

**Iowa Department of Public Health
Division of Acute Disease Prevention and Emergency Response
Bureau of Immunization and Tuberculosis
Immunization Services Request for Proposal 58813011**

Interim Written Question and Response Document

**Round 1: Written Questions and Responses for questions submitted through
April 16, 2013**

Posted April 18, 2013

Q1. If our needs assessment and quote received from Randy Schwager was more than the anticipated \$11,250 do we submit a request for funding for the \$11,250 as stated in 1.05 or our entire quote?

A 1. The request submitted should be based upon the amount agreed upon in the needs assessment plus other expenses not listed in the needs assessment such as travel or training. Billing personnel expenses can be included if these were not captured in the needs assessment. All expenses need to be reasonable and justified.

Q2. Do we put the expense for purchasing this software identified in our needs assessment under “other” expense on the budget or “contractual” expense on the budget?

A 2. This goes under the contract line item since you will be signing a contract for the initial startup, support, maintenance and data storing.

Q3. If the \$11,250 is the maximum amount of funding for this project and our department produces “in-kind” to purchase the software identified in our needs assessment, do you want our department to list the extra costs not covered by this RFP as “in-kind”?

A 3. \$11,250 is the average award and not the maximum award. You do not need to provide in-kind justification. See question and answer number 1.

Q4. What is the maximum amount of funds an agency can apply for? The instructions state funds are not to exceed the amounts outlined in section 1.05. However, Section 1.05 only lists the average award amount but award amounts are based upon guidance from our billing needs assessment along with language that states individual contact funding levels may vary from what is listed in our billing needs assessment.

A 4. There is no maximum amount listed. See question and answer number 1.

Q5. The total amount listed on our needs assessment only covers ITEMS to purchase (not staff time). However, one of the objectives is to support personnel in billing, contracting, credentialing, coding, and other components. Are we allowed to prioritize which items listed on our needs assessment we want to purchase and then utilize the remaining funding to support personnel in the billing process? In other words, not purchase everything on our billing needs assessment and redirect funding to support personnel.

A 5. See question and answer number 1.

Q6. Are there any planned trainings that staff would need to travel? If so, how many are anticipated and would any of them require overnight travel? This information will be useful in developing our budget.

A 6. Currently, no billing trainings are planned. It is possible a seminar on coding and HIPPA may be offered. Trainings will be developed based upon the needs or requests of the LPHAs. It is anticipated the trainings would not require overnight travel.

Q7. Attachment C asks for Cost of Vaccine. Do you want us to list every vaccine we plan to use with each age group in this table along with the vaccine cost. If so, are you wanting our cost to purchase the vaccine, the cost of the vaccine we will be charging the client, or both?

A 7. . No, it is not necessary to list the vaccine for each age group. The intent of this question is to determine your plan to bill for the cost of vaccine for the different services listed. A checkmark in the appropriate box is suitable.

Q8. The proposal states an entity cannot ask for more than the amount listed in 1.05. Does that refer to the total amount or the \$11,250? Our needs assessment that was completed is more than the \$11,250.

A.8. See question Q.1

Q9. Please clarify the following question from the RFP: “Does your agency provide Home Care Services? If so, does the billing plan include billing with or separate from Home Care Services? Please explain.” Is this asking if we will potentially be able to use the software purchased for immunization billing to bill for homecare services someday?

A.9. The intent of the question was to understand the LPHAs current billing experience, resources and billing software being used. The billing software purchased does not have to be exclusively for immunizations.

Q10. I would appreciate some clarification to determine budget requests. Can you clarify if there will be statewide or regional meetings to involve travel expense or will most meetings take place via teleconference and webinar? How often and where will trainings be held and will any overnight stays be expected?

A.10. See question and answer number 6.

Q11. In attachment C regarding our agency's Business Organization form on SharePoint. I am having problems finding this document. Can you tell me where I might find it? Or, is this something new?

A.11. If an agency has their Business Organization form completed in SharePoint then it would be located under the document library in the business organization file. If you do not have one completed, the form is located on SharePoint Home Page under Shared Documents.

Q12. What trainings or TA will be available to educate staff on credentialing and billing process?

A.12. Medical Billing Services is available to provide one-on-one assistance with credentialing and to provide technical assistance with the billing process. The credentialing request does not need to part of your application nor should you include the cost of credentialing in your budget .

Q13. Other than possible travel, will there be any charges for training?

A.13. No.

Q14. Is it permissible to expand billing for one age group and not the other, i.e. bill for adult and adolescent but not childhood?

A.14. Yes, billing activities can be determined based upon immunization services provided by LPHAs and the billing needs assessment.

Q15. Does the state have policy and procedure templates specific for medical billing services?

A.15. Templates were provided in the 2011 Billing Toolkit presented in the Billing Symposiums. Medical Billing Services is available to assist agencies in developing their policies and procedures.

Q16. On the Needs Assessment that Medical Billing Services provides there are some areas not completed. Do we complete the questions not answered prior to submitting?

A.16. There is no need to complete the unanswered questions since these were deemed not relevant for your agency.

Q17. Can the grant be utilized for staff time to perform monthly billing during the contract year or is it intended only for the time spent to initiate the billing system?

A.17. Yes, grant funds may be used for staff time to perform billing related activities.

Q18. Can grant funding be utilized for advertisement of the new billing service, which may include media and public health signage for the public health site?

A.18. Yes

Q19. I would like to know if we are allowed to request more for funding to provide for staff education and time credentialing etc? Do we add what we anticipate the need will be in addition to the information for hardware that is provided to us by Medical Billing Services? Is there an indirect 15% that can be budgeted in?

A.19. See question and answer number 1 regarding funding and section 3.03 of the RFP regarding indirect/admin costs.

Round 2: Written Questions and Responses for questions submitted through April 23, 2013

Posted April 25, 2013

Q20. I am wondering in this RFP the billing needs assessment completed by HS Medical Billing Services, Inc., is this something we should already have had done or can we apply for this grant and then have the assessment complete. I would like to apply but we do not have this assessment complete.

A.20 The Immunization Program in collaboration with HS Medical Billing held conference calls regarding the billing program on October 24 and 31, 2012 to discuss the upcoming funding opportunity and needs assessment. The following message was sent to LPHA administrators via e-mail on October 31, 2013: "To qualify for funding, all interested LPHA will need to participate in an RFP process that requires LPHAs to take part in a billing program needs

assessment conducted by HS Medical Billing.” If you have not had a billing program needs assessment completed by Medical Billing Services contact them at info@medicalbillingservices.com or 1-800-805-1654 ext. 216.

Q21. I am trying to enter our county and agency on attachment f. The fields are protected.

A.21 Once the document is open, click on the enable edit button on top of the document to enter the information in the yellow cells. The worksheet is protected and you can only enter information in the cells highlighted in yellow.

Q22. Table in Attachment C (under Staffing) asks to describe staffing plans for the billing program in the area of “Follow Up”. Can you elaborate on what type of activities would fall under “Follow Up”?

A.22 Billing requires an agency to consistently follow-up on claims submitted to 3rd party payers to ensure they are paid in a timely manner. Also, if a claim is denied by the insurance company or if it is paid incorrectly, it is necessary to correct the claim and resubmit it for payment. We included follow-up to make sure you consider this workload in your planning process.

Q23. I have saved the RFP information that Marnell sent to us. But when I go to the documents to start to input information, it says that it is a Read Only document...how can I get this changed so that I can complete the RFP? I was trying to work in the copy of billing attachments section. Both of those documents said Read Only at the top of them. I didn't notice this when I saved them.

A.23 Posted attachments are word documents so agencies can enter information. Once the document is open, click on the enable edit button on top of the document to enter information, check how you saved the documents and resave as necessary, and see if more than one version is open on your computer.