QUESTIONS AND ANSWERS

Comprehensive Revenue Cycle Support

RFP # UTH17-0009

1. What vendors other than EPIC are referred to here?
   
   Epic and 3M 360 are the primary two systems used for revenue cycle operations

2. Will UT Southwestern provide 5 years of historical claim and remittance data for analysis?
   
   UTSW will not provide such data for analysis for the purposes of this proposal. Analysis is not necessary to propose on the services in the RFP.

3. In order to ensure "consistency across departments", is this under the assumption that the engagement will cover multiple facilities (or more than 1 hospital)?
   
   We have 2 university hospitals and bill for 1800 providers

4. The CDM is an evolving document. Therefore, is the task for a point-in-time analysis of the CDM, a historical analysis (and if so, for how long), or for a vendor presence for a set period of time to perform ongoing analysis of the CDM?
   
   Request is for the vendor to provide an overview of CDM services offered to include ongoing analysis (monthly); annual review; and other best practice options

5. If the ask is for a historical analysis (see question above), then does some data reside outside of Epic (other databases or data warehouses)?
   
   Our revenue cycle system is EPIC

6. What is the current system and process used to track the reserves increasing /decreasing each month or at regular intervals?
   
   Various spreadsheets and other analysis tools.

7. Will UT Southwestern or the vendor hold the risk for changes in reserves?
   
   There was not a vision of risk sharing but if you have such opportunities, propose such.
8. Can you please provide data including First Denial %, Overall Denial %, total collections for the year, split by payers and patient pay, Gross and net collection ratio, Admin write offs for the year and bad debt?

Initial denial percentages are between 15 and 18%. Overall denial rates are less than 5%.

9. What IT systems or solutions are used today for each of the RCM services specified in the RFP (i.e., reporting, claim edits/billing, charge capture, revenue recovery, etc.?)

   Epic

10. Are there any geographic restrictions around where the RCM resources are located?

    No - Limited offerings for overseas services

11. Can you please share current statistics around under-recovery process? Volume of claims/$$ rebilled for underpayment in 2015 etc.)?

    For professional fees it is less than $15,000 per month. Hospital under-recoveries vary by month and cycle.

12. Can you please share the number of resources that may be performing these processes?

    This is outsourced for professional services. These are integrated into collection process for hospital, we do not have specific resources.

13. Will the requirements in this RFP be single-sourced or multi-sourced?

    There are none

14. How many eligibility/benefits verification checks does UTSWMC submit each year? Please note, there can be multiple eligibility checks completed per patient but that should still be considered as ONE encounter for that patient.

    Epic Prelude/Cadance/ADT are the applications we use for patient access.

15. Does your current eligibility process consist of assessing pre-registration errors, measuring denials and rejections on the backend (based on those registration errors) and feeding that (error) analysis back to registration to address and eliminate front-end registration errors?

    Yes. Registration edits that are caught as claim edits by the clearing house or within are own registration edits are worked in front-end workqueues. Types of edits triggered and triggering locations are reported on monthly. Denials related to eligibility are reviewed and evaluated and reports to the departments.
16. What current registration / eligibility system is current deployed at UTSWMC and are those systems fully integrated with Epic?

Our front end eligibility is fully integrated into the front end Epic system. We mapped coverage, rules for payor mismatch, identification of optional coverage and benefits mapping.

17. What is your current Patient Estimator system? Would you consider it fully automated or mostly manual (some excel tracking required)?

We are moving to the Epic price estimator and would expected the benefits from eligibility to be fully mapped into Epic for both facility and professional services. We have an external vendor to bridge the gap currently.

18. What percentage of your patients would you consider charity care, champus or indigent care?

Less than 5%.

19. How many claims does UTSWMC process per year?
   - How many UB-04s?
   - How many 1500s?

Jan 1, 2015 through Dec 31, 2015
HCFA - PB Claims = 3,363,299
UB-04 - HB Claims = 436,560
This may be overstated with the move to the SBO in late January 2016

20. What is your current payer mix?

48% managed care, 38% Medicare, 4% Medicaid, 1% commercial, 4% self pay, 5% other

21. Do you operate as a CBO?

Yes

22. How many facilities do you have using Epic as their HIS?

1 tax id for 1800 providers and 2 tax id facilities, one for each university hospital.

23. Do you currently work claim errors and corrections in Epic? Or in another system?

Primarily Epic. All front end clearinghouse rejections should route back into Epic for resolution.

24. Do you prefer to work claim errors within Epic?

Yes
25. What current reporting and analytics systems are utilized? Would that be deployed via your (current) claims vendor(s) or is there a particular analytics solution deployed post claim processing?

We use EPIC as well as reports from our clearing house vendors. We review all rejected claims to build appropriate claim edits back into Epic.

26. In June, 2015 Relay Health responded to this same type of an RFP process (for claims only but not eligibility). Did your organization select a claims vendor based on that RFP issued or did ya’ll decide to not decide and now you’ve also added eligibility to this process?

No

27. What is the payer mix of the hospitals under review?

48% managed care, 38% Medicare, 4% Medicaid, 1% commercial, 4% self pay, 5% other

28. What are the average timely filing requirements you are contractually obligated under?

60 - 95 days.

29. What is the mix of payment methodologies your hospitals are paid under? Example would be: percentage of contract 20%, fee schedule 30%, Medicare APC 25%, 15% OP Grouper, and Capped procedure rate 10%.

30% DRG; 36% Fee Schedule; 23% % of charges; 3% per diem and 8% other

30. Would you like vendors to price out MS-DRG validation audits under a separate proposal or will this be included under the risk based fee structure?

Please include

31. How many active charge lines are in the CDM? Please provide a break out of hospital and professional services.

This would be negotiated as part of the agreement and a review. Please provide details of the services that you may provide

32. If you run a report on the active lines in the CDM, how many of those line items have had zero charge activity for the last two years?

This would be negotiated as part of the agreement and a review. Please provide details of the services that you may provide.
33. For the charge capture review service what revenue generating departments would be the focus and what would the volume of claims would be reviewed? If it is a percentage of the cases please provide the volumes for those revenue producing areas.

This would be negotiated as part of the agreement and a review. Please provide details of the services that you may provide.

34. Would you like to have an assessment of your total charge capture revenue potential for the hospitals covered under the RFP?

This was part of the RFP.

35. When was the last time CDM Review was performed by an outside firm and were the changes implemented?

This is not a relevant question.

36. What staff do you have dedicated to CDM maintains and their titles?

We have sufficient staff dedicated to CDM maintenance and review.

37. Do you desire to have a workflow solution with the CDM Software to manage adding, changing, and approving charge line items? If so, how many users do you anticipate requiring access to the system?

The RFP does not envision an outsourcing of services.

38. Do you desire to have all charge item changes interfaced back to the hospital financial system? And if yes, do you have multiple CDM or Item masters that live in multiple hospital IT systems? Please describe.

CDM is within EPIC and is interfaced.

39. Is the organization looking to leverage multiple vendor software solutions (best of breed) to complete the scope of work, or is it looking for a single vendor for all solutions?

We will decide base on RFP responses.

40. Is the organization interested in maximizing the use of Epic for some of these components prior to seeking an external vendor?

We prefer to always utilize Epic as the source of truth and where we do our work.
41. Do you need support for technically implementing these features, or do you have an internal IT team for implementation?

TBD based on the internal resource availability.

42. Do you have a project management and training team for operationalizing the changes?

Yes

43. Along with the stated components of contract adjudication and charge master management and pricing, is the organization interested in a managed care strategy review as part of a comprehensive reimbursement maximization strategy?

No

44. What systems are currently utilized at the organization, if not using Epic System functionality?
   a. Contract Management
   b. Charge Capture
   c. Charge Audit
   d. Coding
   e. Claim Scrubber
   f. Denial Management
   g. Document Management

We use external vendors for all services excluding charge capture and denial management.

45. Has the organization attempted to implement the Epic Patient Estimator tool?

Yes, in process for some locations.

46. Has the organization attempted to implement the Epic Revenue Guardian product? If so, can you provide a brief description with how many edits have been created and how broadly is the module being utilized? Also, what is the ongoing charge edit development and maintenance support structure?

Yes. Minimally implemented looking on expanding.

47. Does the organization utilize the Epic system reporting tool or does current reporting come from a data warehouse tool or other tools? Please list tools utilized currently to report against metrics.

We use external vendors for benchmarking and internal Epic clarity for most reporting.
48. Does the organization have a completed technology architecture mapping that will be provided to vendors? (This would be system flow of information from registration through the finalization of an account. The mapping would also indicate flow of data for any interfaces identified that may modify data.)

This will be provided as needed.

49. While every organization identifies Business Operations / Revenue Cycle differently, what departments are included in the work effort? (Ex: Registration, Case Management, Coding, HIM, Patient Accounting, etc.)

Scheduling/Registration/Authorization/Financial Counseling/Coding/CDM/Case Management/Patient Accounting

50. Do you have a Clinical Documentation Improvement Program?
   a. What is the size of the staff? (Number of documentation specialists, CDI Manager, Physician Advisor?)
   b. Are you currently using any CDI software, and if so, what is it?

Yes; 5; 3M

51. Do you have sufficient staffing levels to manage all areas of scope internally or are you looking for external support in managing workload?

We currently have internal resources to support

52. EPIC – please describe what system functionalities are currently in use for this software

Scheduling/Registration/Authorization/Financial Counseling/Professional Charge Capture/Billing and Collections (we also have many of their ancillary systems as well as both their IP and OP EHR)

53. Is the vendor of choice required to provide on-site representation for any of the services included in this RFP? If so, which functions and how many?

No

54. Is the vendor of choice to provide all applications/software to perform the services within this RFP or are there some currently in use by UTSW? If so, please indicate which ones and if they are integrated with EPIC.

Please respond to which service your organization can provide referenced in the RFP.

55. Please provide the annualized volumes by department/specialty for the services to be performed under each section of this RFP (patient access, charge capture, code validation, etc.)

Please answer the RFP as provided. Volume data is not necessary to answer the RFP.
56. Are AR follow-up services included under the Clearinghouse Section of the RFP? If so:
   a. Is it Professional or Facility, or both
   b. Will further details be provided outlining scope (i.e. annualized charges & payments, AR 
      aging, denial summaries)

   We have a centralized revenue cycle that does billing and collection for both professional and
   facility services.

57. Are Payment Posting services included in this RFP? If so, please provide further details
   (Professional vs Facility, manual vs ERA volumes, etc.)

   80% of our payments are posted via 835s we receive from our clearing house vendors.

58. HUB – please provide a listing of all businesses that fall under this category

   This is not a relevant question.

59. Are Certified Coders required to perform the services listed under Code validation, Coding
    Review, and Revenue Recovery? Is it Professional or Facility of both?

   Qualified professionals are required to perform these services. The scope is both professional
   and facility.

60. Will the documentation to review be paper or electronic or a combination of both? Please
    specify percentages and by specialty/department.

   Electronic

61. Are there any limitations in part or whole of this RFP for the services to be done globally?

   No

62. The HUB Subcontracting Plan was listed in the RFP Table of Contents as a separate document. 
    We did not receive the HSP form with the RFP. Will University please provide the HSP form?

   The HUB Subcontracting Plan was included in the email that was sent out to all the vendors. It 
   is not in the body of the RFP.
63. Do you have Enterprise Reporting capabilities?
   b. What version of Epic are you on for hospital billing and for professional billing?
   c. How many unique instances of Epic are used across all sites?
   d. The RFP states that University has Epic. As providers add on additional sites (clinics and hospitals) they may inherit other systems. Does University or the providers have other legacy systems?

   Yes
   2012 upgrading to 2014 in June
   1 with 4 service areas
   No all providers we bill services for our UTSW faculty.

64. What is the annual volume of eligibility transactions and financial clearance transactions for both hospital and professional billing for University?

   Please answer the RFP as provided. Volume data is not necessary to answer the RFP.

65. Can University provide an estimate of line items for each facility and each physician Chargemaster that we will review to determine pricing?

   Please answer the RFP as provided. Methodology of pricing is what is requested.

66. Are you interested in Outsource Coding? If so, please provide case volumes by inpatient, outpatient and provider specialty.

   Not at this time.

67. Can you further define your Revenue Integrity needs? Please provide specifics.

   Accurate identification of all charges for billing. Consistent codes across professional and facility services.

68. How many contracts do you want loaded into the contract management system?
   b. Will University import and maintain the contracts, or will the vendor be required to maintain the contracts?
   c. Please provide a summary of your Revenue Cycle expenses and budget.
   d. How many FTEs are in University's RCM department?
   e. How is University's RCM department functionally organized?
   f. How many FTEs are dedicated to "true appeals" and/or "denial recovery" functions?

   A. All contracts for managed care and managed Medicaid.
      We would expect the vendor to build the contracts
      All revenue cycle management functions except facility coding and facility clinical denials report to the AVP of Revenue Cycle Operations.
      Over 100 for both facility and professional services
69. Can you further define for us what you mean by Managed Services (i.e. outsourcing receivables, etc.)?
   b. Can you briefly describe what type of risk arrangements you currently have with payers (i.e. capitation, shared savings, etc.)? Any plans to broaden these arrangements?
   c. What is your current contract management staff and infrastructure (e.g. contract management software, adequacy capabilities, provider performance reporting, credentialing, etc.)?

   We are interested in a 3rd party providing recovery service for underpayments of closed claims. We are only interested in these service. We have a separate area in charge of contracting and managing our risk arrangements.

70. What are your top 3 denial issues for hospital billing and for professional billing?
   b. Please provide a monthly trend of your write-offs (administrative, bad debt, charity).
   c. What are your top 5 payers and major concerns?
   d. Please define your appeal process.
   e. Please define your workflow process of claims, denials and follow up.

   Professional
   Coding
   Authorization
   Non-Covered

   Additional detail can be discussed if your firm is selected for additional consideration.

71. Do you currently outsource any part of our receivables? And at what Day?
   b. Do you Net or Gross your AR?
   c. What is your monthly trending AR debit and credit balance?
   d. Can you provide a monthly trend of your AR days and agings?
   e. Can you provide us with any liquidation reports of your AR/Denials?
   f. May we receive Aged Trial Balance?

   a. WC for facility day and self pay level 4 and 5 day one
   b. Professional no, Facility yes
   c. Additional detail can be discussed if your firm is selected for additional consideration

72. What is the annual volume of eligibility transactions for professional billing for University?
   b. What is the annual volume of claims and eligibility transactions for hospital billing for University?
   c. Are adjustments made at Bill Date or time of payment?

   1. Please see claim volumes above
   2. Volume of claims shown above
   3. HB and PB adjustments at time of payment - although HB nets down immediately when the payment is received a true adjustment is taken and the net down is reversed.
73. What is the overall volume of claims to be submitted through a clearinghouse?
b. Will Medicare, Medicaid Blue Care claims be submitted through the clearinghouse?
c. What is the approximate breakdown of payers by percentage - Medicare-Medicaid/Blue/Commercial?
d. To determine PARS to payers you send to, who are the payers you send to?
   a. HB 100%; PB
   b. HB Yes; PB - No
   c. PB Managed Care/ Commercial - 47%; Medicare - 25%; Medicaid - 28%
   d. HB Managed Care / Commercial - 57%; Medicare - 39; Medicaid - 3%
   d. I will send a separate list for our payors

74. Please clarify the following excerpt from section 1.3 Public Information of Appendix One, Section 1: General Information. The two sentences seem to conflict—will the Proposer’s response be automatically made public, or will University notify Proposer first to provide the opportunity to raise any objections to disclosure?
   
   Upon execution of a final agreement, University will consider all information, documentation, and other materials requested to be submitted in response to this RFP, to be of a non-confidential and non-proprietary nature and, therefore, subject to public disclosure under the Texas Public Information Act (Government Code, Chapter 552.001, et seq.). Proposer will be advised of a request for public information that implicates their materials and will have the opportunity to raise any objections to disclosure to the Texas Attorney General.

   Please refer to the Texas Public Information Act (Government Code, Chapter 552.001, et seq.)

75. Is Proposer able to submit a redacted proposal for use in response to requests for public disclosure?

   No. Proposer will be advised of a request for public information that implicates their materials and will have the opportunity to raise any objections to disclosure to the Texas Attorney General.

76. Please clarify section 1.4 Type of Agreement of Appendix One, Section 1: General Information. Will Proposer be able to make proposals or exceptions to the terms and conditions stated to the extent such are: offering the maximum benefit to University in terms of (1) services to University, (2) total overall cost to University, and (3) project management expertise?

   Cannot advised to potential or proposed changes without knowing the details and context.

77. Please clarify section 1.6 Proposer’s Acceptance of Evaluation Methodology of Appendix One, Section 1: General Information. Does part (d) mean except for the Proposer’s exceptions to the terms and conditions or proposed terms and conditions?

   It means By submitting a proposal, Proposer acknowledges the terms and conditions set forth in...this RFP.
78. Please clarify the following excerpt from section 1.9.6 Submission of Appendix One, Section 1: General Information. Does this mean except for the Proposer’s exceptions to the terms and conditions or proposed terms and conditions?

*Proposer further certifies that the submission of a proposal is Proposer's good faith intent to enter into an agreement with University as specified herein and that such intent is not contingent upon University's acceptance or execution of any terms, conditions, or other documents attached to or referenced in Proposer’s proposal.*

This means the Proposer certifies that the submission of the proposal is your good faith intent to enter into an agreement as specified herein and not contingent upon the University's acceptance or execution of any terms, conditions or documents attached or referenced in your proposal.

79. Please clarify section 2.2 of Appendix One, Section 2: Execution of Offer. Does this mean except for the Proposer’s exceptions to the terms and conditions or proposed terms and conditions?

No, it means "By signature hereon, Proposer offers and agrees to...comply with all terms, conditions, requirements and specifications set forth in this RFP.

80. Is it a requirement that a single vendor provide all of the specifications listed in Section 5?

No

81. Will UTSW consider selecting multiple vendors if that is needed to best meet all of the specifications listed in Section 5?

Yes

82. Please describe the desired response format related to the ‘Services Requested’ in Section 5? This list is structured more like a requirements list that appears to be asking which items can be provided vs. not provided. It also suggest to add information that describes ‘how a vendor uniquely integrates a single or multiple services provided’. Any additional clarification you can provide on the format response you are seeking would be very helpful.

If you provide the service and if you do please discuss your system capabilities and experience working with Epic.
83. The RFP submittal timeframe is by March 22, 2016. Can you please provide more details and timing related to next steps once bids are received? What will be the process for narrowing down to a selected finalist? Will there be a cut to two or more vendors, then onsite presentation and/or demos? When do you expect to make this decision and by what date do you target executing a fully negotiated contract? This backs into the final timeline question which is when do you want to be live on the solutions requested in this RFP? If the expectation is a phased approach, please outline the priorities and timing of each phase?

This will depend upon the responses received.

84. On a scale 0-10, please rate the level of importance regarding Epic integration? How much influence or weight will this have on the vendor selection process?

10

85. Does the scope of the comprehensive revenue cycle include Medical Centers' two University Hospitals, outpatient and ambulatory clinics, and affiliated hospitals or is it focused on the hospitals?

The scope is all the professional and facility services that UT Southwestern bills.

86. Is there a consolidated revenue cycle organizational model and central business office in place for the comprehensive revenue cycle describe above?

Yes

87. Patient Access Services: Do you currently have any of these technologies in place as bolt on solutions to the Epic system? Are you looking for new technology/bolt on solutions to Epic to solve these five areas depicted? Are you looking for consulting services in addition to the technology solutions to design new processes, work flows, job duties, and assist you with overall change management during the implementation of these technology solutions?

We are looking at technologies services that would integrate with Epic. We are not currently looking for consulting services to design new process or workflows.
88. Charge Capture Audit, Claim Edit and Billing, Clearinghouse: Do you currently have pre-bills edits built into your Epic system? Do you currently have a claim editing and billing/clearinghouse solutions as bolt on to Epic? Are you looking for new technology/bolt on solutions to Epic to solve these areas depicted? Are you looking for consulting services in addition to the technology solutions to design new processes, work flows, job duties, and assist you with overall change management during the implementation of these technology solutions?

We have edits build into Epic and as well as technologies that integrate with Epic to provide these services. We use multiple clearing houses currently. We are evaluating our current solutions with other market competitors. We are not looking for consulting services.

89. Is your overall goal to consolidate to a single or fewer technology vendors to provide the services mentioned in the questions above? Or are you focused on identifying best of breed?

That would be one of the things we are looking for out of this RFP. It would be easier to have a single vendor but to the extent that they integrate with Epic, we would also consider best of breed.

90. Are you seeking a consulting project to assist with the identification of technology solutions, weigh the pros and cons, features and functionality, perform a gap analysis of current state to what you would achieve with a technology solutions, and identify total cost of ownership?

We are looking at technology.

91. Contract Management: Is it correct that you are looking for a technology solution to provide this function for hospital and professional claims to calculate allowable amounts and confirm accuracy of reimbursement according to contracts? Are you seeking any consulting services around selection, requirements analysis, and implementation?

We are looking for technology and potentially the ability to outsource the function for follow-up and collections.

92. Underpayment Recovery Services: Are you seeking an outsource vendor to review paid claims, identify underpayments, and perform appeals to recover additional amounts owed? Is this on a go forward basis, ad hoc/audit basis, or both? Is it only retro if issues are identified?

We currently have a vendor that provides this service. We are evaluating that vendors capabilities with others.
93. Denial Recovery Services: Are you seeking an outsource vendor to work all denied claims or only a subset of denied claims? Would this include clinical and technical denials? Is this on a go forward basis, ad hoc/audit basis, or both? Medicare Transfer and IME Review: Are you seeking a one-time analysis or ongoing reviews?

Possibly a subset. TBD

94. Reporting: Many of these items appear to be reports that would be generated from the technology solutions discussed above. Are you looking for a reporting package to be built inclusive of these items or are you just interested to know that you can achieve at a minimum these types of reports from the solutions identified? Are you seeking an integrated reporting tool that will take information from multiple sources Epic and bolt on solutions, to provide such reporting? Are you seeking any consulting assistance to build reports, dashboards, perform interpretation of the data/information, etc.?

We would prefer that the bolt on vendors be able to provide reporting but we are also willing to consider a reporting solution. We are not currently looking for consulting services at this time.

95. Reserve Management: Are you seeking specific technology to support these functions? And/Or are you seeking consulting services to develop and implement these processes, workflows, tools and templates utilizing the source data from the technology discussed above?

We are looking at technology. We are not looking for consulting services.

96. Chargemaster Management: Are you looking for consulting services to support the identification of this technology, confirm requirements, identify gaps, and support implementation of processes, workflows, and organizational alignment to utilize such tools? If you are not able to find a solution that can support all of these requirements (i.e., strategic pricing), are you looking to identify other means to achieve this?

No we are not looking for consulting services. We are looking for a Chargemaster tool that will assist us.
97. Revenue Integrity: Are you looking for consulting services to support the identification of this technology, confirm requirements, identify gaps, and support implementation of processes, workflows, and organizational alignment to utilize such tools? If you are not able to find a solution that can support all of these requirements, are you looking to identify other means to achieve this through operational redesign and alignment? Are you looking to outsource your revenue integrity and charge validation processes entirely?

We are looking at technology to support this effort.

98. Chargemaster and Pricing Consulting: This sounds like a typical charge master review, although it sounds hospital-specific. Is that accurate? Why was this broken out as separate services from those services/solutions described above? Is it due to urgency of completion and not waiting for a tool to be put in place? To confirm, the pricing analysis should look at consistency across departments/hospitals (common charging methodologies) and compare to market based pricing?

We are looking for a strategic pricing tool that will look at our managed care contracts along with a market based comparison. The pricing consulting could be a single service. The integration with daily work will be a significant consideration.

99. Revenue Capture: Is the focus of this analysis on mapping of charges to ensure proper billing of all revenue? Or is it also focused on completeness and accuracy of charge capture by the clinical departments? Is this focused only on the hospital departments, all departments or targeted departments?

We want to ensure we are capturing all billable charges and that we are consistently billing for both professional and hospital based services.