

PATIENT BILLING AND FOLLOW UP
Multiple Opportunities/Service Lines (Non-Exclusive)
RFP 2016-038

- Please define “referred accounts to be completed within 30 days of referral...” Would an application need to be filed within the 30 days? Or does the patient need to be screened within 30 days? Or does the account need to be fully resolved within 30 days?
 - **Please Refer to NYS Medicaid requirements**

- What are the anticipated monthly placements by number of accounts per service line?
 - **Refer to RFP**

- Service 1, page 3. Does this service cover both true self pay and balances after insurance?
 - **Yes, the service covers both true self pay and balances after insurance.**

- Service 1, page 3. The RFP requires 4 bills/data mailers and 2 phone attempts on every account regardless of balance. Is there a minimum balance before an account will be placed with the vendor?
 - **To be discussed**

- Service 1, page 3. Will the Vendor be responsible for mailing the 1st statement that meets the requirements of the NYS Uniform Bill?
 - **Yes that is correct.**

- Service 1, page 3. What hours does NHCC expect the onsite personnel to work? Will the onsite staff need to coordinate their expected hours to the business office’s hours? Will NHCC provide space in the patient accounting office for the 2 people?
 - **To be discussed.**
 - **Yes the onsite staff needs to coordinate their expected hours to the business office hours.**
 - **Yes space will be provided**

- Service 1, page 3. The onsite staff must process FA applications, does this mean gather information so that NHCC staff on decide whether an applicant is approved, or does NHCC expect Vendor’s staff to approve/disapprove applications? Will Vendor be expected to field telephone and walk inquiries on financial assistance for accounts not placed with Vendor?
 - **To be discussed.**

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- Service 1, page 4. The RFP requires that the Vendor complete 270/271 transactions with all accounts. Is this required for just NYS Medicaid or is the Vendor expected to complete 270/271 with other payors as well?
 - **Yes**
- Service 1, page 4. The RFP requires that Vendor return all accounts in 90 days with limited exceptions. Must Vendor return the account if the accounts is pending Medicaid, a financial aid decision, or for additional information to complete the aforementioned?
 - **To be discussed**
- Service 3, page 4. Does this service cover all balances? Are there any minimums or maximum balances?
 - **To be discussed**
- Service 3, page 4. Does this service cover all unpaid accounts that reach 90 days? Does NHCC reserve the right to withhold any accounts at their discretion?
 - **Yes, the service covers all unpaid accounts that reach 90 days.**
 - **Yes, NHCC reserves the right to withhold any account.**
- Service 3, page 4. Will NHCC place every unpaid account with the winning vendor after 90 days? What about accounts with partial payments?
 - **To be discussed.**
- Service 3, page 4 & page 8. What volumes, both dollar and count, should a vendor expect on monthly basis?
 - **To be discussed.**
- Form B, page 10. The NHCC expects Vendors to bid on a flat rate/fixed fee per bill. When is the fee deemed earned? Is it at the time of placement, regardless of subsequent activity? For example, if NHCC recalls an account for insurance found by NHCC 10 days after placement with Vendor, is Vendor still entitled to the flat rate fee?
 - **Refer to RFP**
- Does NHCC currently outsource the services being bid under this RFP?
 - **Yes**

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- Service 2 - Many patients admitted to Nursing Homes have Medicare coverage for the first 20-100 days. Will a referral for Medicaid be made to the vendor while a patient is still receiving coverage under Medicare? And if a vendor commences the processing of an application and the patient deceases, discharges or is disqualified for excess resources, will the fee be paid to the vendor?
 - **To be discussed.**
- Service 2, Page 8: Volume of Medicaid applications at NHCC for 1/2016-11/2016 is stated as 2,632. Does that number represent the number of patients that an application was filed – regardless of approval or denial? Or is this the total amount of enrolled and approved applications for Community Medicaid during this time period and that resulted in payment/reimbursement for the hospital?
 - **The number of patients that an application was filed.**
- Does the vendor get paid on applications processed or applications approved only?
 - **Refer to RFP**
- II. Contents of Proposals, #6: If the vendor is MWBE certified and has current contracts with Public Benefit Companies are audited financial statements required? And if they are required, can they be provided within 60 days of the award of the contract?
 - **Refer to RFP**
- Service 2, page 4: Re: AHP the RFP requires that patients referred for Medicaid must be completed within thirty (30) days of referrals. It generally takes 30 days to obtain the required documentation for a nursing home Medicaid application before it can be submitted to the County Agency and the County Medicaid Agencies Examiners do not make decisions for several months later but take at a minimum 45 additional days to process and approved. Does a vendor have to gain approval from NHCC for an extension of time on each and every pending chronic care application submitted for AHP?
 - **To be discussed**
- Service 2, page 4: Re: NUMC Community Medicaid applications can cover services retroactively for 90 days. Many patients who have been discharged need to be located using outreach and field work that could take more than 30 days after referral just to locate and then time for the application to process and approve. Does the time period for each case need to be approved individually for extension by NHCC or can the vendor retain the pending account until the decision is made by the Medicaid examiner? \
 - **To be discussed.**

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- Does NUCC and AHP currently outsource service lines 2 and 3 (Medicaid Eligibility)?
 - **Yes**
- Page 3, 2 A., Service Lines' Descriptions; please verify that NuHealth would like eligibility scrubs on all accounts including balance after insurance.
 - **Yes, every account should be scrubbed.**
- Please list the patient accounting system(s), EMR systems, and contract management systems that are utilized by NuHealth.
 - **Eagle (Patient accounting system and contract management system)**
 - **Allscripts (EMR system)**
- How many vendors will be selected for:
 - Day One Billing of Inpatient and Outpatient Self-Pay Accounts: Self Pay Early Out
 - Medicaid Eligibility Assistance (NUMC and/or AHP):
 - Third-Party Follow-up Inpatient and Outpatient Accounts:
 - Third-Party Follow-up A. Holly Patterson:

To be discussed.
- Page 3, 2 A., Service Lines' Descriptions; does NuHealth obtain patient consent to contact patients vial cell numbers?
 - **Yes, all consents are received at the time of service.**
- Will vendor have electronic access to all payer contracts?
 - **Yes, all contracts will be available.**
- If any coding or billing issues are identified, is NuHealth responsible for correcting, or would selected vendor(s)?
 - **To be discussed**
- Will selected vendor have access to NuHealth's claims scrubber?
 - **If deemed appropriate.**
- Will NuHealth provide 835 data with placement files?
 - **Yes**
- Does the NHCC RFP include any physician receivables – or is the RFP specifically for hospital (NUMC) and Holly Patterson Extended Care Facility (AHP).
 - **Part A only**

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- The current billing platform for NUMC and AHP is Eagle. Will NHCC be switching to a new billing platform in the next three years?
 - **To be discussed.**

- Is bidding vendor required to bid on all service lines (i.e., Self-Pay, Medicaid Eligibility, Third Party Follow Up, etc.) – or can bidding vendor bid on selected service lines?
 - **No, vendor can bid on one or more service lines.**

- Are additional pricing proposals allowed in addition to Flat Rate/Fixed Fee (i.e., percentage of collections)?
 - **Refer to RFP**

- Will NHCC allow use of offshore resources for third party follow up where no patient contact is required (i.e., data entry, web status checking, data reconciliation, etc.)?
 - **To be discussed**

- Is there a projected go-live date for these service lines?
 - **To be determined.**

- Will you share the apx. monthly volumes of accounts and dollars placed?
 - **Please Refer to the RFP**

- Can you share the projected average age at placement with the self-pay vendor?
 - **Day one Self- Pay**

- Can you share the current gross recovery rate?
 - **To be discussed**

- Are you looking for 1 vendor for 100% of the business or will there be a split?
 - **To be determined.**

- Does the self-pay project include only Medical Center accounts or all NHCC entities?
 - Yes only hospital accounts.

- If the vendor discovers new insurance will the account be sent back to NHCC? Will the vendor be allowed to charge a discovery fee or place the account on hold until the payment post for contingency credit?
 - **No the vendor is responsible for updating and billing the account in our eagle system.**

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- Does NHCC have an online payment portal for patients to pay their balances? If the vendor processes the payments internally will the cost of these transactions be reimbursed or will the vendor incur the expense?
 - **To be discussed**

- Service 2. Medicaid Eligibility Assistance: Will referrals for patients residing outside of New York be limited to the states where NHCC has active provider enrollment status?
 - **To be discussed**

- Service 3. Third-Party Follow-up Inpatient and Outpatient accounts: Are referred accounts aged ninety days from discharge/service date or initial bill date?
 - **Accounts are referred from date of discharge**

- Service 4. Third-Party Follow-up Inpatient and Outpatient accounts: Will referred accounts include any partial/underpayments?
 - **Yes, all 3rd party accounts.**

- Service 4. Third-Party Follow-up Inpatient and Outpatient accounts: Will secondary accounts be referred? If so, how many days from primary payment?
 - **To include all third party follow up**

- Service 4. Third-Party Follow-up Inpatient and Outpatient accounts: Can a summary aged trial balance by payer with volumes be provided prior to the 1/24/17 due date?
 - **Not at this time**

- What is the length of the contract(s)?
 - **To be discussed**

- What is the average balance of inpatient and outpatient accounts classified “self-pay,” as described in Service 1?
 - **To be discussed**

- What is the current rate of liquidation for accounts classified “self-pay,” as described in Service 1?
 - **To be discussed**

- Can NUMC provide the volume of accounts that will be referred at Day 90?
 - **To be discussed**

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- Will NUMC provide a data extract for specific vendors?
 - **To be discussed.**
- Will NUMC provide remote access to all Systems – PAS, EMR, Billing EDI?
 - **Yes, remote access will be available.**
- Page 5, section B – is there no opportunity to submit a contingency rate for Service 1?
 - **Please refer to RFP**
- Page 8 provides number of accounts; can we receive dollar volumes as well? An ATB perhaps?
 - **To be discussed**
- Currently, how many payment plans do you establish each month?
 - **To be discussed**
- Will you allow the early out vendor to pursue third-party liability accounts?
 - **To be discussed**
- What are your expectations today in terms of the following call criteria: 1) average speed to answer, and 2) abandonment rate (as a percentage)?
 - **To be discussed**
- Do you provide presumptive charity through a scrubbing process up front to identify eligible patients? Do you expect or have interest in its early out vendor(s) partnering with you in this effort?
 - **Yes we provide charity through a scrubbing process.**
 - **Yes we expect to partner with outside vendors.**
- What is inbound call volume for early out?
 - **To be discussed**
- For discovering and resolving accounts in probate, do you have their own restrictions, guidelines, procedures, etc. regarding how its vendors work probate accounts, or would you rely on vendors standard procedures/policies?
 - **To be discussed**

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- Are you supportive of modernized communication strategies for patient outreach? This would include e-billing, e-payments, IVR technology, etc.?
 - **To be discussed**

- What billing platform does NHCC use claim submission?
 - **Through E-Premis**

- Are all documents needed for the collection services stored electronically? If so, would we have access to the system?
 - **Yes all documents are stored electronically.**
 - **Yes the vendor will have access to the system.**

- Is there a denial management and underpayment program in place today?
 - **Yes, a denial management program exists today.**

- What is the most common cause of denials?
 - **To be discussed**

- Who are your major managed care payers?
 - **To be discussed**

- Please provide current IP and OP bill hold days
 - **IP is at 5 days and OP is at 10 days.**

- Do you have an onsite DES Case Worker?
 - **No we currently do not have an onsite DES Case Worker.**