

Questions for NuHealth on Patient Billing & Follow Up	NUMC RESPONSE
Volume Split: If more than one vendor is selected, how will the volume be split between vendors?	Plans are to selection only one vendor but if two are selected it will be an alpha split.
Deal Term: What is the proposed deal term?	It will be a yearly agreement. After each year the contract will be extended if deemed appropriate.
Current Process: Is your self-pay billing process currently managed internally or is it managed through a vendor?	Current self-pay AR is managed by a vendor.
Account Volume: Can you share the details on the number of accounts and associated dollars, broken out by true self-pay and self-pay after insurance?	True Self-pay: 23,400 accounts for \$28.4M Self-pay After Insurance: 17,000 accounts for \$12.8M
Collections: What is the average monthly self-pay collections?	IP: \$27,000 OP: \$48,000
Placement: Please confirm if this a day one program or placement will be at 30 days.	This will be a day one self pay program, and placement will occur weekly to include self pay after insurance.
Placement: What is the expected average monthly placement volume.	Inpatient: 180 accounts, average dollars per account is \$3,000 Outpatient: 4000 accounts, average dollars per account is \$500
Placement: Please provide the breakdown of placements between Hospital and Physician accounts.	The scope of work will only be for hospital accounts.
Placement: Will NuHealth provide daily placement, transaction, notes, and recon files?	Weekly files will be provided.
Placement: Is the 90-day return cutoff firm, or is there flexibility to consider extending the return window to support 120-day cycle?	Yes, there is flexibility to support a 120-day cycle.
Financial Assistance: What is the expected monthly volume of financial assistance applications? Can you provide a rolling monthly average?	Average about 300 a month
Financial Assistance: Is Financial Assistance offered to all patients? Can you provide additional details on the criteria?	Yes, financial assistance is available to all patients. We follow NY state regulations.
Financial Assistance: How are financial assistance and Medicaid enrollment programs managed for inpatient/ED patients currently? Is there another vendor who processes these applications?	This is done by inhouse staff.
Patient Outreach Cadence: Does NuHealth have a required cadence for patient outreach communications, including mailed statements and phone calls?	3 statements and 2 phone calls.
Communication Methods: Can patient communications (statements and reminders) be done via print and/or digital means? If so, does NuHealth currently have the necessary TCPA consents from patients for text, email, auto-dialing, and artificial voice communications?	Yes, patient communications (statements and reminders) be done via print and/or digital means. Yes, we have TCPA consents from patients for text, email, auto-dialing, and artificial voice communications.
Bad Debt Process: After 90 days of working the accounts, are they moved to a collections vendor as bad debt? If not, what is the process for accounts after they have been worked by the self-pay vendor? Can collection services be offered as an optional add-on to the self-pay proposal?	Yes, accounts are moved to a collections vendor after 120 days.
Insurance Discovery: For true self-pay accounts, what, if any, insurance discovery work is done before the accounts are classified as self-pay?	Multiple scripts are ran by our system for insurance discovery.

<p>Insurance Discovery: Do insurance discoveries need to be entered into the NuHealth system and monitored for payment status? Will a contingency fee be applied to the insurance payment?</p>	<p>Yes to both questions.</p>
<p>Offshore Work: Will offshore work be considered or approved for non-patient facing responsibilities, such as client support tasks?</p>	<p>Yes</p>
<p>Onsite FTEs: Is the requirement for two onsite FTEs negotiable? Can financial assistance screening be provided remotely? Expected hours of operations of onsite staff to be on campus and days of the week?</p>	<p>Based on our current volume of patients that present to the Hospital in person for financial assistance we believe two onsite FTE's is necessary. We are open to hearing more about the remote work offered. The expected hours</p>
<p>Charity Care- What is the volume of your expected monthly charity care application?</p>	<p>300</p>
<p>Income and Asset search- For your income and asset search, are you prepared for your patient to have a soft hit on their credit report?</p>	<p>No, we do not report to the credit bureau's.</p>
<p>Hospital System: what patient accounting system is used at NUMC.</p>	<p>NUMC's hospital billing system is Eagle.</p>
<p>Call Volume: What is NuHealth's monthly inbound call volume? Abandonment rate? Connection rate?</p>	<p>In a month we receive on average 4,000 calls related to self-pay. Current abandonment rate is 20%. Current connection rate is 47%.</p>
<p>Inbound Calls: Do you require coverage for both English and Spanish?</p>	<p>Yes</p>
<p>Statement volume: How many statements are sent out monthly?</p>	<p>On average 10,000 statements are sent out monthly.</p>
<p>Statements: Will the selected vendor be responsible for creating and sending statements?</p>	<p>Yes, the selected vendor will have to create and send three statements.</p>
<p>Statements: How many calls and statement are expected? Does NuHealth use e-statements currently? Will NuHealth permit a winning vendor to use e-statements.</p>	<p>We expect three statements and two calls to the patient. No, we currently do not use e-statements. Yes, we will permit e-statements.</p>
<p>Payment Portal: Does NuHealth currently have a patient payment portal?</p>	<p>No, we do not have a payment portal. We are interested in learning more about a payment portal offered by a vendor.</p>