

ADDENDUM I
DATE: MARCH 27, 2020
FOR
REQUEST FOR PROPOSAL # 31111
EARLY OUT PATIENT COLLECTION SERVICES
DATED: MARCH 22, 2020

The above entitled specifications are modified as follows and except as set forth herein remain unchanged and in full force and effect:

THE PROPOSAL OPENING DATE HAS NOW CHANGED

- Old opening date: April 03, 2020 at 12:00 PM CDT.
- New opening date: April 10, 2020 at 12:00 PM CDT.

****ALL RESPONSES MUST BE SUBMITTED VIA EMAIL DUE TO REMOTE WORKING DURING COVID-19. Please email the responses to rogersk@umsystem.edu .**

Correction Date Issued: February 19, 2020 shall read March 22, 2020.

3rd Party Checklist- Updated documents have been attached for the links. Please complete the 3rd Party Checklist. You must hit enter on the hyper links to connect to the referenced document.

QUESTIONS: Responses are noted below in red.

1. Please provide the number of accounts and dollars that were placed with the current self-pay vendor over the last 6 to 12 months (or a copy of their scorecard showing placements, liquidation/recovery rate).
 - a. No current vendor in place.
2. Will the selected self-pay vendor be allowed to take commission on insurance payments for the account they discover insurance?
 - a. Yes
3. What level of diligence is required (Calls and letters? Performed prior to placement of self pay at day 30?)?
 - a. One Statement

4. Please detail the scoring advantages for local agencies.
 - a. Supplier Diversity 5%/ Missouri Service Disabled Veteran 3%/ Buy Missouri Preference 2%.
5. What are the top 3 things University of Missouri wishes to resolve or achieve by outsourcing and/or changing vendors?
 - a. Increase collection performance, improve patient's experience, extended work hours, decrease bad debt
6. Do you have a credit card portal that selected vendor can use to process credit card payments?
 - a. Yes
7. How can patients pay today? Online? Automated Phone IVR? Auto Drafts?
 - a. All of the above, plus checks sent to the lockbox and on-site at our facility.
8. Do you offer discounts to patients for payment in full?
 - a. No
9. How many incoming calls from patients are received monthly?
 - a. On Average 6894 calls from patient's per month
10. Is the work to be performed using our name referencing that we are calling on your behalf, or should our name be removed from all patient communication?
 - a. Vendor name should not be used on any communication – with the only exception a pre-collect letter.
11. What is the anticipated monthly volume of new patient accounts by number and dollar amount?
36890 Visits \$33.7 Million
12. What are the current liquidation/recovery rates?
 - a. 7%
13. What is the fee rate currently in place?
 - a. N/A
14. Is there are requirement regarding the timing and number of calls/letters?
 - a. 4 statements with a call in between and a pre-collect letter at the end of the campaign.
15. Approximately how many statements are sent out monthly to all accounts?
 - a. It ranges between 28,000 and 32,000 paper statements per month
 - b. If possible, please breakout by age of account (0-30, 31-60, etc.). –
 - i. This data is not available
16. Currently, how many statements do patients receive before being turned over to collections.

- a. 4
- 17. What is the volume in dollars received per month from all early out/self pay accounts (excluding bad debt)?
 - a. Hospital does not utilize early out vendor at this time, however, in-house collections average \$2.1 million in self pay.
- 18. What is the volume in dollars received per month from pre-payments or time of service payments?
 - a. \$1,538,699 average per month
 - b. Please specify if this number is included in the answer to #17. - Yes
- 19. What is your Medicaid payer mix?
 - a. Please specify if this is sum of dollars or count of accounts.
 - b. 22.69% based on count of accounts
- 20. What is your uninsured (pure self-pay) payer mix?
 - a. Please specify if this is sum of dollars or count of accounts.
 - b. 7.27% on Self Pay based on count of accounts
- 21. What is your total monthly volume of visits or encounters?
 - a. 75,447 per month
- 22. If possible, please provide a complete Aged Trial Balance for patient pay.
 - a. See attached
- 23. Are vendors permitted to charge a fee for insurance found?
 - a. Yes – a flat rate
- 24. Are self-pay accounts referred Day 1 or is there a “grace period” prior to account referral?
 - a. We will outsource self pay accounts at day 31.
- 25. With regards to the PCI 3rd party checklist that was released with the RFP, some of the links do not work. Is it possible to add the documents from the checklist to the website for download? Specifically, the diagrams and the PCI Indemnification language...
 - a. See the attached PCI document for active links.
- 26. How many vendors does MU Health expect to hire?
 - a. One, but no more than two

27. Please confirm referral to the vendor will be at Day 0. If not, what internal collection attempts will an account receive before referral to the vendor (e.g. outbound calls and notices)?
a. Referral to vendor will be at day 31. One Statement will be sent prior.
28. If MU Health is currently using an Early-Out vendor, what is the approximate recovery rate after 120 days of referral? Any historical data would be greatly appreciated.
a. N/A
29. Will social security numbers be provided to the selected vendor? No
30. How many letters is MU Health requesting vendors send during the 120 day referral period?
a. See # 14
31. What is the compensation structure/fee rates for MU Health's current vendor?
a. No vendor is providing the service currently. Internal processing.
32. If our firm discovers additional insurance, are we entitled to our fee if the insurance company pays?
a. See #23
33. Is M/WBE subcontracting required? What percentage or component of scoring is for M/WBE participation?
a. Not required but encouraged/ up to 5% scoring
34. What M/WBE certification agencies does MU Health accept?
a. State/Local
35. What is the total dollar value of accounts available for placement now by category, including any backlog?
a. See # 22
36. Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.
a. N/A
37. What is the average balance of accounts by category?
a. Self pay no insurance = \$2189 avg balance
b. Self pay after insurance = \$4055 avg balance
38. What is the average age of accounts at placement (at time of award and/or on a going-forward basis), by category?
a. Avg age for Self pay no insurance = 31 days

39. What is the monthly or quarterly number of accounts expected to be placed with the vendor(s) by category?
a. See # 22
40. What has been the historical rate of return or liquidation rate provided by any incumbent(s), and/or what is anticipated or expected as a result of this procurement?
a. N/A
41. Do you currently outsource your self-pay or have you in the past?
a. No
42. Why are you looking to change you current self-pay vendor or process?
a. See # 5
43. Do you treat straight self-pay and balance after insurance self-pay accounts the same?
a. In regards to collections, yes.
44. How many statements are sent out on self-pay accounts?
a. Currently 4
45. If insurance information is found during the self-pay collection cycle is the self-pay vendor allowed to keep and receive commission on those insurance recoveries?
a. No – flat fee only
46. What system do you use?
a. IDX
47. What are the average number and dollar of monthly placement volumes to self-pay?
a. See # 37
48. What percentage is self-pay of your current payer mix?
a. See # 20
49. Is there any existing inventory you intend to pull from an existing vendor and place with the new vendor? If so, what is the volume?
a. No
50. The **Pricing Page** includes the following statement about a signature. Does this refer to the signature required on the **Authorized Respondent Representation** form or is a signature required on the pricing page (no signature line is included)? **Sign the Authorized Respondent Form. No signature is required on the pricing form.**
The undersigned proposes to furnish the following items and/or services in accordance with all requirements and specifications contained within this Request for Proposal issued by the University of Missouri.

The **Instructions for Proposal Response section, Volume II** states that respondents must complete and return the **University Proposal Form**. Is this referring to the **Authorized Respondent Representation** form (i.e., the form after the pricing page)? **Yes**

Please clarify if **Volume I** should contain anything in addition to our responses to **sections 11. Mandatory Criteria** and **12. Desirable Criteria**. **Since this is being submitted electronically please complete and submit the following sections. It will not require Vol 1 and Vol 2 separation.**

- Section 11
- Section 12
- Pricing Form
- Authorized Respondent Form
- Attachment A: Supplier Diversity
- Attachment B: Supplier Registration Form
- Attachment C: 3rd Party Check list
- IT Security Questionnaire
- If there are any exceptions taken to the General Terms and Conditions, please red-line and return with your proposal.

51. Please clarify if anything is required to be included with our response in addition to: **Please see response to #50.**

- a. Volume I (including section 11 and 12)
- b. Volume II (including Authorized Respondent Representation Form)
- c. Attachments A, B, and C
- d. Security Questionnaire

52. What are the present monthly volumes (both number and dollar value) and the average balance of the early-out accounts?

- a. **See # 11**

53. At what age will the early out accounts be placed?

- a. **31 Days**

54. What is the average liquidation at the end of the 120-day time period?

- a. **Information not available.**

55. How many vendors does MU Health presently use for early out collections? Would MU Health be able to disclose the names of the vendors? **No vendors are currently being utilized.**

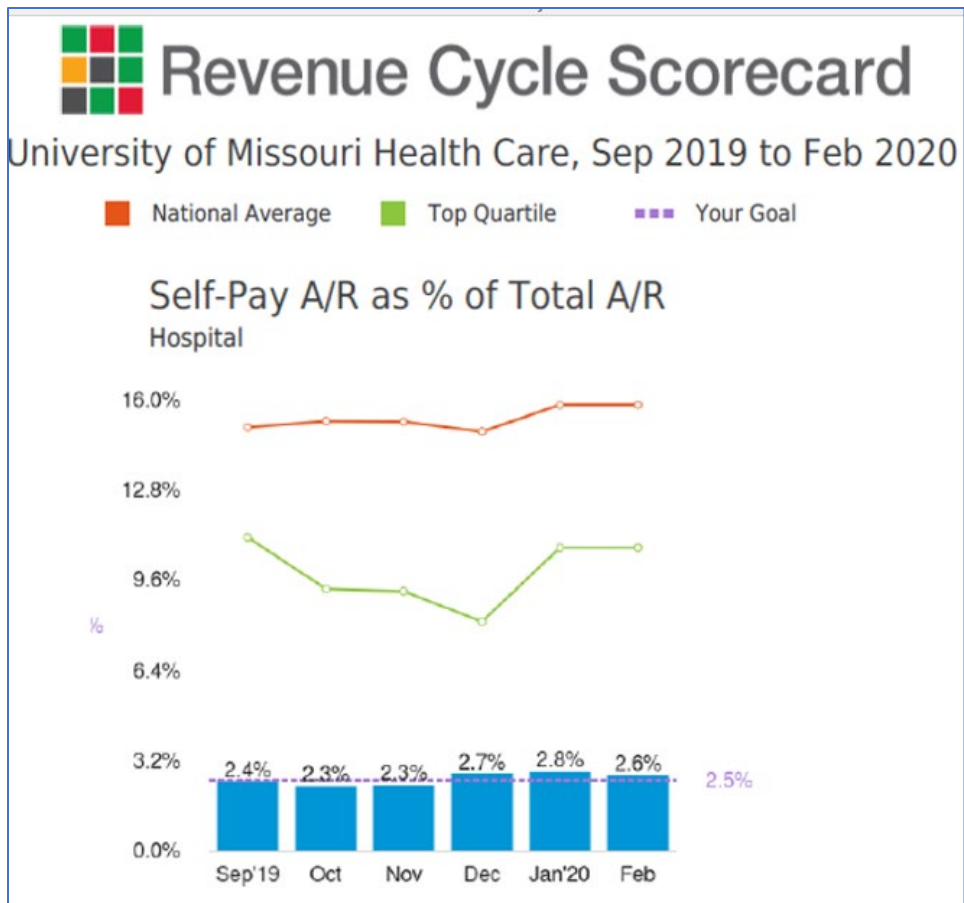
56. Does MU Health intend to replace the incumbent vendor, or simply add additional vendors? **New vendor for this project. There is not an incumbent vendor for the service requested.**

57. Does MU Health require a specific number of statements or letters and calls for each account? If yes, please specify your work standards. **See #14**
58. What patient accounting system does MU Health use? **IDX**
59. Will the early out collections work be performed in the name of MU Health or in the name of the selected early-out vendor? **Yes –MU Health**
60. Will MU Health permit the use of emailed collection notices and/or statements, and if yes, what percent of accounts have an email address associated with them? **We do not have this data available, but we will permit the use of email.**
61. Is there a specific reason for this solicitation? (Expiration of current contract, seeking improved performance, etc.) **Seeking improved performance – See #5**
62. Please describe MU Health's level of satisfaction with your current vendor(s). **N/A**
63. If the vendor discovers and identifies insurance for the patient and returns the account to MU Health for insurance billing, will the vendor be paid a fee for discovering the insurance? And if yes, what would be the fee? **See # 23**
64. Please clarify if using a diverse supplier as a subcontractor is a requirement, and if so, is there a required percentage that must be subcontracted? **Please see response to question #4 and #33.**
65. How many points is supplier diversity worth as part of the proposal evaluation? **Please see response to question #4 and #33.**
66. What are the categories and associated points for which each proposal will be evaluated? **Scoring will be based on Mandatory Response, Desirable Criteria, Diversity 5%, Disabled Veteran 3%, Buy Missouri 2%, Optional Presentation, Financials.**
67. Would MU Health consider offshore handling of the proposed early out program – **No**, or do you prefer that this program is only worked domestically? **Not offshore, domestic only.**
68. Why has this bid been released at this time? **See # 5**
69. Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable. **No current contract in place.**
70. Has the current contract gone full term? **No current contract in place.**

71. Have all options to extend the current contract been exercised? **No current contract in place.**
72. Who is the incumbent, and how long has the incumbent been providing the requested services? **No current contract in place.**
73. How are fees currently being billed by any incumbent(s), by category, and at what rates? **No current contract in place.**
74. What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)? **N/A**
75. What is the total dollar value of accounts available for placement now by category, including any backlog? **\$33.7 Million**
76. What is the total number of accounts available for placement now by category, including any backlog? **36890 Visits \$33.7 Million**
77. What is the average balance of accounts by category? **See # 37**
78. What is the average age of accounts at placement (at time of award and/or on a going-forward basis), by category? **31 days for self pay no insurance, we don't have the average by category for self pay after insurance**
79. What is the monthly or quarterly number of accounts expected to be placed with the vendor(s) by category? **745**
80. What is the monthly or quarterly dollar value of accounts expected to be placed with the vendor(s) by category? **\$1.9 million**
81. 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? **N/A**
82. What is your case management/accounting software system of record? **IDX**
83. Who is your electronic payment/credit card processing vendor? **Credit cards will be processed by online payment portal vendor**
84. 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? **N/A**
85. How do your current processes and/or vendor relationship(s) systematically determine if the death of a responsible party has occurred? **Populate a field in IDX**

86. How do your current processes and/or vendor relationship(s) handle the a death of responsible party? **Report the death to the HIM Help desk via email.**
87. Do you have a designated process or policies around deceased accounts today, and what is envisioned in the future? **Yes and it will remain.**
88. Do you currently search and file probated estate claims? **Yes** Have you considered an automated tool to identify and file probated estate claims? **No**
89. The RFP mentions a 60 page limit to the response. Does this page limit also include any supplemental documentation (i.e. letter/statement samples, additional supporting documentation, etc.) we may include? **Request of 60 pages covers all documents for the submission.**
- a. The answer to this question will fundamentally change how we put together our response. If an answer could be provided to this question shortly it would be most appreciated.
90. What is the anticipated average monthly volume of accounts entering treatment? **Previously answered**
91. Are there any work requirements (i.e. # of statements, # of calls, etc.) that must be adhered to? **Previously answered**
92. Will the project be awarded to multiple vendors? Or will the project be sole sourced? **Previously answered**
93. What is the average balance of the accounts being submitted for recovery? **Previously answered**
94. What has been the historical liquidation experienced on the portfolio? **Previously answered**
95. Please provide the anticipated number of accounts to be placed with the vendor on a monthly basis. **Previously answered**
96. Please provide the anticipated dollar amount of the accounts to be placed with the vendor on a monthly basis. **Previously answered**
97. What is the breakdown of self-pay accounts versus balance after insurance accounts? **Previously answered**

98. If the vendor discovers un-billed insurance, verifies the new insurance and returns it to be billed, will the vendor be eligible for their contingency fee upon insurance payment? **Previously answered**
99. Should the vendor provide a price option for the vendor sending statements versus the hospital sending statements? **No**
100. With the ongoing coronavirus pandemic changing how business is completed throughout the country, will the dates for RFP Q&A, submissions, possible presentations and even vendor selections be pushed back and if yes, to what dates? **The RFP opening date will be extended to April 10, 2020 at Noon CDT.**
101. Will accounts be placed at day 1 of patient responsibility? **No**
102. Is UMHC Telephone Consumer Protection Act (TCPA) compliant? **Yes**
103. Does UMHC currently utilize PARO or other presumptive scoring model and will that continue? If not, would you like for us to provide? **Yes**
104. Would UMHC consider a finder's fee for discovered insurance? **Yes**
105. Is there a minimum number of statements expected to be sent or just our standard best practice? **Yes**
106. What is the small balance write off? **\$24.99**
107. Will UMHC allow evening and weekend calling? **Yes**
108. What patient accounting system is currently being utilized? **Previously answered** Will we have remote access to EOB's and med recs, etc? **Yes to EOB, no to med Recs.** Is there a limit on number of users? **No**
109. Are there any specific KPI's that need to be considered?



110. Is there currently a vendor performing these services- what is the current recover rate?
If not, what efforts if any were utilized prior to placement? **No**
111. Considering what's going on with COVID-19 would you consider a WebEx as opposed to onsite presentation? **If presentations are conducted, they will take place via WebEx.**
112. Will your current early out vendor retain monthly payment plans or will those be place with the new vendor, if so do you know how many accounts this represents and what the average monthly payment is? **No current vendor in place**
113. What is the anticipated date of contract award? **At this time, we anticipate award by the end of April. This is open to change depending on the current situation.**
114. How many vendors does MU Health anticipate selecting for contract award? **The team may award to a single or multiple vendor.**
115. What is the anticipated contact start date? **At this time, we anticipate award by the end of April. This is open to change depending on the current situation.**
116. Given proposals must be submitted electronically via email, how does MU Health require respondents to submit confidential information? Should this information simply be

provided as a separate file attachment? **Provide in a separate email detailing confidential information RFP# 31111 submission.**

117. Can MU Health provide clarity regarding the “3rd Party Checklist” provided as a separate document, this appears to be for use internally at MU Health. What should prospective vendors provide with their proposal to demonstrate compliance with PCI requirements?
118. The procurement specifications request a 60 page limit. Can attachments (e.g. supporting PCI documents) be excluded from the page limit? **See response to #89**
119. Sections 11 and 12 (pages 22-25). Will MU Health allow respondents to respond to these sections using their own format so long as the questions are stated verbatim and in the same order as presented in the RFP? **Yes**
120. **Section 11. Mandatory Requirements Item 14 (page 22) indicates, “It is mandatory that the respondent provide a copy of their corporate compliance plan.”** It is against our company policy to publish sensitive corporate documents (e.g., policies, procedures, plans, etc.). Will MU Health accept a detailed synopsis of our compliance plan in lieu of the actual corporate compliance plan? **YES**
121. Page 10, #3 Submission of Proposals, states that all proposals shall be signed. Due to complications arising from the Covid19 situation, might this requirement be waived? **Electronic signatures will be accepted.**
122. What EHR does University of Missouri Health Care operate on?
 - a. **Cerner (Powerchart)**
123. Are both the hospital accounts and the physician accounts on the same system?
 - a. **Yes, however, Physician accounts are not included in this engagement.**
124. Do you need consolidation of billing statements from two separate patient accounting systems?
 - a. **No**
125. What is the historical liquidation for both SP and balance after insurance?
 - a. **7%**
126. Can you provide an aged Trial Balance?
 - a. **Yes**
127. If managed internally, what does your current self-pay collection effort consist of? Are you currently making outbound calls on all account?
 - a. **A statement campaign consisting of 4 statements and 1 automated outbound balance reminder call.**
 - b. **No other outbound calls other than the automated balance reminder.**
128. What is the reason for seeking a partner at this time, i.e. higher collection performance, better patient experience, etc.

- a. Increase collection performance, improve patient's experience, extended work hours, decrease bad debt
129. How much is written off to bad debt each month (or annually) and how much is collected in bad debt each month (or annually)?
Bad Debt Writeoffs (avg monthly CY19 postings)
Total Bad Debt GL Transactions: \$5,117,119
BD Payments: \$191,736 (based on payment transactions posting to Bad Debt GL account)
130. Do you currently survey patients for satisfaction with their billing experience? If so, what are the results?
a. No
131. Do you currently have a policy for presumptive charity writeoff?
a. Yes
132. Do you capture cell phone numbers and email addresses and consent to contact patients via cell phone, text messages, and email?
a. Yes
133. Is it mandatory that we provide a lockbox for payment remittance or can we direct payments to your existing lockbox?
a. All payments will be directed to our lockbox.
134. Section 11, question 17- Please provide clarification on SYSTEM NAME file transfer. What is the specific requirement? What is the system name?
a. System Name = IDX
b. IDX Payment files – either an 835 or lockbox file and a “Notes” File (specs can be provided).
135. What percentage of calls are typically not English speaking?
a. Less than 2%
136. Do you want us to provide a completed copy of the 3rd party checklist for your review or is it simply for our internal reference?
a. Please provide completed copy to the checklist requested in the RFP. Link updates and documentation have been attached to this addendum.
137. Will the new vendor be expected to work the current self-pay inventory or only new accounts placed after a certain date?

- a. Current inventory which will be a one-time placement and then ongoing placement of new accounts.
138. Are all University of Missouri Healthcare facilities on the same instance of Cerner?
- a. Patient Accounts utilizes IDX for its patient accounting platform. All facilities utilize Cerner for it's EMR.
139. How many inbound calls is the current vendor (or University of Missouri Healthcare) fielding on a monthly basis?
- a. 6894 calls per month
140. On page 3, the RFP states "Faxed or emailed responses will not be considered", then Section B. 2. on page 9 states "All Request for Proposals must be submitted electronically to Kyla Rogers rogersk@umsystem.edu." Are we able to submit electronically to the email listed above?
- a. Submission request have changed due to COVID-19 and facility restrictions. All request must be submitted via email to rogersk@umsystem.edu. We are not requiring documents to be complied in volume 1 & 2 packets any longer.