



**Nassau University Medical Center  
A. Holly Patterson Extended Care Facility  
Family Health Centers**

## REQUEST FOR PROPOSALS

### Revenue Cycle Consultant

## QUESTIONS and ANSWERS

1. Are the A. Holly Paterson Extended Care Facility and the Community Health Practices in the scope of this RFP, or does this RFP pertain only to Nassau University Medical Center?

**The RFP will pertain to the Nassau University Medical Center only**

2. Does each entity have its own Revenue Cycle functions? E.g, Separate CDM, Coding, and Patient Accounting functions?

**Yes**

3. Is Inpatient Registration centralized?

**Yes**

4. Do all functions of Patient Access report to the same manager, director, VP?

**No**

5. Do all functions of the Billing, Claims, Denials management, and Collections report to the same manager, director, VP?

**Yes**

6. Are any of the Patient Access activities centralized? (e.g. scheduling, insurance verification for non-emergent patient admissions, prior authorizations for scheduled procedures) Does the NuHealth System use unique patient identifiers? Employ an ongoing process to identify duplicates/errors and correct?

**All of the Patient Access activities are decentralized. We use unique patient identifiers in the system. We do have a process to identify and correct duplicates/errors.**

7. Is Outpatient Registration centralized? Or does it occur at each of the Outpatient areas?

**No, the registration occurs in the outpatient areas**

8. Please confirm that the scope of the project would include Charge Master Maintenance (not Creation).

**The project only includes CDM Maintenance**

9. Is there one common, centrally controlled CDM, or can departments make revisions to the CDM?

**There is one centrally controlled CDM**

10. Does the hospital CDM include any physician charges, or only hospital charges?

**The CDM contains hospital charges only**

11. When was the last time the department charge entry mnemonics/CDM crosswalks were reviewed?

**This is an ongoing internal process**

12. Prior to the current Craneware CDM review, when was the last full review?

**Will be discussed**

13. What is the current DAR?

**68**

14. What is the average time (in days) from patient discharge to completion of coding of the patient's record? Inpatient? Outpatient clinic? Outpatient surgery? Emergency Department?

**21 days**

15. What percent of claims are rejected by edit software prior to submission to third party payers?

**This information is not available**

16. What percent of submitted claims are rejected or otherwise RTP?

**This information is not available**

17. Please provide vendor systems (and versions) currently in place to support:

- |                                       |                            |
|---------------------------------------|----------------------------|
| a. Contract Management                | <b>Eagle</b>               |
| b. Clinical Enterprise                | <b>Allscripts/Eclipsys</b> |
| c. Billing                            | <b>Eagle</b>               |
| d. Front end eligibility verification | <b>Eagle – HDX</b>         |

18. What Clearing House(s) is (are) used?

**HDX**

19. Can you please elaborate on the "Cashier's Office" area/process? Is this pertaining to point of services collection, cash and accounting, etc.?

**We have point of service collections for co-pays and some consultation fees**

20. Is there a scoring matrix that will be used to evaluate the RFPs?

**Yes**

21. Are we able to price in a bonus if we achieve favorable results greater than the expectations?

**Yes**

22. What are the expectations of the consultant in terms of measurables?

**Consultant will establish monitoring tools to quantify improvements; assist in oversight of patient accounting; measure those improvements as they relate to the goals and objectives and work with NuHealth to adjust its programs and operations on an ongoing basis when necessary.**

23. What technology tools does NuHealth have in place to assist with the requisite analyses?

**Minimal**

24. When will the selection/award date take place?

**To be determined**

25. When is the starting timeframe that NuHealth has in mind for the project to be initiated?

**Q1 2103**

26. When will the recently completed initial assessment be made available?

**The assessment will be made available to company that is selected. An Assessment Outline is attached.**

27. What was the scope of the recently completed initial assessment?

**Generally restricted to accounts receivable issues and use of Eagle**

28. When was the recently completed initial assessment completed?

**June 2012**

29. Who/what firm conducted the initial assessment?

**Healthcare Management Solutions LLC**

30. Do you have any idea how long this position is expected to last? Shortest and longest lengths?

**9-12 months**

31. Do you want us to include the HIM Department in the scope of this proposal?

**A process flow for HIM should be included in the scope**

32. Contract Management appears to be included in the requested scope of the project. Please describe the objectives for the review of Contract Management.

**A process flow for Contract Management should be included in the scope**

33. It is noted that NuHealth has taken steps to migrate from the currently implemented Eagle patient accounting system to Soarian. Please provide the conversion timeframe, including when NuHealth will kick off the design of the new system, the roll-out approach, as well as the scheduled go-live(s).

**To be determined**

34. It is noted that NuHealth has already begun making changes to its charge master using Craneware. Would you please describe the scope of services that Craneware is providing, the timeframe of their engagement and how this impacts the scope of services requested in the RFP?

**NuHealth is utilizing Craneware to update our current CDM, add new procedures, and to create workflows to automate the process**

35. In your RFP you request a list of all projects for the last 18 months. Is that a list of all similar projects, a list of all healthcare projects, or a list of all projects a company may have performed, including those outside of healthcare?

**The list should accurately portray the company in regards to this RFP**

## NUMC Patient Accounting Assessment Outline – June 2012

The following areas were reviewed via a combination of financial data, policies and procedures, and interviews with management and line staff in Patient Accounting, IT and Medical Records departments as well as several outsourced vendors:

- Use of the Eagle Patient Accounting system i.e. billing process, reports, adjustments, notes, follow-up, etc.
  - Full process of billing, quality of billing, use and availability of report data, knowledge of adjustments, and effectiveness of follow-up
- Use of the Eagle View report-writing system
  - Unique report-writer created by Siemens
- Billing and collection process for all payors
  - Routine processes by financial class, both inpatient and outpatient
- Unbilled accounts process and monitoring
  - Bill-holds and bill-rejections from Eagle, ePremis, and payors
- IT issues as they relate to Patient Accounting
  - Open items for malfunctions, system upgrades, and modification requests
- Training
  - Process for line staff
- Mail process flow for incoming and outgoing inter-office and outside mail
  - Mail is coordinated from on and off-site locations, requiring multiple employees to pick-up and deliver mail
- Managed care issues
  - Payment patterns by payor and their responsiveness to issues
- Medical Record coding (limited review as it relates to Patient Accounting)
  - Bill-holds due to incomplete coding/unique codes for government billing
- Claim scrubber process and monitoring
  - ePremis process flow from Eagle to ePremis to Payor and claim rejections
- Registration (limited review as it relates to Patient Accounting)
  - Quality and completeness of registrations, and manual charge posting
- Outsource process for referral and monitoring for billing, collection, and appeals
  - Communication to/from outsource vendors and quality of their collections and response to issues
- Staff workload, and process for billing and follow-up
  - Division of duties for billing i.e. financial class/patient type units
- Cash posting process
  - Electronic and manual cash posting accuracy and timeliness
- Charge posting (limited review as it relates to Patient Accounting)
  - Manual process for some clinics
- Insurance denials
  - Process to capture denials, and obtain payment when possible