ADDENDUM II  
DATE: MAY 8, 2020  
FOR  
REQUEST FOR PROPOSAL # 31118  
GOVERNMENTAL MEDICAL DISABILITY ELIGIBILITY SERVICES  
AND OUT OF STATE MEDICAID BILLING  
DATED: APRIL 23, 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.**

QUESTIONS AND ANSWERS: The following questions and answers are provided as a matter of information to clarify issues raised about the RFP. All responses are noted below in red.

1. Will there be any claims or possibly states excluded from this project?
   a. We are currently enrolled in the following states: Oklahoma, Illinois and Iowa.

2. This section requires the bidder to include in its final submission the “Vendor related contract that must be signed as part of doing business.” The University has not provided its contract template for review and signature. Please advise what should be submitted to fulfill this requirement.
   a. The respondent can provide any MSA or contract documentation that is required for review now or at the point of award.

3. For the monthly hospital referrals placed and average charges per placement listed in a., b., and c. can you provide similar volumes and charges by line of business?
   a. Volumes shown on page 31 #3 are primarily MHABD volumes.

4. Who does the University use for its claim’s clearinghouse?
   a. MU uses SSI clearinghouse.

5. Will the University provide Board of Directors information as required on most Provider Enrollment Applications?
a. I do not understand the question as it pertains to PHI and the Board of Directors Information. The on-site or other vendor approved staff will be granted access to registration system with access to demographic information on record for the patient.

6. Will UM provide the PECOS report?
   a. Yes

7. Which Electronic Health Record (EHR) system does the University use, e.g., EPIC, Cerner, etc.?
   a. CERNER

8. How have Out of State Medicaid claims been handled previously, e.g., in-house, or outsourced?
   a. Vendor.

9. If outsourced, who is the vendor?
   a. Yes, have a current vendor. Will not disclose

10. Will this project involve legacy or "old" claims on Day 1 forward?
    a. This will involve claims on day 1 forward.

11. How many Out of State Medicaid claims and total dollar amount (charges) of these claims were seen during the past 12 months?
    a. HPA current inventory shows 82 out of state claims for approximately $1.4 million dollars that were discharged within the past year.

12. Can the University provide claim volume information for the Out of State Medicaid scope of work by Inpatient and Outpatient?
    a. Current inventory shows 17 Inpatient claims for approximately $1.4 million dollars and 87 Outpatient claims for approximately $88k

13. Is the Vendor responsible for Provider Enrollment for Out of State Medicaid accounts?
    a. NO

14. Our fees are quoted in a combination of percent of volume and flat dollar fees. The Request for Proposal form only contains fields for enter of dollar formats. Are Bidder’s allowed to alter this form to include both percentage and dollar pricing formats?
    a. Yes, provide both formats

15. Preferable, may Bidder’s submit their own formatted pricing template with additional pricing detail?
    a. Complete the pricing form within the RFP and attach any additional pricing detail.

16. Can the University provide Inpatient, Outpatient and Emergency Department volumes and average reimbursement, by line of business?
    a. Not available by line of business
17. What is the reason for going out to RFP?
   a. The current contract is expiring.

18. Does UMHC anticipate any delays in the RFP Process due to COVID-19? If so, please provide additional details.
   a. At this time, we do not anticipate any changes to the due dates. This can and will possibly change as opportunities arise.

19. Will this RFP be awarded to a single vendor or multiple vendors? If multiple, how many?
   a. Only one vendor will be selected.

20. Regarding the current vendor for UMHC’s Governmental Medical Disability Eligibility Services and Out of State Medicaid Billing:
    a. Who is the current vendor? Not disclosing that information at this time.
    b. How many staff are currently placed onsite at UMHC facilities? Cannot provide current staffing of current vendor.

21. What are the conversion rates of UMHC’s current vendor for?
    a. Medicaid enrollment Not available/cannot disclose
    b. SSD/SSI enrollment, and Not available/cannot disclose
    c. Out of State Medicaid Billing Not available/cannot disclose

22. Is UMHC happy with the services provided by its current vendor?
    a. The RFP is being issued due to contract term expiring.

23. Upon contract award, will there be any backlogs and/or assignment of aged inventory to the new vendor? If yes, please provide an estimation for both Medicaid, SSD/SSI, and Out of State Medicaid Billing.
    a. No backlog

24. What are the onsite coverage expectations (Days and hours of operation)?
    a. On-site coverage assistance. Normal business days and hours are Monday – Friday, 8AM-5PM, except MU stated Holidays

25. Is there a minimum number of staff required/expected to be placed onsite at UMHC facilities?
    a. Staffing will be required only at the following UMHC facilities: University Hospital / Ellis Fischel Cancer Center

26. Will UMHC provide vendor with office space and/or equipment? If yes:
    a. How many workstations will be provided?
    b. What equipment will be provided? Primary workstation for onsite is at University Hospital/Ellis Fischel Cancer Center. Currently have one office with two workstations.

27. Does UMHC have state/county Medicaid workers located onsite?
    a. No

28. Page 14, Question #2, paragraph 3, under Scope states: *for the University, in all instances, the initial application process has been done.* Please clarify this statement.
a. Will the vendor receive accounts to work for Medicaid eligibility or will Medicaid referrals from the University be restricted/limited to out of state Medicaid, denials to work for reconsiderations or appeals, backdating, and/or challenging cases? Patients already in pending Medicaid status and need/request assistance of vendor is allowed

b. For the remaining facilities, would the vendor onsites be obtaining the Medicaid application from the patient at bedside? Bedside assistance expected at University Hospital (Level 1 Trauma Center)/Ellis Fischel Cancer Center.

29. Page 21, Mandatory Criteria question #3 states: We require your company to agree to screen for and pursue federal (SSD/SSI) and MO HEALTHNET (MA) Eligibility of selected University Hospital self-pay and underinsured in-patient and out-patient accounts as requested. 100% of self-pay / under insured accounts will not be referred to vendor.
   a. Please confirm if monthly volumes of 4,247 inpatient/observation/trauma and 4,816 outpatient/ED stated are estimated referral volumes the vendor will receive or if those numbers reflect total admissions. Volumes listed was a snap shot in time. Overall, referrals are based on patient volume and needs of patient.
   b. What are the estimated referral volumes for the remaining facilities, other than University, for inpatient/observation/trauma and outpatient/ed? Varies with patient needs
   c. What is the estimated total referral volume of accounts for out of state Medicaid billing? RESPONSE REQUIRED On average we place 18 accounts per month for Out of State Medicaid.
   d. What is the average age of account at time of placement for:
      i. inpatient/observation/trauma, and placement file upon admission
      ii. outpatient/ed referrals, and after discharge from visit
      iii. out of state Medicaid billing? RESPONSE REQUIRED 42 Days post discharge

30. Will an ATB, by facility and patient type, be provided?
   a. I do not believe this is applicable to this RFP

31. Please provide clarification on the referral process:
   a. Are inpatient/observation/trauma cases referred day 1? Currently, file is sent and referrals are placed based on need. Not always on day 1.
   b. Will the vendor be completing bedside screenings prior to, concurrently, or retroactively to hospital staff screening? Current state is concurrent or retroactively. This could change.
   c. Does UMHC staff obtain and submit Medicaid applications for any patient population types, such as MAGI, which are not referred to the vendor? If yes, please provide population types. Yes, MUHC staff will assist with and/or refer patients to apply on their own via phone or online – depends on patient need that has to be met.

32. Page 25, question #4 states: Outpatient referrals for non-MO residents would not occur. There is no mention of ED referrals. Will ED referrals for non-MO residents occur?
   a. RESPONSE REQUIRED. We do refer claims for Out of State Medicaid ED patients to our vendors to work. This question is stating no “scheduled” outpatient referral visits for non-Mo residents will occur. Our OSM cases are urgent/emergent in nature.
33. Does the hospital participate in Hospital Presumptive Eligibility?
   a. Yes. We are a qualified entity for PE and have an agreement with DSS/FSD.

34. Is the vendor expected to assist with the Hospital Financial Assistance (HFA) application process, beyond providing access to available patient documentation as stated on page 24, question 31? For example, is the vendor expected to obtain HFA applications from patients? If yes, please provide details.
   a. No.

35. Will UMHC allow for work to be conducted at our offshore location?
   a. Please see item 5 for Preference for Missouri firms. Please see #7 asking vendor to describe any parts of the eligibility process that you outsource and to list all third party vendors/programs that will be utilized in providing services through this agreement.

36. Page 22, Question #15 states: We require that your company agrees to allow UMHC to withdraw files at any time without cause or reason. Please provide clarification:
   a. Please provide an example scenario where this might occur? As stated, no cause or reason needed.

37. Will remote access to the host system(s) be provided for management and auditing purposes?
   a. Yes, once cleared. Persons that are offsite such as management and for auditing still must comply with HR and security requirements.