

IFB Q14-37 IFB: Physician Billing

Questions and Answers:

1. Under the Vendor Selection Criteria, it states "Representation in NYC hospitals".... Is this a requirement?
Yes.
2. From what I have read, this is for day 120+ bills. Is that correct?
No, this is a coding and billing and collection followup contract, claims are sent out one day after service date
3. Coding services are also needed. Is this for re-coding for re-submissions?
Coding consist of capturing the E and M level from the encounter form and processing a claim with subsequent collection follow-up
4. These are physician only services correct?
Yes.
5. The cost proposal grid immediately following Vendor Selection Criteria shows Third Party Payors @ 120 days and Self-Pay @ 120 days. This is also inconsistent with Section A of the Vendor Requirements section. Please clarify which services are being requested and, if physician billing services are requested, please specify the update to the cost proposal grid. If physician billing services are being requested, A.10 in the Vendor Requirements requests a price for Emergency Department physician billing; please specify how it should be added to the cost proposal grid. **The 120 days on the costing grid is not applicable for this service. It has been updated accordingly.**
6. The IFB requests Forms A and B related to Consultant Services. Since the IFB requests services that are not consulting in nature, please let us know if these forms are required and, if so, what information is requested on them.
Yes. These forms must be filled out. All requested information must be filled out on the forms.

End



Revised Cost Proposal Form

Procurement# Q14-37 IFB Title: PHYSICIAN BILLING

Vendor must complete and include this sheet with its response to this procurement. Attach additional sheets as necessary.

Company Name:	_____	Point of Contact:	_____
Street Address:	_____	eMail Address:	_____
City/State/Zip:	_____	Telephone Number:	_____
		Fax Number:	_____

Instructions: Vendor shall indicate below its proposed *rates* for services in the manner described in this procurement and in accordance with the terms of its Proposal.

Please complete the Proposers Cost Proposal Grid and attach to this Proposer Certification Form, and sign below.

CERTIFICATION: By submission of this proposal, the proposer and any person signing on its behalf (in case of joint proposals, each party thereto) hereby certifies under penalty of perjury, that to the best of his or her knowledge and belief:

1. The prices in this proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other proposer, proposer or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the proposer and will not knowingly be disclosed by the proposer prior to opening, directly or indirectly, to any other proposer, proposer or to any competitor;
3. No attempt has been made or will be made by the proposer to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.
4. The attached State University of New York standard contract clauses contained in Exhibit "A" and Exhibit "A-1" are made a part of this RFP and by submitting this proposal the proposer accepts the terms contained therein.

By:

(Proposer's Officer Signature) (Officer's Printed Name) (Officer's Title) (Date)

REVISED: Cost Proposal Grid
June 19, 2014
Procurement# Q14-37 IFB Physicians Billing

Submitted by: _____
 Vendor Name

Please propose based on the following statistics:

Number of encounters = 67,839.
Total revenue (charges) = \$13,258,000.

Vendor shall perform the following Services in accordance with the terms hereof and of its Proposal for the *fee-for-services costs of:*

Service	Contractor's Proposed fee % of recovery	Compensation cap	Proposed Compensation
Third-Party Payors			
Self- Pay			

***NOTE: all numbers are estimated numbers and are used for the bid evaluation purposes only in the process of determining the "best Value" to SUNY-DMC. SUNY-DMC reserves the right to increase or decrease these figures as it deems necessary**

****NOTE - the final costs must be all-inclusive. Vendor's compensation under the Contract will be limited to the rates herein proposed, which rates shall remain fixed for the term of the Contract(s) (VENDOR'S SHALL NOT PROPOSE ANY ESCALATION).**

Vendor must adhere strictly to the format of the above cost proposal matrix, and shall not alter or modify it in any way.

This form is to be submitted with the preceding page "Bidder's Cost Proposal Certification" eForm