RFI# 7146

Process Improvement, Root Cause Analysis for Denial Reduction & Interim Department Leadership in Patient Access & Patient Financial Services (Billing)

QUESTIONS/CLARIFICATIONS

Category	Questions/Clarifications	UCLA Health Response
Business Criteria	Please define "strategic alliance" referenced in item 6.0.	A strategic alliance is a formal, collaborative partnership between two or more independent organizations that agree to combine their complementary capabilities, resources, or expertise to achieve mutual long-term objectives that neither party could accomplish as effectively alone. Unlike a simple vendor–client relationship, a strategic alliance emphasizes shared value creation, joint planning, and ongoing cooperation, while each organization maintains its own operational and legal independence.

Category	Questions/Clarifications	UCLA Health Response
Mandatory Requirements	Does scope include both HB and PB revenue cycle operations across UCLA Health?	The scope is limited to hospital based (HB) revenue cycle functions.
Mandatory Requirements	Can you provide additional clarification on what you mean by "bidderal transition" in item 7.0?	This is a typo. The statement should instead read: *Interim Leadership Support: The bidder should have an ability to provide resources with deep expertise in hospital patient access and billing/claim submission for all payer types, and demonstrated experience leading through periods of transition.*
Mandatory Requirements	Which interim leadership role(s) are in scope and needed (e.g., Director of Patient Access, Director of Billing, executive oversight), and is the level of support needed operational, strategic, or hybrid? Additionally, is UCLA seeking interim-to-permanent placement or support with recruiting and hiring? Would you be amenable to this interim role being sub-contracted?	Operational support is required on an interim basis in Patient Access and Billing/Medicare Collections. UCLA Health will complete recruitment functions independently of this project. We would be amenable to a sub-contract.
Mandatory Requirements	How mature are current denial analytics capabilities, including standardized taxonomy, root cause attribution, and payor-level reporting?	Our denial analytics capability includes standard taxonomy, root cause analysis and payer-level detail.
Mandatory Requirements	Which denial categories and payor segments are the highest priority, and how mature are current cross-functional processes for reviewing denial trends, root causes, and feedback loops?	Our highest priority denial categories are medical necessity, authorization and registration/eligibility. We have an existing Denial Management Committee in place that reviews cross-functional processes and denial trends.
Mandatory Requirements	Is UCLA seeking near-term impact, longer-term transformation, or a phased approach, and are there defined milestones vendors should assume in their response?	UCLA Health is seeking near-term impact and long-term transformation and is open to a phased approach. The milestones and deliverables are referenced within the Business Requirements and Implementation tabs, but are subject to each respondent's proposed strategy/approach.
Mandatory Requirements	What is the intended balance between Patient Access–originated denials and downstream Billing denials, and are both Hospital Billing (HB) and Professional Billing (PB) in scope?	Our highest priority denial categories are medical necessity, authorization and registration/eligibility. The scope is limited to hospital based (HB) revenue cycle functions.
Mandatory Requirements	How is the Revenue Cycle organization currently structured (including leadership roles and span of control), and should organizational recommendations focus on optimizing the current model or defining a future-state design?	Details of the current state organizational structure will be provided upon project initiation and should not impact the ability to provide the requested information. Either approach (optimizing the current model and defining a future state design) is acceptable.
Mandatory Requirements	Are coding and clinical documentation improvement (CDI) considered in scope, or only coding accuracy as it relates to denials?	Clinical coding and CDI functions are outside of the scope of this project.

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Mandatory Requirements	Which clearinghouse(s) does UCLA Health currently use for claims submission, and have recent vendor disruptions or system issues influenced denial trends or billing performance?	UCLA Health utilizes Cirius, Office Ally, Inovalon and Availity primarily for claims submission. Vendor disruption has not been identified as a contributor to current priority denial areas.
Mandatory Requirements	What training, quality assurance, and external vendor support (e.g., early out, appeals, staff augmentation) are currently in place, and are there known gaps impacting Revenue Cycle performance?	Details of the current state organizational structure and workflows will be provided upon project initiation and should not impact the ability to provide the requested information.
Mandatory Requirements	Tab 4 - Item 4.0 - Please confirm if the scope of root cause analysis and interim leadership during remediation is intended to cover both hospital and clinic settings across technical and professional fee billing.	The scope is limited to hospital based (HB) revenue cycle functions.
Mandatory Requirements	Tab 4 - Item 4.0 - Are there any components of Patient Access or Billing that are currently outsourced to third-parties?	No major components of Patient Access or Billing are currently outsourced to third parties.
Mandatory Requirements	Tab 4 - Item 4.0 - To what degree are Patient Access and Billing functions centralized across the multi-entity environment outlined in the requirements?	Details of the current state organizational structure and workflows will be provided upon project initiation and should not impact the ability to provide the requested information.
Mandatory Requirements	Tab 4 - Item 7.0 - Please clarify the current organizational structure and scope of the UCLA Health revenue cycle department(s) (i.e., where would the Interim Leadership Support in Pt Access and Billing fit into the full picture?). Are there separate RCM departments for hospital and clinic revenue cycles?	Details of the current state organizational structure will be provided upon project initiation and should not impact the ability to provide the requested information. The scope is limited to hospital based (HB) revenue cycle functions (Ambulatory revenue cycle functions are separate from HB).

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Implementation	The RFI scope is focused on denials, but there are several other areas that we typically assess to determine if there is lost revenue associated with the clinical services being provided – those include appropriate charge capture, clinical documentation, and strategic pricing. Does UCLA want those areas in scope?	Charge capture, clinical documentation, and strategic pricing are outside of the scope of this RFI.
Implementation	How many interim leadership resources are needed (e.g., separate roles for Patient Access and Billing)?	A maximum of two interim leadership resources are requested.
Implementation	Are any Patient Access or Billing functions currently outsourced to a vendor? Please include details on which functions, the vendor, and the contract.	No major components of Patient Access or Billing are currently outsourced to third parties.
Implementation	Can you provide the reporting structure and span of control for the interim roles (e.g., who will they report to, how many direct reports they will have, size of their teams, etc.)?	Details of the current state organizational structure and workflows will be provided upon project initiation and should not impact the ability to provide the requested information.
Implementation	What change management methodology does UCLA currently use and do you have dedicated change management and communication resources that will be leveraged for this project?	UCLA Health does not have a dedicated change management methodology or team; the approach to change management is specific to each project/initiative.
Implementation	Will you provide copies of your executive and revenue cycle organizational chart?	Details of the current state organizational structure and workflows will be provided upon project initiation and should not impact the ability to provide the requested information.
Implementation	What functions within patient access (scheduling, insurance verification/auth, pre-registration, registration, financial counseling, etc.) are currently centralized? Does this apply to both HB and PB?	Details of the current state organizational structure and workflows will be provided upon project initiation and should not impact the ability to provide the requested information.
Implementation	What kind of support are you looking for in assessing potential gaps in compliance with CMS and commercial payer requirements? Are there particular commercial payers of focus?	UCLA Health would like to optimize billing and denial prevention strategies while adhering to all relevant regulatory requirements. There are no specific payers of focus.
Implementation	Should recommendations be restricted to revenue cycle or to other areas and functions that can contribute to denials and overall performance improvement?	Recommendations for all aspects contributing to denial prevention are welcomed.

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Implementation	Can you provide additional clarification on what you mean by "bidderal structure change" under B, Item 2.0?	This is a typo. The statement should instead read: *Interim Leadership Support: The bidder should have an ability to provide resources with deep expertise in hospital patient access and billing/claim submission for all payer types, and demonstrated experience leading through periods of transition.*
Implementation	What are the onsite versus offsite work expectations or requirements?	We would prefer interim leadership to report on-site 100% for the duration of the engagement.
Implementation	To what extent is UCLA looking to integrate clinical departments into the root cause analysis?	Recommendations for all aspects contributing to denial prevention are welcomed.
Implementation	Will the selected bidder have the responsibility to recommend configuration changes within Epic or FinThrive or is the scope strictly limited to workflow and resource management?	It is not required that the bidder will be directly responsible for configuration changes.
Implementation	How will you measure the 'stabilization' of operations during the interim period?	Stability of operations will be assessed by the ability of the departments to meet or exceed established performance metrics.
Implementation	Regarding the 'Interim Leadership' deliverable, does UCLA have a preferred minimum headcount for these roles, or should the bidder propose a leadership structure (e.g., one Project Manager, one Executive and two Directors) based on the volume of denials and departmental span of control?	A maximum of two interim leadership resources are requested.
Implementation	Other than the fully onsite (UCLA Business Office) Project Manager role, to what extent does UCLA Health expect the other interim leadership roles to be onsite? Is there a requirement for a 100% onsite presence for staff mentoring, or will UCLA consider an onsite/US remote model?	We would prefer interim leadership to report on-site 100% for the duration of the engagement.
Implementation	To what extent is the scope open to the implementation of external technology solutions and third-party staffing models to accelerate the transition to a steady state?	While technology solution recommendations are certainly welcome, restrictions on outsourcing core functions in line with University of California policies likely prevent utilizing third party staffing.
Implementation	As denials can run the span of the revenue cycle, including coding and clinical documentation, is there an opportunity for bidder to include these areas as part of the assessment, and utilize our credentialed staff to support the process?	Recommendations for all aspects contributing to denial prevention are welcomed.
Implementation	Does UCLA currently have a standardized 'Reason Code' mapping across all payers, or is a primary goal of this engagement to build a unified denial taxonomy that aligns Patient Access and Billing/PFS?	UCLA Health currently utilizes the reason code mapping logic available in CareConnect (Epic) system. However, more detailed workflows based on combinations of reason code, remark codes and payer plan i.d.s would be welcomed as part of this engagement.
Implementation	Given the union environment (AFSCME 3299), what level of autonomy will interim leaders have regarding shifting job responsibilities to meet the new organizational design?	Interim leaders will be required to work alongside our Labor and Employee Relations team to ensure all recommended changes are within acceptable standards.
Implementation	With the Patient Business Services being centralized and Patient Access functions de-centralized, Is your goal to integrate them into a single, unified Revenue Cycle Management (RCM) continuum?	All recommendations for organizational structure are welcomed.
Implementation	Will the job descriptions and competency frameworks need to align with the existing University of California 'Career Tracks' system, or is UCLA open to creating new, highly specialized RCM roles (e.g., Denial Nurses or Technical Underwriters)?	The project team will be required to work alongside our Labor and Employee Relations team to ensure all recommended changes are within acceptable standards.
Implementation	Does the compliance assessment need to include a review of 'Potentially Preventable Events' (PPEs) or specific CMS-mandated 'Targeted Probe and Educate' (TPE) responses?	Government Audit processes are outside of the scope of this project.
Implementation	Will the selected bidder be expected to represent UCLA in 'Joint Operating Committee' (JOC) meetings with commercial payers to negotiate the reversal of systemic denial patterns?	It is possible that interim leadership may be called upon to represent UCLA Health in various stakeholder meetings (including payer escalation meetings).
Implementation	UCLA likely has vast amounts of data in Epic/Clarity. Is the challenge a lack of data, or a lack of 'actionable' governance to hold specific departments accountable for their portion of the denial rate?	Recommendations for all aspects contributing to denial prevention are welcomed.
Implementation	What are UCLA's expectations for organizational change management and training? Does UCLA have an internal organizational change or training team, and how will they be involved and consulted throughout this initiative?	UCLA Health does not have a dedicated change management methodology or team; the approach to change management is specific to each project/initiative.

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Implementation	Please clarify the training expectations for the selected bidders. Can the education be delivered using self-pace online education and supported by some virtual instructor-led training sessions? How many people will require education across which roles (e.g., frontline, supervisors, leaders)? How many sites and users/site?	Specific requirements for training will be subject to the outcomes of the review and assessment. All proposals for training methodology and approach will be considered.
Implementation	Should the training be delivered in English only or are other languages required?	Specific requirements for training will be subject to the outcomes of the review and assessment. All proposals for training methodology and approach will be considered.
Implementation	Is there a test or training environment that can be used for designing training materials and delivering instructor-led training?	No dedicated training environment exists for this project.
Implementation	Is there interest in providing New Employee Onboarding training for Patient Access and Billing that includes not just the process improvements, but also all onboarding tasks required for both roles?	There is interest in incorporating training materials into new hire or onboarding materials.
Implementation	Is there interest in the selected bidder providing maintenance of the education to keep the education updated as future enhancements process improvements are implemented?	All proposals for training methodology and support will be considered.
Implementation	What has worked/not worked well in the past regarding change management and training? Are there known areas of resistance, burnout, or adoption challenges within Patient Access or Billing that should be accounted for?	The approach to change management and associated outcomes at UCLA Health are project specific. A summary of these outcomes should not be required to provide the requested information.
Implementation	Does UCLA expect go-live support and post-go-live reinforcement coaching or adoption monitoring?	All proposals for go-live and post-implementation support will be considered.
Implementation	Data Requests, will you please provide: 1. Volume & dollar amount by payer of your last 6 months of month end Aged Trial Balance? 2. Organizational charts for the areas in question? 3. Top 10 denial reasons by payer - number & dollar amount?	This information will be supplied upon project initiation and should not impact the ability to provide the requested responses of this RFI.
Implementation	In the scope of work, coding/modifier accuracy is listed. Does the scope encompass coding accuracy for both inpatient and outpatient claims?	Coding accuracy, outside of denial prevention measures, is outside of the scope of this engagement.
Implementation	For outpatient coding/modifier accuracy, is the scope to include modifier review for all outpatient visit types (i.e. Ambulatory Surgery, Emergency Department, Observation, & Ancillary)?	Coding accuracy, outside of denial prevention measures, is outside of the scope of this engagement.
Implementation	What are the outpatient coders responsible for validating from the CPT coding and/or department charge validation perspective?	Coding accuracy, outside of denial prevention measures, is outside of the scope of this engagement.
Implementation	Does UCLA have an established pre-bill reconciliation process to identify discrepancies between clinical department charges and assigned CPT/PCS codes?	UCLA Health does have an existing pre-bill or DNFB process.
Implementation	How is UCLA Health defining success for this engagement, and were there specific performance challenges or strategic initiatives that prompted this RFI (including relevant in-flight or planned Revenue Cycle initiatives in 2026)?	Success for this engagement will be determined based on specific performance metrics (improved denial rates, etc.).
Implementation	Should respondents anticipate a transition to a potential follow-on phase (e.g., design, implementation, or operational support), and are there budgetary guardrails that should inform proposed approaches?	All proposals for go-live and post-implementation support will be considered.
Implementation	Tab 5 - Section B - Item 2.0 - Is 'bidderal' a typo? What is the intended word, if so, or clarification, if not?	This is a typo. The statement should instead read: *Interim Leadership Support: The bidder should have an ability to provide resources with deep expertise in hospital patient access and billing/claim submission for all payer types, and demonstrated experience leading through periods of transition.*
Implementation	Tab 5 - Section B - Item 3.0 - Is there a current approach in place at UCLA Health for change management (e.g., project management software, internal process improvement team, enterprise Project Management Office, etc.?)	UCLA Health does not have a dedicated change management methodology or team; the approach to change management is specific to each project/initiative.
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Pricing	Does UCLA have an established timeline and budget for this work?	All proposals for timeline and budget will be considered.

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Pricing	Instead of an hourly fee by service, would UCLA be open to the pricing model below that is designed to bring the most value to UCLA? a. Assessment and Recommendations (inclusive of workflow, analytics, governance, and organizational structure) - fixed fee b. Interim Leadership Support - fixed fee per leader per month c. Implementation - implementation effort and pricing is highly dependent on the findings during the assessment, UCLA's desired level of support, and environmental factors. We can show a range of options and frameworks typically deployed for implementation.	All proposals for pricing models will be considered.
Pricing	Travel expenses are largely dictated by UCLA's desire for onsite vs remote support. Can you please outline your expectations for onsite vs remote support for the Interim Leadership support as well as the assessment?	We would prefer interim leadership to report on-site 100% for the duration of the engagement.
Pricing	Tab - 8 Pricing on your RFI 7146 Requirements spreadsheet reflects hourly pricing only. If there are technology or AI solutions available to support UCLA initiatives, may the bidder include others modes of pricing, in some instances including contingency based models?	All proposals for pricing models will be considered.
Pricing	Is there flexibility on Tab 8 Pricing Template? Instead of hourly fee across services, we typically provide: - A fixed fee construct for #1 (Patient Access & Billing Workflow Review), #2 (Analytics & Governance Recommendations) and #5 (Organizational Structure Recommendations) that includes a blended rate per hour - A percent cap of the fixed fee for #6 (travel) - A hourly rate estimate for the interim leadership support	All proposals for pricing models will be considered.
Category	**Questions/Clarifications**	**UCLA Health Response**
Technology	Which core systems and tools are in scope (e.g., Epic modules, denial management tools, vendor applications), and is UCLA open to vendor-proposed analytics or accelerators?	The primary core systems and tools in scope are within Epic, FinThrive and Cirius. UCLA Health is open to vendor-proposed analytics and/or accelerators.
Technology	Tab 6 - Item 2.0 - Beyond the three systems/vendors mentioned, could you provide a list of all systems and technology tools (3rd party bolt-ons) are currently being utilized within the revenue cycle operations?	A detailed list of systems and workflows will be provided upon project initiation and should not impact the ability to provide the requested information.
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Client Support	Tab 7 - Many of these requirements seem weighted toward ongoing client support for software solutions. Does UCLA Health expect the winner bidder to supply/deploy ongoing software solutions beyond the root cause analysis and interim leadership support?	Deployment of technology is welcome but not a requirement of this project.