

RFP FY25-14 FINANCIAL COUNSELING SERVICES

ADDENDUM #2

AUGUST 29, 2025

THIS ADDENDUM COVERS REVISIONS AND CLARIFICATIONS TO THE RFP REFERENCED ABOVE.

Proposal Due Date/Time has been extended to:

Proposal Due Date/Time (Eastern): September 17, 2025, by 5:00 PM (EST).

The following questions were submitted for clarification, as per RFP Section 2. University response is provided below each question.

1. What is PCR rate for IP Medicaid FFS/HMO; OP Medicaid FFS/HMO?

Response: Below is data from 7/1/2024 to present.

Facility	Encounters	Readmit Rate Denom Cases	LOS Mean Observed (days)	LOS Mean Expected (days)	LOS Index	30 Day Readmit Cases	Pct 30 Day Readmit	Pct 30 Day Expected Readmit	30 Day Readmit O/E	14 Day Readmit Cases	Pct 14 Day Readmit	7 Day Readmit Cases	Pct 7 Day Readmit	Pct 7 Day Expected Readmit	7 Day Readmit O/E
UTMC	79	79	3.85	5.47	0.70	11	13.92	10.92	1.27	6	7.59	3	3.80	4.39	0.87

2. Is UToledo Health a Presumptive certified hospital for Medicaid?

Response: Yes

3. Is Same Day Surgery apart of OP volume listed?

Response: Yes

4. Can you provide secondary Medicaid (Medicare) volume expected?

Response: Secondary Medicaid to Medicare 12 months estimated volume is around 51,400 encounters (7,500 guarantors)

5. Will we get access to reporting work bench as stated with 12 on UToledo Health Goals page 14.

Response: #12 on page 14 refers to work queues and reports. There is no reference to a work bench.

6. Do you have Financial Assistance goals? If yes, can you share that goal with us?

Response: See RFP page 13, number 11 for UToledo Health Goals.

7. Is UToledo Health a Disproportionate Share Hospital?

Response: Yes

8. Page 4, #13: Can you clarify what you mean by "Provide outreach to UT Medicaid patients on large scale changes?"

Response: This is with respect to Federal or State-specific changes to Medicaid programs, such as the unwinding of Medicaid post-pandemic, changes in Medicaid requirements to maintain eligibility, and so on. The selected partner would be expected to help UT proactively contact patients to provide education and instruction regarding how to comply with and maintain Medicaid coverage.

9. Page 11, Project Overview: What is the expectation for Social Security Applications? Our SSI/SSDI Program is based on medical criteria vs. self-pay referrals, how will UToledo set parameters around that program for referrals?

Response: UT will expect the selected partner to maintain regular communication with its Care Management team to ensure any patients who meet the clinical criteria for SSI/SSDI have the appropriate application completed.

10. Page 11, second paragraph: Under programs it says "Ohio Family Medicaid, Social Security & Disability, AEMA, etc. Are patients from other states not being referred (Example Michigan patients)?

Response: UToledo has another partner supporting its credentialing and enrollment process in out of state Medicaid plans.

11. Page 11, #2 Current Medicaid Enrollment Process and Paragraph 2: Will Supplier be responsible for billing all claims made eligible for Medicaid? What about billing for patients that present with existing Medicaid?

Response: Today, approved Medicaid or the discovery of existing insurance (government or commercial) is referred back to a UT employee to bill. We expect this same process to remain in place with the selected partner.

12. Page 11, item 2 - Will contracted vendor only pursue financial assistance for patients who do not qualify for Medicaid?

Response: No, selected partner will support the entire Financial Assistance process.

13. Page 11, Paragraph 2: Should we provide pricing on Nursing Home Grants. Should we provide pricing on Out-of-State Credentialing and Enrollment?

Response: No

14. Page 12, item 4 – If backlog is included in scope, please provide backlog data.

Response: We do not anticipate any backlogged accounts to be referred to the selected partner.

15. Page 12, #4 Pertinent Volumes: Are you looking for pricing for Nursing Home Grants?

Response: Yes

16. Page 12, Section # 5 states Agreement will auto renew annually, at the same fee structure, terms and conditions, for a maximum contract term of 5-years. Page 21, Section # 3, A states This Agreement will continue for a period of one (1) year from the Effective Date unless terminated earlier as provided herein. Is the contract for One (1) year or Five (5) years?

Response: University contracts cannot exceed a 5-year term inclusive of initial 1-year term and any renewals. The initial contract term as a result of this RFP will be for a 1-year term. Contract will then auto renew for up to 4, additional 1-year terms, unless terminated.

17. Page 13, Paragraph #2: Will our Medicaid Coordinator have space directly in the ED?

Response: Yes, just outside of the ED.

18. Page 13: #4, #5, #6: Will Hospital provide us tools in the ED to ensure we see patients after full reg and prior to discharge? To ensure a 50% screening rate, a process must be in place to ensure patients are captured prior to discharge. Will we have the ability to run an ED census or ED Dashboard to capture all self-pay patients in the ED.1. Our screening rate at most hospitals is 98% for inpatient dependent on tools provided for referrals. Will we be able to run a self-pay census/referral in real time to capture all the admitted patients. Note* patients do pass or leave AMA. Is this factored in the 100% screening rate?

Response: Yes, to all. Please include all tools desired to identify self-pay patients real-time as part of your RFP response.

19. Page 13, Section # 9 states we must provide two (2) on-sites and a Supervisor. So are you requesting three (3) FTE's in house Monday – Friday?

Response: Yes

20. Page 13, #9 Staffing: We typically evaluate peak hours in an ED and build coverage around that schedule. What will the expected hours of coverage be in the ED? Is weekend coverage required? Is there a language preference for our Medicaid Coordinators in addition to English?

Response: Weekend coverage not required. Today, we staff regular business hours, 11:00 AM – 7 PM but will ask that the selected partner routinely conduct traffic analyses to ensure the staffed hours are appropriate based on patient behaviors and peak admission times. The expectation would be that this be conducted no less than quarterly. No additional language preference.

21. Page 13, Section # 9 states Health campus during coverage hours, as determined by UToledo. What are the coverage hours Monday – Friday?

Response: ED in the evening. Main hospital 8a-4:30p

22. Page 13, item 11.4 - Is the screening rate for IP calculated on a monthly basis retroactively for the prior month?

Response: Yes, today, we prefer to analyze the screening rate in two ways:

1. Month-to-month, looking retroactively at the prior month, and
2. Annually – both pacing throughout the year, and a year-end look back.

23. Page 13, Section # 10: COVID-19-specific vaccinations: Are the on-sites and the Supervisor required to have COVID vaccinations still or has that policy changed.

Response: Yes, supplier will be required to comply with university's vendor credentialing solution, currently Vendormate. COVID vaccinations remain a requirement.

24. Page 13, Attachment B, Section 11:

a. Will the selected vendor be responsible for any non-eligibility-related customer service calls?

Response: Outside of Financial Assistance-related communication, no.

b. What are the coverage expectations during PTO or absence and/or holidays?

Response: Coverage is not required during nationally recognized holidays. For PTO, coverage will be expected if the outage (scheduled or unscheduled) exceeds five (5) consecutive business days.

25. Page 13, Section # 11 states:

4.) Fulfill a 100% Inpatient screening rate expectation.

5.) Fulfill a 100% Same Day surgery and Scheduled Imaging screening rate expectation.

6.) Fulfill a 50% Emergency Department screening rate expectation.

Is the expectation to meet these screening rates during staff hours or 24/7?

Response: 24/7

26. Page 13, item 11.5 - How are same day and scheduled imaging placements referred?

a. How many days in advance of scheduled appointments will the vendor receive these placements?

Response: Work queues (WQs) will be utilized to proactively assign scheduled patients to the selected partner. During implementation, we can base the WQ assignment timeline based on the preference of the selected partner.

b. How are self-pay, same day surgery patients identified?

Response: We provide Work Queues and reports

27. Page 14, Attachment B, Section 11, #11: Home Visit Requirements:

a. Can you provide the specific dollar threshold that triggers a home visit? Or, an estimated monthly volume for home visits?

Response: No set threshold currently.

b. Are there geographic limitations or safety protocols vendors should be aware of?

Response: Please provide your recommended structure for this, as UT is flexible and will always prioritize the upmost safety of the staff conducting home visits.

28. Page 14, #9a: Will we be able to obtain the surgery schedule preferably one week in advance or at a minimum two days in advance, so we are able to call patients for the purpose of screening for Medicaid?

Response: Yes

29. Page 14, #10: Will Supplier be expected to update insurance found in Hospital system including changing plan codes?

Response: See #11 above.

30. Page 14, Section # 11 states Conduct home visits to patients with charges exceeding a specific charge threshold, as determined by UToledo. What is the charge threshold to do home visits?

Response: See #27 above.

31. Page 14, #11: What is the balance threshold requirement for field visits?

Response: See #27 above.

32. Page 15, Section 2.1.1, Page 16, Section 2.2.1, Page 16, Section 2.3.1, Page 17, Section 2.4.1: What does "Project Value" mean?

Response: Annual volume and dollars of accounts referred to by the reference.

33. 5. Page 15, item 2 – Are we permitted to repeat a reference across multiple categories? (Example: Reference 1 is Epic, Lucas County, Ohio Medicaid, and Medicaid Eligibility). Or is the University requesting 12 different client references?

Response: Yes, you can repeat references.

34. Page 18, #5 Fee Structure: Is there preference for flat fees or contingency? What is the Hospital average DRG for an inpatient stay?

Response: We are open to multiple fee structure types provided that the selected partner remains incentivized to drive the most optimal outcomes for UT.

As of today, 08.26.25 - The blended rate (average) for Medicare, Medicaid, and Commercial would be = \$7,978.78

Commercial Blended Base Rate \$10,252.82

Medicare Federal Base Rate \$6,314.30

OH Medicaid Total Base Rate \$7,369.21

35. Page 21, Section 2, A states: *It is mutually agreed and understood between the parties that the total amount to be paid by UToledo to Contractor under this Agreement will in no event exceed the sum of \$ insert total here US\$. These charges are complete, and no additional charges of any type will be added without UToledo's written consent.*

Is this referring to a cap amount on a single account? If it is not, can you explain in further detail what it is referring too.

Response: No. Attachment E is a university service agreement template. Final contract language will be negotiated between the parties after RFP is awarded.

36. As per the scope of RFP- Billing and collections are part of it but in the given current Medicaid enrollment process, you have mentioned that once a patient is approved for coverage, the account is referred back to UToledo Health personnel to complete the billing process within Epic. So, do we work on billing and collections or send it back?

Response: Billing and Collections are not part of this RFP. Today, approved Medicaid or the discovery of existing insurance (government or commercial) is referred back to a UT employee to bill. We expect this same process to remain in place with the selected partner.

If the answer is billing and collections, please answer these:

Response: Billing and collections are not part of this RFP.

- a. Is billing and collections to be performed only on patients for whom we have been able to enroll for Medicaid coverage or is it for all Medicaid and self pay patients?
- b. For total business office – 12 months of data on days in AR, AR, Revenue, Cash in both gross and net format. Days cash on hand.
- c. Is AR carried at net or gross dollars?
- d. Please provide the name and current version of the patient accounting system.
- e. Can you receive all updates via an EDI interface?
- f. Can Univ of Toledo accept a file of vendor notes to upload to your patient accounting system?
- g. Please provide the name of the electronic billing platform.
- h. Please provide a copy of the current patient statements.
- i. Please provide copies of the current patient consent format.
- j. For Self Pay at what time do accounts not PIF or in a positive status need to be returned for Bad Debt placement.
- k. How many statements are expected to be sent for self pay accounts.
- l. Are any capitated contracts that would receive zero reimbursement posted to the account?
- m. Please provide a description of how the vendor would access explanation of benefits.
- n. Please provide an explanation of how the vendor would access medical records.
- o. Please provide an explanation of how the vendor would access correspondence.
- p. Is a lockbox posting system established?
- q. Are there any scheduled system upgrades or conversions?

- r. What is the net value of the charges billed in 2023 and 2024, by payer?
- s. What is the recoveries of net charges billed in 2023 and 2024, by payer?
- t. Please split the recoveries by insurance and patient balance after insurance.
- u. Please provide the volume breakdown of manual and electronic posting monthly volume.
- v. What is your average collections per month?
- w. Please provide your service mix (modalities) with % breakdown of volume.
- x. Will any bank reconciliation process be required?
- y. Does the scope involve credit balance AR resolution or will this be credit balances arising from payment posting?
- z. What is the credentialing system being used?
- aa. Can credentialing be performed from offshore?
- bb. Please list all the MIPS measures used.
- cc. What is your current denial rate?
- dd. Please provide your top denial reasons with % breakdown.
- ee. What is your recovery rate of denied claims?
- ff. What is your current days in AR?
- gg. What percentage of your claims are uncollectible today?
- hh. What are your SLA expectations on coding, billing and collections?
- ii. What is the current pass through percentage?
- jj. What are the productivity expectations on coding?
- kk. What is Univ of Toledo's preferred pricing methodology for Billing and Collections?
- ll. Are you open to us bringing in automated AI coding solutions now and for Epic?
- mm. Are you open for non-certified coders?

37. How do you account for 100% screening rate when there is an encounter with an unconscious patient or critical medical emergency?

Response: The screening would be expected to be completed when deemed most appropriate; whether once the patient is in an appropriate medical capacity, or a designated family member is present to speak on the patient's behalf.

38. How often do you run demographic updates while conducting home visits, field visits etc.?

Response: The frequency can be updated based on the preference of the selected vendor.

39. Do you validate the demographic details of the patient?

Response: Yes, during registration.

40. Will referrals include other types of accounts such as Medicare with no secondary insurance, nursing home placements, newborns?

Response: Yes

41. Will there be true self-pay referrals from physician practices?

Response: Yes

42. Are the physician practices billed by the hospital?

Response: No

43. Does your financial assistance application require proof of income? If yes, what documentation is required?

Response: You can find all information related to our Financial Assistance process through the following link: <https://health.utoledo.edu/ut-medical-center/billing/assistance.html>

44. Do your consent forms include TCPA language allowing digital patient communication? Can you share a copy of your patient Consent for Authorization?

Response: Yes

45. Do any of your hospitals have an onsite dept. of Health and Human services worker? If so, which locations?

Response: No

46. Will you grant the selected partner remote access to Epic? Will you accommodate for Epic training prior to go-live?

Response: Yes and yes.

47. What is the current practice for your employees to obtain authorization to represent?

Response: A form is requested to be signed by the existing vendor upon speaking with the patient.

48. Can you provide the volume of retro authorizations that were obtained for approved Medicaid cases in 2022, 2023 and 2024?

Response: University does not have this data.

49. What are your current pain points regarding the Medicaid Eligibility and Financial Counseling process?

Response: The existing vendor does not proactively look for areas of opportunity to improve and capture more potentially Medicaid-eligible patients. Additionally, they have struggled with reporting over the last 18 months; specifically, providing open inventory or open A/R files, providing conversion percentages at both the dollar and volume threshold, and providing productivity measurements. We need a partner with more sophisticated technology and reporting functionality, as well as a vendor that is proactive in bringing workflow and partnership enhancements to the UTMC leadership team.

No other changes

LATE PROPOSALS WILL NOT BE ACCEPTED

This clarification must be signed and returned with the required submittals listed in the RFP.

Company Name

Signature of Authorized Representative

Date