

-
1. In regards to the Phase One requirements, what would the Georgia licensed attorney be doing for the Small Balance AR scope of the RFP? **Not required**
 2. Our organization has a Georgia licensed attorney available via a verbal commitment for Bad Debt Collection services. Would this be acceptable to GHS or is an established agreement with the Georgia licensed attorney be a requirement for this qualification criteria? **Yes**
 3. We have several Small Balance AR and overall AR client references throughout the US that would speak to our 40+ years of expertise and proven client and patient-centric approach. Would GHS accept 3 references that show our ability to provide these services without one being in the Georgia / Southeast region? **Yes**
 4. We have nationally-based bad debt collection clients that we have over 20 years' experience collecting on patient accounts within the state of Georgia. Would GHS accept references for national-based clients that are headquartered outside of Georgia, but our organization collects on patient accounts within the state of Georgia? **Yes**
 5. We have established Diverse Supplier Subcontractors via verbal commitments. Would this be acceptable to GHS or is an established agreement required? **Complete section 7 in its entirety. Will discuss at the appropriate phase of RFP review.**
 6. Will the contract include previous outstanding AR? (Is there a current backlog?) **Probably**
 7. What Clearinghouse do you utilize? **ClaimSource**
 8. Is there any coding tasks or responsibility to be included in proposal? **No**
 9. What is current patient access process? (i.e. verification of insurance.) **Clarify – Insurance verification occurs at the time of scheduling, or arrival by asking the patient for coverage information and by verifying that coverage using the Real-Time Eligibility tool in Epic.**
 10. Would client consider a contract arrangement with current office staff? **Clarify**
 11. What is the expectation for onsite meetings? **Quarterly on-site meeting and Monthly remote (Conference Call)**
 12. Do you currently have a process or method in place to identify underpaid claims? **Yes** Do you load contracted payer rates within the system? **Yes**
 13. What is your current days outstanding? Overall, By payer **47 Days**
 14. What is your reason for outsourcing small balance AR? **Comparing the market**
 15. What is your current priority or number one initiative for your revenue cycle? **Collection and Reducing AR**
 16. What is your insurance eligibility confirmation process? How do you confirm coverage currently? **Experian and eScan eligibility search**
 17. What is your pre-authorization process? **To date, third party payer prior authorizations are handled internally. Additionally, we have contracted with an authorization vendor to assist with this process who will onboarding in the very near future.**
 18. What is your current insurance claim process? **Bill insurance accounts via ClaimSource**
-

-
19. Other than your system claim edits, what other claim edit processes do you follow?
Payor delivered claims scrubber edits
 20. What is your current denial management and unpaid claim follow-up process? **Industry Standards**
 21. What payers do you struggle with the most? **Blue Cross, United Healthcare and**
 22. What is your percent of outstanding claims over 90 days? **35%**
 23. Are there SLA's for the small balance third party project? **Yes**
 24. What imaging system do you use? **3M**
 25. How many billing staff do you currently have handling the business to be outsourced?
Currently outsourced
 26. Is there a current vendor working the specific project in the RFP? **Yes**
 27. Can you provide a summary ATB for the small balance by payer? **Data not easily assessable at this time.**
 28. Who is your largest Commercial payer? **Blue Cross**
 29. What is the timely filing limits of your highest commercial payers? **120 days**
 30. Is there a low balance threshold of accounts to be placed? **Yes, account balances at \$25.00**
 31. Can we get the current 12 month liquidations for both Small Balance and Bad Debt self-pay products?
 32. Is liquidity data available by Hospital, Physician, Nursing Home, and EMS? **Yes, by hospital and physician**
 33. Will the collection firm receive fee credit for payments from insurance found by the collection firm? **Flat fee of \$100.00 for locating insurance on bad debt accounts tat are within timely filing.**
 34. Is there any data available for the average balance by guarantor vs. by account? **Data not easily assessable at this time.**
 35. Please provide more information as to the requirements and responsibilities of the on-site customer service representative. **On-site not required**
 36. Are there any minimum Service Level Agreements with the exception of letters which are outlined? **For Bad Debt - Minimum of 2 calls and minimum of two statements**
 37. There is a requirement to "collect patient payments under the Hospital established merchant identification." Can you please provide more information as to this program and its purpose?
 38. Do you currently have a different fee structure for accounts placed with an attorney? **No**
 39. Are there any limitation on the minimum or maximum number of suits which may be filed by an attorney? **No**
 40. Is there an extended placement period if an account is forwarded to any attorney's office? **Yes**
 41. Are there preset criteria for accounts that would be referred for legal placements? Minimum average balances etc.? **No**
-