**If services are awarded, each of the UC academic medical centers can select, if they choose, to utilize the awarded services. The data provided throughout the document is based on UCSF providing requested volume and demographic information as an example.**

1. When is the projected go-live date please? October 1st 2024

2. Are there any offshore restrictions for providing these services? No Offshore allowed.

3. The Revenue Cycle (EBO) RFP – Requirements document states:

“This RFP work will have a two-model approach: Day Zero (Claim Edits, Claim Submission, Refund processing, denials) and Day 45 (Insurance follow-up).” We will focus on day Zero.

a. Are the bidders to provide separate bids for the two models, or one bid that incorporates all the work? No. It may be an error in the RFP. All tasks start at day zero.

b. If separate, please provide expected volumes and dollars for the Day 45 work by payer. N/A

4. Please provide the aged monthly insurance collections for the last 12 months by payer. The average monthly collection for all aging buckets is $18M.

5. What is the Net value for the projected $64.5M monthly billed accounts? Average Gross collection Ratio is 30%

6. Please provide denial reporting by payer/by reason for the last 12 months. The average monthly denial rate for this AR is 15% including request for additional information/soft denial which is about 1/3 of all denials. Detail denial information will not be available at this time.

7. Are both Technical and Clinical denials included in scope? Yes

8. What are your operational, financial, or other Service Level Agreements (SLAs) in place today? This information is not available for distribution.

9. Are you expecting the awarded vendor to manage/process credit balances and refunds for claims for Day 45 work? N/A. One book of business at day Zero.

10. Are all facilities on the same instance of Epic? If not, please provide the number of separate instances of Epic (for integration purposes). Yes

11. Is the bidder to provide their own claims scrubber and clearinghouse or use the in-house application? No. In-house managed.

12. Please provide a copy of the BAA to ensure we comply with the RFP request to acknowledge the BAA and provide exceptions It will be provided.

13. If, at this time, we are expected to review and provide exceptions to Attachment A SOW referenced in the UC Health Terms and Conditions, please provide a copy for our review. Not expected to do it.

1. Is the current scope of work contemplated in the RFP being provided by one or more outsourced incumbent vendors, in-sourced work or a combination of the two?  If you’re at liberty to share the existing vendor(s), please do so. One vendor
2. Please confirm the scope of services is limited to insurance/government AR follow-up and does not include patient self-pay insurance verification, Medicaid eligibility, billing and collections, etc.. The scope is insurance and AR follow up. No Self-pay or eligibility, etc.
3. Please clarify the question below re: percentage of client engagement by payer types.

What percentage of client engagement for Account Receivables Services:

Managed Care (Commercial),Medicare, Medi-Cal, Client/Corporate) Commercial 40%, Medicare 36%, Medical 23%, other 1%

* 1. Are you asking about resource assignments? N/A
  2. Define Client/Corporate. No Corporate financial class

1. Does UC Health have preferences, policies, or restrictions pertaining to the use of offshore workers? No offshoring allowed.
2. To determine resource need, can UC Health please provide us with estimated monthly denials-specific volume by reason, payer, and patient type (inpatient vs. outpatient)?

The average monthly denial rate for this AR is 15% including request for additional information/soft denial which is about 1/3 of all denials. Detail denial information will not be available at this time.

1. Is UC Health willing to accept and load note and status files through a daily automated process via SFTP? Yes, but our preference is for this AR to be worked in Epic
2. Of the anticipated 46K claims per month and $64.5M – can UC Health please provide us with estimated monthly denials-specific volume by reason, payer, and patient type (inpatient vs. outpatient)? Same response as question 5
3. Is the noted $64.5M gross or net?  If gross, what’s the typical average net recoverable %? Gross. The average gross collection ratio 30%
4. Can UC Health provide an ATB with both # and $ by Financial Class (summary ATB, no PHI) Not at this time
5. Can UC Health provide 12 months of total charges, payments, contractual adjustments, and admin adjustments by FC? Not at this stage of the RFP
6. Can UC Health provide anticipated volumes of monthly claim edits to be addressed monthly in the Claim Edit WQs Monthly average of 16K edits.
7. Can UC Health provide anticipated volumes to be addressed monthly in the charge review and charge router WQs No Charge Review edits.
8. Does UC Health have an average number of anticipated monthly paper claims to be printed? Around 13K paper claims per month.
9. What % of UC Health payments are posted electronically?  Can UC Health provide a monthly average payment transaction count report? Over 90% posted electronically. Report not available.
10. What are the monthly anticipated volumes of electronic payment exceptions to be addressed in the remittance WQs? 4K per month
11. Does UC Health currently use a bank lockbox for all of their paper remits and correspondence? Yes
12. To clarify this paragraph that is found under Purpose & Objectives of the Request for Proposal: The University of California Health and the Academic Medical Centers will carefully assess each submission to this Request for Proposal (RFP) to identify potential business partner(s) in the Autonomous Coding solutions domain, specifically in Professional Services. Following the initial review of bids and proposals, the evaluation team may request additional information as needed. It's important to understand that while this RFP serves as an Invitation for Bid and Request for Proposal, it does not imply a commitment by UC Health.
13. Please confirm that you are not asking the vendor to provide actual front end coding services. No Coding
14. If front end coding services are in scope, are you accepting partial bids from vendors that do not perform front end coding? N/A
15. Are dollars gross or net? Gross
16. Please confirm that all claims will be placed at day 1. Yes, confirmed.
17. Will we have access to 835 data for our analytic tool? Yes
18. Does UC Health have any preference to onshore or offshore resources? Onshore only
19. What are the historical liquidation rates for these programs? The GCR for this book of business is around 30%.
20. If backlog is included, please provide backlog data. (volumes/dollars/age) Not determined yet.

**Proposal-Specific**

1. Regarding references, Line 36 requests **3 references of similar scope/size plus an additional 3 references**, Line 106 asks us to provide references with like size for AR services, and Line 131 also requests references for denial services.
   1. Please confirm the total number of references being requested for Line 36 and for what service lines? Professional Billing AR follow up and denial management.
   2. Are we required to provide different references for Lines 106 and 131, separate of those in Line 36? No the references can be the same
   3. Are we permitted to use current UC Health clients as a reference on this RFP? Yes
2. Regarding Page 3 of the RFP, Section B Scope. For the bullets listed below **“Bidders need to include their plan to address each expectation in their proposals”** and above **“Service Summary”:**
   1. Are these bullets to be treated as separate questions to be answered and submitted separately from the Exhibit A excel response sheet, or is UC Health stating these bullets must be addressed in our answers on Exhibit A excel response sheet? Incorporate answers on the excel response sheet
3. Page 3 of the RFP, Section B Scope, the second bullet point asks bidders to provide **“detailed description of the proposed team including but not limited to their title, rates, and resumes”**.
   1. Please provide a definition of “rates” in the context of this requirement. If your pricing model is based on an FTE model rate then please complete this question. If your model is based on contingency fees, please indicate that in the response to this question
4. We noticed there is no section on Exhibit A – Supplier Written Questions to enter pricing. Where would you prefer we place our pricing? Separate tab on the excel spreadsheet or a separate word document
5. Page 15 – Exhibits – Project Proposal Questions – Exhibit A – this document outlines some questions not included in the section “Written Questions” in the RFP – does UC Health want a separate section answering these questions, or how would you like us to proceed? Separate section
6. Some of the language throughout the RFP references SaaS – is it safe to interchange the language to our proposed services? Yes
7. Who will be reviewing your IT-related content in this submission? Will this be performed by procurement or IT staff? UC IT Security under Procurement’s directions
8. What specific features or capabilities do you prioritize when evaluating RCM vendors for the service lines described in this RFP? Service providers, references, Cost/rate
9. How do you currently measure the success of your process? Are there any specific metrics or benchmarks in place? Yes
10. Could you provide any additional information or context that you believe would be helpful for us to better understand your needs and tailor our proposal accordingly? Your documented processes and success managing an AR assigned at day Zero/1.
11. Could you elaborate on the specific pain points or challenges you have experienced with your current vendor? What are the areas where you believe improvements are necessary? Cost for the services
12. Page 38, Article 4 of the RFP. Regarding Exhibit 2, Suppliers Initial Information Security Plan, would you be willing to execute an NDA prior to submission? This document contains workflows and/or diagrams that are confidential. No NDA prior to submission.

**Operational**

1. Are there any specific customization or configuration requirements within the existing technologies or workflow application that the new vendor should be capable of addressing? i.e. automated adjustments, BI workflow movement. Work should be performed in Epic maximizing the clients capabilities
2. Will there be multiple awards for this RFP based on service type? i.e. one award for Denials, one for AR, etc. No. One vendor for the entire book of business
3. At what age will the Insurance AR be assigned? Day 1
   1. Will this aging be based from the date of service, final bill date, or other event? Date of entry in the AR
4. At what age will the Denial Management be assigned? Day 1 of denial
   1. Will this aging be based on date of service, or denial date? All inventory will be assigned at day 1. If an invoice is denied, still in your inventory
5. Are insurance balances netted down to the expected reimbursement prior to assignment to Contractors? Invoices at gross charges
   1. If yes, will qualifying criteria be calculated off the Net balance? N/A
6. Will there be thresholds for account balances assigned to vendor? No
   1. If so, what are those thresholds for Insurance AR and Denial Management? N/A
7. What is the expected monthly placement volume in # and $ for the Insurance AR? Approximately and average of $64M at month.
8. What is the expected monthly placement volume in # and $ for the Denial Management outsource? The number of accounts is stated in the RFP. The monthly average denial percentage is 15%.
9. Will Contractor have “print” access for HCFA’s and medical records? Yes
10. Will Contractor be granted access to contracts to determine the expected payments and contractual allowances? Allowed amounts are displayed in the AR management system.
11. Are there any payer exclusions in this RFP? No
12. Will Contractor have access to payer websites? Yes
13. Will Contractor have access to Medicare DDE? N/A. this is PB business
14. Will Contractor have permissions to add \*approved modifiers to claims? (\*Modifiers approved by organization during the implementation process) TBD

Can you provide volumes by denial category, # and $) (i.e., timely filing, primary paid GT secondary, coding, etc.) The average monthly denial rate for this AR is 15% including request for additional information/soft denial which is about 1/3 of all denials. Detail denial information will not be available at this time.

1. Upon contract award, will all placements described in this RFP be assigned to the Contractor on a go-forward basis? Yes, monthly.
   1. Or will this include all open insurance accounts in your organization's A/R?
      1. If all A/R, will there be an aging cutoff for assignments to Contractor for the services? (i.e., GT 365, 400, days excluded) No exclusions. The vendor will get the AR inventory at day 1 and it is expected to collect and resolved all account to $0.
2. Will the current incumbent retain all existing assigned accounts? TBD
   1. If no, will the accounts that are returned by the current incumbent be second placed to the new contractor? TBD. Separate project
3. Will an onsite representative be required? No

**Claim Management**

1. Will certified coders be required to perform charge review and charge router review work queues? No charge review required.
   1. If Yes to the above, are offshore resources permitted for this function?
2. Please provide monthly # and $ volumes for Claim edit work queue. To be provided at a later stage of the RFP
3. Please provide monthly # and dollar for charge review and charge router review work queues. N/A
4. Page 4 of the RFP, bullet “c.” mentions cash posting.
   1. Is the cash posting to support all of UCSF facilities and AR? No
   2. What is the volume of cash posting, # of transactions posted monthly? ERA files will be uploaded by UCSF. Some manual posting and ERA edit resolution/posting. 2-3 FTEs
   3. Is there a breakout between patient payment volume vs insurance volume for cash posting? Only insurance payments
   4. Can cash posting be supported offshore? No
5. Are adjustments also included in the # of transactions posted? Yes
   1. If not, what is the adjustment posting volume per month? Adjustments are posting at the time of payment posting. File utilities run monthly with adjustments done by UCSF.
6. Is there report tracking for productivity of the cash posters? Yes
7. What is the average # of transactions posted per hour? On average 100 per hour
8. Are there any backlogs presently that would influence the need for additional staffing consideration? No
9. Is there a desired matrix such as date of receipt to post date or other service level UC would like to see? N/A

**Pricing:**

1. Can you provide combined historical cash collections for Insurance AR and Denial Management? Monthly average of $18M
2. Is the expectation that separate pricing is provided by service line? (i.e. Claims Management, Denials Management, Insurance AR, Cash Posting, Adjustment Posting.) No – all-inclusive contingencies.
3. If initial assignments include backlogs, please provide the expected assignment volume & values. N/A
4. Can you provide an ATB by Payer and Aging bucket of the inventory described in this RFP? Not at this stage of the RFP

1. Would you confirm if this is all professional billing? Yes

2. Is this all of the professional billing volume or a subset of that volume? It is 20% of our total volume.

3. What specialties does this population represent? Anesthesia, Pain Medicine, Pediatrics, and Inpatient Medicine

4. What percent of volume and cash is represented by each specialty? Anesthesia/Pain 36%, Medicine 42%, Peds 22%

5. What is the payor mix of each specialty? Varies

6. What is your cash factor? GCR around 30%

7. Is any kind of offshore-ing allowed? No

**General**

1. What is UC Health’s motivation for seeking an extended business office solution? Cost
2. Are there established goals or objectives that you are seeking to achieve with an extended business office solution? Yes, maximize collections with lower cost,
3. To clarify, the scope of the RFP is for extended business office services at the UC San Francisco location only? Yes as an initial host site, other sites may be added after the award has been issued
4. To clarify, is UC Health open to a hybrid onshore/offshore Extended Business Office solution? Onshore only
5. Is UC Health open to a virtual workforce? Yes
6. Is UC Health planning to keep a portion of the work with current staff or are you seeking a full back-end outsourcing solution? Full back-end solution for the a few departments.
7. Is Self-Pay included as part of this scope? No
8. Can you confirm whether Cash Posting is in scope? It is outlined in the RFP document as in scope but not listed in the Excel document as a scope area. Yes, some cash posting. Most of the ERA management will be done by UCSF.
9. Are there any specialty payer populations that are excluded from the proposed scope (ex. Worker’s Comp, VA, Auto)? All payers. Mostly, Commercial Medicare, MediCal. Everything else 1%

**Day Zero Population**

1. What are the projected monthly claim volumes and balances for the “Day Zero” population (Claim Edits, Claim Submission, Refund processing, Denials)? Could you please distinguish volumes and balances between Claim Edits, Refunds, and Denials? The volume of monthly claims and initial charges were provided. The average overall denial rate is 15%.
2. Are refunds inclusive of self-pay refunds or just insurance refunds? Insurance only

Could you provide your monthly average clean claims percentage? Anesthesia/Pain 36%, Medicine 42%, Peds 22%

**Day 45 Population Not Applicable**

1. What is the overall projected monthly account volumes and balances for the “Day 45” population (Insurance Follow-Up)?
2. Could you provide projected monthly volumes and balances by payer?
3. Are contractual adjustments applied at the time of billing?
4. Do you anticipate there being an initial one-time placement of accounts in addition to monthly inflow? If so, can you provide projected one-time placement account volumes, balances, and average age from discharge?
5. What is the account balance threshold for the “Day 45” population?
6. Could you provide your average gross cash collection percentage by payer?
7. What are annual collections associated with the RFP scope? $220M
8. Is legacy AR included?  TBD, most likely not
   1. If so, could we see an ATB snapshot by Financial Class with claim counts and AR Balance?
9. Is coding in scope? No
10. Is this for Insurance Debit balances only? And credit resolution within the inventory
11. Will you allow offshore resources for non-patient facing functions? No offshoring
12. Is this RFP enterprise wide or just for UCSF? Enterprise wide. Phase 1 UCSF -PB
13. Can you provide a little more information on the “nice to have” tab? Contract Lifecycle Management and what you’re looking for? Nice to have tab intentionally left blank, not applicable for this RFP
14. How many vendors did you send this RFP to? More than 10 vendors responded.
15. Some questions appear to be redundant in asking for team CV’s/Resumes, references as well as implementation plans, timelines, etc. in the Word Doc. and excel spreadsheet, can you please clarify if answering once is sufficient? Answering once is sufficient
16. For final submission, do you prefer a merged document with all appendices or separate documents for each appendix? Prefer all in merged document
17. Is it possible to get a detailed or summary ATB for the work being proposed?  Not at this stage. The payer mix is around 36% commercial, 32% Medicare, 31% MediCal, 1% other
18. Could you provide an ATB of the claims that Supplier will be receiving. A summary of volumes and dollars that contains payers (of financial classes) and aging from discharge in 30 day increments. If cleanup is expected, please include accounts over the age of 365+. This is an EBO. Assignment at day 1
19. Please provide a snapshot of monthly payments by financial class. Last 3 months is sufficient. Not at this stage. The payer mix is around 36% commercial, 32% Medicare, 31% MediCal, 1% other .
20. When is the projected go live date? October 1,2024
21. What age will the accounts be placed - i.e. Day 1, Day 15, Day 30, Day 45, etc.? All accounts at day 1
22. What payers are included in the project? All payers
23. Are the inventory dollars gross or net? An average of $64M in charges monthly
24. If gross, what is the historical Payment to Charge ratio? Around 30%
25. If net, are they made up of variances? What volume is a payer variance? N/A
26. What are the scope expectations for the project? EBO
27. Is the business hospital, physician, or a combination? Physician only
28. Is there an expectation of non-revenue generating efforts to bring all account balances to zero or self-pay? The vendor is expected to manage the AR.

**Denial Management**

1. What are the top 5 denials? Authorizations, Additional Information, Coding, Registration, DOFR
2. Are clinical appeals expected to be performed by Supplier? Yes, with the support of the department
3. Are there appeal thresholds for each level of appeal? No thresholds
4. If so, what are the balances thresholds? N/A
5. Could you provide denial trending information? The average monthly denial rate for this AR is 15% including request for additional information/soft denial which is about 1/3 of all denials. Detail denial information will not be available at this time.
6. Is Supplier expected to work credit balance accounts? Yes
7. Is there a current vendor working this inventory? Yes
8. How long has this vendor been working it? More than 15 years
9. Will the prior vendor work the remaining balances assigned to them or will their inventory reroute to new partner? TBD, most likely not
10. Do you use a contract management system that calculates expected reimbursement and provides access to contract rates and calculations? The expected amount is displayed in the invoice.
11. Please list your most important project KPIs. Cash collections, Aged AR by payer, denials % by category, and payer, Avoidable write offs by category and payer, etc.
12. What Clearinghouse do you utilize? Several. Availity, Post and Track, Office Allied, etc.
13. Are claim processes and edits already automated within EPIC or do you need partner to assist in creating workflow and processes within EPIC? Yes, but the vendor needs to partner to develop its own WQs.
14. What reporting or BI platform will be available for Business partner? Will full EPIC reporting packages be available to be utilized by business partner? Yes
15. Do you have a lockbox where all payments are sent to? Will an electronic file from the lockbox be available to post and handle correspondence? Yes. UCSF will manage the lockbox. Vendor to support with manual payment posting and edits.
16. Are coding tasks to be included in proposal? No
17. Do you currently have a process or method in place to identify underpaid claims? Do you load contracted payer rates within the system? We do load the expected amount. We have an audit team that work underpayments. TBD vendor involvement
18. What are your current days outstanding? Overall, by payer and for self-pay? For the book of business in question, the average days outstanding is 40.
19. What is your Insurance eligibility confirmation process? How do you confirm coverage currently? RTE and websites as back up
20. What is your pre-authorization process? In the process of being centralized. Currently mixed: clinical departments and Centralized.
21. What goals do you have in place for your pre-access or preservice processes? N/A
22. What is your current average DNB? N/A
23. Other than your system claim edits, what other claim edit processes do you follow? Optum Claims Manager
24. What is your current denial management and unpaid claim follow-up process? It is currently managed by the existing vendor.
25. What payers do you struggle with the most? The usual suspects if you have been in the business long enough, you would have experienced.
26. How is credentialing handled currently - in-house or with a third-party? In-house

**Cash Posting:**

1. What % goes through auto posting? 90%
2. Current staffing count? 2.5
3. Include Recon and Research? Yes
4. Both payments and adjustments posted at time of payment? Yes
5. How much from the lockbox is auto posted? 90%

**Refunds:**

1. Do you report aged credits to the state? Will we need to? We are a State Institution. We auto-escheat as a final resolution
2. What % is insurance refunds v. patientrefunds? This is only for insurance credits.

| Document/Section/Tab/Question | Page | Vendor Question |
| --- | --- | --- |
| ucop2024rc01.docx  B. Scope  What account management solutions are you using and are they cloud based? | 3 | Please further clarify “account management solutions”  Epic |
| ucop2024rc01.docx  B. Scope / Services Summary  Cash posting for all payor and patient payments (electronic and manual) | 4 | Is this for all UCSF Departments or just a select few? If only, certain ones what Departments would be supported in this RFP  A few selected departments |
| ucop2024rc01.docx  B. Scope / Services Summary  The projected average monthly claims volumes for UCSF are 46,000 claims equaling about $64.5 million. | 4 | Is this for all UCSF Departments or a portion of the provider billing that UCSF supports?  A few selected departments  It is 46K claims and approximately $18M in collections monthly |
|  |  | Does the scope of the RFP reflect the current business being worked by the current vendor.  Yes |
| ucop2024rc01.docx  B. Scope / Services Summary  The projected average monthly claims volumes for UCSF are 46,000 claims equaling about $64.5 million.  We can provide general information of all inventories:  These are approximate values/numbers:  Annual Collections $220M  Annual Charges: $770M  Annual adjustments $550M  No breakdown between Visits and procedures available |  | Of the 46K claims that equal 64.5M, please provide the following volumes by specialty. For example.  Specialty Name 1   * Annual collections * Annual charges * Annual adjustments * Annual procedures * Annual encounters   Specialty Name 2   * Annual collections * Annual charges * Annual adjustments * Annual procedures * Annual encounters |
| Revenue-cycle-ebo-rfp-supplier-questions-ucop2024cr01.xlsx | “Nice to Have” requirements Tab | The Nice to Have Requirements tab has Q1-Q15 listed in column A but there is no text listed in column B. Should this tab be disregarded? It is not required |

**The vendor referred to UCDH however the responses below are based on UCSF providing requested volume and demographic information as an example.**

|  |  |  |
| --- | --- | --- |
| 1 | Please elaborate on any current business and operational challenges that UC Davis is facing? Please highlight any current process inefficiencies. To be provided at a later stage of the RFP | Operational |
| 2 | The proposal mentions specifying the hours and associated fees for help desk support, training, and online assistance. Could you please provide further detail on the expected scope of each of these services and the corresponding fee structure? N/A This is a contingency /collections arrangement.  Additionally, regarding the fees for initial configuration, including relabeling and repurposing existing fields, could you elaborate on what this entails? Understanding the specific requirements for this initial setup would greatly assist us in formulating our proposal accurately. N/A | Operational |
| 3 | Does UC Davis has any location preference? Onshore, Nearshore, Offshore locations? (For e.g. Philippines, India or any new geo location as offshore) Onshore only | Operational |
| 4 | What is the operating window ? 24/7, 18/5 etc. M-F 8-5 PST business days | Operational |
| 5 | Is there dedicated staff aligned to specific customers or specialized tasks within the ROI process? If so, can you please provide more details. Vendor should provide cash posting, cash edit management, claim edit support. Denials management and AR follow up staffing. | Operational |
| 6 | What is the plan to ramp up the resources after the pilot phase? There is no pilot phase. | Operational |
| 7 | Please share a list of operational SLAs that you currently track. Cash collected, denials per category and payer, claims on time, untimely follow up, Avoidable write-offs, aged AR over 90 and 120+, etc. | Operational |
| 8 | Could you please clarify whether patient follow-up is included in the scope of Insurance A/R services outlined? The provided details specify activities related to validating claim receipt/status, reviewing and resolving reasons for unaccepted/rejected claims from payors, and completing payor follow-up. However, there is no explicit mention of patient follow-up. Could you confirm if patient follow-up is part of the scope, or if there are separate processes or responsibilities designated for patient communication within the Insurance A/R service? Understanding this aspect will help us ensure a comprehensive understanding of the scope and responsibilities involved in the proposed services. Insurance only. There is no Patient AR follow up | Operational |
| 9 | Would you be open to a blended model of resources working from home/working from office? Yes | Operational |
| 10 | Are there any specific risk and compliance requirements from the Service Providers beyond HIPAA? The expected compliance risk and compliance requirements managing AR | Regulatory |
| 11 | Are there restrictions to offshore / nearshore for any part of the process due to regulatory or contractual requirements? If so, please share these restrictions. No off shoring allowed | Regulatory |
| 12 | Are there limitations to accessing any (UC Davis) data from outside of the US? If so can you please provide details on restricted locations and associated data limitations? Yes, this is not an option | Regulatory |
| 13 | As to “AHT: Average Handle Time,” please define UC Davis current AHT performance: Per claim / invoice / call type Per FTE / role  Per payor / reimbursement type. That is for the vendor to figure out based on the volumes and expected based collections of $18M per month | Operational |
| 14 | We assume that UC Davis will provide the necessary access to EPIC and access and licenses to provider EMRs, if bidder has a offshore office locations, Please validate this assumption. No off shoring allowed for this RFP | Technology |
| 15 | Please specify any additional technology/ connectivity requirement from Vendor To be provided at a later stage of the RFP | Technology |
| 16 | We assume that provider EMRs EPIC and other Payor portal applications are accessible via secure VPN. Please validate this assumption. Yes | Technology |
| 17 | Please share various EMRs that are required to be accessed? Please also share the percentage of charts that are extracted from each of EMRs e.g., Epic - xx%, Cerner-yy%, Meditech-zz%. How is the data being pulled (e.g. using an API, or a manual process) All Epic | Automation |
| 18 | We assume that UC Davis will provide the initial process training and the QA process and methodology for the vendor pilot team. Please validate this assumption. Limited training | Training |
| 19 | What is the typical duration of your process training? How long do the staff take to achieve optimal/ steady state productivity? Does UC Davis has training instance available or will it on live application? Please explain any special training needs and/ or additional requirements specific to UC Davis and their customers. Yes, there is an instance of Epic training and a Living Manual with Epic procedures. | Training |
| 20 | Are there readily available existing documents (Process SOPs), Process Maps for the scope of work? Yes, owed by existing vendor | Training |
| 21 | Can you please provide expected volume forecast over next 3-5 years? Volume increase of 7-10% annually | Volumetrics |
| 22 | The projected average monthly claims volumes for UCSF are 46,000 claims equaling about $64.5 million. Please provide the historic 24 month volumes with seasonality / fluctuation volumes. This is an average base on 12 months: Annually 500K claims $770M in charges | Volumetrics |
| 23 | Is UC Davis open to the idea of the vendor partner utilizing contractors to handle peak season volumes? No subcontracting allowed | Volumetrics |
| 24 | Please share any typical Job description or skill profile for EBO fulfilment work. Is there a preference for associates to possess certain certifications? Please clarify the qualifications for QA resources as well. Currently, this work is not performed by UCSF. No JDs available | Resourcing |
| 25 | Is UC Davis open to an FTE based commercial model for an initial baselining period of 3 to 6 months post which, a transaction-based model can be looked at? No | Financial |
| 26 | Are there any financial  performance (contract) guarantees or  associated financial implications? If so, can you provide any historical performance against these guarantees/implications? No guarantees. Contingency work | Financial |
| 27 | Is the training stage billable? No | Financial |
| 28 | What are UC Davis's three primary challenges (a/k/a pain points) in the current operations ? Denials, Payer delays, underpayments |  |
| 29 | Does UC Davis directly employee Reps and/or other personnel? If yes, please provide current  in-house staffing levels? If no, please provide current staffing levels for each outsourced vendor currently in use. We do not employed FTEs for this book of business. | Resourcing |
| 30 | Please share the quality-audit framework to be used for all channels To be provided at a later stage of the RFP | Quality |
| 31 | Does UC Davis measure accuracy scores by DPU (Defects Per Unit) or DPMO (Defects Per Million Opportunities)? To be provided at a later stage of the RFP | Quality |
| 32 | Will vendor have Reporting access to UC Davis system(s) EPIC, to obtain management reports such as ATB, bad debt pre-list and write offs, agent productivity, etc.? Yes | Due Diligence |
| 33 | What is UC Davis's preferred / expected go-live date / placement date? 10/01/2024 | Transition |
| 34 | Please provide the payer mix for the claims to be placed with vendor. Commercial 36%, Medicare 32%, MediCal 31%, another 1% | Operational |
| 35 | In UC Davis's recent experience, what percentage of open claims / AR is collectible? Avoidable write offs under 2% of AR $ | Operational |
| 36 | What type(s) of payers, claims, providers, etc. does UC Davis classify as "restricted?" For this book of business, there is no restriction | Operational |
| 37 | If vendor identifies paid-not-posted claims and matches them to an existing EOB, may vendor claim these as collections under vendor's contingency fee? All claims will be net new to vendor. Therefore, this will be part of the inventory and contingency | Operational |
| 38 | Please share UC Davis's current process flowcharts for in-scope work. Will be provided at a stage of the RFP | Operational |
| 39 | **Specific Needs and Customization:**  Can you elaborate on UC Davis' specific needs and desired functionalities for the EBO solution beyond the general requirements outlined in the RFP (e.g., claim processing, denial management)? Are there any customizations or integrations you envision for seamless workflow within your existing systems? As an Epic customer, there will be always new functionality to be implemented | Automation |
| 40 | **Implementation Timeline and Resources:** The RFP mentions a projected implementation timeline. Can you provide more details on UC Davis' preferred timeline for onboarding and training staff on the new EBO system? Additionally, will UC Davis dedicate a point person or team to collaborate with our implementation team during this process? Yes, go-live date 10/01/2024 | Transition |
| 41 | **Data Security and Privacy:** The RFP references the UC Data Security Appendix. Can you share any specific data security concerns or compliance requirements UC Davis has for handling protected health information (PHI) within the EBO system, particularly relevant to HIPAA regulations? No | Regulatory |
| 42 | **Evaluation Criteria and Weighting:** The RFP mentions a Best Value Evaluation Methodology. While cost is a factor, can you elaborate on the relative weighting of other evaluation criteria like proposed functionalities, scalability, and past performance with similar healthcare institutions? No, that is proprietary methodology | Regulatory |
| 43 | **Pilot Program or Scaled Rollout:** Does UC Davis envision a pilot program rollout of the EBO solution at a specific location before full implementation across all affiliates? Understanding your preferred approach will help us tailor our proposal to address potential needs for scalability and user adoption. No pilot. | Transition |