

Submission of Written Questions

Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by ADH. The Vendor may add as many lines as needed. ADH would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines. **Instructions:** Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question	Reference (page number, section number, paragraph)	Specific IFB Language	Question	Response
1	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, Page 9 Section 2.3 PROSPECTIVE CONTRACTOR QUALIFICATIONS, bullet point E.	E. The Prospective Contractor shall have a minimum of 40 hospitals located in Arkansas where there is an existing Business Associate Agreement (BAA) in place.	Does the requirement to have a minimum of 40 hospitals in Arkansas with an existing Business Associate Agreement (BAA) need to be met at the time of bid submission, or is it expected to be in place upon award of the contract?	See IFB section 2.3.
2	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, Page 9 Section 2.3 PROSPECTIVE CONTRACTOR QUALIFICATIONS, bullet point F.	F. The Contractor shall provide a dedicated care coordinator, based in Arkansas, who will be responsible for overseeing the relationship with ADH.	Will periodic scheduled in-person meetings and virtual support be acceptable?	Yes
3	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, Page 2 Section 1.2 TYPE OF CONTRACT, bullet point B.	B. The anticipated starting date for any resulting contract is November 1, 2025, except that the actual contract start date may be adjusted forward unilaterally by the State for up to three (3) calendar months.	Would the end date of June 30, 2026 also be adjusted forward for the same amount of time?	No; this is the end date of the fiscal year.
4	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, Page 9 Section 2.4 ABSTRACTION REQUIREMENTS, bullet point B.	B. The Contractor shall input into the ASR data variables which are specified in Appendix A: ASR Abstraction Data Variables, attached with the solicitation documents, and include elements that are required to save the case as complete. See Appendix A: ASR Abstraction Data Variables.	Does this mean that of the data elements listed on the Appendix A: ASR Abstraction Data Variables form, only those data elements required to save the case as complete in the GWTG Registry will be abstracted?	Yes.
5	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, Page 9 Section 2.3 ABSTRACTION REQUIREMENTS, bullet point D.	D. The Prospective Contractor shall have the ability to remotely access hospital Electronic Health Record (EHR) systems for performing medical record abstraction and to obtain hard copy documents for data entry into the ASR.	How many hospitals utilize hard copy medical records?	While no hospitals are currently utilizing hard copy medical records we are working with at this time, in case this is needed it is still important to meet this requirement.
6	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, Page 10 Section 2.6 REPORTING, bullet point B.3.	3. A narrative explaining the efficiencies of the abstraction and re-abstraction process.	Are you referring to productivity?	The term "efficiencies" refers to more than just a raw productivity number. While productivity is one aspect of efficiency, the narrative should also describe the methods and processes the contractor uses to ensure high-quality, accurate, and timely work. For example, discuss how contractor ensures data entered is accurate and consistent, and how to identify and fix errors. Also, how the contractor manages workload efficiency and how the contractor's approach streamlines workflow from receiving cases to data entry.
7	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, Page 10 Section 2.6 REPORTING, bullet point B.3.	3. A narrative explaining the efficiencies of the abstraction and re-abstraction process.	Could you provide an example of the report?	This question is not applicable for a Prospective Contractor to submit a qualified proposal.
8	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, Page 9 Section 2.6 REPORTING, bullet point B.2.a.	2. The Contractor shall submit quarterly reports via email to the designated ADH contact by the 15th of the month following the last date of the quarter. a. The State Quarters are defined as: 1. Quarter 1: July 1 – September 30 2. Quarter 2: October 1 – December 31 3. Quarter 3: January 1 – March 31 4. Quarter 4: April 1 – June 30	Do your state quarters align with discharge dates? For example, the State Quarter 1 of July 1 through September 30 would include which discharge dates?	Our guideline for participation in the registry is that stroke cases are input within 90 days of patient discharge. The state quarters do not align with discharge dates.

9	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, Page 10 Section 2.6 REPORTING, bullet point B.2.	<p>2. Re-abstraction – The Contractor shall provide one (1) report per year for each hospital to summarize re-abstraction details. The summary report must include, without limitation:</p> <p>a. Required data variables. b. Agreement rate per variable.</p>	Do you have a reabstraction performance rate expectation, such as a 95% accuracy rate?	There are no expectations on reabstraction performance rate.
10	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, Page 9 Section 2.4 ABSTRACTION REQUIREMENTS, bullet point B.	B. The Contractor shall input into the ASR data variables which are specified in Appendix A: ASR Abstraction Data Variables, attached with the solicitation documents, and include elements that are required to save the case as complete. See Appendix A: ASR Abstraction Data Variables.	Are all sites collecting all of the data elements on Appendix A or a subset of the questions on Appendix A, such as those designagted as Stroke Limited?	The requirement is to input all data needed to save a case as complete within the ASR. This means the exact number of data elements can vary based on the patient situation. For example, the types of data in GWTG-Stroke that is needed abstract for a case varies based on areas such as patient medical history, patient treatment (i.e. need for thrombolytic vs. thrombecomy), if the patient is admitted to the hospital, etc.
11	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, 2.2 CURRENT ENVIRONMENT AND GENERAL REQUIREMENTS G.	<p>G. The Contractor shall sign a Business Associate Agreement (BAA) provided by each individual participating hospital in the abstraction/re-abstraction process for ASR.</p> <p>1. BAAs will cover each hospital's process for gaining access to medical records.</p> <p>2. The Contractor shall contact each participating hospital for instructions in getting the BAA to gain access to medical records.</p> <p>3. ADH will provide the phone number and/or email address for each participating hospital to the successful contractor.</p>	We are dependent on the sites to get us access to be up and running by November 1st. What are the implications if the site doesn't provide us credentials in a timely manner?	Timely access to EMR credentials is a critical factor for an on-schedule project launch. Any delay in credentialing will directly impact our ability to begin chart abstraction and could consequently affect the project timeline.
12	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, 2.2 CURRENT ENVIRONMENT AND GENERAL REQUIREMENTS G.	<p>G. The Contractor shall sign a Business Associate Agreement (BAA) provided by each individual participating hospital in the abstraction/re-abstraction process for ASR.</p> <p>1. BAAs will cover each hospital's process for gaining access to medical records.</p> <p>2. The Contractor shall contact each participating hospital for instructions in getting the BAA to gain access to medical records.</p> <p>3. ADH will provide the phone number and/or email address for each participating hospital to the successful contractor.</p>	Do we need to account for set up in the quote to be able to do EMR training and roadmaps for all 55 to 65 different facilities or are some of the facilities under one governing health system where that number could decrease?	See IFB section 1.10.

13	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, 2.5 RE-ABSTRACTION REQUIREMENTS , A.	2.5 RE-ABSTRACTION REQUIREMENTS A. The Contractor shall complete five (5) re-abstractions for each participating hospital per program year, whether the Contractor does their abstractions or not, using a template provided by ADH. See Appendix B: Reabstraction Template Form.	Does this mean that the contractor will be doing IRR on all facilities, meaning we would in fact need access and a BAA for all 80 hospitals?	While some hospitals may elect to do the IRR themselves, for the purpose of this quote we are assuming 100% of the 80 hospitals will request IRR (80 sites X 5 cases = 400 total).
14	DH-26-0002-Stroke-Registry-Medical-Record-Abstraction-Services-Final, 3.3 GENERAL TERMS AND CONDITIONS D.	D. The Contractor should be able to accept the State's authorized VISA Procurement Card (p-card) as a method of payment. Price changes or additional fee(s) must not be levied against the State when accepting the p-card as a form of payment.	Does ADH offer alternative payment options?	Vendors registered with the State of Arkansas should be set up to receive Electronic Funds Transfer (EFT) payments. Any vendor who is not currently set up to receive EFT payments should contact the Vendor Maintenance Team at the Arkansas Office of State Procurement by calling (501) 324-9316.
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