

Lynn Brown
Buyer
860-679-3927
Telephone Number
lybrown@uchc.edu
E-mail Address
860-679-2508
Fax Number

UNIVERSITY OF CONNECTICUT HEALTH CENTER
Procurement Operations & Contracts
263 Farmington Avenue, MC4036
Farmington, CT 06032-4036

RFP NUMBER:	PROPOSAL DUE DATE:	PROPOSAL DUE TIME:		RFP SURETY:
5-2781	August 1, 2016	2:00 PM	EST	NA
RFP TITLE:	Revenue Cycle and Patient Access Assessment			

ADDENDUM NUMBER: 1

DATE ADDENDUM ISSUED: July 26, 2016

FOR: The University of Connecticut Health Center

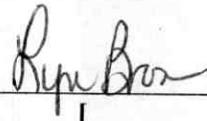
NOTE: Questions and Answers

This Addendum must be *Signed & Returned* with your proposal.

Authorized Signature of Proposer

Company Name

Approved By: _____



[Lynn Brown]
Buyer

(Original Signature on Document in Procurement Files)

<p>QUESTION #1:</p>	<p>Please provide a complete copy of the text contained in row 5 of the RFP Scope Response-Spreadsheet (tab 1) as it was truncated locked and not fully viewable.</p>
<p><i>UConn HEALTH RESPONSE:</i></p>	<p>UConn Health is requesting proposals from experienced and qualified consultants to enter into an assessment, in two phases, of the Revenue Cycle and Patient Access functions here at the UConn Health campus at 263 Farmington Avenue, Farmington CT 06030 as follows: Phase 1, JDH Hospital Revenue Cycle Assessment, JDH & UMG Patient Access Assessment (One department of staff handling Patient Access for both entities). Phase 2, University Physicians Medical Group Revenue Cycle Assessment. Scope of review is expected to last 2 to 4 weeks in duration, and will review all aspects of the revenue cycle using facility reports and documents, interviews with employees, and observation and shadowing of daily processes in the facility environment. A complete review of the billing process will include review of bill holds, denials, late charges, and opportunities to improve charge to bill time. Deliverables will include a written SWOT analysis, proposed productivity standards for each area, corrective action plan, documented workflows observed by shadowing in Visio or like product, and identification of opportunities categorized in a short term (3 months or less) and long term (longer than 3 months) description.</p> <p>The award of the Revenue Cycle and Patient Access Assessment will be based upon a comprehensive review, analysis and negotiation of the proposal, which best meets the needs of UConn Health. The review is being performed to assess the current processes for conversion from our IDX Billing Systems to EPIC with a concentration on behaviors that will support Best Practices with the EPIC Foundation System with a GO LIVE date of April, 2018.</p>
<p>QUESTION #2:</p>	<p>What are the legacy revenue cycle systems currently being utilized by both JDH and UMG?</p>
<p><i>UConn HEALTH RESPONSE:</i></p>	<p>IDX HPA is used in the Hospital (JDH) and IDX BAR is used UMG.</p>
<p>QUESTION #3:</p>	<p>Please provide background on UMG, including: number of providers, specialties, etc</p>
<p><i>UConn HEALTH RESPONSE:</i></p>	<p>UMG has approximately 450 physicians and specialty providers with approximately 90 different specialties.</p>
<p>QUESTION #4:</p>	<p>Will complete denial information referred to in row 5 of the RFP Scope Response-Spreadsheet (tab 1) be included in the facility a report provided by UConn Health or is the vendor expected to process the native 835 files?</p>
<p><i>UConn HEALTH RESPONSE:</i></p>	<p>Denial data can be provided, however, the process of pulling directly from 835 files is a more complete, auditable approach.</p>

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<p>QUESTION #5:</p>	<p>Row 24 of the RFP Scope-Response Spreadsheet (tab 1) indicates an interest in cash posting services. Is the expectation that the cash posting function be included in this assessment? If so, is the function consolidated for JDH and UMG or performed by separate units?</p>
<p><i>UCONN HEALTH RESPONSE:</i></p>	<p>Cash posting is a function that is performed separately by JDH and UMG. The function of Cash posting is one that we would like assessed, on a high level, for efficiency. If the assessment raises additional areas to scope, that can be done in an additional phase.</p>
<p>QUESTION #6:</p>	<p>Is the assessment expected to include a review of the following functions (please confirm: JDH, UMG or both)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinical documentation improvement program (if one exists) <input type="checkbox"/> Coding/HIM <input type="checkbox"/> Charge capture processes (in addition to evaluating the charge to bill lag) <input type="checkbox"/> CDM maintenance
<p><i>UCONN HEALTH RESPONSE:</i></p>	<p>None of the above. The assessment is related to Patient Financial services and Patient Access processes and their impact on the Accounts Receivable. If areas that are out of scope are identified that significantly impact the AR, those can be written as a management comment for further review in a future phase.</p>
<p>QUESTION #7:</p>	<p>What are the key dates and/or milestones for the Epic project leading up to the April 2018 go-live?</p>
<p><i>UCONN HEALTH RESPONSE:</i></p>	<p>EPIC milestones and key dates are not relevant to this project. This project is assessing processes and behaviors we have in place today, and evaluating those processes and behaviors against best practice for preparation of a conversion to EPIC. We would like the engagement completed before Fall, 2016.</p>
<p>QUESTION #8:</p>	<p>Given row 7 of the RFP Scope-Response Spreadsheet (tab 1) indicates the contract term would be for 1 year, does UConn Health anticipate a request for subsequent revenue cycle services (e.g., process redesign, implementation, Epic program support, etc.) would follow this assessment, or is the scope limited to the current 2-4-week assessment?</p>
<p><i>UCONN HEALTH RESPONSE:</i></p>	<p>Dependent on the findings of the engagement, it is feasible that there may be follow up work resulting from this engagement. The initial goal, however, is to have an informative and objective assessment from which to improve or redesign processes. The final work product must have enough detail to identify areas of concern with suggested work plans or redesigns.</p>

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REQUEST FOR PROPOSAL
ADDENDUM Q & A
UCHC RFP-12.1 Form
Rev. 4/14

QUESTION #9:	Will responses be limited to the Excel template or will proposers be allowed to supplement the Excel template with addendum in another format?
UConn HEALTH RESPONSE:	Supplemented addendums would be welcome.