



**VIA EMAIL**

DATE: July 9, 2014

TO: Prospective Proposers

FROM: Maureen Crystal  
Director of Contracts

RE: Invitation for Bid (IFB) No. Q14-43  
Type of Service: Medicaid Eligibility Assistance

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**Addendum No. 1**

IFB Q14-36 is hereby amended. The IFB is amended only as set forth in this Addendum No. 1:

- Consisting of Pages Five(5) pages including this cover page.

All other terms and conditions of the IFB dated June 10, 2014 remain in full force and effect.

Immediately upon receiving this Addendum No. 1, please acknowledge such receipt by providing the information requested below and returning this page only via email to [lisandra.reid@downstate.edu](mailto:lisandra.reid@downstate.edu) or fax at 718-270-3342

\_\_\_\_\_  
Vendor's Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Date

DMC Materials Management webpage: [www.downstate.edu/materials](http://www.downstate.edu/materials)

# Q14-43: Medicaid Eligibility Services Q&A

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1. Is it worthwhile for a vendor to submit a bid if any item on the Eligibility Criteria Grid and Specific Requirements is checked 'no'?
  - A. If you are unable to meet the specific requirement, it will clearly limit your opportunities of being award the contract.
2. What is the volume of self-pay for Medicaid, and for the specific Medicaid programs such as balance after Medicare?
  - A. Specific to the Medicaid Eligibility the average number of accounts referred per month is 78 claims per month, with charges representing approximately \$2. 3 million per month.
3. Could you provide your reimbursement percentage for both IP and OP?
  - A. The blended reimbursement rate is approximately 26% of charges
4. What is GME eligibility?
  - A. Graduate medical Education.
5. Does the mandatory submission checklist show the exact order of how the proposal should be answered? We noticed the cover letter is last in the order.
  - A. No!
6. It is our policy not to submit special insurance certificate forms C-105.2 and DB-120.1 (items 7 and 8 on the Submission Checklist) until we are awarded the bid – will a response still be considered responsive if these forms are not submitted?
  - A. This is an requirement of the procurement process.
7. Please clarify MBWE documentation submission requirements:
  1. MBWE staffing plan is not a part of the Mandatory Checklist, but says “submit with bid or proposal” at the top and again at the bottom, and the general instructions say “All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (MWBE 101) and submit it as part of the bid or proposal package.”
    - A. MWBE goals are required for this contract- They are goals of 21% and EEO staffing plan must be submitted.
  2. The MBWE Utilization Plan suggests that it can be completed upon award, but the policy states that “Contractors are required to submit a Utilization Plan on Form 107 with their bid or proposal.”

**A. Utilization plan must be submitted with the bid/proposal.**

8. The memorandum to Carter Lard that was included in the RFP shows a contract amount of \$400,000. Is that an estimation of contract value or a cap of contract value?
- A. **Estimated**
9. There is still some collections language on page 5 (“...and Collection Services for Medicaid HMO, Medicare, Medicaid...”; “will be required to perform all actions necessary to collect on various categories”) and the cost proposal Grid on page 9 still has the “Claims Day 61-90,” “Claims Day 91-120,” etc. on it. Please advise.
- A. **For this contract Potential Medicaid eligible cases will be provided at or before patient discharge.**
10. Medicaid Billing Handbook on the website references the need for Billing Agencies to have a provider number in order to have any EDI exchange with Medicaid. CEA is not typically classified as a Billing Agency as we do not submit any claims directly from our system to Medicaid. Please verify that we will be able to access the hospitals billing system to generate claims and work any claim edits from SUNY-DMC’s system directly.
- A. **New York State regulations require you to be certified by the DOH and Exchange program.**
11. Please clarify the requirement that a vendor must have capability to use Medicare, Blue Cross, Commercial and Medicaid billing systems. We do not typically bill for Medicare or Commercial insurances. Please verify that we will be able to access the hospitals billing system in order to bill for these agencies.
- A. **Does not apply to this contract**
12. Medicaid Billing Handbook indicates that prior authorization is required on certain stays. Please verify that it is not in a work scope of this RFP.
- A. **This is not a part of the scope of Work for Medicaid Eligibility Services contract**
13. Will the vendor be responsible for interviewing both Inpatient and Outpatient uninsured and underinsured patients?
- A. **Yes**
14. Can SUNY- DMC provide an estimated monthly volume of Inpatient and Outpatient uninsured/underinsured patients?
- A. **Provided**
15. Historically do you know what % of the SUNY-DMC uninsured population falls within the hospitals Charity Care program? **Yes**
16. How many locations at SUNY-DMC will require onsite vendor staffing? **One location, University Hospital Brooklyn**

17. When the revised IFB Q14-43 was released on June 30<sup>th</sup> it still mentions the need for Collection Services in the Introduction on page 1 and in the Cost Proposal Grid but it no longer appears as item #2 within the Vendor Specific Requirements. Are the Collection Services still part of the bid?
- A. **Not related to this contract- they are no longer part of this bid.**
18. Will the vendor have remote access to SUNY-DMC's Billing Intermediary?
- A. **Currently not provided, but will be consider in the new contract**
19. Does SUNY-DMC expect to compensate the vendor for Patients who do not qualify for Medicaid but who will be enrolled in either the hospital's Charity Care program or through alternative programs offered on the Marketplace.
- A. **NO**
20. The RFP states Is it the intent of SUNY to outsource billing and collection of Medicaid HMO, Medicare, Medicaid, Medicare HMO, Managed Care, Blue Cross and Commercial Payers (Third Party Payer accounts). Are there any other payers SUNY intend to outsource for collection and follow up?
- A. **Specific to this contract (Medicaid Eligibility) the only types of accounts that will qualify are self-pay to be worked to acquire Medicaid coverage**
21. Does the billing and follow up of third party payer accounts component of the RFP include technical and professional fees?
- A. **Technical only**
22. Is the Collection Services for Third Party payers accounts currently outsourced?
- A. **Yes**
23. How will the selected vendor receive claim data in order to electronically bill claims?
- A. **An 837 file or suitable file layout can be provided**
24. Are the third party payer accounts carried at net or gr provide remote access to SUNY-DMC and UHB patient account and billing system to facilitate processing of accounts?
- A. **Once an account is billed the contractual allowance is applied identifying the expected reimbursement or net receivable**
25. Will SUNY provide successful bidder with managed care contract matrix to validate that appropriate payment was received from the payer?
- A. **Medicaid reimbursement is published by the state.**
26. Will SUNY place third party accounts, daily, weekly or monthly to the successful bidder?
- A. **Referrals are currently placed daily.**
27. At what age will SUNY place third party accounts?
- A. **Self-pay/potential Medicaid eligible cases will be placed day one with vender**

28. Please supply the current inventory volumes for third party payers in the following categories:
- A. **Volumes provided in a previous question**
29. Is there a billing requirement in this Eligibility IFB?
- A. **Uniform billing code requirements, CCI requirements and State mandated requirements**
30. Is the scope of this agreement to include screening of self-pay inpatient, outpatient and ED, obtaining Medicaid approval and billing the claims for payment?
- A. **All of the stated with the exception of billing. Once patient are approved for Medicaid the claims will be billed by SUNY.**
31. Does the scope include billing of claims for accounts in other financial classes, such as Medicare and commercial payers?
- A. **NO**
32. On page 84, there is a listed contract amount of \$400,000. Is this the ceiling for fees on this IFB? Is this amount monthly or annual? What happens if the selected vendor fee's exceed this amount?
- A. **This represent an estimate for the annual fees for this service**
33. Of the inpatient, outpatient and ED volumes provided, what percentage is self-pay and what is the average balance for each?
- A. **Blended average balance have been provided in a previous question**
34. Will full EDI transfer of placements, notes, and account reconciliation be available?
- A. **Yes**
35. Are there any specific onsite staffing requirements related to hours, days, nights, weekends, etc. including in the ED?
- A. **Non specific, however will need to provide resources for adequate coverage**
36. Will full EDI transfer of placements, notes, and account reconciliation be available?
- A. **Yes**

End