

RFP Questions and Clarifications Memorandum

To: Vendors Responding to RFP Number 3720 for the University of Mississippi Medical Center (UMMC)

From: Craig P. Orgeron, Ph.D. *cm*

Date: December 3, 2013

Subject: Responses to Questions Submitted and Clarifications to Specifications

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The following questions were submitted to ITS and are being presented as they were submitted, except to remove any reference to a specific vendor. This information should assist you in formulating your response.

Question 1: What is the ITS UMMC Payer Mix? Please provide percentage breakdown.

Response: The Payer Mix percentage breakdown from the UMMC Hospital Billing Dashboard from a system query ran November 18 is:

Commercial	6%
Medicare	18%
Medicaid	27%
Self-Pay	24%
Worker's Comp	1%
Other	5%
BCBS (Blue Cross Blue Shield)	10%
Medicare Advantage	3%
Managed Care	2%

The Payer Mix percentage breakdown from the UMMC Professional Billing Dashboard from a system query ran November 18 is:

BCBS	9%
Medicare Advantage	3%
Managed Care	2%
Other	5%
Commercial	8%
Medicare	16%
Medicaid	21%
Self-pay	36%
Worker's Comp	1%

Question 2: What is the percentage of self pay?

Response: The percentage of self pay from the UMMC Hospital Billing Dashboard from a system query ran November 18 is 24%.
The percentage of self pay from the UMMC Professional Billing Dashboard from a system query ran November 18 is 36%.

Question 3: What is your annual bad debt?

Response: Since the Epic Go-Live date of 6/1/2012, the bad debt is as follows:

Hospital Billing Bad debt: \$129,850,058.53
Professional Billing Bad debt: \$27,569,499.84

Question 4: Please provide a breakdown on Monthly Visits for In-Patient, Out-Patient and Emergency Department?

Response: The breakdown averages on monthly visits for In-Patient, Out-Patient, and Emergency Department from Hospital Billing is as follows:

	No of Monthly Visits	Average Monthly Revenue	Percentage of Total Monthly Visits
Emergency Department	7570	\$ 13,461,280.00	18%
In-Patient	3131	\$ 113,061,738.00	7%
Out-Patient	31640	\$ 76,413,766.00	75%

Question 5: On the bidders conference call, ITS UMMC requested that questions be submitted as soon as possible so you can respond more quickly. Will you be posting responses to questions ahead of the 12/2 date posted in the RFP? How many times will you be posting responses to questions?

Response: The responses will only be posted once and will remain on the ITS Website while the procurement is active.

Question 6: Section III, Item 17

Rights Reserved to Use Existing Product Contracts

The State reserves the right on turnkey projects to secure certain products from other existing ITS contracts if it is in its best interest to do so. If this option is exercised, then the awarded Vendor must be willing to integrate the acquisition and implementation of such products within the schedule and system under contract.

Paragraph 17 of Section III provides that vendors must be willing to integrate with certain products provided pursuant to existing ITS contracts if the State determines that it is in its best interest to do so. Does the State have a list of any existing ITS contracts that may be implicated by this provision? If yes, please provide this list.

Response: The state does not have such a list.

Question 7: Attachment B, 1.9, 1.9.1, 1.9.2

The system must be able to scrub accounts from Mississippi and all contiguous states.

The system primary coverage area must include Mississippi and Louisiana.

The system secondary coverage area must include Tennessee, Texas, Alabama, and Florida.

Does UMMC have an expected Payer List?

What other payers besides HMOs, TPAs and Medicare and Medicaid are you expecting?

Response: See *UMMC and UP Contract List* attached to this Memorandum.

Question 8: Attachment B, 1.11, 1.11.1, 1.11.2, 1.11.3

The Vendor must be able to meet Epic file requirements, including: 7M, CSV, 28

Please provide the UMMC standard file specifications.

Response: The MediData Medicaid Revenue Recovery input file requirements are in the table below.

Data Element	Optional or Required	Preferred Format	Comments
Account Balance	Optional		Used for performance reporting if provided
Account Number	Required		Your reference number for this patient
Patient Birth Date	Birth Date or SSN is required	99/99/9999	Any format is acceptable
Patient First Name	Required		
Patient Last Name	Required		
Patient Middle Initial	Optional		
Patient Social Security Number	Birth Date or SSN is required	999999999	Any format is acceptable
Services Start Date	Required	99/99/9999	Any format is acceptable
Services End Date	Optional	99/99/9999	Any format is acceptable. Default is to the greatest date spread that state system will allow up to the date of inquiry.

Notes

Any other data elements can be included in the record. Those data elements will be returned with the results e.g. financial class, address, etc.

The data elements can be in any order within the record.

Question 9: Attachment B, 1.13

The Vendor must provide UMMC with a found coverage file that appends to the UMMC Transmission file. The found coverage file should include, but not be limited to the following information for active patients and their family: 1.13.1 - .1.13.7.

What file type is UMMC sending and what file type are you expecting back?

Response: UMMC is sending an X12 file.
UMMC is expecting the return file to be in X12 format.

Question 10: Attachment C, Mandatory Requirements

According to page 33, 5.4 of the RFP – Vendor is not expected to provide a point-by-point response to each item in Attachment C. A response of “Will Comply” or “Agreed” to requirement 5.3 (page 33) is sufficient.

- a. Are you expecting the Mandatory Requirements section (pages 83-84) to be included in the vendor response?
- b. Are we to not answer these questions based upon our response to 5.3, page 33?
- c. And, if we are supposed to respond, regardless of how the questions/statements are presented, are we to respond with “Will Comply” or “Agreed” only?

- d. Additionally, are we to include the Tier 3 language on page 85 and are we to respond to this section in the same manner as stated above?

Response: Vendor's response of "Will Comply" or "Agreed" to item 5.3 indicates Vendor's agreement or willingness to comply with *Attachment C: UMMC Mandatory Hosting Requirements* (pp 82 – 85) in its entirety as applicable for System's tier.

Question 11: Knowing that CMS and most commercial entities have prescribed specific rules and policies governing eligibility systems that prohibit abusive use of eligibility transactions when conducting self-pay screening (aka, phishing), does UMMC expect the proposed solution to have technology or rules that limit UMMC's risk of violating such rules and policies?

- a. If yes, can UMMC provide a detailed description or other information to ensure that the proposed solution meets UMMC's expectations?
- b. If no, does UMMC intend to hold the selected vendor liable for any regulatory or policy breaches which could result in delayed ability to submit future eligibility or claim transactions to a specific payer as a result of identified phishing activity?

Response: Yes. UMMC expects the Vendor to utilize industry standards and best practices.

Question 12: What steps, actions or procedures are in place at UMMC to prevent this activity from appearing to be "phishing"?

Response: UMMC expects the Vendor to utilize industry standards and best practices.

Question 13: During the pre-bid conference, we heard both that each download from UMMC would be run only once against the various payers and we also heard that it would be expected to run the same file repeatedly to catch retroactive coverage, which is correct?

If the same file is to run repeatedly, how would the vendor know if UMMC had moved an account to bad debt?

Response: Each download will be processed once, but account may be in each day's file.

Question 14: Will the vendor be expected to provide a portal by which historical results can be reviewed?

If so, how long would that result need to be available for review by UMMC?

How long would results be expected to be archived?

Response: No, the Vendor will not be expected to provide a portal by which historical results can be viewed. However, the Vendor may include this as a part of their proposed solution as an option feature.

**If the Vendor chooses to present this feature as a part of their solution, the historical results should be available for 30 days.
There is no requirement for the archival of this information.**

Question 15: Please advise if this project would be a batch process only, meaning that real-time or an individual search initiated at any point is not within scope of this project.

Response: UMMC prefers that the processing of accounts be batch only. Real-time or individual searches are not within the scope of this project.

Question 16: Would the vendor be expected to cascade results from one payer to the next, meaning add information not in the file gained at one location to add to the query of the next?

Response: The Vendor is not expected to cascade results from one payer to the next. However, if the Vendor would like to present this as part of their solution, this option will be considered in evaluation. It would be preferred if the Vendor can present primary, secondary, or tertiary payers.

Question 17: Is Epic the only system that the vendor is required to build outputs for?

Response: Yes. Epic is the only system that the Vendor is required to build outputs for.

Question 18: Attachment B, page 79, Item 1.13.4

In reference to Attachment B, page 79, Item 1.13.4, Requirement "Lock in-provider ID, start and end dates, lock in status" Please provide further clarification as to the nature of this requirement. Vendor is not familiar with this terminology.

Response: If a patient is locked into a waiver program, such MYPAC which is a mental health waiver program, then the patient can only see specified providers for those particular services. The Vendor's eligibility search should capture this program information including the provider's ID, start and end dates of coverage and lock in status.

RFP responses are due December 12, 2013, at 3:00 p.m. (Central Time).

If you have any questions concerning the information above or if we can be of further assistance, please contact Sandra Randall at 601-432-8065 or via email at Sandra.Randall@its.ms.gov.

Attachment: UMMC and UP Contract List

cc: ITS Project File Number 39975

UMMC and UP Contract List

<i>Plan Name</i>	<i>Alternate Name/Notes</i>	<i>Type</i>	<i>Term Date</i>	<i>Entities Covered</i>
Advanced Health Systems, Inc	AHS, State Employees Network/Subsidiary of BCBS	PPO	Open	Hosp and UP (individual phys contracts)
Aetna Health Management		PPO	Hosp: Auto Renewal July 1 UP: 9/30/2013	Hospital and UP
Always Care (dental and vision)	First Look Vision	PPO	12/31/2018	Hospital and UP
American Life Care	PHCS/Multiplan	PPO	Open	Hospital and UP
Benefit Management Systems, Inc.		TPA	4/30/2014	Hosp and UP (Group Contract)
Blue Cross/Blue Shield of MS		PPO	Open	Hosp and UP (all physicians)
Blue Cross Blue Shield of MS Behavioral Health	Limited participation- call for approvals	PPO	Open	Psychiatry (11 docs), Family Medicine (2 docs), Anesthesia (1 doc), Neurology (1 doc), Peds (5 docs)
Children's Medical Program			Open	Hospital and Individual physicians are enrolled
CIGNA (specific to Itron)	Effective 9/1/2012. Please note that this is NOT a global agreement with CIGNA. This agreement only covers the Itron employer group. No other CIGNA members can access this agreement.	PPO	8/31/2017	Hospital and UP (Group Contract)
Corvel Healthcare Corp	This is the only worker's comp contract that the hospital and UP have	Worker's Compensation/ PPO	Open	Hospital and UP (Group Contract)
Department of Rehabilitation Services			9/30/2009	Hospital

UMMC and UP Contract List

Plan Name	Alternate Name/Notes	Type	Term Date	Entities Covered
First Choice Health Plan	Includes Humana PPO plan. We are <u>not</u> in the Humana Medicare Advantage plans through First Choice. We are <u>not</u> in First Choice's Louisiana PPO Plan.		Hosp: 5/31/2018 UP: Open	Hosp and UP (Group Contract)
First Health Network/Coventry		PPO	Open	Hosp and UP (Group Contract)
GEHA (Government Employees Health Association)	Please note that the PCIP consumers no longer access the United Healthcare network as of 6/15/2013. The FEHBP product continues to route through our United Healthcare Options network.		Follows United terms	Hosp and UP (Group Contract)
Hattiesburg Clinic Professional Association	Until 9/1/2013, Hattiesburg Clinic employee claims should be directed to Hattiesburg Clinic. As of 9/1/2013, the Hattiesburg Clinic employee ID cards will have an MPCN logo. The claims will be sent directly to Fox Everett.		Follows MPCN terms	Hosp and UP
LifeTrac	Effective 6/1/2012	Transplant carrier network	Hosp and UP: 5/31/2017	Hosp and UP (Group Contract)
Magnolia Health Plan	MS CAN business effective 1/1/2011	Fee for Service	12/31/2015	Hosp and UP (Group Contract)
MDRS (Mississippi Department of Rehab Services)	MDRS agreement effective 8/1/2011	Fee for Service	9/30/2017	Hosp and UP (Group Contract)
Medicaid Alabama		Fee for Service	Open	UP has a group number but each physician has to be enrolled individually. All services need authorizations unless it is an emergency.

UMMC and UP Contract List

Plan Name	Alternate Name/Notes	Type	Term Date	Entities Covered
Medicaid Mississippi	MS CAN Agreement effective 1/1/2011 with United Healthcare and Magnolia	Fee for Service	Open	Hosp and UP (all docs)
Medicare		Fee for Service	Open	Hosp and UP (all docs)
Medicare Railroad		Fee for Service	Open	Hosp and UP (all docs)
Mississippi Health Partners (MHP)	Only for Family Medicine at Baptist	PPO	Open	Family Medicine (all docs)
Mississippi Physicians Care Network (MPCN)		PPO	Hosp: Auto Renewal July 1 UP: 4/14/2015	Hosp and UP (all docs)
Mississippi State Hospital		PPO	8/4/2009	Hospital
Multiplan	PHCS/American Life Care	PPO	Auto Renewal June 1	Hosp and UP (Group Contract)
Naphcare	Federal Correctional Institution	PPO		
North Mississippi Health Link		PPO	Hosp/UP: Auto Renewal April 1	Hospital and UP
PPO Plus, LLC		PPO	12/31/2014	Hosp and UP (Group Contract)
Private Healthcare Systems (PHCS)	Used to be American Life Care/Multi Plan	PPO	Auto Renewal June 1	Hosp And UP (Group Contract)
TRICARE/Humana Military Health Services	Hospital and group contract effective 7/1/2010	PPO	Auto Renewal July 1	Hosp and UP (Group Contract)- All physicians are included <u>except for Psychiatry/Behavioral Health.</u>
United Behavioral Health	CHIPS effective 1/1/2010. Commercial business effective 9/1/2010.	PPO	8/31/2015	Hosp and UP (Group Contract)
United Healthcare	MS CAN Agreement effective 1/1/2011	PPO	6/30/2014 (Second term)	Hosp and UP (Group Contract)
University of Mississippi Athletics Department			1/31/2015	Contract for physician and hospital services for the Univ Mississippi athletes
Veterans Administration	Pending a new contract- continue to see these patients			Hosp and UP (Group Contract)

UMMC and UP Contract List

<i>Plan Name</i>	<i>Alternate Name/Notes</i>	<i>Type</i>	<i>Term Date</i>	<i>Entities Covered</i>
Windsor Health Plan, Inc	Need precertification for most ancillaries and all surgeries and inpatient admissions	Medicare Advantage Managed Care Plan	12/31/2018	Hosp and UP (Group Contract)

NOTE ABOUT PPO PAYORS NOT ON THIS LIST: It is possible that a patient will have a PPO that is not on this list but may be part of another PPO that we do have a contract with. Each one of these payors should be contacted to ask them if they are part of a larger network. If they are part of a PPO that is on this list, please make sure you confirm member benefits and again confirm that the member will be in network if they receive services from our physicians and our hospital.

NOTE: Effective 12/1/2011, Dermatology is participating with all managed care plans.