**University of New Mexico Hospitals**

Request for Proposals

**Addendum No. 3**

**Project Number:**

**RFP 456-22**

# Extended Business Office



**REVISED Due Date: August 11 2022 2:00 p.m. MST**

The time and date proposals are due shall be strictly observed.

**RFP 456-22 Extended Business Office**

**ADDENDUM NO. 3**

**THE UNIVERSITY OF NEW MEXICO**

**HOSPITALS**

**Purchasing Department**

The purpose of this Addendum is to notify all potential respondents of any changes to the original RFP and to answer questions regarding the RFP. The answers provided in this Addendum hereby amend and/or modify the original RFP Document and Specifications. All offerors are subject to the provisions of this addendum.

**This addendum to RFP 456-22 – Extended Business Office is issued to provide a list of Questions Received from Vendors and the associated   
\*\* REVISED \*\* Responses.   
This addendum also extends the Proposal submittal deadline through 8/11/2022**

Responses to the Vendor Questions have been revised – please review carefully.

The Deadline for this RFP has been extended to Thursday, August 11, 2022.

Questions regarding the above information are to be submitted to:

*Kari Generous*

*Procurement Specialist, UNM Hospitals*

[*kgenerous@salud.unm.edu*](mailto:kgenerous@salud.unm.edu)

*505-508-8646*

**RFP 456-22 – Extended Business Office**

**Questions Received from Vendors**

1. When is the contract start date? **Contract start date is based on vendor selection and contracting between the vendor and UNMH Purchasing Dept. however, we are anticipating the end of November 2022**
2. What is the date by which you will answer these questions? **The goal is to provide answers by August 2nd**
3. Why has this bid been released at this time? **The agreement with our current vendor is near expiration.**
4. When is the anticipated award date? **End of November, 2022**
5. Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories? **Bidders are free to submit pricing as they would like**
6. Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable. **Our level of satisfaction is irrelevant with regard to this RFP**
7. Has the current contract gone full term? **Yes**
8. Have all options to extend the current contract been exercised? **Yes**
9. Who is the incumbent, and how long as the incumbent been providing the requested services? **That information is irrelevant**
10. How are fees currently being billed by any incumbent(s), by category, and at what rates? **Currently, our fees fall under a 7% contingent rate and additional insurance found and statement fees based on volume. Vendors are able to bid at rates they feel are appropriate.**
11. What estimated or actual dollars were paid last year, last month, or last quarter to any incumbents? **That information is not relevant for bidding and will not be provided.**
12. Is previous experience with any specific customer information systems, phone systems or software required? **No however, we would like to know if you have experience with the patient accounting systems listed in the RFP**
13. What is the minimum required total call capacity? **There is no minimum required. We expect the vendor to answer all incoming calls as received.**
14. What is the minimum simultaneous inbound call capacity? **We expect the vendor to answer all incoming calls as received.**
15. What is the maximum wait time? **Our expectation is to have a GOS of 80% or better**
16. What is the maximum hold time? **Our expectation is to have a GOS of 80% or better**
17. What percentage of inbound calls must be resolved without a transfer, second call, or a return call? **We do not track this percentage however, our expectation is for all calls to be handled as they are received. There may be a situation that warrants a transfer or second call but those should be minimal.**
18. Is there a minimum or maximum number of operators and supervisors? **That is dependent upon the inventory placed and how your staffing is configured. This item will be further discussed with the selected vendor.**
19. What is the required degree of dedication for the call center? **Our expectation is to have a dedicated staff for our business within your call center environment.**
20. What is the required degree of dedication for the operators? **Our expectation is to have dedicated staff.**
21. Are callers required or allowed to connect with a message verification system or pre-recorded message before connecting to a live operator, or must a live operator be the initial contact? **We would like our callers to connect to a live operator.**
22. What are the recording requirements for inbound and outbound phone calls and how long must recordings be maintained? **We would like all calls recorded and available as requested. We would like recordings to be maintained for a minimum of three years.**
23. What are the recording and storage requirements for non-phone communications? **Storage requirements are for 10 years based on Medicare guidelines**
24. What information is to be included in call logs? **Please provide clarification, we are unsure of what this question refers to.**
25. What was your average monthly call volume over the past year? **Inbound it’s an average of 23,572 calls monthly across all entities**
26. What is the current number of seats for operators and supervisors at your existing call center? **We can only accommodate the 3 on-site staff members that are required. We do not expect to house the vendors operators or supervisors.**
27. What is the current average wait time for phone calls? **Wait time for calls should be less than 4 minutes**
28. What is the current average handle time for phone calls and other types of communications? **The average handle time is under 5 minutes however, it could change based on patient requests**
29. What is the current average after-call time work time for operators? **Our current average after-call time is approximately 2 minutes.**
30. Over the past year, what is the percentage of calls received in English vs. Non-English? **Apologies but this is not currently reported by our vendor however, at the hospital with our internal customer service area, about 10% of our calls are in Spanish (this percentage does not include other languages).**
31. Over the past year, what percentage of calls received were in Spanish? **Unfortunately, this is not currently reported by our vendor but please see above – question 30.**
32. What time of day, days of the week, or times of the year do the calls typically peak? **Mondays and Fridays are peak days of the week; Peak times of the year are Feb-April due to tax season.**
33. Will UNMH confirm you are seeking Early Out and Bad Debt Collection services as a result of this RFP? **We are seeking Early Out with this RFP.**
34. Can the same vendor receive an award of both? **Yes if they are selected for both RFPs. A separate RFP was released for Bad debt prior to this one.**
35. How many client references must bidders provide with their Proposal? **Three**
36. May bidders provide a combination of Early Out and Bad Debt Collection references to meet UNMH’s requirements? **Our preference would be for Early out references since the lines of business are fairly different.**
37. Will UNMH provide historical volumes over the last five years on accounts placed with your past vendors for both individual preferences (resident and disabled veterans), e.g. # of accounts, $ values, aging, collection rates? **We do not have information regarding resident and disabled veterans. We will provide 1 year average placements which average 106,056 accounts for UNMH and SRMC and 253,200 for UNMMG. Values of approximately $94 Million for UNMH/SRMC and $38 Million for UNMMG. Currently we are at approximately 37.42% net combined liquidation rate.**
38. How long has UNMH outsourced Extended Business Services? **We have outsourced EBO for over 25 years**
39. Will the selected early our vendor be responsible for statement generation and mailing or will UNMH assume responsibility for that? **The selected vendor will be responsible for statement generation and mailing.**
40. Who are UNMH’s current incumbents and what contingency fee are they receiving? **Currently, we are at a 7% contingent rate**
41. Are you satisfied with the current level of performance you are receiving today? What liquidation rates are they achieving? **We are always interested in higher liquidation rates. Currently we are at approximately 37.42% net combined.**
42. Does UNMH allow your vendors to perform settlements on your business? If so, what is a typical aggregate or approved percentage amount you allow? **No, settlements are returned and will be handled by UNMHSC**
43. Does UNMH obtain Cell and Email consent from your patient population at time of service? **No** Do you share that consent with your vendors? **No**
44. With regard to the staff that resides on site and UNMH’s location, will they have in-person interactions with patients that walk in requesting assistance? **One of the on-site liaisons will have in-person interactions with patients. Two will serve in more of a back office role.**
45. Will the onsite staff at UNMH be required to be fluent in Spanish or is it sufficient that they have access to our translations services? **The onsite staff member that will have in-person communication will need to be bilingual**
46. Please provide the anticipated monthly placement volume and dollars: **Currently we do not track placements in that manner however, please see question 36 for overall volume and dollars.**
    1. True Self Pay
    2. Balance after insurance
47. Please provide the historical liquidation for both True Self Pay and balance after insurance. **Currently we do not track liquidation in that manner. However, currently we are at approximately 37.42% net combined rate.**
48. What is UNM’s original payer mix for the BAI inventory? **The hospital payer mix is approximately: 30% Medicare, 23% Insurance; 33% Medicaid; 3% Self pay, 4% Other Government, 7% Other. I’m not sure if that is the exact payer mix for BAI but that is our payer mix.**
49. What is the age of placement? **UNMMG places accounts with the EBO day 1 after insurance resolution and if self pay; UNMH and SRMC place accounts 61 days after insurance resolution and if self pay**
50. What is the driving factor of this RFP (i.e. procurement requirements, performance, etc.)? **This question is irrelevant to the RFP.**
51. May the selected vendor utilize offshore resources with prior approval from UNM for bilingual resources? **UNMH is not able to provide any approval for offshore resources. All business must be conducted in the USA.**
52. May the selected vendor utilize offshore resources with prior approval from UNM for back-office functions? **UNMH is not able to provide approval for any offshore resources. All business must be conducted in the USA.**
53. What is the average account companion percentage? **Please provide explanation of “companion”. We are unsure what this is referring to.**
54. Per page 11, questions 31, who does UNM use for credit card merchant? Equipment? **We use Wells Fargo**
55. Does UNM have a patient payment portal? **Yes. We utilize a Wells Fargo (Instamed) patient portal for payments.**
56. Will the vendor use UNM’s merchant account? **Yes**
57. What is the historical volume of inbound calls per month for Early Out Self Pay? **Inbound call average per month for all entities combined is approximately 23,572 calls**
58. What is the historic/expected average handle time for inbound and outbound calls? **The average handle time is under 5 minutes however, it could change based on patient requests**
59. Will the UNM allow selected vendor to keep found insurance accounts and work to resolution? **No, found insurance accounts will need to be returned.**
60. Will UNM allow selected vendor to take fee on found insurance accounts? **Yes, you are able to include this type of pricing in your proposal**
61. Will UNM provide the patients: email, cell number, and patient’s consent in the placement file? **No, at this time we will not**
62. Does UNM obtain patient consent at time of registration to communicate via email and text? **No, unfortunately we do not**
63. Will vendor have print access to UNM patient accounting system to pull EOB or itemization in effort to resolve patient balances? **Yes, the selected vendor will have system access**
64. Section 2.3.2 Proposal Content and Organization does not include Exhibit K Information Security Plan Information as being required with submission. Could you confirm if Exhibit K is for information purposes to be addressed post award only and not required with submission?
    1. **YES, consider this confirmed. The information security plan will be required for the selected vendor to complete post award prior to the work outlined in the SOW begins.**
65. Please provide a Day 1 Aged Trial Balance (ATB) report with breakout of true self-pay and Balance After Insurance (BAI) including dollar volume and number of accounts. **This information will be provided to the selected vendor upon request. However, our payer mix is approximately 3% self pay. See question 47.**
66. What are the estimated total annual placement of accounts, including dollar and account volume? **Annual approximate placement for UNMH and SRMC total 106,056 accounts; annual approximate placements for UNMMG are 235,200 accounts. Values of approximately $94 Million for UNMH/SRMC and $38 Million for UNMMG.**
67. Provide segmentation of accounts and dollars to be placed between true self-pay and residual balances after insurance. **Currently we do not differentiate placements**
68. What are the current average patient collections excluding point of service collections? **We will provide this information to the selected vendor upon request we do not currently have this information readily available.**
69. What is the current gross liquidation rate for self-pay accounts? **Approximately 37.42% net combined.**
70. Please provide the monthly volume of initial statements sent and monthly volumes of total statements sent. **We do not track this information from our vendor.**
71. How many incoming calls related to patient accounts/balances does the hospital or current vendor receive monthly? **Inbound call average per month for all entities combined is approximately 23,572 calls**
72. Will the accounts be placed at Day 1 from self-pay identification? **UNMMG places accounts with the EBO day 1 after insurance resolution and if self pay; UNMH and SRMC place accounts 61 days after insurance resolution and if self pay**
73. What is the dollar amount of average monthly bad debt collections? **This is not a bad debt RFP**
74. What is the current # of accounts and current balance of the facility scope of work? **This information is difficult to provide as the inventory is ever changing and the volume will be dependent upon decisions that are made however, for the facility we place an average of 8,838 accounts monthly valued at $7.8 Million**
75. What is the current # of accounts and current balance of the physician scope of work? **This information is difficult to provide as the inventory is ever changing and the volume will be dependent upon decisions that are made however, the physicians place approximately 19,915 accounts monthly valued at $3.2 Million**
76. What is the current Cash production for the facility scope of work? **We are unsure what you are asking. Is this regarding liquidation rates?**
77. What is the current Cash production for the physician scope of work? **We are unsure what you are asking. Is this regarding liquidation rates?**
78. Will the newly-chosen vendor handle backlog from a current outsourcing vendor, or will the incumbent vendor work out their existing A/R? **We have not made a final decision on that. We are looking at the different options and trying to decide what is best with regard to our inventory.**
79. Does UNM currently use an online Patient Engagement/Payment platform? **Yes, we use Wells Fargo (Instamed)** Will the newly chosen vendor be able to use their own option? **Yes however, all information has to be reviewed and approved by UNMHSC**
80. Is found insurance expected to be returned or worked by the new vendor? **We expect insurance found to be returned**
81. Can text messages and other eCommunications be used for patient outreach? **We do not have consent for text messages for patient billing. Other eCommunications will have need to be discussed.**
82. Can those other forms of outreach reduce the number of paper statements sent? In other words, can those eCommunications replace paper communications? **No**
83. Will customer service functions be performed only on accounts placed with the new vendor, or will services be needed on other calls/accounts outside of what is outsourced to the new vendor? **Customer service functions will be performed on accounts placed with the new vendor however, there may be instances where you get a call on other accounts. We will discuss and give direction for those instances during implementation to the vendor who is selected.**
    1. If the new vendor will handle calls pertaining to scenarios/accounts not outsourced to the new vendor, could you please list those scenarios? **There may be an instance where the patient calls to establish a payment arrangement and the representative notices there are other accounts that can be bundled into the payment arrangement. We will give direction on how to handle these and any other situations.**
    2. If calls are received for accounts with no patent balance, where will those be directed? **For UNMH and SRMC, those calls can be directed back to our Customer Service Dept. For UNMMG, they will provide a contact to assist with these sorts of issues.**
84. Regarding Exhibit B, sect. B.3 (Reporting), is the ask for access to the phone system reporting or to account action reporting? **This section refers to both, all reporting you provide.**
85. Regarding Exhibit B, sect. B.1, is the new vendor expected to impact charge capture and coding in addition to offering customer service? **No, they are not expected to impact charge capture and coding**
86. Regarding Exhibit B, sect. B.1.c.5, what is the “provider pool” that is being referred to? **Please disregard the provider poll portion of this question. It does not apply.**
87. In Exhibit A, Scope of Work, Item 5 (Page 10) it states, “that our comment files should contain specific documentation regarding contact with insurance companies.” Which revenue cycle workflows will the vendor be responsible for communicating with insurance companies? **We are not expecting you to have contact with insurance companies however, there may be rare instances where the patient calls with an insurance company on the line or an insurance company calls you. If that situation occurs, we would like documentation of that conversation to include full details.**
    1. Pre-visit patient insurance verification
    2. Prior authorization
    3. Claims submission
    4. Denial disputes
    5. Reimbursement follow-up
    6. Claims resubmission
88. In Exhibit A, Scope of Work, Item 21 (Page 11) states, “Establish connectivity with UNM/HSC enabling the selected extended business office vendor the capability to demand insurance claims”, which claims creating and management workflows will the Vendor be responsible for? **You are not responsible for any of the insurance workflows however, there may be instances where the patient calls and requests either a copy of the claim that was filed to their insurance or an itemized bill.** 
    1. Assigning of Medical Codes
    2. New Claims submission
    3. Reimbursement follow-up
    4. Denial disputes
    5. Claims recoding
    6. Claims submission
89. At what stage in the Claims process does the work get handed over? **Accounts are not assigned to the Extended Business Office until claims processing has been completed. There may be an occasion where the vendor identifies insurance but at that point the vendor will return the account to the entity to resume billing**
90. Will it be allowed to leverage work from home agents not co located in a single call center facility? **Yes however, we will want to discuss how your work from home agents are trained and managed.**
91. What additional related services (hourly fees) might the UNM/HSC require? (see Cost Proposal details). **That is totally dependent on what you as the vendor propose cost wise.**
92. How many vendors does the UNM/HSC anticipate awarding under this contract? **We anticipate awarding to one vendor**
93. What is the expected average handling time? **The average handle time is under 5 minutes however, it could change based on patient requests**
94. What is the average work time after a call? (note taking, call documentation required) **Our current average after-call time is approximately 2 minutes.**
95. We’d like to understand your call arrival pattern. Could you provide a report that details calls received at each 30-minute interval during the week? **We do not have a report that provides this type of information.**
96. What was the call volume for 2021 monthly? **Inbound call average per month for all entities combined is approximately 23,572 calls**
97. What are the full time employee positions and how many are needed? **All employees will be employed by the vendors. We ask for three onsite liaisons from your company. Two will be responsible for back office work such as printing itemized bills, updating systems, etc. One will be located at one of our offices to discuss patient accounts with walk in patients.**
98. Would you please provide job description for positions on-site and off-site? **Job descriptions will be based on your positions.**
99. What is the average number of accounts placed monthly for outbound dialing? **Question 65 provides placement totals. Average number of calls for outbound dialing is based on workflow. We cannot answer this question.**
100. What is the historical connect rate for outbound dialing? **Approximately 57% however, this rate can change based on the vendors dialers and whether they are predictive, manned, etc.**
101. What is the historical right party connect rate for outbound dialing? **We do not have this information**
102. How may letters are returned per month due to incorrect addresses? **We do not have this information.**
103. Typically, the contracts between skip trace vendors and BPO companies prohibit the sharing of updated contact information via file integration with the end client (UNM/HSC). Would UNM/HSC contract directly with the skip trace vendor and provide the BPO with account access? **We have never had this issue in the past.**
104. Confirming that UNM/HSC will pay for the skip tracing follow up letters? **Payment for skip tracing is dependent upon the fees agreed upon in the contract. Vendors are able to propose fees as you’d like.**
105. In Exhibit A, Scope of Work (Page 10) “Vendor shall mail 6 letters”, do those letters needed to be sent UNM/HSC letterhead? If so, will these letters be triggered out of UNM/HSC’s billing system? **Yes, they need to be sent on UNM/HSC letter head. No, they will not be triggered out of our billing systems.**
106. Does UNM/HSC have an existing vendor for bill mailing? If so, will the existing bill mailing vendor be terminated? **UNMH sends statements for the first 60 days and will continue to do so. Once accounts are assigned to the Extended Business Office the selected vendor will be responsible for sending statements.**
107. If you are intending to replace your existing bill mailing vendor, should bidders include mailing costs per letter? **We are not replacing our bill mailing vendor. The mailing sent by the vendor selected is for follow-up on the accounts assigned to you.**
108. Can UNM/HSC provide an estimate of total letters to be mailed per month? **We do not track the number of letters mailed per month by our current EBO vendor.**