

RFP Questions and Clarifications Memorandum

To: Vendors Responding to RFP Number 3887 for the Mississippi State Hospital (MSH)
From: Craig P. Orgeron, Ph.D.
Date: July 7, 2016
Subject: Responses to Questions Submitted and Clarifications to Specifications
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The following questions were submitted to ITS and are being presented as they were submitted, except to remove any reference to a specific vendor. This information should assist you in formulating your response.

Question 1: Section I, Submission Cover Sheet & Configuration Summary

The RFP states a requirement for an “original” signature. We use the Sertifi Electronic Signature system of our Deputy General Counsel to execute all binding agreements across our enterprise. A unique Document ID for this signature will be found at the bottom of the digitally signed page. Please advise if this approach will be sufficient to meet the RFP requirement.

Response: **An electronic signature cannot be accepted at this time.**

Question 2: Section VII, Item 6.2

Does MSH want to check Patient Eligibility upfront at registration or at the time the claim is imported into the bill scrubber?

Response: **Patient eligibility is checked upon admission and at the time of billing.**

Question 3: Section VII, Item 6.2

Please provide an annual eligibility inquiry estimate

Response: **MSH anticipates more than 2,000 eligibility inquiries per year.**

Question 4: Section VII, Item 6.9

Please clarify state mandates. Do you mean “bill submission requirements”?

Response: **Yes, for example, the proposed solution must meet bill submission requirements set forth by the State Division of Medicaid www.medicaid.ms.gov.**

Question 5: Section VII, Item 6.11
What is the average monthly volume of claims? What proportion are Institutional claims? Professional (1500 claims) claims? Dental claims?

Response: **On average, MSH bills a total of 1,500 Institutional claims, 2,500 Professional claims, and 250 Dental claims monthly.**

Question 6: Section VII, Item 6.18.2
Please clarify. What is “profiler”?

Response: **Profiler (a Cocentrix product) is the billing software MSH presently uses to collect patient charges and create a file to upload to payers.**

Question 7: Section VII, Item 6.18.3
What solution does MSH use for generating patient statements today? What is their average monthly patient statement volume?

Response: **See the response to Question 6 above. Currently, MSH generates six statements per month. However, they foresee that number growing drastically over the next few years to more than one hundred in a month.**

Question 8: Section VII, Item 7.5
Is the eligibility check in this question to occur at time of registration or billing?

Response: **See the response to Question 2.**

Question 9: Section VII, Item 7.7
Please clarify. Please provide your definition of “waterfall billing.”

Response: **Waterfall billing is also referred to as cross-over billing.**

MSH has patients and residents that have both Medicare and Medicaid. When those patients are served by an MSH facility that is both Medicare and Medicaid certified, it is MDH’s preference that the clearinghouse would be able to: 1.) identify the claims for those patients, 2.) send the claim being filed to the primary insurance provider first and, then, 3.) seamlessly send the claim to the secondary insurance provider without any additional work on the part of MSH staff.

Question 10: Section VII, Item 7.8
Please confirm that MSH is seeking a patient liability estimation solution. Is full integration with your scheduling system required or preferred? One-way integration or two-way integration?

Response: **MSH is seeking a clearinghouse to use for the electronic billing of patient claims to Medicare and other insurance providers. In the event patient liability estimation is available, two-way integration would be preferred. In addition, rules would need to be developed so that patient liability is in line with the established sliding fee scale that is in place at MSH.**

Question 11: Section VII, Item 7.9.1
Is MSH seeking a contract management system?

Response: No, MSH is seeking a clearinghouse for the electronic billing of patient claims to Medicare and other insurance providers.

Question 12: Section VII, Item 8
These requirements for data entry forms are not typical claims scrubber and clearinghouse requirements. Are these required or preferred? How is MSH accomplishing this today?

Response: These are preferred requirements. It is MSH's opinion that radio buttons, dropdowns and checkboxes where applicable would help reduce errors from direct entry and simplify the claims entry process. Currently, MSH does not have a clearinghouse; the interim systems they are using do not provide this functionality.

Question 13: Section VII, Item 9
Is MSH seeking referral intake system in addition to a claims management system? Is it required or preferred? What is MSH using today?

Response: This item is preferred, MSH does not currently utilize a referral intake system.

Question 14: General
What patient accounting system (PAS) is MSH using today?

Response: MSH currently does not have a PAS that encompasses the entire revenue cycle for each patient.

Question 15: General
What claims scrubber and clearinghouse is MSH using today?

Response: MSH does not currently have a clearinghouse. MSH is using interim billing systems such as Novitasphere, Pro-Ace and American Health Data Solutions.

Question 16: General
What vendor solution is MSH using today for patient liability estimation?

Response: Currently, MSH is not utilizing any vendor solution to estimate patient liability.

Question 17: General
In relation to questions 7.8-7.15, is MSH looking for a claims system and clearinghouse or a patient accounting system?

Response: MSH is in need of a clearinghouse for the electronic billing of claims to Medicare and other insurance providers. However, if a patient accounting system was available as a part of the clearinghouse that would be useful. All costs associated with a patient account system, must be outlined in Section VIII, Cost Information Submission.

RFP responses are due July 20, 2016, at 3:00 p.m. (Central Time).

If you have any questions concerning the information above or if we can be of further assistance, please contact Patti Irgens at 601-432-8223 or via email at patti.irgens@its.ms.gov.

cc: ITS Project File Number 42206