TO: All Bidders: **DATE:** October 21, 2025

Charity Care Eligibility & Self-Pay Accounts Receivable Management Services
RFP# UH-P26-002

FROM: Giovanna DiGuglielmo
Senior Buyer
Purchasing Services

SUBJECT: Addendum #1

ADDENDUM # 1

The following constitutes Addendum #1 to the above referenced solicitation. This addendum includes the following parts:

Part 1: Answers to questions asked by prospective bidders. Duplicate questions are responded to only one time in the addendum.

NOTE: Major revisions are included, please review carefully.

It is the bidder's responsibility to ensure that all changes are incorporated into the original RFP.

All other instructions, terms and conditions of the RFP shall remain the same.

ADDENDUM # 1 INTRODUCTION

This addendum is intended to answer questions that were asked during the question period.

PART 2

Answers to Questions

Note: Some questions have been paraphrased in the interest of readability and clarity. Each question is referenced by the appropriate RFP page number(s) and section, where applicable. Answers provided are to the best of our knowledge.

Number	Page #	RFP Section Reference	Question	Answer
1.	N/A	General	What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?	Refer to page 6 of the RFP-Statistical Data
2.	N/A	General	To how many vendors are you seeking to award a contract?	Refer to section 1.1.2 of the RFP.
3.	N/A	General	What collection attempts are performed or will be performed internally prior to placement?	Prior to Charity care approval standard self-pay collection workflow will be adhered to. Self-pay workflow continues until charity care or Medicaid is finalized.
4.	N/A	General	Will the selected vendor be allowed to litigate balances exceeding a certain dollar amount on your behalf, with your explicit approval?	No, we have standard litigation processes established.
5.	N/A	General	What is the total dollar value of accounts available for placement now by category, including any backlog?	Refer to question #1.
6.	N/A	General	What is the total number of accounts available for placement now by category, including any backlog?	Refer to question #1.
7.	N/A	General	What is the average balance of accounts by category?	Refer to question #1.

8.	N/A	General	What is the average age of accounts at placement (at time of award and/or on a going-forward basis), by category?	Day I for self-pay, Self-pay after insurance, Charity care applications after day 60 of discharge refer to RFP
9.	N/A	General	What is the monthly or quarterly number of accounts expected to be placed with the vendor(s) by category?	Refer to question #1.
10.	N/A	General	What is the monthly or quarterly dollar value of accounts expected to be placed with the vendor(s) by category?	Refer to question #1.
11.	N/A	General	What billing servicer do you utilize?	Insurance EDI Waystar Hospital billing EPIC
12.	N/A	General	Have all cases been fully adjudicated by the time of placement?	Yes.
13.	N/A	General	If applicable, will accounts held by any incumbent(s) or any backlog be moved to any new vendor(s) as a one-time placement at contract start up?	Prior vendor has 120 days to work down current placement once awarded
14.	N/A	General	What is your case management/accounting software system of record?	Billing system is EPIC
15.	N/A	General	Who is your electronic payment/credit card processing vendor?	Bank of America (BOA)
16.	N/A	General	Can you please indicate what inbound and outbound contact methods, beyond phone calls or letters (such as email and text), would be permitted by the scope of work?	Currently through MyChart.
17.	N/A	General	When is the anticipated contract start date?	Not known at this time.
18.	N/A	General	When is the anticipated award date?	Not known at this time.

19.	N/A	General	Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories?	Refer to section 8 of the RFP.
20.	N/A	General	Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.	Very satisfied.
21.	5	1.1.1	Does this RFP supersede the Medicaid RFP submitted April 2025 to UHNJ.	Not applicable/ both are distinct RFP's.
22.	6	Volumes	Will UHNJ provide historical call volumes related to selfpay inventory?	Yes, once RFP has been awarded.
23.	6	Volumes	Will UHN be providing existing call volumes on selfpay inventory?	Yes, once RFP has been awarded
24.	8	1.4.1	We understand all addenda will be posted to UH's Bidding Opportunities webpage and not distributed individually; please confirm this is the sole official location we should monitor.	Yes, it will also be distributed via email to all potential bidders.
25.	16	3.0	Please confirm whether BCFS may satisfy any "local/NJ presence" expectation through a registered NJ satellite office or via a named NJ subcontractor for limited on-site tasks (e.g., FA staffing), with all PHI handled under the BAA. If so, what documentation suffices at proposal vs. pre-award? (Ref:	No, this is a separate contract from all others. The BAA provided in the RFP will be the document of record.

			BAA requirement & subcontracting forms.)	
26.	16	3.1.3	Is active certification required, or can renewal be obtained upon award of bid through UH provider #?	Must be certified upon award.
27.	16	3.1.6	Are all accounts being worked for this contract in EPIC?	Yes.
28.	16	3.1.6	Does section 3.1.6., pertain specifically to Medicaid and/or Charity Care workflow?	Charity Care.
29.	18	3.2.3	Define "250 calls" period measured per FTE	On average per current volumes weekly
30.	18	3.2.3	Please confirm the time period referenced for the 250 calls noted in Section 3.2.3.	Refer to question # 29.
31.	6 & 19	1.2 (statistical data) & 3.2.19.(scope of work, general requirements)	Please provide the average monthly or annual volumes by payer including the number of accounts and charge amounts for the Commercial Denial Follow Up scope of services. Understanding this is optional and at the discretion of UH, we are just looking for an average not an exact.	Denials projects to be determined as needed.
32.	18	3.2.6	Please clarify scope of work for Financial Assistance Advisors/temporary staff.	Completion Charity care application process.
33.	19	3.2.9	Please confirm selfpay referral placement scope i.e., day 1 upon true selfpay or uninsured selfpay identifications or day 1 after insurance adjudication with remaining patient balance.	Refer to question #8.
34.	19	3.2.18	If vendor works to understand UHNJ discount policy, would it be acceptable to offer to patients if vendor provided reporting detail to that effect?	This will be determined at a later date; however, the bidder can provide this in their proposal as an optional.

35.	19	3.2.19	Will 835s and 837s be provided? Will denials be both technical and clinical?	Yes, both.
36.	19	3.2.19	Can SOW be provided? What type of fee structure is required? Is there a preference for domestic/off shore/hybrid?	No, refer to section 3.2.19 in the RFP for the SOW. The bidder must determine on how they will submit their fee structure No Offshore
37.	19	3.3	May patient correspondence templates include BCFS co-branding, or must all letters use UH letterhead only? Also confirm barcode/First-Class requirements remain as written.	All letters must use UH letterhead, yes barcode/ first classes requirements remain as written.
38.	19	3.3.1	How many letters are expected to be mailed and would emailed letters be acceptable?	No, emails at this time, the number is based on completion of daily files.
39.	20	3.4	When third-party coverage is discovered and the account is re-billed through UH, should the contractor cease all patient follow-up immediately upon entry into EPIC, or upon UH's confirmation of rebill status?	Insurance discoveries will follow established workflow through EPIC
40.	20	3.5	For Charity Care/NJ Family Care, please confirm whether eligibility application work may be performed remotely with secure EPIC/VPN access, provided we meet UH's HIPAA/HITECH requirements. Any on-site minimums?	Yes, may be completed off site, we do still need on site presence for patients to be seen.
41.	20	3.5.4	What is the average inpatient Medicaid DRG?	Data be provided at time of award, please refer to question #1.
42.	20	3.5.4-3.5.6	For the 5% monthly cap on single-date-of-service applications (commission not paid above threshold), can UH share the historical monthly mix (single DOS vs.	Please refer to question #1.

			multi-DOS) to help us price accurately?	
43.	21	3.5.7	Will we get confirmation when submitted or need to follow up with UH staff?	Data reports are submitted.
44.	21	3.6.1	Does this section on Commercial Denials apply to Charity applications? If so, please explain	No, commercial denials payor projects to be determined and should be outlined separately.
45.	25	4.5	Please confirm whether providing the Certificate of Insurance within ten (10) days of notice of intent to award meets the requirement, and whether endorsements (Additional Insured; Waiver of Subrogation) must be submitted with the COI or only upon request.	Yes.
46.	34	5.3 & 5.2	For delivery, please reconfirm the required package composition (1 original hard copy—no spiral/double-sided; 1 electronic copy on USB; plus 1 hard-copy duplicate) and any specific outer-labeling beyond RFP #, bid opening date, and buyer name.	Correct
47..	48	8	Please confirm payment flow: are patient payments posted and retained by UH with contractor fees invoiced separately on Net-45 terms, or should we net our fees from collections? (Price sheet notes all-inclusive pricing and Net-45.)	Patient payments posted and retained by UH with contractor fees invoiced separately on Net-45 terms
48	48	8	For "On-Site Financial Advisor Staff," should pricing be hourly per role title (bill rate) or may we propose FTE monthly rates? Any minimum coverage hours or shift requirements?	The bidder must determine on how they will submit their fee structure

49	48	8.1	What is the current vendor rate for 8.1 patient payments %?	Refer to Attachment A
50.	48	8.2	What is the current vendor Rate for Charity Care%?	Refer to Question # 49
51.	48	8.3	What is the current vendor Rate for Ins Discover flat fee?	Refer to Question # 49
52.	48	8.4	What is the current vendor Rate for statements & mailing services?	Refer to Question # 49
53.	48	8.4	Is the Statement Production and Mailing Services to be quoted as "per piece"?	UH is charged for postal cost as well as % self-pay collections
54.	48	8.5	What is the current vendor Rate for On-site Financial Services staff?	Refer to Question # 49
55.	48	8.5	Pricing - is an hourly rate suggested for this line of the quote?	The bidder must determine on how they will submit their fee structure
56.	48	8.5	Pricing - On-Site Financial Advisor Staff - how many hours per day are required?	Refer to 3.2.4
57.	48	8.6	What is the current vendor Rate for Commercial denial %?	Refer to Question # 49
58.	48	8.7	What is the current vendor Rate for All inclusive hourly rate for additional projects?	Refer to Question # 49

ATTACHMENT A

Current Vendor Rates:

Patient Payments (all-inclusive flat rate percentage charge for assigned collections, including but not limited to, administrative costs, postage, telephone and travel):	7.65 %
Charity Care/NJ Family Care Application Priced/Paid:	7.65 %
Insurance Discovery Fee (flat fee contingent upon payment receipt):	$45.00 /case
Statement Production and Mailing Service (including postage):	$0.55 /unit Subject to USPS Postage Increases
On-site Financial Advisor Staff:	Included in above % rate /employee

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL SPECIFICATIONS REMAIN UNCHANGED.

END OF ADDENDUM # 1