

RFP Questions and Clarifications Memorandum

To: Vendors Responding to RFP Number 3821 for the University of Mississippi Medical Center (UMMC)

From: Craig P. Orgeron, Ph.D.

Date: March 29, 2016

Subject: Responses to Questions Submitted and Clarifications to Specifications

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RFP Number 3821 is hereby amended as follows:

1. Section VII Technical Specifications, Item 8.3.1 is being modified to read:

Vendor's solution must have the ability to determine potential coverage for self-pay accounts **both in real time at the point of registration and** by using as a batch review process.

Vendor must include in their proposal a response to each amended requirement as listed above. Vendor must respond using the same terminology as provided in the original requirements.

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: Sections II, Item 5

The RFP states a requirement for an "original" signature. Our firm uses the Sertifi Electronic Signature system and the electronic signature of our Deputy General Counsel to execute all binding agreements. A unique Document ID for this signature will be found at the bottom of the digitally signed page. Please advise if this approach will be sufficient to meet the RFP requirement.

Response:

An electronic signature cannot be accepted at this time.

Question 2: Sections VII, Item 3.2

Do Jackson Medical Mall and Select Specialty roll up under the University of Mississippi Medical Center entity for billing purposes? We are trying to ascertain the 'covered facilities' as we define

them. For our existing Claims Management relationship with UMMC, those entities are not named – UMMC, Holmes County, Grenada and the Physicians group are named.

Response:

Yes. The Medical Mall and Select Specialty are considered to be part of the main campus of UMMC in Jackson.

Question 3: Sections VII, Item 3.2

Are all services for which this RFP addresses organized under a single CBO design?

Response:

Yes.

Question 4: Sections VII, Item 3.2 – 3.3

Is the RFP for the UMMC hospital only, or does it also include University Physicians?

Response:

It includes both UMMC Hospital (locations in Jackson, Lexington and Grenada) and University Physicians.

Questions 5: Section VII, Item 8

What is the current total annual registration volume by facility, by patient type?

Response:

The total for all UMMC facilities and University Physicians is approximately 1.2M. We do not currently have this broken out by each location or patient type.

Questions 6: Section VII, Item 8

What is the number of ADT systems (registration systems)?

Response:

One. Epic Version 2014.

Questions 7: Section VII, Item 8

What is the current annual volume of Eligibility & Benefits validations performed by facility?

Response:

Approximately 960,000 per year across the entire UMMC footprint..

Questions 8: Section VII, Item 8

What is the current total annual volume of identity & address verifications performed?

Response:

UMMC does not currently utilize an identity and address verification system at the point of registration. UMMC receives approximately 36,000 returned patient statements per year.

Questions 9: Section VII, Item 8

What is the current total annual volume of patients screened for financial assistance/probability scoring transactions performed?

Response:

UMMC screens approximately 28,800 patients for financial assistance annually. UMMC does not currently utilize probability scoring software.

Questions 10: Section VII, Item 8

In order to provide cost information, please provide UMMC's total encounter volume and estimated transaction volume for eligibility, address verification, and propensity to pay. Please also provide UMMC's percentage of self-pay patients.

Response:

- 1) UMMC's total encounter volume is 1.2M per year.
- 2) UMMC's estimated transaction volume for eligibility verification is 960,000 per year.
- 3) UMMC does not currently utilize an identity and address verification system at the point of registration. UMMC receives approximately 36,000 returned patient statements per year.
- 4) UMMC does not currently utilize a probability scoring software.
- 5) UMMC's percentage of self-pay patients is 12%.

Question 11: General

Can you find out the volumes anticipated with each of the solutions needed on the RFP?

Response:

- 1) Insurance Eligibility and Benefits Verification
 - a. 960,000 transactions per year.
- 2) Plan Code Correction
 - a. UMMC checks approximately 1,080,000 plan codes per year.
- 3) Coverage Identification for Self-Pay Patients
 - a. UMMC currently screens approximately 28,800 patients for financial assistance annually. 12% of their payor mix is self-pay.
- 4) Identity and Address Verification
 - a. UMMC does not currently utilize an identity and address verification system at the point of registration. UMMC receives approximately 36,000 returned patient statements per year.
- 5) Notice of Admission
 - a. Approximately 6,000 per year.
- 6) Screening for Financial Assistance
 - a. UMMC currently screens approximately 28,800 patients for financial assistance annually. 12% of their payor mix is self-pay.
- 7) Payment Probability Scoring
 - a. UMMC's current registration volume is 1.2M annually.
- 8) Collections Analysis and Segmentation
 - a. UMMC's current registration volume is 1.2M annually.
- 9) Underpayment Identification and Recovery

- a. UMMC sends approximately 620,000 hospital claims and 1,500,000 physician claims annually.
- 10) Batch Address Identification and Correction
- a. UMMC receives approximately 36,000 pieces of returned patient statements per year.
- 11) Statements
- a. Volumes are included in the RFP.

Questions 12: Section VII, Item 8.2.1

What type of interface does UMMC require for the message to go back to Epic (e.g., HL7, Web service)?

Response:

HL7.

Questions 13: Section VII, Item 8.3

What is your current self-pay volume?

Response:

UMMC's payor mix portion of self-pay is approximately 12%.

Questions 14: Section VII, Item 9.1.2

Can UMMC clarify whether the desired solution must present a user interface with UMMC's financial assistance application and the ability to prepopulate the form with both patient demographic, income, household size, and other derived federal poverty level (FPL) data? Or, is the intent to ensure the scoring/FPL data is returned in a form that can be imported into Epic and/or another UMMC data? If the former, can UMMC confirm whether it will disqualify from consideration any vendor who cannot comply (as this will likely exclude most vendor solutions)?

Response:

UMMC would prefer that the solution have the ability to prepopulate the form, but the inability to offer this will not disqualify the vendor.

Questions 15: Section VII, Item 9.1.2

Please confirm whether a technology vendor (incumbent or otherwise) assisted with writing the technical requirements for this RFP?

Response:

No. The State did not use a technology vendor to assist in the writing of this RFP.

Questions 16: Section VII, Item 9.4

Does UMMC currently have a process to audit the commercial payers? Include any audit software that you may be utilizing.

Response:

Yes. UMMC uses a web based application.

Questions 17: Section VII, Item 9.4

Has UMMC recently settled with any of the payers for underpayments?

Response:

No.

Questions 18: Section VII, Item 9.4

Are there any commercial payers that would be excluded from the audit?

Response:

No.

Questions 19: Section VII, Item 9.4

Are all of your physicians employed, or affiliated?

Response:

Employed.

Questions 20: Section VII, Item 9.4

What is the nature of any internal or external underpayment solutions in currently in place? What results have been achieved?

Response:

UMMC uses a web based application. Recovery is approximately \$5M/year.

Questions 21: Section VII, Item 9.4

At what point will an underpayment be considered to be in the vendor's scope? (immediately upon initial payment, zero insurance balance, zero patient balance)

Response:

Immediately upon initial payment.

Questions 22: Section VII, Item 9.4

Please provide the name of your third party contract management system. Would we be given access to this system, or is there a preference for us to utilize our contract management system?

Response:

UMMC's current contract management system is MC AnalyTXs. Their preference is for the vendor to utilize their own contract management system.

Questions 23: Section VII, Item 9.4

Who are your major managed care payers comprising 80%-90% of your volume and reimbursement?

Response:

BCBS, United Healthcare, Aetna, Cigna, Humana, Wellcare, and the MSCAN Managed Medicaid Programs.

Questions 24: Section VII, Item 9.4

For what payers do you have difficulty adjudicating full payments?

Response:

BCBS, United Healthcare, Wellcare and the MSCAN Managed Medicaid Programs.

Questions 25: Section VII, Item 9.4

As a percentage of Net Patient Revenue, what do you currently believe to be the scope of your underpayment problem?

Response:

2 – 5%.

Questions 26: Section VII, Item 9.4

Does the underpayment scope include technical denials or is the project limited strictly to incorrect payment calculations?

Response:

Currently, the project is limited strictly to incorrect payment calculations but UMMC would be interested in understanding the vendor's proposed technical denials solution.

Questions 27: Section VII, Item 9.4

How many TINS for the physician organization?

Response:

All of the UMMC footprint is under one tax id number.

Questions 28: Section VII, Item 9.4

Please provide a breakdown of TINS (physicians/TIN)

Response:

All of the UMMC footprint is under one tax id number.

Questions 29: Section VII, Item 9.4

Provide the number of billing locations?

Response:

There is one centralized billing office.

Questions 30: Section VII, Item 9.4

How are your contracts structured?

Response:

UMMC's current contracts are mostly DRG/APC based methodology with carve outs, but they also have some contracts based on a per diem/case rate methodology or straight discount on billed charges.

Questions 31: Section VII, Item 9.4

Are your physicians under one, or multiple agreements, for each payer?

Response:

They are under one agreement with each payer.

Questions 32: Section VII, Item 9.4

Do you have copies of your contracts/fee schedules?

Response:

Yes UMMC has copies housed in our managed care contracting department.

Questions 33: Section VII, Item 9.4

Do you have access to 837/835 data? If not, who is your clearinghouse?

Response:

Yes.

Questions 34: Section VII, Item 9.4

What is your annual commercial payer net revenue?

Response:

\$192 – 200M.

RFP responses are due April 11, 2016, 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 Patti Irgens at 601-432-8223 or via email at Patti.Irgens@its.ms.gov.

cc: ITS Project File Number 42041