Answers to Questions Regarding RFP 016-2023: Billing and Collections

1. May we submit the additional copy on a jump drive instead of CD?
   a. Yes
2. What is the expected decision date and expected go-live date?
   a. TBD, timing will be based on both NHCC and vendor's ramp up time and transition time.
3. Do you have baseline statistics on KPIs that you would like the incentives to be based on?
   a. Yes, please propose both KPIs you would like to include as well as incentive methodology and goals. At minimum, we'd like to see collection rate, average collection per claim, and denial rate.
4. Are the services for physician, facility or both?
   a. You may include proposals for both.
5. Questions N and R have the same title. R has more language. Are these repeats or addressing different service lines?
   a. Both these questions address all service lines; question R breaks out further detail.
6. Questions O and L look like the same question, with slightly different language. Are these a repeat?
   a. Question L breaks out further detail.
7. What are NuHealth's goals?   What are the barriers to achieving those goals?
   a. NHCC's goal (for this RFP) is ultimately to improve collections across the organization. The barriers NHCC face are the same ones across the hospital industry including, but not limited to, payer management, data transparency, and documentation management.
8. What benchmarks / metrics does NuHealth currently use to gauge success for each service in this RFP?
   a. Metrics were noted in question Q; however, additional proposed metrics are recommended.
9. How will your vendor/partner of choice receive patient demographic information out of Allscripts/Eagle? Is this currently exported or do staff/a vendor manually look up accounts in Allscripts/Eagle?
   a. There are file available for export from Eagle.
10. Does NuHealth have an eligibility assistance vendor to help patient apply for Medicaid and/or SSI/SSDI, or do you have in house financial counselors?
    a. We have in-house financial counselors.
11. Is CDM maintenance part of the services?
    a. Feel free to provide a proposal, if these services are offered.
12. What is the claim submission software?
    a. Eagle Billing
13. Will vendor/partner be able to add claim edits to the legacy system and claim submission software?
    a. Yes
14. What is the monthly volume of claims?
    a. Approximately 22K – 25K per month

15. Vendor/partner data needs may include 837 and 835 files. Will NuHealth provide raw or parsed 837s and 835s to vendor if requested?
    a. Yes
16. Does NuHealth's patient consent form allow cell phone calls and text?
    a. We use a standard Medicare ABN.
17. Is there a payment portal currently used by NuHealth? Does NuHealth expect vendor to use that portal or bring its own solution?
    a. If your firm has a solution available, feel free to include in the proposal.
18. Will selected vendor/partner be responsible for managing bad debt vendors?
    a. No
19. Does NuHealth have a system for reconciling back to postings, that identifies missing remittance or undeposited funds?
    a. Yes
20. Who is responsible for Medicare Credit balance reporting?
    a. NHCC reports and reconciles all Medicare Credit balances
21. Is outsourced coding part of the scope? Can you clarify what "Support" entails? If physician coding, please define process to clarify when charge entry is part of the coding.
    a. See above
22. Does NuHealth want audits of coding to meet OIG compliance guidelines?
    a. If your firm provides internal coding audits, please include and specify process (retroactive, prospective, etc.)
23. How are all the Billing and Collections roles currently staffed? In-house or outsourced?
    a. Billing and collections are managed via a combination of in-house staff and third-party support
24. Will vendor be expected to, or offered opportunity to, hire staff performing services described in this RFP?
    a. Yes
25. What vendors are currently used to support the services in this RFP?
    a. NA
26. What is the scope of each vendor service?
    a. NA, please respond to the scope as per the RFP
27. Please list all key systems that vendor will have access to. Please specify physician/facility, if appropriate.
    a. Eagle Billing
28. Are any changes planned for billing system or EMR?
    a. Potentially, we are evaluating all improvement opportunities
29. Please reconfirm the due date for this procurement by providing it in response to answers to questions.
    a. See RFP instructions.
30. Why has this bid been released at this time?
    a. NHCC is looking to improve collections across the organization.
31. When is the anticipated contract start date?
    a. TBD
32. When is the anticipated award date?

    a. TBD

33. Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories?

    a. Yes, you may submit a different pricing structure, if you feel there is a structure that makes you more competitive. However, please note NYS fee splitting laws.

34. If this is a term contract subject to renewal, what is the term and the maximum number of option periods?

35. If applicable, will accounts held by any incumbent(s) or any backlog be moved to any new vendor(s) as a one-time placement at contract start up?

    a. NA

36. What is your case management/accounting software system of record?

    a. Lawson

37. What process should a vendor follow, or which individual(s) should a vendor contact, to discuss budget-neutral services outside of the scope of this procurement, but related to it, designed to recover more debt prior to outside placement and lower collection costs?

    a. NA

38. How do your current processes and/or vendor relationship(s) systematically determine if the death of a responsible party has occurred?

    a. Vendors are expected to follow NHCC policies, procedures, and SOPs on all billing scenarios

39. Do you have a designated process or policies around deceased accounts today, and what is envisioned in the future?

    a. Yes

40. Can you please indicate what inbound and outbound contact methods, beyond phone calls or letters (such as email and text), would be permitted by the scope of work?

    a. All standard collection methods are permitted by the scope of work

41. To how many vendors are you seeking to award a contract?

    a. TBD

42. Will accounts be primary placements, not having been serviced by any other outside collection agency, and/or will you also be referring secondary placements? If so, should bidders provide proposed fees for secondary placements also?

    a. Accounts will be primary placements

43. What collection attempts are performed or will be performed internally prior to placement?

    a. See above

44. Will the selected vendor be allowed to litigate balances exceeding a certain dollar amount on your behalf, with your explicit approval?

    a. No, litigation is not in scope

45. Can you please confirm whether this RFP is for Hospital services only or if it includes Professional Fee Claims as well?

     a. If professional fee claim management services are offered, please provide a proposal
46. Can you please confirm all payers (commercial managed care, governmental, third-party liability, and self pay) are included in the scope?
     a. Confirmed
     b. Alternatively, are there any payers that are out of scope for this RFP?
          i. None
47. Can you please confirm if all types of denials are included in the scope of work, including Medical Necessity?
     a. Confirmed
48. Can you please confirm that while onshore resources must be used for governmental accounts, offshore resources can be used for all other payers?
     a. Confirmed
49. Would Nassau consider receiving software tools for some needs if the vendor is not able to supply outsourced staffing needs?
     a. NHCC can consider