

Mountain Park Health Center Billing Services

Request for Proposal



Mountain Park Health Center
2702 North 3rd Street, Suite 4020
Phoenix, AZ 85004

I. Purpose of Request

Mountain Park Health Center is requesting proposals from qualified firms experienced in providing medical, dental, behavioral health, and ancillary billing and collection services, with the intent of engaging in a one year contract to provide the revenue cycle services listed in the scope of services section below.

II. Background

Mountain Park Health Center is a 501c3 Federally Qualified Health Center operating 5 clinics in the greater Phoenix metro area. Mountain Park employs approximately 40 Physicians, 15 Nurse Practitioners, 15 Behavioral Health Specialists (LCSW, PsyD, LAC, LPC), and five Dentists, which generate in total approximately 210,000 patient visits annually. Mountain Park does a significant amount of OB-GYN (50,000 visits annually) and Pediatrics (65,000 visits annually), delivers 1,850 babies annually at Banner Good Samaritan Hospital, and has various other in-house specialties including Internal Medicine, Family Practice, Dental, and integrated Behavioral Health. Mountain Park utilizes eClinicalWorks (eCW) practice management (PM) and electronic medical records (EMR) system, and has been live on the system for approximately 2 years. For Dental, Mountain Park utilizes the Open Dental platform, and dental billing is done through the eCW PM module. Mountain Park also utilizes the Gateway EDI clearinghouse for electronic billing.

Mountain Park Health Centers Patient Mix is as follows:

55% AHCCCS/Medicaid

28% Uninsured

8% Medicare/Medicare Advantage

9% Private/Commercial Insurance

Mountain Park has earned the trust and respect of the Phoenix community through decades of service and commitment to those who are underserved. The Mountain Park Health Center fee structure was designed to be consistent with operating as a Federally Qualified Health Center (including offering a significant discount on services through a Sliding Fee Discount). Successful firms will demonstrate how their organization is aligned with, and will support, the following principles:

1. Mountain Park Health Center provides quality health services regardless of ability to pay
2. Mountain Park Health Center will maximize billings and revenues from 3rd party insurances (including Medicaid, Medicare, and Private Insurances)
3. Policies and procedures, regarding user fees for services rendered will be fair, equitable, and consistent.

III. Scope of Service

This section outlines minimum contract requirements for billing, collection, customer service standards, reporting, ICD-10 transition, and other services. Minimum requirements are listed below:

A. Billing

1. Operate electronic billing files and other billing related information via secure VPN and Remote Desktop connections- .i.e. operate billing in Mountain Park's system, not a separate system.
2. Coordinate and manage all claims submissions, payment posting, AR, and follow-up for each phase of the project.

During the phased implementation, Mountain Park Health Center will continue to handle all billing internally, for payers not yet implemented.

Each phase of the project will include a review of project successes and areas for improvement. No additional payer types will be assumed by selected company until sign-off on previous phases is obtained.

- Phase 1

- o Hospital Claims– including OB-GYN, Births, Pediatrics, and OB rounding (4,000 claims annually, including 1,800 Medicaid and uninsured patients with insurance covering their delivery only).
- o Insured Dental Claims (5,000 claims annually, includes Medicaid and Private Insurances)
- o Private Insurance Claims (includes payers such as BCBS, Aetna, and United Healthcare, 10,000 claims annually)

- Phase 2

- o Medicare Part A/B – including securing FQHC rate payments of \$126 per encounter (approximately 5,000 claims annually)
- o Medicare Advantage – including securing FQHC rate reimbursement of \$126 per encounter (5,000 claims annually)

- Phase 3
 - o Non-Hospital Medicaid and Uninsured Payers.

3. Upload and maintain applicable contracts electronically in eCW
4. Reconcile posted payments monthly in coordination with the Mountain Park Health Center Controller's office by the 3rd workday each month
5. Track and post Medicare bad-debt per Schedule 5 for the Medicare Cost Report
6. Secure FQHC Medicare rate for all Medicare and Medicare Advantage plans & visits
7. Comply with Mountain Park Health Center's bad debt policies
8. Ensure all encounters are billed and submitted to Gateway EDI within 3 days of service.
 - Timely notification of Revenue issues including credentialing issues, etc.
 - 99% Clean Claim Rate
 - Ensure all federal, state billing requirements and claims submissions standards are followed
 - Process and submit claims according to carrier specific timely filing, resubmission, and appeal deadlines.

B. Collections

1. Re-categorize claims appropriately after receiving payment/remit from the primary payer and handle all secondary billing
2. Ensure all payments are posted within 3 days of receipt
3. Process and categorize denials and adjustments, and rebill as appropriate
4. Maintain lockbox/bank accounts, electronically deposit all checks received into account held by Mountain Park on a daily basis.
5. Process all refunds and overpayments in a timely manner
6. Upon notification from Mountain Park Health Center, immediately suspend any invoicing or collection efforts on an account
7. 80% of payments received electronically

C. Customer Service Standards

1. Provide customer service by toll-free phone line, from 8:00am-5:00pm Monday – Friday MST (except holidays).
2. Complaint management process/procedures.
3. Bilingual staff availability required (English/Spanish minimum)
4. All Customer Service calls recorded and available for review.

D. Reporting

Detailed reports are required to monitor billing and collection progress. Reports shall include, but are not limited to:

1. Monthly reports including:

- Encounters billed including charges, Adjustments, payments
- Aged AR by payer, including date account last touched
- Payments processed
- Refunds processed
- All accounts referred back to Mountain Park for referral to collections or write off
- Report of denials and adjustments by payer and reason
- Revenue cycle reports including front desk collections by department
- Front Desk Collections
- Standard Required Book Close and Billing Performance Reports
- Other reports as needed

2. Analytical Services

- Provide proactive analysis and communication related to all billing and collections issues.
- Meet at least weekly during implementation and monthly thereafter to review results
- Prepare a written report at least monthly that addresses strengths, weaknesses, opportunities, and threats to Mountain Park billing along with strategies for each category.
- Establish and maintain KPI's for claims submissions, posting, AR, Net Collection %, bad debt rates

E. ICD-10 Transition

1. ICD 10 on-site Provider training in May-Jun 2014 (supply up to 750 hours of on-site training to our providers)
2. Crosswalk ICD10 to ICD9 beginning in July 2014
ICD 10 testing/test claims to payers/clearinghouse

F. Other considerations

- Operate in eCW as user
- Provide portal for secure transfer of any data
- Provide for remote access into MPHC eCW system
- Execute a Business Associates agreement with MPHC
- Retain records as required by law

- eCW Hard Close within 3 business days of the end of each month
- On-line coding audit and training to each provider (total 80-160 hours per year)
- Analysis and review of existing system to optimize eCW practice management billing (including adjustment codes, automation, claim edits, etc.)
- Change management approval process required before making system and/or database changes
- The Contractor shall establish and maintain internal controls to ensure that billing is in conformance with applicable laws and regulations, and that transactions are accurate, properly recorded, and executed in accordance with policies and procedures established by Mountain Park.
- Mountain Park may desire to have the Consultant perform additional work or services in connection with the project.

IV. RFP Process Tentative Schedule

Issue Request for Proposals	June 21, 2013
Deadline for questions – 4:00pm	July 1, 2013
Answers to questions released – Noon	July 2, 2013
Deadline for submittal of proposals	July 12, 2013
Review of Proposals and Selection of Finalists	July 15 – July 19, 2013
Finalist Visits/Interviews	July 19 – August 16, 2013
Selection & Notification of Contract Award	August 28, 2013
Implementation Begin	August 29, 2013
Target End of Implementation Period	November 30, 2013

V. Submittal Instructions

Proposals must be submitted no later than 4:00pm (MST) July 12, 2013.

In order to be considered, all proposals must contain the following information:

A. Firm information/Statement of Qualification

1. Describe the experience of your firm in providing medical, dental, behavioral health billing, collection, reporting, and analytical services
2. Provide information as to your organization's philosophy and mission
3. Identify the location of your base office where the majority of the services will be rendered
4. Describe any accreditations or memberships

Furthermore, all companies submitting proposals must supply proof of the following:

1. Minimum Scope of Insurance
 - Commercial GL
 - Workers Compensation
 - Professional Liability
2. Minimum Amounts of Insurance
3. Commercial GL - \$1million occurrence, \$2million general aggregate
4. Professional Liability - \$1million claim, \$1million aggregate

B. Ability to Meet Requirements

1. Describe your billing and collection philosophy, processes, and include information how your firm will meet the minimum requirements requested
2. Describe how your processes may differ from the processes used by your competition
3. Describe your niche competencies, and true expertise
4. Describe how your firm will meet the reporting requirements
5. Describe how your firm will meet the analytical requirements
6. Describe and be ready to provide a manual consisting of your documented policies and procedures
7. Describe how your firm will clean up the adjustment and payment code setup
8. Describe how your firm utilizes claim edits and designing new automation features
9. Describe what documented steps you have taken for ICD-10 readiness

C. Implementation Timeline

D. Requirements of Mountain Park Health Center including information/reports needed and estimates of staff time and resources

E. Fee Structure and Expected Benchmarks/Benefits from Utilizing These Services

F. References

Preference will be given to proposals submitted by email. Emailed proposals should include "MPHC Billing Services RFP" in the subject line and should be addressed to:

marthur@mphc-az.org

(Emailed proposals must be in Microsoft Word or PDF format and cannot exceed 10MB.)

As an alternate to email, proposals may be mailed or delivered to:

Mountain Park Health Center
Attn: Billing and Data Manager
2702 North 3rd Street, Suite 4020
Phoenix, AZ 85004

Questions regarding the RFP process, scope of work, data requests, or evaluation process should be addressed to Misty Arthur, Executive Assistant to the CFO, at marthur@mphc-az.org, or by phone to 602-323-3270.

VI. Terms and Conditions

- A. Mountain Park reserves the right to reject any and all proposals, and to waive minor irregularities in any proposal.
- B. Mountain Park reserves the right to request clarification of information submitted and to request additional information.
- C. Mountain Park reserves the right to award any contract to the next most qualified consultant, if the successful application does not execute a contract within 30 days of being notified of selection.
- D. Mountain Park shall not be responsible for any costs incurred by the consultant in preparing, submitting, or presenting its response to the RFP.

VII. Evaluation Criteria

Proposals will be evaluated by a committee of Mountain Park staff. Evaluations will be based on the criteria herein.

- 1. Ability to perform required services
- 2. Relevant Prior Experience
- 3. ECW expertise
- 4. References
- 5. Professionalism
- 6. Fees and Revenue/Performance Benchmarks
- 7. Schedule for Implementation
- 8. Unique features
- 9. Interview/Site Visit