Questions - Physician Billing Services	NUMC Response
Practice management system, EHR, and clearinghouse currently in use. Is all physician billing done from one EMR platform today? Can vendors use their technology/platforms?	Systems: Practice Management is proprietary to the current billing vendor. Charge capture is Medaptus.
Confirm current vendor for physician billing services and contract expiration date.	eMDs is the current vendor. Contract extended through 12/31/25.
Anticipated contract term for this engagement.	Initial term is one year, renewable annually if deemed appropriate.
Expected implementation timeline following contract award.	As soon as possible. Proposal should include implementation timeline.
Is coding performed internally or outsourced?	Coding is a combination of insourced and outsourced.
Will NuHealth accept alternative RFP submission formats (e.g., secure upload, flash drive)?	Yes, submission can be provided on a flash drive.
Number of physicians (excluding NPs and PAs).	Approximately 200 physicians. NPs and PAs not included.
Can either onshore or offshore resources be considered?	Yes, both can be considered.
Any payer restrictions on offshore work? Please provide payer details and volume.	No restrictions related to offshore work.
Will AR follow-up and credit balance be in scope?	Yes, both are included.
Payer mix for physician services (Medicaid, Medicare, Commercial).	Majority Medicaid/Medicare. Commercial ~15%.
Brief explanation of registration verification scope.	Registration is performed by NUMC staff. Some verification required.
Number of vendors to be selected.	One vendor anticipated, but NUMC reserves right to select multiple.
Will receivables assignment include backlog or only forward receivables?	Both options will be considered.
Brief explanation of managing multiple interfaces.	Includes NUMC system interfaces to vendor systems.
Are providers hospital-employed or a mix of private/employed?	All providers billed under the NUMC umbrella.
Eligibility verification responsibility.	Initiated by NUMC, with some verification required.
Average number of claims billed annually.	Approximately 615,000 annually.
Will payer and clearinghouse rejections be in scope?	Yes, included.
Claim submission method (ERA and paper).	Paper claims <2%.
Are patient payments (credit card, cash, portal) in scope?	Yes, included.
How are charges captured and entered (providers, coders, clinical staff, interface)?	NUMC uses multiple processes for charge capture.
Are correspondence and payer adjustments handled during posting?	Yes.
Percentage split of claims into ERA vs. manual/lockbox posting.	Estimated 80% ERAs and 20% manual.
Will coding be included in scope?	Yes, some coding is included but considered separate from billing.
Is payer credentialing included?	No, payer credentialing is NUMC's responsibility.

Is patient calling required in English and Spanish? Provide volume split.	Yes, bilingual required. ~70–75% English / ~25–30% Spanish.
Onsite account executive and clerical worker required – what tasks will they perform vs. remote vendor support?	**Onsite Account Executive:** Acts as assistant manager for physician billing; liaison with NUMC; oversees daily operations; escalates payer issues.**Onsite Clerical Support:** Manages mail, scanning, and clerical tasks tied to billing. **Remote Vendor Team:** Handles claim submission, payment posting, denial follow-up, reporting, and payer correspondence.