On line access to contract ordering information, terms and conditions, up to date pricing, and the option to create an electronic delivery order are available through GSA Advantage®, a menu driven database system. The INTERNET address GSA Advantage® is: GSAAAdvantage.gov.

GSA MULTIPLE AWARD SCHEDULE
Human Capital
Compensation and Benefits
SIN 541214HR - Compensation and Benefits

PSC Group: R710 Support Management: Financial

BMT Consulting Inc. is a federally certified Service-Disabled Veteran-Owned Small Business (SDVOSB) that specializes in Governance, Information Technology Management and Assessment, Data Analysis, and Financial Management.

GSA CONTRACT NUMBER: 47QREA21D000C

For more information on ordering from Federal Supply Schedules go to the GSA Schedules page at GSA.gov.

CONTRACT PERIOD: December 15, 2020 through December 14, 2025

BMT Consulting Inc
1337 Locust Road NE
Washington, D.C.
Phone: (202) 381-8150
Toll Free: 844-268-8525
Fax: (256) 285-4822
Mr. William Herbert, President/CEO
wmherbert@bmtconsultinginc.com
https://bmtconsultinginc.com/

Business Size: Small
Socioeconomic Indicators:
Service-Disabled Veteran Owned Small Business (SDVOSB)
Veteran Owned Small Business (VO)
Minority Owned Small Business
Black American Owned

For more information on ordering from Federal Supply Schedules click on the GSA Schedules link at www.gsa.gov. On-line access to contract ordering information, terms and conditions, up-to-date pricing, and the option to create an electronic delivery order is available through GSA Advantage®, a menu-driven database system. The INTERNET address for GSA Advantage® is http://www.gsaadvantage.gov
CUSTOMER INFORMATION:

1a. TABLE OF AWARDED SPECIAL ITEM NUMBERS (SINs)

<table>
<thead>
<tr>
<th>SIN</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>541214HR</td>
<td>Compensation and Benefits</td>
</tr>
</tbody>
</table>

1b. LOWEST PRICED MODEL NUMBER AND PRICE FOR EACH SIN:

<table>
<thead>
<tr>
<th>SIN</th>
<th>Model Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>541214HR</td>
<td>Clinical Documentation Improvement Specialist I</td>
<td>$98.74</td>
</tr>
</tbody>
</table>

1c. HOURLY RATES:

<table>
<thead>
<tr>
<th>SIN</th>
<th>MODEL Description</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>541214HR</td>
<td>Clinical Documentation Improvement Specialist I</td>
<td>$98.74</td>
</tr>
<tr>
<td>541214HR</td>
<td>Clinical Documentation Improvement Specialist II</td>
<td>$105.79</td>
</tr>
<tr>
<td>541214HR</td>
<td>Clinical Documentation Improvement Specialist III</td>
<td>$112.85</td>
</tr>
</tbody>
</table>

Please see Labor Category Descriptions on page 4 and 5.

2. MAXIMUM ORDER: $1,000,000 SIN 541214HR

Ordering activities may request a price reduction at any time before placing an order, establishing a BPA, or in conjunction with the annual BPA review. However, the ordering activity shall seek a price reduction when the order or BPA exceeds the simplified acquisition threshold. Schedule contractors are not required to pass on to all schedule users a price reduction extended only to an individual ordering activity for a specific order or BPA.

3. MINIMUM ORDER: $100

4. GEOGRAPHIC COVERAGE: Continental US

5. POINT(S) OF PRODUCTION: N/A

6. DISCOUNT FROM LIST PRICES: Negotiated discount has been applied and the IFF has been added.

7. QUANTITY DISCOUNT(S): 1% for orders greater than $100,000.

8. PROMPT PAYMENT TERMS: 1%/10 Days - Net 30. Information for Ordering Offices: Prompt payment terms cannot be negotiated out of the contractual agreement in exchange for other concessions.

9. FOREIGN ITEMS: Not Applicable

10a. TIME OF DELIVERY: 30 Days after receipt of order

10b. EXPEDITED DELIVERY: Contact contractor

10c. OVERNIGHT AND 2-DAY DELIVERY: None Offered

10d. URGENT REQUIREMENTS: Customers are encouraged to contact the contractor for the purpose of requesting accelerated delivery.

11. F.O.B. POINT(S): Washington D.C., Huntsville, AL, Kansas City, MO and Houston, TX
12a. ORDERING ADDRESS:
BMT Consulting Inc.
1337 Locust Road NW
Washington, D.C. 20012-1325

12b. ORDERING PROCEDURES: For supplies and services, the ordering procedures, information on Blanket Purchase Agreements (BPA’s) are found in FAR 8.405-3

13. PAYMENT ADDRESS:
BMT Consulting Inc.
1337 Locust Road NW
Washington, D.C. 20012-1325

14. WARRANTY PROVISION: Standard Commercial Warranty

15. EXPORT PACKING CHARGES: Not Applicable

16. TERMS AND CONDITIONS OF RENTAL, MAINTENANCE, AND REPAIR: Not Applicable

17. TERMS AND CONDITIONS OF INSTALLATION: Not Applicable

18a. TERMS AND CONDITIONS OF REPAIR PARTS INDICATING DATE OF PARTS PRICE LISTS AND ANY DISCOUNTS FROM LIST PRICES: Not Applicable

18b. TERMS AND CONDITIONS FOR ANY OTHER SERVICES: Not Applicable

19. LIST OF SERVICE AND DISTRIBUTION POINTS (IF APPLICABLE): Not Applicable

20. LIST OF PARTICIPATING DEALERS (IF APPLICABLE): Not Applicable

21. PREVENTIVE MAINTENANCE: Not Applicable

22a. SPECIAL ATTRIBUTES SUCH AS ENVIRONMENTAL ATTRIBUTES (e.g. recycled content, energy efficiency, and/or reduced pollutants): Not Applicable

22b. Section 508 Compliance for EIT: AND CONDITIONS FOR ANY OTHER SERVICES: Not Applicable

23. DATA UNIVERSAL NUMBER SYSTEM (DUNS) NUMBER: 620123542

24. NOTIFICATION REGARDING REGISTRATION IN SYSTEM FOR AWARD MANAGEMENT (SAM) DATABASE. Contractor has an Active Registration in the SAM database
LABOR CATEGORY DESCRIPTIONS

Clinical Documentation Improvement Specialist I

Facilitates modifications to clinical documentation to support appropriate reimbursement for level of care rendered to all patients with DRG based payer. Knowledge of DRG payer issues, documentation opportunities, clinical documentation requirements, and referral policies/procedures. Ensures accuracy and completeness of clinical information used for measuring and reporting physician and hospital outcomes. Assists in screening process, makes referrals, collaborates with case managers and clinical nurse specialists to ensure continuity of patient care and validates clinical documentation with plan of care. Updates clinical documentation tracking tool (determined by facility) for discharges to reflect changes in status, procedures/treatments; queries physician to finalize diagnoses. Educates internal staff of clinical documentation opportunities, coding and reimbursement issues, as well as performance improvement methodologies. Reviews clinical issues with coding staff to assign proper DRG. Tracks response to queries sent to physicians and trends. Maintains thorough and current knowledge of clinical care and treatment of assigned patient populations to critically assess appropriateness of documentation. Serves as member of Clinical Documentation Specialist work group. Assists with special projects as needed. Performs other duties as assigned.

Required Licenses or Certifications
Bachelor's degree in health information management, nursing or equivalent; currently licensed as a Registered Nurse; current certification in a health information management or coding discipline recommended; if not a clinician, must have completed clinical coursework with the ability to understand disease processes; coding experience desirable. Must obtain Certified Clinical Documentation Specialist (CCDS) and/or Clinical Documentation Improvement Practitioner (CDIP) within one year of employment. Must obtain Certified Coding Specialist (CCS) certification within two years of employment. Must obtain training in ICD-10-CM/PCS.

Minimum Years of Experience: 2
Minimum Education: Bachelor's Degree

Clinical Documentation Improvement Specialist II

Facilitates modifications to clinical documentation to support appropriate reimbursement for level of care rendered to all patients with DRG based payer. Knowledge of DRG payer issues, documentation opportunities, clinical documentation requirements, and referral policies/procedures. Ensures accuracy and completeness of clinical information used for measuring and reporting physician and hospital outcomes. Assists in screening process, makes referrals, collaborates with case managers and clinical nurse specialists to ensure continuity of patient care and validates clinical documentation with plan of care. Updates clinical documentation tracking tool (determined by facility) for discharges to reflect changes in status, procedures/treatments; queries physician to finalize diagnoses. Educates internal staff of clinical documentation opportunities, coding and reimbursement issues, as well as performance improvement methodologies. Reviews clinical issues with coding staff to assign proper DRG. Tracks response to queries sent to physicians and trends. Maintains thorough and current knowledge of clinical care and treatment of assigned patient populations to critically assess appropriateness of documentation. Serves as member of Clinical Documentation Specialist work group. Assists with special projects as needed. Performs other duties as assigned.
**Required Licenses or Certifications**
Bachelor's degree in health information management, nursing or equivalent; currently licensed as a Registered Nurse; current certification in a health information management or coding discipline recommended; if not a clinician, must have completed clinical coursework with the ability to understand disease processes; coding experience desirable. Must obtain Certified Clinical Documentation Specialist (CCDS) and/or Clinical Documentation Improvement Practitioner (CDIP) within one year of employment. Must obtain Certified Coding Specialist (CCS) certification within two years of employment. Must obtain training in ICD-10-CM/PCS.

Minimum Years of Experience: 3
Minimum Education: Bachelor's Degree

**Clinical Documentation Improvement Specialist III**
Facilitates modifications to clinical documentation to support appropriate reimbursement for level of care rendered to all patients with DRG based payer. Knowledge of DRG payer issues, documentation opportunities, clinical documentation requirements, and referral policies/procedures. Ensures accuracy and completeness of clinical information used for measuring and reporting physician and hospital outcomes. Assists in screening process, makes referrals, collaborates with case managers and clinical nurse specialists to ensure continuity of patient care and validates clinical documentation with plan of care. Updates clinical documentation tracking tool (determined by facility) for discharges to reflect changes in status, procedures/treatments; queries physician to finalize diagnoses. Educates internal staff of clinical documentation opportunities, coding and reimbursement issues, as well as performance improvement methodologies. Reviews clinical issues with coding staff to assign proper DRG. Tracks response to queries sent to physicians and trends. Maintains thorough and current knowledge of clinical care and treatment of assigned patient populations to critically assess appropriateness of documentation. Serves as member of Clinical Documentation Specialist work group. Assists with special projects as needed. Performs other duties as assigned.

**Required Licenses or Certifications**
Bachelor's degree in health information management, nursing or equivalent; currently licensed as a Registered Nurse; current certification in a health information management or coding discipline recommended; if not a clinician, must have completed clinical coursework with the ability to understand disease processes; coding experience desirable. Must obtain Certified Clinical Documentation Specialist (CCDS) and/or Clinical Documentation Improvement Practitioner (CDIP) within one year of employment. Must obtain Certified Coding Specialist (CCS) certification within two years of employment. Must obtain training in ICD-10-CM/PCS.

Minimum Years of Experience: 5
Minimum Education: Bachelor's Degree