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ADDENDUM NO. 1

June 11, 2021

Title: CCH-Third Party Aged Accounts Receivable

RFP # H21-0012

1. General

This addendum revises RFP documents. This addendum is issued to respondents of record prior to execution of contract and forms a part of contract documents and modifies previously issued documents. Insofar as previously issued contract documents are inconsistent with modifications indicated by this addendum, modifications indicated by this addendum shall govern. Where any part of the contract documents are modified by this addendum, all unaltered provisions shall remain in effect.

2. Addendum Acknowledgement Form

Acknowledge receipt of this addendum in the space provided on the Addendum Acknowledgement Form. Proposers must include the signed form with their response. Failure to do so will subject Proposers to disqualification.

3. Changes and Clarifications

Responses to Vendor Questions below:

4. Attachments

Responses to Vendor Questions

	Section of the RFP	Question	CCHHS Response
1.		What are the anticipated monthly referrals in both volume of accounts and dollar amount?	Monthly referral in accounts 7,415 Dollar amount \$25,068,028.00.
2.		What is the average age from service/discharge/billing at placement of referrals?	120 days from discharge.
3.		What are the associated historic cash collections for the anticipated volumes of accounts?	There isn't a backlog, the accounts qualify as they age.
4.		Are there any specific balances, ages or payers that are included or excluded in the proposed scope?	Self-pay and County Care claims are not included in this scope.
5.		Does Cook County Health prefer the work to be done fully onshore, a blend of onshore and offshore resources if a price discount is given?	Onshore.
6.		For XXXX to send financial statements, our compliance and finance department requires us to have a signed NDA on file. Would CCH be willing to execute and return a NDA? If so, to whom do we send the document?	CCH may review a prospective vendor's NDA. If accepted, CCH will issue its NDA to the requesting vendor for execution. CCH reserves the right to reject any request for an NDA related to this RFP. purchasing@cookcountyhhs.org
7.		What are the number of accounts placed monthly? dollar amounts?	See Response to Question 1.
8.		What is the current breakout for payer mix?	Medicare - 10% Medicaid - 15% Managed Care - 30% Self-pay - 35% Other - 10%
9.		Are all payers assigned to the vendor for account follow-up (commercial, government, other)?	No, Self-pay and CountyCare is not included.
10.		At what age are accounts placed with the vendor? Please include age range accounts are placed and maximum age of accounts.	See Response to Question 2

	Section of the RFP	Question	CCHHS Response
11.		To confirm, vendor will be billing out of CCH's Siemens INVISION Patient Accounting System, correct?	Yes.
12.		If self-pay balances are identified, is the vendor required to keep/work that inventory or return it to CCH?	No
13.		Does CCH utilize an in-house Medicaid/SSI/SSDI eligibility and enrollment team (who helps patients complete enrollment processes for in these insurances), or is this outsourced? Does the vendor for the requested services in this RFP need to refer identified patients to these parties? If so, what notification method(s) are preferred (Siemens INVISION, email, phone, other)?	Yes, the financial counselor work to get patients approved for assistance. The RFP does not include self-pay accounts.
14.		Was this previously done by CCH employees or outsourced to another vendor? If outsourced, can you release the incumbent vendor's name; and/or why CCH seeks additional or new resources?	Outsourced.
15.		Please provide a description of aging queue, including the following: a. Payor mix b. Dollar amount c. Number of accounts	No backlog will be placed. Currently, there isn't any aging queue.
16.		Please provide a description of the types of denials	Wrong insurance. Missing prior authorization.
17.		Please provide a description of the team structure, including the following: a. Number of FTE's b. How is/are the team(s) structured? (i.e. alpha split, payer, denial appeals (technical/admin, clinical) c. Are third party vendors utilized? If so, for what functions? (i.e. early out, bad debt, specialty appeals, etc.)	Currently, the accounts are outsourced. CCH does not manage this receivable.

	Section of the RFP	Question	CCHHS Response
18.		Have there been any past write-off projects? If so, is there a threshold policy in place for write-offs/adjustments?	No, the expectation is that claims are worked and written.
19.		Are other systems or templates used to process claims/denials?	No.
20.		Is the team responsible for working one queue or is process ongoing?	No, a complete inventory is provided monthly.
21.		What are the expectation of outcomes for the project? Revenue generation, clean-up, or both?	Both.
22.		Are other functionalities needed to process claims, i.e. payment posting, reconciliation, write-offs, refunds, etc.?	Adjustments and denial write offs.
23.		Please provide a summary ATB with dollars and volumes and aging by major payer group.	Not able to provide.
24.		For underpayment recoveries, does CCH have a contract management modeling system?	No.
25.		What claims editing platform does CCH use?	CCI Edits.
26.		Is the AR net of contractual adjustments at the time of billing or is it gross?	Gross.
27.		Is this for hospital only or does it also include physician claims?	Hospital only.
28.		What payers would be assigned?	All except Self county care.
29.		At what age would the accounts be assigned?	See Response to Question 2.
30.		How often will accounts be placed?	Monthly.
31.		What is the volume and age of backlog?	No backlog.
32.		Will we be replacing another vendor or is this work performed internally?	The services are currently being outsourced.
33.		Are electronic signatures permitted when signing the necessary documents?	Yes.

	Section of the RFP	Question	CCHHS Response
34.		Please confirm where requested in 5.2: Response to Scope of Services - a. Please insert your response to the Scope of Services, Section 5 in this section. Proposers are to provide a response to Scope of Services as outlined in Section 4, correct?	Yes.
35.		At what age will accounts be placed with vendor?	See Response to Question 2.
36.		What payers will be placed with vendor?	All except Self-pay and County Care.
37.		Will CCH accept pricing proposals for different placement ages? For instance, vendor could provide pricing for placements at 120 days, but also provide pricing for placement at 60 or 90 days.	No.
38.		What is the size of the organization?	2 hospitals 26 clinics
39.		About How many accounts are outstanding?	No backlog.
40.		What type of accounts? Ex. Inpatient, Surgery, Specialist	All.
41.		Will the vendor use your systems or will we have to use our own?	Must use CCH system, but can also upload in your system.

ADDENDUM ACKNOWLEDGEMENT FORM

As required by the RFP, Proposers must submit this acknowledgement form with their response. One acknowledgement form per response, listing all addenda, is appropriate.

Addendum No.: _____

Company Name: _____

Representative's Name: _____

Signature: _____

Date: _____

END OF ADDENDUM