



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
HCC11096

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH CARE AUTHORITY
SUITE 201
100 DEE DRIVE
CHARLESTON, WV
25311-1692 304-558-7000

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
04/08/2011				

BID OPENING DATE: **04/20/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ADDENDUM NO. 1</p> <p>1. QUESTIONS AND ANSWERS ATTACHED.</p> <p>2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.</p> <p>EXHIBIT 10</p> <p>REQUISITION NO.: HCC11096</p> <p>ADDENDUM ACKNOWLEDGEMENT</p> <p>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NO.'S:</p> <p>NO. 1</p> <p>NO. 2</p> <p>NO. 3</p> <p>NO. 4</p> <p>NO. 5</p> <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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 25311-1692 304-558-7000

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04/08/2011				

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<p>THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p>..... SIGNATURE COMPANY DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p>END OF ADDENDUM NO. 1</p>						

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	EA		920-21-01-001		
DATA ENTRY: MIS - HUMAN SERVICES						
***** THIS IS THE END OF RFQ HCC11096 ***** TOTAL:						

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Date: 3/31/11

SIGN IN SHEET

Request for Proposal No. HCC11096

PLEASE PRINT

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

TELEPHONE & FAX NUMBERS

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>DATA DAY RESOURCES</u>	<u>SUO COMMONWEALTH DR</u>	PHONE <u>724 772 7213</u>
Rep: <u>STEVE SEKELY</u>	<u>WARRENDALE PA 15088</u>	TOLL FREE <u>800 974 2627 X 7213</u>
Email Address: <u>SEKELY@DATADAYRESOURCES.COM</u>		FAX <u>724 772 8775</u>
Company: <u>THOMSON REUTERS</u>	<u>777 EISENHOWER PARKWAY</u>	PHONE <u>734 913 3417</u>
Rep: <u>TIM ZALESKI</u>	<u>ANN ARBOR, MICH 48109</u>	TOLL FREE
Email Address: <u>TIM.ZALESKI@THOMSONREUTERS.COM</u>		FAX <u>734-913-3850</u>
Company: <u>THOMSON REUTERS</u>	<u>SAME AS ABOVE</u>	PHONE <u>704-321-0101</u>
Rep: <u>WALTER ROSENTHAL</u>		TOLL FREE
Email Address: <u>WALTER.ROSENTHAL@THOMSONREUTERS.COM</u>		FAX <u>303-804-2989</u>
Company: <u>Ingenix</u>	<u>118 Capitol Street</u>	PHONE <u>(508) 308-2085</u>
Rep: <u>Chris Hall</u>	<u>Charleston, WV 25801</u>	TOLL FREE
Email Address: <u>US - WV @ingenixgs.com</u>		FAX <u>304-345-8111</u>
Company: <u>Social Scientific Systems</u>	<u>8757 Georgia Ave, 12th fl</u>	PHONE <u>301 628 3263</u>
Rep: <u>Christina Larson Chhabili</u>	<u>Silver Spring, MD 20910</u>	TOLL FREE
Email Address: <u>Cchhabili@s3.com</u>		FAX

Date: 3/31/11

SIGN IN SHEET

Request for Proposal No. HCC11096

PLEASE PRINT

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME		MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company:	Social & Scientific System		PHONE 301-628-3057
Rep:	Brauka Sekis		TOLL FREE
Email Address:	bsekis@s-3.com		FAX 301-628-3000
Company:			PHONE
Rep:			TOLL FREE
Email Address:			FAX
Company:			PHONE
Rep:			TOLL FREE
Email Address:			FAX
Company:			PHONE
Rep:			TOLL FREE
Email Address:			FAX



**West Virginia
Hospital Inpatient Data System**

***RFP # HCC11-096
Mandatory Pre-Bid Vendor Conference***

**West Virginia Health Care Authority
Charleston, WV • March 31, 2011 • 1:00 pm**

Remember

- All Vendors must sign-in today. Failure to sign-in will result in disqualification.
 - Our answers today are not binding. All questions must be submitted in writing to the Purchasing Division by April 4, via mail, email (Roberta.A.Wagner@wv.gov) or fax (304-558-4115). Official written responses will be released in an Addendum to the RFP.
 - The successful bidder must be registered with the Purchasing Division prior to contract award. Registration requires a \$125 fee. Visit the Purchasing website or contact Roberta Wagner.
- Purchasing Website: www.state.wv.us/admin/purchase/default.html

Agenda

- **HCA Overview**
- **WVHIDS Overview**
- **RFP Summary**
- **Vendor Questions**



WVHCA Staff

- **Harriett Fitzgerald, Executive Director**
- **Kristi Pritt, CFO**
- **Sallie Milam, WV Chief Privacy Officer**
- **John Grey, Director of IT and Security Officer**
- **Amy Wenmoth, Director of Clinical Analysis**
- **Sheila Chapman, Health Data Analyst**
- **Jessica Toth, Epidemiologist**
- **Paula Clay, Procurement Officer**

WVHCA Vision and Mission

Vision

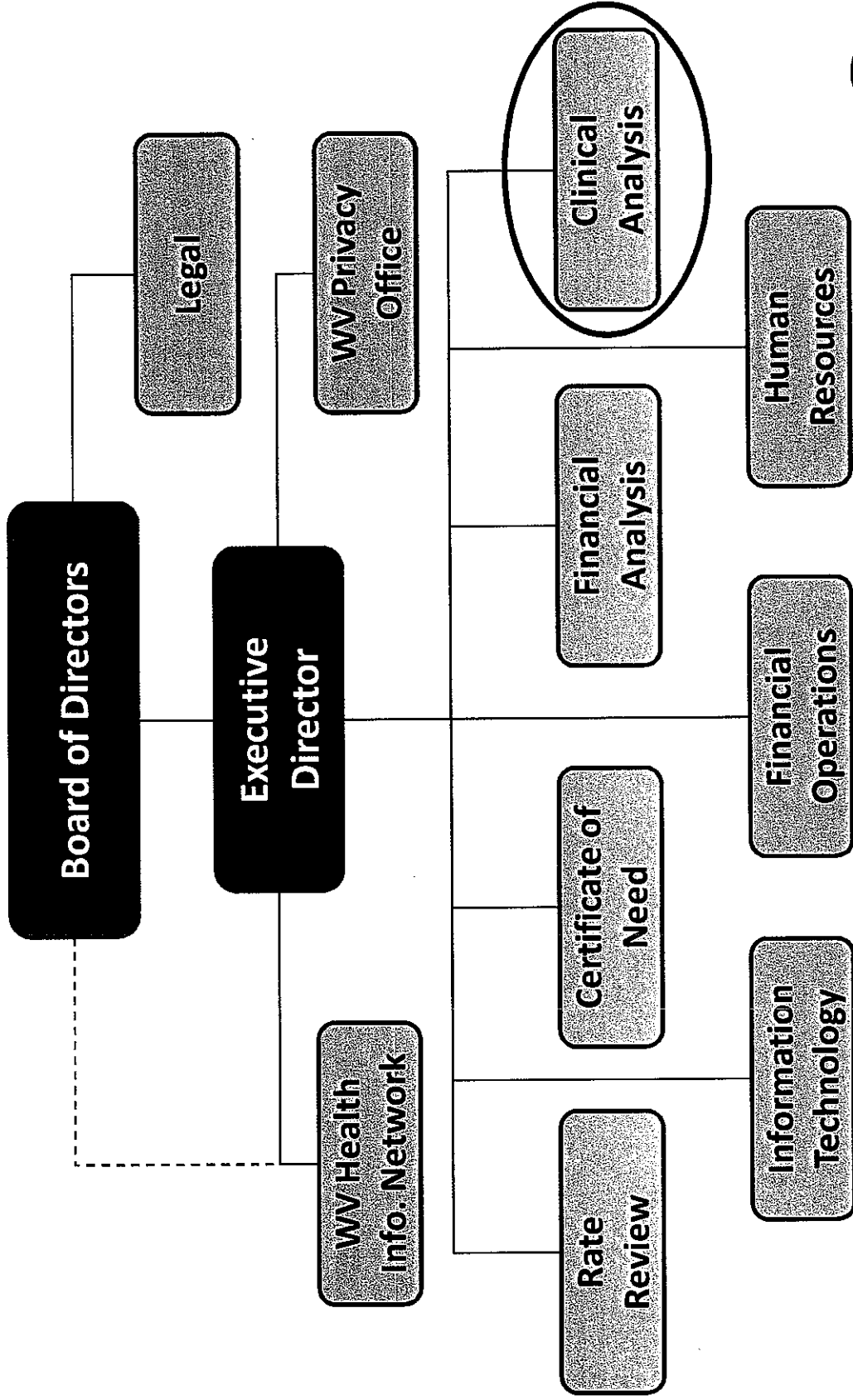
All West Virginians will have appropriate access to a continuum of affordable, quality, coordinated health care services.

Mission

The HCA will work with public and private sector entities to:

- Protect citizens from unreasonable increases in the cost of health care services;
- Assure the collection, analysis, and dissemination of health related information to citizens, providers, policy makers, and other customers;
- Promote appropriate distribution of health care services; and,
- Promote the financial viability of the health care delivery system.

WVHCA Structure



WV Hospital Inpatient Data System (WVHIDS)

- WVHIDS is comprised of inpatient Uniform Billing (UB) data from all non-federal hospitals in WV.
- 62 hospitals (including acute, psychiatric, long-term care, and rehabilitation facilities) report data monthly.
- All but 4 hospitals have transitioned from a UB-04 file submission format to a 837I 4010 file format.
- Hospitals are permitted to submit multiple records for a single discharge, including interim, replacement, and late charges bills. These records are adjudicated by the Vendor to create a final analytic record. In 2009, ~305,000 records were submitted, representing ~293,000 discharges.

WVHIDS, cont.

- **Data are submitted electronically through a secure online submission system.**
- **Record-level and batch-level edits are applied to the data to assess completeness and quality. Errors must be corrected before the data can be submitted to the master database.**
- **A series of online data quality reports are available to assist hospitals and the HCA in data review.**
- **Quarterly, the HCA reconciles the data to other external sources. This often results in hospitals resubmitting or editing previously submitted data to correct discrepancies and errors.**

WVHIDS, cont.

- HCA receives weekly data files in text format with corresponding SAS import code. These files contain the data submitted by hospitals, as well as value-added fields created by the Vendor, such as clinical groupers, payer classifications, patient age, and county of residence.
- There is wide variation in hospital expertise, experience, and resources. Expect to work closely and frequently with HCA and hospitals to resolve issues.



WVHIDS Goals

- **Implement 837I 5010 format and ICD-10-CM**
- **Improve the adjudication process**
- **Increase and enhance the analysis and dissemination of data**
- **Enhance the collection of NPI**
- **Revise the HCA payer coding system**
- **Identify and implement methods to track patients across hospital settings and time**

WVHIDS Documentation

- **HCA website (www.hcawv.org/FinDisc/WVHIDS_Website.htm)**
 - Policies and Procedures
 - Data Element Specifications
 - UB-04 File Format
- **RFP Attachments**
 - Attachment D: 837I Companion Guide
 - Attachment E: Analytic File Contents
 - A revised table will be released with the Addendum
 - 1 new required submitted field = Admit from ER Condition Code
 - 1 new required value-added field = FIPS state/county code



RFP Timeline

- **RFP Released** **March 21, 2011**
- **Pre-Bid Conference** **March 31, 2011**
- **Question Deadline*** **April 4, 2011**
- **Bid Opening Date** **April 20, 2011, 1:30pm**
- **Oral Demonstration** **Will be Notified by Agency**
- **Cost Bid Opening** **Will be Notified by Purchasing**

** Questions must be submitted in writing to the Purchasing Division.
Do not contact the Health Care Authority.*

RFP Response

Attachment A: Vendor Response Sheet

- **Qualifications and Experience**
- **Project Goals and Objectives**
 - Data Collection, Processing, and Editing
 - Documentation and Technical Support
 - Analytic Files
 - Data Security and Privacy
 - Project Management
 - Optional Services

RFP Response

Attachment B: Mandatory Specification Checklist

- **Mandatory Requirements – failure to meet these specifications will result in disqualification**
- **Mandatory Deliverables – failure to deliver these services may result in financial penalties per Section 5.10**
- **Must certify that your response meets or exceeds the Mandatory Specifications in Attachment B**

RFP Response

Attachment C: Cost Sheet

- Table 1 – Annual Project Costs
- Table 2 – Annual Optional Costs
- Table 3 – Subcontractor Services and Costs
- Final Total Project Cost = Table 1 + Table 2 (will be applied to Cost Score Formula per Section 4.2)

Oral Demonstration

- **Presentation summarizing response to Project Goals & Objectives**
- **Demonstration of proposed online submission and editing system**
- **Samples of proposed data quality reports, analytic reports, and technical documentation**
- **The designated Project Manager and Functional/Operational Lead must attend**
- **May not alter or add to the submitted proposal at the oral demonstration**

Evaluation

Technical Score

- 5-Member Evaluation Committee at HCA
- Final Technical Scores approved by the Purchasing Division
- 70 Points Possible
- Vendors scoring less than 70% (49) of the total points will be disqualified and removed from further consideration

Cost Score

$$\frac{\text{Lowest price of all proposals}}{\text{Price of your proposal}} \times 30 = \text{Cost Score}$$



Evaluation

Criteria	Total Possible Score
Qualifications and Experience	15
Response to Goals and Objectives	45
Oral Demonstration	10
Cost*	30
Total Points Possible	100

**Cost bids will only be opened if the bidder receives 70% (49) of the total technical points possible. All bidders will be invited to the Cost Opening.*

Contract Award – Terms & Conditions

- **All bidders will receive notification of status from Purchasing**
 - Unsuccessful bidders will receive a letter via fax and mail
 - Successful bidder will receive a Purchase Order which serves as official notification. Prior to the issuance of the P.O., Purchasing will request documentation that all required contract specifications, terms, and conditions are met (i.e., insurance requirements, vendor registration, etc.)
- **Contract length is (1) year with the option of (4) 12-month renewals**
- **Fixed costs shall be billed quarterly at the end of each quarter; Optional costs shall be billed monthly upon delivery**



Contract Award – Terms & Conditions

- **No change to the contract or scope of work shall occur without a written change order from Purchasing (RFP 5.7)**
- **Vendor is subject to liquidated damages at the rate of \$1,000 per day for failure to provide mandatory deliverables or meet mutually agreed upon milestones or timeframes (RFP 5.10)**
- **Contract may be terminated by the State immediately if vendor fails to meet terms (after advance notice and opportunity for remedy), or within 30 days notice pursuant to WV Code of State Rules §148-1-7.16.2 (RFP 5.11)**

Addendum

- **The Purchasing Division will release an Addendum containing:**
 - **Pre-Bid meeting slides and sign-in sheet**
 - **Responses to submitted questions**
 - **Any additional documents, including revised Attachment E**
- **The Addendum will be mailed or faxed to you and scanned to the Purchasing website.**

Vendor Questions

- RFP Format/Submission Questions
- Technical/Project Questions

West Virginia Health Care Authority
Hospital Inpatient Data System
RFP # HCC11-096

Responses to Vendor Questions

1. **What is the amount spent on this contract during the initial 3-year contract term?**

Response:

Refer to Attachment I for the cost proposal submitted by the current Vendor to the last RFP.

2. **Please indicate the amount of contract spending by year that was billed for mandatory services and the amount that was allocated to the optional services.**

Response:

Refer to Attachment I for the cost proposal submitted by the current Vendor in the last RFP.

3. **Has there been an extension or modification to the incumbent contact, in terms of period of performance and funding amounts, and if so, please share the modified period of performance, and contract spending for that extension/modification.**

Response:

The contract was extended for an additional 12 months through June 5, 2011 at the current spending level while the RFP process was being implemented.

4. **If options for services other than mandatory have been exercised, please share which options were utilized, and how much was authorized/spent for each?**

Response:

The only optional services utilized for the three year period was the "Public Use Database Files (PUF) and files for the AHRQIH-CUP" at \$50,000 annually.

5. For Appendix A, Optional Services in section 2.4.6.8, HCA requests the vendor to identify, collect, edit, maintain, and provide to the HCA data for services rendered in non-inpatient settings using methods and processes comparable to inpatient data collection, for each of the following categories:

- 2.4.6.8.1 Emergency department data
- 2.4.6.8.2 Outpatient surgery data from hospitals
- 2.4.6.8.3 Outpatient observation stays
- 2.4.6.8.4 Outpatient diagnostic and therapeutic hospital services
- 2.4.6.8.5 Outpatient physician office visits of other types of hospital outpatient services

For each of these optional services, is the vendor expected to enhance the data by creating additional fields for each category?

Response:

In the Technical Proposal, Vendors should provide their best proposal for how to collect and provide to the HCA data for services in non-inpatient settings. If this proposal includes the development of additional (analytic) fields, then the cost for creating these fields should be included in the Cost Proposal.

6. **What is the expected award date? What is the expected start date?**

Response:

The current contract expires on June 5, 2011. The new contract will start immediately upon official notification from the West Virginia Purchasing Division of the award.

7. **Would it be possible for me to receive the winning bid from the previous RFQ for the same services?**

Response:

Refer to Attachment I for the cost proposal submitted by the current Vendor to the last RFP. To obtain a copy of the technical proposals submitted by the vendors for the last RFP (# HCC06225A), contact the Beverly Toler at the Purchasing Division at 304-558-2336.

8. Attachment B, section 2.5.1, states: "The Vendor SHALL agree that all data and any software, programming code (including code to implement editing and adjudication procedures, and to create non-proprietary analytic fields), file formats, or other deliverables developed to fulfill the contract requirements, be the sole property of the HCA." As the system we are proposing is proprietary and is currently being used in other states, we would like to request that this requirement be amended to: "The Vendor SHALL agree that all data shall be the sole property of HCA. Vendor MAY provide a software escrow agreement for proprietary software it proposes to license to HCA."

Response:

This amendment is rejected. This requirement applies to all deliverables developed to fulfill the contract requirements. The intent of this provision is to make items developed by the Vendor on behalf of the HCA the sole property of the HCA and not the Vendor. It does not apply to proprietary software or tools included in the proposal that the Vendor has already developed.

9. For Appendix A, Optional Services in section 2.4.6.8, HCA requests the vendor to identify, collect, edit, maintain, and provide to the HCA data for services rendered in non-inpatient settings using methods and processes comparable to inpatient data collection, for each of the following categories:

- 2.4.6.8.1 Emergency department data
- 2.4.6.8.2 Outpatient surgery data from hospitals
- 2.4.6.8.3 Outpatient observation stays
- 2.4.6.8.4 Outpatient diagnostic and therapeutic hospital services
- 2.4.6.8.5 Outpatient physician office visits of other types of hospital outpatient services

Please respond to the following questions for each of these optional services:

- i. What is the expected annual number of records to be processed for each category?

Response:

Complete data on hospital outpatient visits is not available. The best data available is reported annually by hospitals on the Uniform Financial Report. For Fiscal Year 2009, hospitals reported 4,823,924 outpatient visits, 1,169,943 emergency department visits, 230,390 ambulatory surgeries, and 94,476 observation visits.

- ii. Is the vendor expected to enhance the data by creating additional fields for each category?

Response:

In the Technical Proposal, Vendors should provide their best proposal for how to collect and provide to the HCA data for services in non-inpatient settings. If this proposal includes the development of additional (analytic) fields, then the cost for creating these fields should be included in the Cost Proposal.

10. Will the RFP response serve as the statement of work for the project or will there be a separate contract (SOW)?

The winning Vendor's RFP will become the Statement of Work for the project. The Purchasing Division will issue a formal purchase order memorializing the terms of the contract, referencing the RFP and including any additional forms such as the WV-96, Purchasing Affidavit, etc. that must be attached. The winning vendor will be required to submit an annual work plan to the agency, which will further clarify the information submitted in the original RFP and the specific activities to be implemented each year. The annual work plan must be consistent with the scope of work of the original RFP and contract.

Attachment I

COST PROPOSAL

The Cost Proposal must be provided separately from the Technical Proposal in a separate sealed envelope. Costs quoted shall be all-inclusive. No separate reimbursement will be made to the vendor for training, travel or any other expenses.

RFP MANDATORY and OPTIONAL REQUIREMENTS:

Mandatory Services (See Section 3.1):	Cost
A. Total All-Inclusive Cost for First Year Mandatory Items.	\$ 467,440 +\$.40/record*
B. Total All-Inclusive Cost for Second Year Mandatory Items.	\$ 331,515 +\$.40/record*
C. Total All-Inclusive Cost for Third Year Mandatory Items.	\$ 346,966 + \$.40/record*
Grand Total of Mandatory Items in A, B, and C above. (This is the only cost line that will be scored).	\$1,145,921
Pricing for Optional Services (Cost for optional services will not be included in the Cost Score).	
3.2.1 Reformat hospital inpatient data from other states for integration with HCA data as requested (quoted as per state per year).	\$10,000 Per state, per year
3.2.2 Develop "Public Use Database Files (PUF)" and files for AHRQIH-CUP.	\$50,000 Per year
3.2.3 Software tools for use of PUF files to be made available on the agency's website as requested.	\$25,000 Per year
3.2.4 Fulfill customer requests for billing data as requested by the WVHCA in accordance with then current WVHCA policies and procedures; \$___ per data request.	\$ 5,000 Per data request
3.2.5 Training and programming services specifically for SAS, SAS software products and integration of SAS software products (all inclusive; no separate amounts allowed for travel):	\$3,000 per Diem

* Please note that the total annual amounts for all three years will decrease by \$22,500 and .40/record should the HCA use Disease Staging instead of APR-DRGs as their risk-adjustment methodology. Also, HCA may be able to received better pricing than vendors do by purchasing the APR-DRG grouper directly from 3M, then provide to Medstat to process the records on behalf of HCA.

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<p>3.2.6 Total All-Inclusive Costs for Outpatient Data collection, editing, reconciliation, cleaning, application of groupers and coding adjustments quoted PER YEAR for the following except where indicated below (number references RFP reference number). \$75,000 YEAR 1 \$50,000 YEARS 2 + 3</p>	
<p>3.2.6.1 Emergency Department data: \$ _____ PER YEAR</p>	<p>Included Per year</p>
<p>3.2.6.2 Outpatient surgery data from hospitals: \$ _____ PER YEAR</p>	<p>Included Per year</p>
<p>3.2.6.2.1 Outpatient surgery data from outpatient surgery centers:</p>	<p>Included per record, not to exceed \$ _____ per year</p>
<p>3.2.6.3 Outpatient observation stays: \$ _____ Per Year</p>	<p>Included Per year</p>
<p>3.2.6.4 Outpatient diagnostic and therapeutic Services:</p>	<p>Included Per year</p>
<p>3.2.6.4.1 Non-hospital based outpatient diagnostic and therapeutic services:</p>	<p>Included per encounter record, not to exceed \$ _____ per year</p>
<p>3.2.6.5 Outpatient physician office visits or other types of hospital outpatient services:</p>	<p>Included Per year</p>
<p>3.2.6.5.1 Non-hospital based outpatient physician office visits or other types of outpatient services:</p>	<p>Included per record, not to exceed \$ _____ per year</p>
<p>3.2.7 (et seq.) Analytic Reports</p>	<p>\$2,500 per report if run by vendor</p>
<p>3.2.7 (et seq.) Analytic Reports Creation of report template or software programming code for re-use by HCA.</p>	<p>\$2,500 per report or per report template</p>
<p>3.2.7 (et seq.) Analytic, interactive software reporting tools furnished by vendor. Total First Year Cost for analytic software reporting tools.</p>	<p>\$46,500</p>
<p>Total Second Year Cost for analytic software reporting tools.</p>	<p>\$35,700</p>
<p>Total Third Year Cost for analytic software reporting tools.</p>	<p>\$37,486</p>

Revised

Attachment E: Analytic File Contents

West Virginia Health Care Authority • Hospital Inpatient Data System

Field Name	Field Label	Notes
MASTKEY	Record Count	
HOSPID	Hospital ID-four digit code	
PROVM	Main hospital medicare provider number	
UNIQUE_1	HCA unique hospital number	Mapped from HOSPID via Hospital Reference table
FEIN	Federal tax number	
HNAME1	Hospital Name	Hospital name mapped from HOSPID
HOSPID2	Hospital unit ID-four digit code	
PROV	Medical provider number (detailed)	
PATNO	Patient control number	
MRN	Medical record number	
BTYPE	Type of bill	
BILLCAT	The first 2 digit of BTYPE	Parsed from BTYPE
DISCTYPE	H-inpatient,L-LTC, S-Swing bed, O-others	Mapped from BILLCAT (see Code Maps tab)
ADMIT	Admission date	
SDATE	Admission date-Begin date of hosp stay	
EDATE	Discharge date-Ending date of hosp stay	
YEAR	Year of EDATE	Parsed from EDATE
MON	Month of EDATE	Parsed from EDATE
B_MONTH	Billing month flag for the current year	"123456789ABC" code based on SDATE/EDATE
BATCHID	Batch ID-four digit code	
BATDATE	Date batch prepared	
STEPNUM	Processing step number	
BATNO	HCA batch number	
MASTERF	1 - flag records for master file	1=record from master dataset
ANFLAG	1 - flag records for analysis file	1=analytic claim
COMBFLAG	1 - flag new combined records	1=combined claim
COMPLETE	Y - complete discharge	Y=part of complete set of intermediate claims (xx4, xx3 (if any) and xx2)
NPAYOR1	Primary payor	
NPAYOR2	Secondary payor	
NPAYOR3	Tertiary payor	
NEWPAY1	Primary payor without leading H	Parsed from NPAYOR1
NEWPAY2	Secondary payor without leading H	Parsed from NPAYOR2
NEWPAY3	Tertiary payor without leading H	Parsed from NPAYOR3
PAYOR1	Category of primary payor	
PAYOR2	Category of secondary payor	

Field Name	Field Label	Notes
PAYOR3	Category of tertiary payor	
PAYTYP	The first 2 digits of NEWPAY1	Parsed from NEWPAY1
PAYGRP	Payor group	Mapped from PATYP: Coded 1-14
HMO	HMO payor type	"HMO" when 4th digit of NPAYOR1 = 4
DIAG1	Principle diagnosis	
DIAG2-DIAG18	Other diagnosis	
ECODE	External cause of injury	
ADMDIAG	Admitting Diagnosis Code	
ACCSTATE	Accident State	
PROC1	Principle procedure	
PROC2-PROC6	Other procedure	
DRG_APR*	APR-DRG in effect on discharge date	APR DRG grouper in effect on EDATE
MDC_APR*	APR-MDC in effect on discharge date	APR DRG grouper in effect on EDATE
RTC_APR*	Return code of APR DRG and MDC	APR DRG grouper in effect on EDATE
DRG	DRG in effect on discharge date	CMS grouper in effect on EDATE
MDC_HCF	MDC in effect on discharge date	CMS grouper in effect on EDATE
RTC_HCF	Return code of DRG and MDC	CMS grouper in effect on EDATE
WEIGHT	DRG weight imported from CMS tables	CMS grouper in effect on EDATE
MDC	MDC imported from CMS tables	CMS grouper in effect on EDATE
DRG_InitialHCF	Initial DRG in effect on discharge date	CMS grouper in effect on EDATE - Ignoring POA
MDC_InitialHCF	Initial MDC in effect on discharge date	CMS grouper in effect on EDATE - Ignoring POA
DRG_InitialAPR*	APR-Initial DRG in effect on discharge date	APR DRG grouper in effect on EDATE - Ignoring POA
MDC_InitialAPR*	APR-Initial MDC in effect on discharge date	APR DRG grouper in effect on EDATE - Ignoring POA
WEIGHT_InitialHCF	CMS Weight for Initial DRG	CMS grouper in effect on EDATE
CHG1-CHG45	Charges (by revenue code)	Charges 46-119 included in additional file
RC1-RC45	Revenue code	Charges 46-119 included in additional file
U1-U45	Units of service	Charges 46-119 included in additional file
TACHG	Total Ancillary Charges	Sum of Ancillary Charges
TCHG	Total Charge - created (rectype=50,60)	
TRCHG	Total Room Charges	Sum of Accommodation Charges
CHG_FLAG	1=more than 45 charge elements, 0=not	Charges 46-119 included in additional file
ZIP	Patient zipcode	
ZIP4	Patient zipcode 4	Not collected in 837 format
STATE	Patient state	Mapped from ZIP
COUNTY	Patient county	Mapped from ZIP
CTYPE	State/county groupings	Mapped from STATE/COUNTY: BORDERS, BORDR ST, IN-STATE, INVALID, NON-BORD
GRP	Category of state and county groupings	Mapped from STATE: 1=WV, 2=Other, 3=Invalid
BMC	Patient birth month	
BDAY	Patient birth day	
BYEAR	Patient birth year	

Field Name	Field Label	Notes
AGE	Patient age on admission-created	
AG	Age category	Mapped from AGE: 1=<15, 2=15-44, 3=45-64, 4=65+
SEX	Patient sex	
LOS	Length of stay in days-created	
MSTAT	Marital status	
SRCE	Source of admission	
TYPEAD	Type of admission	
PSTAT	Patient status	
PID1	Attending physician ID	
PID2	Other physician ID	
NPI	NPI	
NPI_ATT	Attending NPI	
NPI_OP	Operating NPI	
NPI_OTH1	Other NPI	
NPI_OTH2	Other NPI	
RACE	Patient Race	
ETHNICITY	Patient Ethnicity	Not collected in 837 format
POA1-POA18	Present on Admission Codes	
EPOA	External Cause of Injury Present on Admission	
FIPS	State/county FIPS code	New required analytic field
CCODE	Admit from ER Condition Code (P7)	New required submitted field effective with discharges on January 1, 2011

* Inclusion of this field is negotiable