ADDENDUM II

DATE: APRIL 02, 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:

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

3rd Party Checklist- Please review the PCI 3rd Party Service Provider Check List and confirm that you can meet the compliance requirements with a Yes or No.

QUESTIONS: Responses are noted below in red.

1. Requirement 12 on page 24 asks about how vendors "verify benefit eligibility." Please elaborate. Does this refer to newly found insurance discovered during the call process, or a data scrub upon placement? Both
2. Mandatory Requirement 12 asks about an "automated charity screening process." Please elaborate. Does this refer to a data scrub? This refers to having the ability to determine individual patients propensity to pay their balance due.
3. Page 15, Scope Item 7- Is there a primary language indicator noted on the patient accounts? Yes
4. What percentage of patient accounts are Spanish speaking? Less than 2%
5. What percentage of patient accounts speak a language other than Spanish? We have on-staff interpreters that speak the majority of foreign languages our patients speak
6. Are Spanish statement options required? Yes
7. Do you use an eligibility vendor at the time of service? Yes
8. Do you use an eligibility vendor before account placement? No
9. Is the Prosper responsible for providing technical support for this site as well? Page 15 Scope item 12.b The vendor is responsible for providing technical support for their site
10. Do you currently, or would you be willing to, obtain patient consent on Front End for a soft-credit inquiry in support of presumptive Charity and other financial clearance analytics referenced in Section 11, Item 12? We currently do this
11. Do you currently, or would you be willing to, obtain patient consent for secure text notifications to cell phones? We currently do this
12. Does your current Early Out partner receive credit for payments taken through the third-party web portal referenced on Page 15, Item 12 under Project Deliverables? We do not currently have an Early Out partner
13. What type of remote access will be issued to vendor?

a. View Only
b. Limited 'Updating' Capabilities (i.e., Address Changes, Payment Plan, Insurance Updates, etc.) Vendor will have full view access to patient demographic and financial information with limited updating capability

14. Please provide a copy of the current Credit and Collection policy, payment plan guidelines and Financial Assistance policy. If these policies are not are not consistent across all MUHC affiliates please provide policies for each entity participating in this RFP. Attached
15. The reference to "Tufts" on page 24 confused me. Was this correct? Disregard the reference to Tufts assignments on Question 7 under Process, Functionality and Features. Only describe the decision process of allocating accounts to individual collectors within the organization.
16. Page 19 makes multiple references to "Consultant" – is this the same as "Supplier" or is there an additional component to the services related to consulting? YES
17. Does this RFP include all straight self-pay, balance after insurance including exhausted coverage, and balance after Medicare exhausted? Yes it does
18. Please provide a copy of the current Credit and Collection policy, payment plan guidelines and Financial Assistance policy. If these policies are not are not consistent across all MUHC affiliates please provide policies for each entity participating in this RFP. This is repeat of Question #14 above – policies are attached
19. Do you have electronic interfaces in place for each MUHC entity that entail placements, transactions, bi-directional note and reconciliations? Yes but, does not include bi-directional notes
20. RFP cites 120 day work cycle and the vendor will be allowed to keep accounts > 120 days if payment plans are established. Please explain payment plan guidelines Policy attached
21. Please share a copy of the current consent to release or outline whether there is language within that covers the TCPA guidelines regarding the use of an automated dialer, emails and SMS text messaging by MUHC and is assigns/agents/contractors. Yes, our Assignment of Benefits/Consent to Treat includes language to cover TCPA guidelines
22. Does MUHC or its self-pay vendor utilize omni channel digital communication capabilities to communicate with patients, if so, how would you rate its success? MUHC does not utilize this software. MUHC does not currently contract with a self-pay vendor
23. Are email addresses and cell phone numbers captured in a field that can be provided to the self-pay vendor via the placement file? Yes, they are captured and present in our Patient Accounting system.
24. As long as the payment plan accounts are managed within the self-pay vendor's system does anything aside from the vendors notes documenting the patients promise need to be updated in IDX? The payment plan will need to be setup in IDX to insure the correct statement is sent to the patient
25. Does MU currently require the self-pay vendor to send 1 combined statement for hospital and physician charges? No
26. Do you have file extracts established for placements, reconciliations and transaction reporting? Yes
27. Are all MUHC entities on IDX? Yes If not, please name the patient accounting system they utilize.
28. Who powers Pay My Bill? HealthPay24/MUHC Is the expectation that the contractor awarded this business will assume responsibility for this function? No
29. What is your target date for sending your first placement file to the self-pay vendor? Within 30 days of award
30. In reference to question #12, does MUHC desire a separate bid for items, such as statements, letters, web portals or do you want the rate to be all inclusive? All inclusive

31. At what frequency will accounts be placed with the vendor? Day 31 from date of 1st statement being produced
32. Is supplier for Early Out Services authorized to provide the service in the name of University of Missouri Health Care in telephone and mail contact? Yes
33. Page 14 refers to collection efforts for the 1st 120 days after "filing". Unsure what "filing" refers to. Could I get clarification of the age of accounts when they will be sent to the Supplier (such as date of first statement, 30 days after financial class is self-pay, etc) accounts will be outsourced 31 days from date of 1st statement and what financial classes will be included (self-pay, self-pay balance after insurance, any others)? Self-pay no insurance and self-pay after insurance balances will be included
34. Page 15 requires supplier to following existing credit and collection policy which directly impacts collectability and the fee that we would quote – is there a simple summary or outline of those expectations which can provide payment minimum amounts, maximum time extended for payments, expectations for households with multiple bills or recurring bills, and documentation required for financial assistance? Attached
35. Will supplier be required to provide payment posting services as part of this agreement? No
36. Does University currently charge fees for returned checks, credit card transaction fees, itemized statement or records request fees? Will Supplier be authorize to pass on direct costs or fees for these or similar services? We currently charge fees for returned checks and clinical record requests. No.
37. Insurance coverage is discussed on page 15 – is Supplier filing insurance or simply providing information for filing to University? Providing insurance information for filing to University.
    a. Is Supplier retaining insurance accounts or receiving commission on insurance payments? No. Flat Fee for finding insurance will be considered
38. Page 16 identifies 5 separate hospitals and affiliates – are all on the same software platforms Yes or will there be interface requirements for each facility? All are on the same system – IDX. Can you give a brief summary of the systems, scope of interface requirements such as number of files to interface (new accounts, reconciliation, payment and adjustment, recalls, notes, insurance, skip tracing, etc). N/A
39. There was no mention of recalled accounts – can you provide some clarification of the process for those placed with Supplier in error to be recalled and what circumstances? We would recall accounts in situations where a Risk Management has been identified and is under investigation or if there is an open Patient Experience grievance under review. The process would be that our Call Center Supervisor would contact your office by email requesting the account either be placed on hold or be returned, whichever is applicable.
40. Desirable criteria (page 23) lists licensing in all 50 states. Early Out services generally do not require licensing for collection activities as this is reserved for third party services. Can you clarify what type of licensing is desired? Teresa – I'm not clear on this either as they will be acting as though they are us.
41. Page 25 requests speed to answer a call – as most calls are answered thru automated means does this refer to connecting calls to live operator? Yes Are calls to voicemail to be included? No
42. Can you define what is considered an abandoned call and how the rate should be calculated (what is the denominator)? Various software vendors for this data use varying methods to calculate. Number of calls that go to voicemail vs. a human operator (numerator). Denominator is Total # of calls received for the day
43. Can Supplier utilize staff and labor pools outside of the US? No offshore handling, domestic only.
44. Is Supplier authorized to utilize subcontractors for this contract? No

45. What is the Implementation timeline of the project? At this time, we anticipate award by the end of April. This is open to change depending on the current situation. From there the team will work with the chosen vendor to develop and work on final execution date.

46. We worked through all the responses provided to the vendor questions and analyzed the ATB. We have tried to back into the numbers, but are struggling and therefore aren't certain whether the ATB is capturing more than MUHA wishes to outsource or we are interpreting the answers to the questions incorrectly. For instance, the answers to the questions (QA) indicate 745 accounts for $1.9M will be placed monthly, but the ATB is showing 12,813 accounts for $8,346,186 in the 31-60 bucket. Additionally, in the QA it indicated 6894 calls each month, but it doesn't indicate if they are the automated calls or inbound calls. Lastly in the QA it states 28,000 to 32,000 letters are sent each month, but if only 745 accounts will be placed monthly we are struggling to get all of these to add up. Lastly, in the QA it states no social security #'s will be provided. We kindly request the University consider providing the last 4 digits?

These were the questions that were responded to when providing the 745 accounts for $1.9M:

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

The responses are estimates and are in regards to on-going, future placements – these amounts would not have appeared on the ATB provided.

The ATB provides actual data based upon our current self-pay AR and is actual, true data.

These were the questions that were responded to when providing the 6,894 response:

9. How many incoming calls from patients are received monthly?
   On Average 6894 calls from patient's per month

18. How many inbound calls is the current vendor (or University of Missouri Healthcare) fielding on a monthly basis?
    a. 6894 calls per month

These were the questions that were responded to when providing the 745 accounts for $1.9M:

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

The responses are estimates and are in regards to on-going, future placements – these amounts would not have appeared on the ATB provided.

Response: We have considered and will provide full SSN for this engagement.

46. The anticipated volume of accounts to be placed monthly under this project:
    - The response to questions 75 & 76 indicates 36,890 for $33.7 million (including backlog)
    - The response to questions 79 & 80 indicates 745 for $1.9 million (which seems low)

- Based on the current letter and call volumes, we would project 8,000 – 10,000 new accounts per month

Are you able to clarify the number and dollar value of new accounts that are projected to be placed monthly with the new contractor(s)?

These were the questions that were responded to when providing the figures as outlined in your 1st 2 sub-bullet points above:

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 monthly or quarterly number of accounts expected to be placed with the vendor(s) by category? 745
78. What is the monthly or quarterly dollar value of accounts expected to be placed with the vendor(s) by category? $1.9 million

Our responses to Questions 77 and 78 are estimates based upon any activity that may occur prior to on-going placements prior to day 61; such as:

- Payment in full transactions generated prior to day 61; OR
- Payment plans established prior to day 61; OR
- Financial Assistance approvals for 100% of visit balance that may occur prior to day 61

47. Projected self-pay dollars recovered from the Early Out program:
    - Question 17 indicates that the total recovery from the current internal collection team is roughly $2.1 million from self-pay accounts
    - Question 18 seems to clarify that $1.5 million of the $2.1 comes from pre-pay or time-of-visit payments which would indicate that a net of roughly $600,000 is recovered monthly from direct in-house recovery effort from day 1 – 120.
    - We are working to project the total monthly recovery attributable to the new early out program and confirmation of our interpretation would be helpful.

Are you able to confirm the dollar amount of self-pay collections that are currently recovered by the in-house team monthly from patients that would be covered by the early-out program (i.e. after day 30)?

Response: We do confirm your numbers above based upon data previously provided data.