSUE</b> | <b>BPA<br/>PRICE PER<br/>UNIT (EA)</b> |
| <b>CLIN 4001</b>       | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Coding Services:<br/>Inpatient facility coding<br/>each discharge</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1Y.</p> | 1               | Each                     | \$ XX.XX                               |
| <b>CLIN<br/>4001A</b>  | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement. This line item<br/>is not separately priced.</p>  | 1               | Lot                      | NSP                                    |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 4002</b>  | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Coding Services:<br/>Inpatient Professional<br/>Encounters/Services<br/>Coding each encounter</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1Z.</p> | 1 | Each | \$ XX.XX |
| <b>CLIN 4002A</b> | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement. This line item<br/>is not separately priced.</p>  | 1 | Lot  | NSP      |
| <b>CLIN 4003</b>  | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Coding Services:<br/>Outpatient Coding each<br/>encounter</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.1AA.</p>                                    | 1 | Each | \$ XX.XX |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 4003A</b> | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1 | Lot  | NSP      |
| <b>CLIN 4004</b>  | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Coding Services:<br/>Surgery Coding each encounter</p> <p>The contractor shall provide all labor, materials, transportation, and supervision necessary to perform the services as set forth in Performance Work Statement section 4.1BB.</p> | 1 | Each | \$ XX.XX |
| <b>CLIN 4004A</b> | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 4005</b>  | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Inpatient facility<br/>(Diagnosis Related<br/>Group) coding</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 4005A</b> | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement;<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 4006</b>  | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Inpatient professional<br/>encounter coding<br/>including surgery</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 4006A</b> | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement.<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |   |      |          |
|-------------------|---|---|------|----------|
| <b>CLIN 4007</b>  | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>External Audit Task<br/>Audit: Each Chart:<br/>Outpatient<br/>encounter/service coding</p> <p>The contractor shall<br/>provide all labor,<br/>materials, transportation,<br/>and supervision necessary<br/>to perform the services as<br/>set forth in Performance<br/>Work Statement section<br/>4.2H.</p>  | 1 | Each | \$ XX.XX |
| <b>CLIN 4007A</b> | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Deliverables:<br/>Monthly and Quarterly<br/>Reports in accordance<br/>with sections 5.0 and 6.0<br/>of the Performance Work<br/>Statement.<br/>Project Plan in accordance<br/>with 4.2F and 6.0 of the<br/>PWS;<br/>Final Report of audit<br/>results Sections 4.2I, 4.2K<br/>and 6.0 of the PWS;<br/>Education Plan in<br/>accordance with Sections<br/>4.2L and 6.0 of the PWS.<br/>This line item is not<br/>separately priced.</p> | 1 | Lot  | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

|                   |   |                                    |                                    |          |
|-------------------|---|------------------------------------|------------------------------------|----------|
| <b>CLIN 4008</b>  | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Training Task:<br/>Training Workshop</p> <p>The contractor shall provide all labor, materials, transportation, and supervision necessary to perform the services as set forth in Performance Work Statement section 4.3.</p> | 1                                  | Each                               | \$ XX.XX |
| <b>CLIN 4008A</b> | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1                                  | Lot                                | NSP      |
| <b>CLIN 4009</b>  | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Other Direct Cost: Travel in accordance with Joint Federal Travel Regulations and Section 10.0 of the Performance Work Statement</p>   | Determined at the Task Order Level | Determined at the Task Order Level | N/A      |
| <b>CLIN 4009A</b> | <p>Period of Performance:<br/>12-19-2018 – 12-18-2019</p> <p>Deliverables:<br/>Monthly and Quarterly Reports in accordance with sections 5.0 and 6.0 of the Performance Work Statement. This line item is not separately priced.</p>  | 1                                  | Lot                                | NSP      |

**ORDERING INSTRUCTIONS FOR USING THE SAC HIM HEALTH RECORD CODING SERVICES**

**Attachment 3 – Revision History Table**

| Date       | Revision # | Document changes/comments  |
|------------|------------|--|
| 12/29/2014 | Original   | Ordering Guide for SAC HIM released  |
| 01/16/2015 | Revision 1 | <ol style="list-style-type: none"><li>1. Correct email address of Mr. Roger House/Managed Resources</li><li>2. Added Attachment 3 – Revision History Table</li></ol> |