

E-MAIL QUESTIONS AND ANSWERS
June 10, 2020 through June 23, 2020
for
RFP 20-2020

City and County of San Francisco, Department of Public Health



Request for Proposals (RFP) 20-2020

Medicare Clearing House and Claims Scrubbing Application

**Letters of Intent due date have been EXTENDED from June 30 to July 3, 2020
(Loi due on or before 12:00 noon July 3, 2020)**

**Proposals are due on or before 12:00 Noon
July 14, 2020**

**Email copy to: sfdphcontractoffice@sfdph.org
Copy to: Mahlet.Girma@sfdph.org**

1. Can you please let me know the volume of Claims that you will be submitting to the Clearinghouse on a monthly basis; as well as the Eligibility verifications?
Answer: 1600 to 2,000 Claims for Specialty Mental Health Services to Medicare per month and 20 to 200 Real-time, individual eligibility verifications per month.
2. Do you use a practice management software today to bill these claims; if so which one?
Answer: Yes, we use the MyAvatar Electronic Health Records system from Netsmart Technologies. MyAvatar includes the CalPM module that produces electronic HIPAA compliant claims and CMS-1500 paper claims.
3. What are your average monthly volumes for Encounters?
Answer: Average of 134,000 behavioral health service Encounters per month
4. What are your average monthly volumes for Claims?
Answer: Monthly Average of 1,760 Specialty Mental Health claims to Medicare; 52,484 Drug Medi-Cal claims; 30,786 SMHS claims to Short-Doyle Medi-Cal, 1,200 Insurance claims.
5. How many Facilities or Clinics are involved (if more than just 1)?
Answer: There are 15 Civil Service Clinics and 11 Non-profit Agency Clinic facilities.
6. Do you serve Commercial Patients and Medicare Patients? If so, what percentage of each?
Answer: Yes. About 5% of Patient served have private Insurance and 42% have Medicare benefits, of these 65% are dual-eligible Medicare and Medi-Cal.
7. What HIS do you use today?
Answer: We use the MyAvatar Electronic Health Records system from Netsmart Technologies.
8. What other systems (EMR, RCM Patient Billing, etc.) do you currently use?
Answer: MyAvatar EHRS
9. Can you elaborate a little bit on the parameters surrounding your funding or budget? (For example: "An estimated annual amount of **\$150,000** is available under this RFP, which may increase or decrease depending on funding availability and department needs.")
Answer: We cannot elaborate about funding or budget.
10. What is the estimated monthly volume for both claims and eligibility transactions?
Answer: Current monthly average is 1,900 Specialty Mental Health claims to Medicare and an average of 110 eligibility verifications each month
11. Quadax is headquartered in Ohio. Does our state meet the requirements set forth by San Francisco?
Answer: Yes you may apply but note that the City (DPH) will not know whether any of the legally acceptable exceptions available under Chapter 12X of the SF Administrative Code will be applicable until a contract is awarded under the RFP. If your company is selected, the Department will need to determine if there is justification for an exception to Chapter 12X. Please note that the acceptable justifications provided for under Chapter 12X are as follows:

- Needed services are available only from one source. (with an approved sole source waiver request).
- Contract is necessary to respond to an emergency which endangers public health or safety and no compliant company is immediately available to perform required services.
- There are no compliant/qualified responsive bidders and the Contract is for a service, project, or property that is essential to the City or the public.
- Public interest warrants the granting of a waiver because application would have an adverse impact on services or a substantial adverse financial impact on the City.
- Services to be purchased are available under a bulk purchasing arrangement with a federal, state, or local government entity or a group purchasing organization, which will substantially reduce the City's cost.
- Violates or inconsistent with the terms or conditions of a grant, subvention, or agreement with a public agency, provided that the contracting officer has made a good faith attempt to change the terms or conditions."

12. Quadax is not LBE Certified. Will we still be allowed to move forward and respond?

Answer: Yes

13. Quadax does not agree to termination for convenience provisions. Can this section be negotiated?

Answer: No, It is not negotiable

14. Is San Fran open to redlining changes with the BAA/MSA?

Answer: No

15. Is the source of all claims Epic Resolute?

Answer: No

16. Are electronic signatures acceptable in the RFP?

Answer: if the question is for submitting proposals in response to this RFP, yes, electronic signatures are acceptable. Due to the current COVID-19 pandemic, our office is not accepting hard copy submission, therefore all submission are in soft copy, emailed to sfdphcontractoffice@sfdph.org.

17. Can you disclose the name of the current vendor(s)?

Answer: eSolutions/ Claim Remedi

18. What is the anticipated number of users for the claim scrubbing application?

Answer: 5 Users in CBHS Billing only

19. Item 1 (c) (ii), on page 2, references a list of IDs.

a. We could not locate this list.

Answer: in the RFP, this is the Schedule and not a list

20. Item 3 (b), on page 3, refers to "draft 837 claim files".

- a. Please describe in more detail what is meant by this term.

Answer: The 837 is a HIPAA compliant electronic claim file. A “draft” 837 claim is created from monthly compiles of Medicare OR Medi-Cal billable services in MyAvatar/ CalPM. Draft 837 files are reviewed for EDI format errors and for claims data scrubbing. This includes Patient eligibility verifications against Medicare (if a Medicare claim) and against a Monthly Medi-Cal Eligibility file that we provide. Once claim errors are corrected, the “real” 837 is then generated out of the MyAvatar/CalPM system.

21. Could you please provide (average) monthly volume for 1500 and UB04 claim types?

Answer: We do not use UB04 paper claims and only submit 1500 claims to Insurance payors (not in RFP scope). Instead, HIPAA electronic 837P transaction files are used for claiming professional services to Medicare and to Medi-Cal. 837I electronic transactions are used for Inpatient and Psychiatric Emergency Service claims to Short-Doyle Medi-Cal only; this averages 450 claims/month.

22. Are pharmacy claims and pharmacy remittances included in this RFP?

Answer: No

23. Is there a need to split remittance payments?

Answer: Yes, payments need to be split by Tax ID and/or by Submitter ID

- a. Between multiple EHR/HIS systems?

Answer: No

- b. Between institutional & professional?

Answer: Yes

- c. Between other entities?

Answer: Yes

24. Please provide or estimate the volume of eligibility transactions.

Answer: 50

25. Please provide or estimate the volume of claim status transactions.

Answer: We receive an estimated 200 claim status (HIPAA 277) transactions from Medicare

Follow the guidelines of the RFP for Submission Requirements and Submission Details.

**Letters of Intent (LOI) due date has been extended to July 3rd, 2020
On or before 12:00pm on July 3, 2020 if you haven't already submitted it**

**Email LOI to sfdphcontractoffice@sfdph.org
using the template provided in Appendix A-1**

Proposals are due on or before 12:00 pm on July 14, 2020