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#### Addendum 4

**Date:** February 12, 2025

**Title:** Revenue Cycle Assessment and Optimization RFQ # 950-01-25-004

**Subject:** Questions and Answers

On behalf of the El Paso County Hospital District d/b/a University Medical Center of El Paso (UMC), please accept our appreciation for your interest in the above-referenced solicitation. **Please note the following questions:**

##### Question 1

I have a few quick questions that would help us ensure we provide the most accurate and effective response:

- **Monthly Charge Value Totals** (Last 12 Months)
- **Monthly Claim Volume / Claim Count Totals** (Last 12 Months)
- **Monthly Net Collection Totals** (Last 12 Months)

##### Answer:

- **Monthly Charge Value Totals** (Last 12 Months) - **\$2 billion**
- **Monthly Claim Volume / Claim Count Totals** (Last 12 Months) - **~50K/month**
- **Monthly Net Collection Totals** (Last 12 Months) - **~ \$40M/month**

##### Question 2

Are consultants required to be onsite during normal business hours, or do they need to visit onsite periodically (monthly, quarterly) to support the project?

##### Answer:

**For this project – yes on site for interviews and understanding the layout and meeting with stakeholders and report out.**

##### Question 3

Can you confirm if you are seeking a proposal for expected implementation post completion of the assessment? Or will a proposal for assessment with an overview of expected implementation activities suffice?

Answer:

1. **Phase 1:** Assessment of revenue cycle operations and performance improvement recommendations
2. **Phase 2:** Implementation of revenue cycle assessment recommendations as mutually agreed upon

Question 4

How many CDI FTEs are currently budgeted? Are there any open CDI positions?

Answer:

6 CDIs and 1 second level reviewer – no open positions

Question 5

Do you have a physician champion/advisor for the CDI program? What % of their time is dedicated to overall clinical documentation?

Answer:

CMO

Question 6

Are your CDI staff dedicated to the CDI function or do they perform other roles?

Answer:

Dedicated to CDI

Question 7

Can you briefly describe the CDI leadership structure?

Answer:

CMO

Asst Admin

6 CDIs

1 second level reviewer

Question 8

Does UMC El Paso do its own professional fee billing process for inpatients?

Answer:

Currently contracted but can change in future

Question 9

Does UMC El Paso do its own professional fee billing for clinic visits?

Answer:

Yes for primary care, Telemedicine and Telehealth

Question 10

What's the relationship between Texas Tech and UMC El Paso for professional fee billing?

Answer:

Texas Tech does its own pro billing

Question 11

Describe UMC El Paso utilization of any outsourcing and/or offshore coding (both hospital and professional).

Answer:

Only use contract when needed

Question 12

Can you confirm if you're looking for pricing as part of the RFQ response?

Answer:

Pricing can't be provided since this is a Request for Qualifications and not a Request for Proposal.

Question 13

Is UMC of El Paso allowed to use the same vendor to complete Phase 1 and 2, or will they require different vendors for each phase?

Answer:

Once a vendor is picked for assessment that determination will be made

Question 14

Are you able to share the current revenue cycle organizational structure? High level with total FTEs

Answer:

We will provide this to the vendor selected

Question 15

What functions are UMC of El Paso currently leveraging external vendors to perform?

Answer:

Bad Debt collection (national and international), some coding help when needed

Question 16

Have there been any recent revenue cycle key performance indicator benchmarking completed and/or financial goals established? If so, can you share the summary results or the financial improvement targets expected to be achieved?

Answer:

We will provide this to the vendor selected

Question 17

Can you share existing revenue cycle performance reports and/or metrics? For example:

- Accounts receivable. Total and any aging breakout available
- Timeframe from service to bill / invoice (DNFB AR Days or average charge lag)
- Cash collections as a % of revenue
- Adjustments to revenue for uncollectable balances (e.g. bad debt, administrative write-off's, other reasons)
- Cost to collect

Answer:

We will provide this to the vendor selected

Question 18

Can you share current volumes of patients?

- Inpatient admissions and ALOS
- ED visits
- Outpatient procedures by service type
- Outpatient clinics visit volumes

Answer:

- Joint Commission Accredited
- 394 Licensed Beds
- 98,560 Patient Days
- 18,267 Admissions
- 1.73 Average All Payer Case Mix Index
- 97,326 ER Visits
- 1,037,482 Outpatient Visits
- 2,871 Births
- 11,727 Surgical Cases
- \$500 million of Net Patient Revenue
- 11 Hospital-Based Clinics
- 7 Non-hospital based clinics (501a organizations)

Question 19

Are all inpatient locations (UMC Surgical Hospital PAM Health Rehabilitation Hospital and the University Medical Center) included in the scope of this assessment?

Answer:

No to PAM health

Question 20

Are outpatient rehabilitation clinics included in the scope

Answer:

Yes

Question 21

Are any revenue cycle or CDI functions centralized (e.g., patient access, patient financial services, coding/CDI)?

Answer:

PFS and coding CDI - Yes

Question 22

Are any major revenue cycle, coding, CDI, Physician Advisor, managed care contracting functions outsourced for hospital or professional services? a. If services are outsourced will consultants have access to review outsourcing vendors workflows, productivity standards and performance?

Answer:

Yes

Question 23

How will UM El Paso allocate dedicated resources to ensure timely approval and support for advancing initiatives from both operational and IT standpoints?

Answer:

Will be determined upon scope of service required assessment

Question 24

Do you participate in any value-based care contracts?

Answer:

Yes

Question 25

Does UM El Paso have an Enterprise PMO organization support with Project Management and Change Management activities for this program?

Answer:

N/A

Question 26

Is UM El Paso able to share any strategic initiatives tied to the revenue cycle department?

Answer:

We will provide this to the vendor selected

Question 27

Are you able to provide a list of any all EMR/Bolt-On technologies?

Answer:

EMR is Cerner – will discuss bolt on in assessment

Question 28

Does UMC El Paso have any planned upgrades within the next 12-24 months?

Answer:

No

Question 29

Is UMC El Paso seeking a comprehensive evaluation and potential update of the existing Charge Description Master, or are you looking for a detailed review and analysis with strategic recommendations for future updates?

Answer:

No – just standard upgrades form current system

Question 30

Per Section 3, No 5, Revenue Integrity Functions, is UMC El Paso interested in a full review of facility charge capture and reconciliation processes as well as development of policies and procedures?

Answer:

No, just assessment of current skill mix and RI assessment

### Question 31

What system or method does UMC El Paso currently use to manage payer contracts? Is it a commercially available contract management platform, or are contracts managed through internally developed tools and matrices?

Answer:

Contract manager embedded in back end financial system

### Question 32

Does UMC El Paso want a price proposal for both the assessment and optimization? The assessment and plan will scope and determine the resource needs of the of the optimization. If UMC El Paso desires a pricing proposal for both phases, would a range be acceptable for the optimization?

Answer:

Please see #3 above

### Question 33

When providing the price proposal, does UMC El Paso prefer a flat rate including travel expenses for assessment activities, or do you prefer to be billed for reasonable travel expenses?

Answer:

Invoice/receipt supported travel expense

### Question 34

The RFQ outlines the content required under TAB I, II, III, and V, but there is no TAB IV. Is TAB V simply mislabeled, or is there content under IV that's missing from the RFQ?

Answer:

TAB V has been mislabeled

### Question 35

Confirming that this RFSQ (Request For Supplier's Qualifications) is requesting information from vendors or organizations to evaluate their qualifications, and pricing is not required at this time.

Please note that page 10 of the RFSQ #4 states, "Best estimated overall cost in relation to the services offered and benefits demonstrated; as well as proposed calendar days to complete the work." will be used in the evaluation process. However, Page 6 of the RFSQ provides weighting for the evaluation criteria. The criteria do not include pricing as part of the evaluation.

Answer:

Overall cost in relations to assessment only.

Question 36

Confirming that signing the Response Agreement does not legally bind us to the general terms and conditions provided. If yes, it does legally bind us, will you accept redlines or may we propose our standard Master Services Agreement?

Answer:

SOW or MSA

Question 37

Please confirm the requirement for number of references.  
Please note, page 6, #5 of the RFSQ indicates a minimum of 3 references requested.  
However, Page 7, Tab V indicates a minimum of 5 sites for reference.

Answer:

3 to 5 references

Question 38

If there are terms in the Response Agreement our organization will not agree to, how should this be communicated?

Answer:

This can be discussed if vendor is awarded contract for assessment

Question 39

Is Cerner utilized as the EMR across the enterprise? If no, what other EMRs are in place and for what services?

Answer:

Cerner and Athena

Question 40

What other revenue cycle technology solutions are also in place? For example, insurance verification and eligibility (e.g., Experian), CDM maintenance (e.g., FinThrive), billing and coding reference library (e.g., CodeCorrect), etc.

Answer:

Yes to Experian and FinThrive

Question 41

What revenue cycle functions, in scope as defined in the RFQ, are currently outsourced?  
a. Patient Access



- i. Call Centers
  - ii. Scheduling
  - iii. Authorizations
  - iv. Preregistration
  - v. Financial Clearance
  - vi. Registration
  - b. Hospital Information Management (HIM) and Coding Services
  - c. Utilization Review (UR)/Care Management (CM)
  - d. Clinical Documentation Integrity (CDI)
  - e. Pre-billing and Billing Functions
- Revenue Cycle Assessment and Optimization RFQ # 950-01-25-004  
Questions from Protiviti, Inc.
- f. Cash Posting
  - g. Accounts Receivable (A/R) Follow-up Functions
  - h. Revenue Integrity (Oversight)
  - i. CDM Maintenance
  - j. Price Transparency
    - i. Machine-Readable File(s)
    - ii. Shoppable Services/Patient Estimates

Answer:

Only item J

Question 42

Are any of these additional functions, not outlined in the RFQ, in scope?

- a. Patient Estimates
- b. Financial Counseling
- c. Collections
- d. Defense Audits

Answer:

None of the above

Question 43

Are any of the additional functions above in Question #4, that will be considered in scope,outsourced currently? If so, which ones?

Answer:

None

Question 44

For those functions that are outsourced, are there current SLAs in place as part of the contractual agreement(s)?

Answer:

We have contracts in place for any outsourced services

#### Question 45

What business intelligence platform(s) are you utilizing currently to support the analysis and monitoring of revenue cycle performance? For example, Microsoft PowerBI, Tableau, etc.

Answer:

Mainly Microsoft

#### Question 46

What ecosystem partner are you currently utilizing to support automation? For example, Microsoft, UIPath, etc.

Answer:

Microsoft

#### Question 47

Does the organization have a subscription or license to data tools that provide benchmarking? For example, MGMA Data Dive, HFMA Map Keys, Definitive Healthcare, etc.?

Answer:

HFMA and HBI (Clarivate)

#### Question 48

Section 5(a), page 6 of the RFQ, requests a “copy of Letter of Intent on this RFQ”, but we do not see a letter of intent included. Is there a template for the LOI? If not, is there a certain structure that should be followed?

Answer:

There is no template provided and there is no specific structure to be followed. It is open for the vendor to submit their own format.

#### Question 49

How many service vendors support the revenue cycle areas in scope? Examples: external coders, insurance or self-pay pre-collection vendors, bad debt vendors, etc.

Answer:

Coding, bad debt collections (national and international), Liens

#### Question 50

Beyond Cerner, which technical vendors do you currently leverage to support the revenue cycle areas in scope? Examples: Experian, WayStar, Solventum (3M), FinThrive, etc.

Answer:

All of the above except Waystar

Question 51

Beyond Cerner, do you have additional decision support tools for reporting needs? If so what do you use? Examples: Power BI, Tableau, Alteryx, Craneware, etc.

Answer:

Mainly power BI and Share point

Question 52

How many chargemasters do you have? Eg. Do you maintain a separate chargemaster for UMC Surgical, PAM Health, University Medical Center facilities vs. Physicians?

Answer:

We have one CDM for UMC since surgical is a department of the hospital

Question 53

When was the last assessment performed with similar scope and objective?

Answer:

This one is first one of this magnitude

Question 54

Is the intent of the assessment to include evaluation of all revenue cycle areas in scope for hospital and clinics?

Answer:

Yes

Question 55

Do you have CDI Program? If so, what tools do you leverage to support these activities?

Answer:

Yes – software associated with querying physicians

Question 56

Is UMC El Paso exclusively looking for consulting services, or are they also open to exploring software solutions that could potentially meet their requirements without the need for ongoing professional services or external consulting support?

Answer:

We are open to recommendation to a few bolt on application to Cerner/Soarian. The main purpose of this RFQ is evaluating processes and structure. We are not looking at replacing main Cerner/Soarian.

Question 57

The RFP references hospital and professional services. For professional services, how many providers and for which specialties does UMC bill?

Answer:

Approximately 16 specialties and 70 providers

Question 58

Does UMC have ambulatory clinics and are they in scope? If so, how many clinics? How many encounters?

Answer:

As of currently only one

Question 59

Does UMC have a closed or open medical staff?

Answer:

Not in the scope

Question 60

What revenue cycle technology system(s) other than Cerner are in place?

Answer:

Soarian for business office

Question 61

What revenue cycle functions are managed internally and what revenue cycle functions are outsourced?

- a. For internally managed, please provide a ballpark FTE by functional area.
- b. If outsourced, which vendors?

Answer:

Almost all are handled internally except for bad debt and Liens and eligibility.

Approximately 265 FTes that cover, PFS, HIM, Care Mgmt and Revenue Cycle

Question 62

Would UMC be able to provide a summary payer mix?

Answer:

75% insured and 25% uninsured

Question 63

Are there known challenges/gaps that UMC is hoping to address through this evaluation?

Answer:

Assess structure and processes

Question 64

Should "Tab V References" be labeled "Tab IV References"?

Answer:

It was mislabeled. It should be Tab IV and not Tab V

Question 65

Can you please clarify the total number of references required, and the appropriate section(s) to include them?

Answer:

3 to 5 references and this should be included in Tab IV

Question 66

We see Cerner referenced in the RFP. However, under 5.a., you indicate that you desire an external review of Revenue Cycle Vendor Management functions and how performance is monitored, reported, and communicated. Can you share which external vendors you are referencing?

Answer:

Cannot provide names of vendors

Question 67

On page 6 of the RFP, it states 3 references are required and on page 7, it states that 5 references are required. Please clarify the number of references you require.

Answer:

3 to 5 references

#### Question 68

We see that professional services are noted in the RFP. Are these hospital based professional services only or does this assessment include clinic professional services?

Answer:

Both

#### Question 69

What additional software programs, besides Cerner, or vendors is the organization contracted with such as clearinghouse, early-out services, collections, credentialing, eligibility and/or payment service vendors?

Answer:

All of the above except early out services

#### Question 70

How many locations are included with this proposal?

Answer:

Hospital, Clinics, ASC, Surgical Hospital and 501a

#### Question 71

Can you share the overall Revenue Cycle structure and how many FTE's? Are all onsite or are some remote? How many FTEs for each? How is the Revenue Cycle Leadership structured?

Answer:

Will be communicated in assessment phase

#### Question 72

Our process also includes a requirement to sign an annual engagement letter on commercially reasonable terms. Is the Hospital District amendable to signing that? Should we include a sample engagement letter in our response?

Answer:

No – this engagement is only RFQ for assessment and not an annual engagement

#### Question 73

Regarding the general terms and conditions provided, to ensure adherence with professional standards, are vendors allowed to include exceptions provided by our legal team within the proposal or will there be a contract negotiation period following award?

Answer:

UMC as its discretion will engage in future implementation based upon recommendations from assessment

Question 74

Would the Medical Center accept exceptions or modifications to the General Terms and Conditions?

Answer:

No

Question 75

Page 14 references a Hospital Code of Conduct that you will be required to follow. By signing the proposal, you are representing and warranting that you will comply with the Code of Conduct and meet all applicable Hospital District compliance guidelines.

Will UMC provide a copy of this Code of Conduct for us to review in advance of agreement?

Answer:

Reference to document titled CP-01 (1) – Code of Conduct

Question 76

Do you foresee delaying the submission date of 2/12, considering the time between vendor questions and the proposal deadlines?

Answer:

Please reference to Addendum 3

Again, thank you for your interest.

Sincerely,

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