

**RFP No. 744-R2001 – EDI Clearinghouse Partner (“RFP”)
ADDENDUM 2**

DATE: September 27, 2019
TO: Prospective Proposers

The following are the University’s responses to bidder’s submitted questions and additional information provided.

This Addendum 2 shall herein be made part of the RFP.

- 1) In regards to the Eligibility functionality requested, what is the total registration volumes for all facilities included in the RFP broken out into Inpatient, Outpatient, and self-pay?

Unable to provide the information in the requested break out.

- 2) To confirm you are asking for Eligibility/Benefits, and Authorizations? This is a functionality usually completed on the front-end of the revenue cycle, is that the intent of the functionality?

Yes.

- 3) The Claims/EDI portion of the RFP is mostly Professional, there is one hospital in the facility list. Due to this are you going to be looking to handle Institutional Claims as well?

Yes, however, this is a small, psychiatric hospital that generates approximately 3,000 claims in a 12 month period. It is 60% non-resource. It will be expanding its bed capacity in the next few years and, therefore, will possibly double in claim volume.

- 4) Based on the pre-call last week there was some confusion around the initial contract term length. What term has been decided?

Initial Contract Term is for 4 years with two 3-year renewal options for a total of 10 years.

- 5) The RFP requires an original signature on the Execution of Offer. Our firm uses the DocuSign Electronic Signature system of our Associate General Counsel to execute all binding agreements across our enterprise. A unique Document ID for this signature will be found at the top of the digitally signed page. Will this approach be sufficient to meet the “original signature” requirement?

Yes, DocuSign Electronic Signature will be sufficient.

- 6) With respect to pricing, the RFP states ‘UTP estimated annual volume is 2.6M claims with 3% paper claim volume from 135 clinics with 35 specialties and 70+ sub-specialties’. Should we assume that the volumes for HCPC are included in the 2.6M, or is there a separate volume we should be aware of for HCPC which should also be considered?

The place of service 11 psychiatric claims are included in the 2.6M. The institutional claims were not but total approximately 3,000 annually.

- 7) Assuming UT currently has a vendor for integrated eligibility, are you able to provide an estimate for the number of monthly eligibility transactions performed currently? This would be very helpful since eligibility transactions do not necessarily correlate to the number of claim transactions, which have been provided.

Approximately 164,000/month.

- 8) To confirm, for the purpose of this RFP, should we assume that the EHR will be EPIC for both HB and PB (e.g. since implementation would be in conjunction with EPIC Live Dates)? I understand there is a lengthy setup and testing process with EPIC, just trying to confirm vendors will not be expected to interface with the systems currently in place, and that this effort will be focused solely on the EPIC system.

Yes.

- 9) In section 3.4.1, the RFP states 'Proposer must comply with the requirements and specifications contained in this RFP, including the Agreement (ref. APPENDIX TWO)'. Furthermore, in section 5.3.1, the RFP states 'If Proposer takes exception to any terms or conditions set forth in APPENDIX TWO), Proposer must submit a list of the exceptions. When viewing Appendix 2 (page 33), it appears this page is left blank, and we are to supply our sample agreement. If this is the case, what requirements, specifications, terms, etc. is the University referencing in Appendix 2? Is this referring to the Terms/Conditions, etc. listed in 'Section' 2 (Executive of Offer) beginning on page 27?

Appendix Two stated "Sample Agreement (Attached)". The Sample Agreement was an attachment titled "Appendix Two_Sample Agreement". This is a Word Document. Proposers are not required to supply their own agreement.

- 10) Are you able to share who the current vendor is for a) Claims and b) Eligibility? If not, no worries.

No.

- 11) Can UT Health provide the volume of eligibility transactions across the system?

See response to Question #7 above.

- 12) Can UTHealth list all documents requiring a wet signature to be included in the original submission?

Please refer to Section 3.5 Submittal Checklist. Signature may be a wet or electronic signature.

- 13) Can you please confirm if an electronic signature is acceptable as the original signature on the Execution of Offer?

See response to Question #5 above.

- 14) Can you provide a little further clarification in regards to question # 23. Explain how your clearinghouse has adapted to 5010 relative to the amount of data payors are providing with a general benefit request?

As payers enhance their capabilities around providing data, how do you ensure your customers receive the benefit of each payers' data offering?

15) (RFP Section 1.2, Page 5) We typically price from encounters, which we relate to clinic visits. Can you please elaborate on the difference between the two so we know which to base our pricing on?

We are unable to provide the breakout between clinic visits and hospital based visits. We run eligibility for services provided in both settings; one driven off of appointments and the other from queries generated after a charge hits our system through the interface.

16) (In regards to RFP Section 5.2, Page 16) What percentage of claim volume is institutional (UB04) vs professional billing (1500)?

99+% is professional. Institutional claim volume is approximately 3,000 per year. There is the potential for this to double in the next few years as the hospital increases its beds.

17) Does HCPC generate UB04 (837I) claims only?

Yes.

18) Does UTP generate 1500 (837P) claims only?

Yes.

19) (RFP Section 1.3 - Epic go live is 2021, completion expected sometime between March & September of 2021.) Is the conversion to Epic on time?

Yes, at this point.

20) Approximately at what point in time between September 2019 & September 2021, will the selected vendor need to provide services?

Projected Epic Go-live is in May, 2021. Clearinghouse go-live will need to coincide.

21) Will the vendor need to work with the legacy EHRs/those that are being phased out?

No.

22) It is not specifically mentioned in the RFP, but does UTHSC plan to incorporate Epic's Community Connect product?

No.

23) (RFP Section 3.3 - Proposal validity period.) Where in the RFP should this be stated?

List your proposal validity period in Section 6.2 Pricing for Services Offered.

24) (RFP Section 5.2) Please detail the non-standard EDI transactions.

If you have any non-standard EDI transactions, please provide details in your proposal.

25) (RFP Section 5.4 Question 6) Software development roadmap – Is this question applicable to eligibility, websites or general software development?

What is your development roadmap? Do you have planned enhancements/service offerings?

26) (RFP Section 5.4 Question 12) Are there dental claims? If so, what are the 5 largest payers by %?

No. There is a possibility that we will add dental claims in the future but we do not have the requested information at this time.

27) (RFP Section 5.4 Question 15 “Address verification”) Is this insurance address, patient address or both?

Patient address.

28) (RFP Section 5.4 Question 18) There are different 278 transactions, please clarify 278R.

We are interested in details about your functionality pertaining to 278 transactions.

29) (RFP Section 5.4 Question 19 “Admission Notification”)

- Which payers is this intended for?
Please list any payers for which you are receiving admission notifications today.
- Is this in production?
No, but are interested in this going forward.
- We are aware that United Healthcare has this interface in production (typically as a result of contractual requirements).

30) (RFP Section 5.4 Question 20) Is S276 & S277 a reference to the paired 276/277 transaction?

Yes.

31) (RFP Section 6.2) Please provide a monthly average 1500 & UB04 billable claims volume and a % breakdown for the top 5-10 payers.

Overall, payer mix for 1500 is 32% Managed Care, 26% Medicare, and 17% Medicaid. Managed Medicare and managed Medicaid are included in the 26% and 17% respectively. The top 5 managed care payers are BCBS, United Healthcare, Aetna, Cigna, and Humana. Total annual claim volume is 2.6M.

32) (RFP Section 6.2) How many electronic remittances are there?

- Are remittances received separately for HCPC & UTP?
The inpatient payments are separate today. We are not sure if they will remain separate in Epic.
- If so, is there a need to split 835 payment data between HCPC & UTP?
Yes, unless we implement Epic’s SBO model.
- Will there a need to split payment data between Epic and legacy systems?
Yes.

33) Will all submitted questions and responses be shared?

Yes, all submitted questions and responses will be shared and published on the website.

34) What are the dates beyond those in the RFP for responding to these questions, evaluating proposals, scheduling presentations and awarding a contract?

We do not have a fixed timeline for the rest of the Scheduled Events, including the proposal evaluations, presentations and contract award. However, our goal is to complete the process by December 2019.

35) (Sample agreement - Appendix Two) If there are specific items in the sample agreement that we believe merit a discussion, should we indicate what these items are or is this only applicable to the proposer ultimately selected?

Per Section 4 General Terms and Conditions, please submit a list of exceptions.

36) Can you confirm that the addenda checklist consists of?

- 3.5.1 Signed and Completed Execution of Offer (ref. Section 2 of APPENDIX ONE)
- 3.5.2 Signed and Completed Pricing and Delivery Schedule (ref. Section 6)
- 3.5.3 Responses to Proposer's General Questionnaire (ref. Section 3 of APPENDIX ONE)
- 3.5.4 Signed and Completed Addenda Checklist (ref. Section 4 of APPENDIX ONE)
- 3.5.5 Responses to questions and requests for information in the Specifications and Additional Questions Section (ref. Section 5)

That is not correct. The Addenda Checklist, in Section 4 on Page 32, is part of the Submittal Checklist per Section 3.5.

The above is missing Section 3.5.6 for the HUB Subcontracting Plan.

37) Do all 5 documents (3.5.1 through 3.5.5) need to be merged into a single PDF document?

No, the documents do not need to be merged but can be.

END OF ADDENDUM 2