HOSPITAL SYSTEMS: CLINICAL DENIAL MANAGEMENT / RFP 2016-002

1. Please clarify the MWBE requirements. If we do not have applicable subcontractors currently available to include in the MWBE Utilization Plan, is it acceptable to describe what our good faith efforts will be to have these subcontractors in place by the time the program is implemented?

   Response: Please refer RFP for MWBE requirements. Yes, it is acceptable.

2. So that we can properly staff and price this program, can you provide volume information? For example, how much number of accounts do you expect vendors will receive on a monthly basis?

   Response: Average 150/Month

3. Who are your top 5 Payers?
   Response: Value Options, HIP, Empire BCBS, United Healthcare, and Fidelis

4. With the targeted payers for this project, what are the time limits by payer and at what point do you anticipate providing the selected vendor with the claims for follow up?
   Response: To be discussed

5. What percentage of claims submitted are denied (i.e. hard denials) by your payer(s) for reasons other than claim edits (i.e. soft denials)?
   Response: 10% - 12% are hard denials

6. To clarify is the RFP focused solely on just hard denials?
   Response: RFP is focused on all denials

7. What are the most common types (top five claim adjustment reason codes) of clinical denials for your organization (i.e. elective service without pre-authorization, no concurrent authorization, not financially responsible, etc)?
   Response: The most common types of clinical denials for our organization are Not Medically Necessity, Lack of Clinical Information and No Authorization

8. Will the vendor handle the initial appeal or follow NuHealth's initial appeal?
   Response: Vendor will handle all level of appeals.

9. Describe your area's current audit/recovery process.
   Response: We are using new Allscripts Care Manager. All recovered documents are scanned to Allscripts. All communications are done through Allscripts.

10. What is your biggest challenge in managing clinical denials today?
    Response: Biggest challenge is to receive a response from Insurance Company after an appeal is done.

11. What is your current process for auditing patient accounts?

Response: To be discussed.

12. Does your facility currently provide reports to management on a regular basis? If so, what type of reports are provided (summary reports, detail audit reports, etc.) and how often are they delivered? Please provide sample reports if available. What type of reports are you expecting from the selected vendor?
    Response: To be Discussed

13. What is the current process for recording / tracking underpayment recovery efforts?
    Response: The current process is performed through Eagle system

14. Is there a separate process for monitoring denials vs. contractual variances? Please describe. How are the two processes set up? How do you handle partial denial?
    Response: There is no separate process for monitoring denials vs. contractual variances. They are handled in the same way.

15. Describe your current process to communicate with payers regarding reimbursement issues. Please include the methodology and frequency of calls/meetings, and the type of documentation that you send.
    Response: To be discussed

16. What are the department's current and future goals as it relates to recovery results ($x amount per year in recovery)?
    Response: Our Goal is Best Practice.

17. When is your estimated date of finalist meetings, contract award, and contract start date?
    Response: As soon as possible

18. What 2 areas of improvement would you like to see with the current service in the RFP?
    Response: To be discussed

19. How many associates are currently performing this work with clinical denial management?

    Response: To be discussed

20. Why is your facility out to bid for clinical denial management at this time?

    Response: To be discussed

21. Is there a preference to on or off shore resources?

    Response: Onshore

22. To what extent will the location of the bidder's proposed location or headquarters have a bearing on any award?

Response: None

23. Are multiple vendors being considered for outsourcing this line of business?

    Response: Yes

24. Can you confirm the term (3 years) of the contract?

    Response: Please refer to RFP

25. Will the denials be prescreened by NUMC prior to placement?

    Response: Yes

26. Will the outsource partner receive denials already appealed by NUMC?

    Response: Yes

27. What is the payor mix in estimated percentages?

    Response: To be discussed

28. What is the percentage of med surg/psych/detox and other?
    Response: To be discussed

29. What is the current overturn success rate?
    Response: To be discussed

30. Will there be a backlog of accounts?
    Response: To be determined

31. What is the current volume of IPRO/External Denials/High Cost Outliers?
    Response: To be discussed

32. Is there any tracking of volume by denial reason that can be shared
    Response: Yes, Through Allscripts

33. Please clarify the requested fee structure. Will contingency proposals (e.g. x% of successfully overturned dollars) be accepted?
    Response: Please refer RFP

34. What was the Hospital's denials experience in 2015; number of discharges, clinical denials, appeals, and denial overturns?
    Response: To be discussed

35. Please clarify Page 3 - the RFP discusses using (accessing) and updating in NuHealth's systems. We are not sure what information NuHealth is requesting that the vendor input?

Response: The system NUMC currently uses are American Healthcare, and Eagle

36. Please clarify if monthly meetings with NuHealth's Utilization Management and Revenue Cycle staff will be onsite or remote or TBD.

    Response: On-site

37. Please clarify Page 4, Bullet 3 – what is meant by the right to recall an account…"provided the reason for the recall is unrelated to payment".

    Response: NUMC has an authority to pull back an account anytime

38. Please clarify Page 4, Bullet 4 – does the requirement that "All communications used by the vendor must be pre-approved by NuHealth…"include appeal letters prior to submission to the insurers"? Our concern here is this could cause missing time sensitive appeal due dates.

    Response: There will be pre-approved standard letter by NuHealth

39. Please clarify Page 6, Number 3 – that for clinical denials management work the Guarantor's Name is an essential data element for management reporting.

    Response: Guarantor's Name should be added

40. Please clarify Page 6, Number 3 – the RFP requires a referral balance of the denial tied to the output data and reporting. Will the NuHealth be providing referral balances?
    Response: To be discussed

41. The RFP states that vendor will appeal cost outlier denials. By doing the work at this point, it would preclude looking for lost and late charges as well as identifying cost outliers which were not billed. Please clarify if you want the vendor to only look at denials or identify and review cost outliers earlier in the process. Currently, we do this work at an earlier point in the process which increases recovery.
    Response: To be discussed

42. Is the scope of work currently outsourced to a third party vendor? If so, who is the incumbent and the fee rates associated with this scope of service?
    Response: To be discussed

43. Will there be a backlog of inventory referred? If so, please provide an ATB aging with the $ value and # of accounts.

44. Is the scope 100% acute care facilities?

    Response: Yes, its 100% acute care facilities