



# Purchasing and Central Services

Monroe County, New York

**Maggie Brooks**  
*County Executive*

**Dawn C. Staub**  
*Purchasing Manager*

**ADDENDUM NO:** 1

**RFP PROJECT:** System Management, Data Entry, and Support Services for Early Intervention Program

**DATE:** 12/30/11

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**PROPOSERS PLEASE NOTE:**

Attached please find the following:

1. RFP Clarifying Questions and Answers

SIGN this Addendum below acknowledging receipt and understanding and INSERT in PROPOSAL packet.

**PURCHASING & CENTRAL SERVICES**

Dawn C. Staub

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The undersigned bidder acknowledges receipt and understanding of Addendum No. 1 to the RFP for System Management, Data Entry, and Support Services for Early Intervention Program for the Monroe County Special Children's Services Division.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

**RFP CLARIFYING QUESTIONS AND ANSWERS**  
**SYSTEM MANAGEMENT, DATA ENTRY, AND SUPPORT SERVICES FOR EARLY INTERVENTION PROGRAM**

**Q1. I wanted to know if there is a budget cap or range that I would be able to know while calculating my cost?**

A1. No.

**Q2. Is this work to be provided at the County's location? If so, how much space is available and will the county provide all of the furniture, workstations, etc.?**

A2. Currently, the work is completed off-site. It is possible that Monroe County could provide 2 cubicles; however, the County would make the determination about whether or not it could accommodate the number of staff proposed in-house.

**Q3. Does the county have a contractor/vendor providing these services currently? If so, who is it and how much did the county spend with the contractor/vendor in the last 12 months?**

A3. Yes. The requested information must be obtained through a Freedom of Information Law (FOIL) Request submitted to the County's Department of Communications. This form can be found on the Monroe County website at [www.monroecounty.gov](http://www.monroecounty.gov).

**Q4. What is the annual volume of transactions that are currently being handled on a monthly basis and with how many FTE?**

A4. The County does not have this information, as the numbers fluctuate based on the number of services authorized per child during that month.

**Q5. Is the County looking for a fixed monthly price or an hourly rate based on the different skillsets required within this RFQ?**

A5. Fixed Monthly Price.

**Q6. Section 2.3 lists various activities to be performed. What type of activities will be performed by the agency, the volume and time spent on each activity. For instance, the following type of activities are performed today. Please provide a break up in the below table with data.**

A6.

Type of Activity	Volume	Time Spent
*Create authorization letters	Medium	15%
Process vouchers and billing forms	High	60%
*Input evaluation results- N/A	Medium	15%
Produce reports (as needed in KIDS). Currently the vendor Does not have the capacity to print reports in NYEIS.)	Low	5%
Handle billing and payments for family and providers	Low	5%
*These activities will decrease over time and eventually be non-existent once the KIDS database is no longer used.		

- Q7. Are the type of activities mentioned in this RFP currently being performed by any other agency at present?**
- A7. Yes. See A3.
- Q8. What are the number of agents currently working to provide these services?**
- A8. Two (2) full time and two (2) part time individuals.
- Q9. Section D, Point 3 mentions the requirement of handling family and provider questions related to billing and payment for services. How does the County intend these questions to be handled – through email, voice or correspondence?**
- A9. All of the above methods are acceptable, as the most appropriate communication will depend on the nature of the question.
- Q10. Section A, point 3 mention authorization letter, how will the letters go out, mailed or electronically?**
- A10. Currently, the authorization letter is mailed to providers who have children in the KIDS database. Once there are no longer any children in the KIDS database, then there will no longer be a need to mail the authorization letters to providers as NYEIS automatically generates a service authorization number, and it is available to the provider electronically.
- Q11. Section A, point 6 how do the vouchers get to the county?**
- A11. A courier picks vouchers up from the current vendor and delivers them to the County for review and signature.
- Q12. Does KIDS have Medicaid tracking module or the agency has to create one?**
- A12. Yes, KIDS has a Medicaid tracking module.
- Q13. What type of the software is referenced in Section E and what will be the cost?**
- A13. New York State Department of Public Health's Bureau of Early Intervention (NYSDOH BEI) oversees the Early Intervention Programs. Therefore, if at any time they require a certain software to be utilized, then the County's service provider would be required to purchase this software. Presently, NYSDOH BEI provides the KIDS database software at no cost to the County and NYEIS is a web-based application.
- Q14. Does the county intend to have the service provider's personnel work directly out of KIDS/NYEIS systems or through servicer's own data entry systems?**
- A14. The service provider's personnel would work directly through KIDS and NYEIS.
- Q15. What is the mode of dispatch of documents by the County to the service providers? At what frequency is the information sent and what is the turnaround time expectation?**
- A15. The billing vendor is responsible for mailing authorization letters to providers. The number of letters sent on a monthly basis fluctuates as it depends on the number of services authorized per child during that month.

- Q16. To what extent will the location of the potential service provider's office have a bearing on the award of the contract?**
- A16. Rating criteria listed in Section 3.6 of the RFP includes Local Office. All Respondents will be considered and rated.
- Q17. Does the county require service providers personnel, at any time, to be based out of County's office or at a location other than the service providers own offices for any of the services mentioned in the RFP?**
- A17. No, the County does not require the service provider's personnel, at any time, to be based out of the County's office or at a location other than the service provider's own offices for any of the services mentioned in the RFQ.
- Q18. Are claims currently billed to Medicaid and other third party payers or will this be the first time this process is implemented?**
- A18. Yes, claims are currently billed to Medicaid and other third party payers.
- Q19. Are the services outlined in the RFQ currently performed by a billing agency or are the services performed in-house?**
- A19. The services outlined in the RFQ are currently performed by a vendor.
- Q20. If yes, what is the name of the current billing agency?**
- A20. See A3.
- Q21. What was the compensation paid to the existing billing vendor in the most recently completed fiscal year?**
- A21. See A3.
- Q22. How many FTE's (full time employees) are currently dedicated to providing the services outlined in the RFQ?**
- A22. There are current two (2) full time employees.
- Q23. Please confirm the billing services provided by the billing vendor can be performed offsite at the location of the contractor.**
- A23. See A17.
- Q24. Please confirm the billing services will be performed by the billing vendor using the KIDS and NYEIS systems.**
- A24. The billing services will be performed by the billing vendor using KIDS and NYEIS systems per New York State Department of Health regulations.
- Q25. Will the billing vendor be given remote access to the KIDS and NYSEID systems?**
- A25. KIDS is a software program that can be downloaded onto the billing vendor's system. NYEIS is a web-based application available via the Health Information Network (HIN). The billing vendor will need to obtain a HIN ID number in order to access NYEIS.

**Q26. Is the intent of the NYEIS system to eventually replace the KIDS application? If yes, when will this occur? If not, please better describe how these two applications will be used together?**

A26. Yes, it is New York State's Department of Health's intention that NYEIS eventually replace the KIDS application. We do not yet know a specific timeframe of when this will occur as it is dependent on several factors (e.g. children's dates of birth, re-referral status, etc.). In the interim, the two systems will be maintained simultaneously. Effective March 1, 2011 all children referred to the Early Intervention program are in NYEIS with the exception of those children who were re-referred and had been "open" in the KIDS system. In that case, these children have been "re-opened" in the KIDS system.

**Q27. What is the estimated monthly / annual volume of encounters / visits requiring data entry by the billing vendor?**

A27. Monroe County contracts with both agency providers and independent providers. The estimated volume depends on the size of the agency or independent provider who is billing. Several of the largest agencies employ over 100 staff, each of whom may carry a caseload from a few children up to approximately 30-35 children. Independent Providers may have a caseload that ranges from as few as 2 children up to 20 children.

**Q28. What is the monthly / annual volume of insurance claims expected to be submitted by the vendor?**

A28. The volume of insurance claims varies depending on the number of services provided, but the current average is approximately 5,000-7,000 insurance claims per month.

**Q29. Will the successful bidder be required to bill for any services provided before the onset of the contract? If yes, what is the anticipated volume?**

A29. The selected Respondent will not be required to bill for any services provided before the onset of the contract.

**Q30. Will the successful bidder be required to perform claim follow up and collection services for open A/R balances that were billed prior to the onset of the contract? If yes, what is the anticipated volume?**

A30. Yes, the selected Respondent will be required to perform claim follow-up and collection services for open Accounts Receivable balances that were billed prior to the onset of the contract. It is difficult to estimate the volume as we do not know how many of these claims will be outstanding at that time.

**Q31. Will the contractor receive any paper encounter forms and/or demographic data for manual data entry? If yes, what is the estimated number of encounter forms the contractor will be required to process?**

A31. Yes. The number of encounter forms varies, but estimates are listed below:

- Referral Form - Approximately 150-170 referrals per month.
- Pre-IFSP Forms – Currently only required for children in KIDS, and is approximately five (5) or less per month. This number will continue to decrease as every child referred to EI is now entered into NYEIS except those that have been re-referred and were originally in NYEIS.
- Services Input Form - Approximately 150 per month. The number of initial IFSP Services Input Forms has decreased to approximately 10-15 per month due to NYEIS.
- Billing Claims Forms - Most providers submit billing twice per month, so there are approximately 250 billing invoices per month.

**Q32. How will the billing vendor receive the paper forms for manual data entry?**

A32. Providers mail or hand-deliver invoices to the billing vendor for payment.

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**Q33. Please clarify *Transmit data daily to the County via the Internet* under Section E (General Requirements) of the RFQ. What type of data will the billing vendor be responsible for transferring to the county on a daily basis?**

A33. This bulleted point refers to the New York State Early Intervention System (NYEIS), a web-based application that went “live” in Monroe County, effective March 1, 2011. The staff of the selected Respondent will have designated user roles within NYEIS that have work queues attached to the specific role. Work completed by the user in these various work queues gets transmitted to Early Intervention staff at Monroe County via NYEIS.

**Q34. Are county providers currently credentialed with third party insurance payers?**

A34. Yes.

**Q35. Will this engagement require the billing vendor to provide credentialing related services?**

A35. No.

**Q36. How many providers are currently performing EIP services for the county?**

A36. There are currently twenty-one (21) agency providers and forty-three (43) independent providers

**Q37. How many of these providers will require third party insurance credentialing?**

A37. This number is unknown.

**Q38. What percentage of claims submissions are currently submitted electronically versus on-paper?**

A38. 100% of claims are currently submitted electronically.

**Q39. What is the average total charge per patient encounter?**

A39. The answer to this question depends on the service provided. Rates are set by New York State Department of Health (NYSDOH).

**Q40. Will this engagement require any direct billing to patients?**

a) If yes, what is the anticipated number of “first bill” patient statements to be generated each month?

b) If yes, how many follow up collection letters are required before considering the claim as bad debt?

A40. No, these services do not require any direct billing to patients.

**Q41. Will this engagement require billing the county for services not reimbursed by insurance payers?**

A41. Yes. Services are billed to third party health insurance and/or Medicaid and the County is the payer of last resort.

**Q42. What is the preferred schedule for submitting claims to third party payers (weekly or monthly)?**

A42. Weekly.

**Q43. How many authorization letters will be sent on a monthly basis and who is responsible for postage for mailing authorization letters?**

A43. The billing vendor is responsible for mailing authorization letters to providers. The number of letters sent on a monthly basis fluctuates as it depends on the number of services authorized per child during that month.

**Q44. To help better understand the level of effort required for data entry, can Monroe County provide a sample copy of the documents used to capture the following information, which will be sent to the billing vendor for data entry:**

A44.

1. **Demographic information** - Please see the attached Early Intervention Referral Sheet.
2. **Evaluation Document** - Please see the attached Authorization for Pre-IFSP Evaluations Form.
3. **IFSP Information** - Please see the attached IFSP Services Input Form.
4. **Service Authorization Form** - The billing vendor generates this for providers who have children in the KIDS database and sends the letter to the provider. The provider uses this information for billing purposes.
5. **Billing Claim Form** – Please see the attached Billing Form.
6. **Monthly Billing Packet** - N/A.

**Q45. Will the contractor be responsible for posting manual and electronic payments to the system?**

A45. Only to reconcile billing transactions and payments received.

**Q46. Will the contractor be responsible for receiving manual insurance payment checks and making deposits for Monroe County Department of Public Health (MCDPH)?**

A46. No.

**Q47. What is the average reimbursement rate per service or per patient encounter?**

A47. Rates for services are established by New York State Department of Health (NYSDOH) and vary depending on the service provided.

**Q48. Who will be responsible for receiving check deposits from third party payers?**

A48. Monroe County.

**Q49. How will the billing vendor receive information for posting payments into the system?**

A49. Via payment reconciliation with the Monroe County Department of Public Health (MCDPH) Accounts Receivable.

**Q50. What is the current percentage of claims posted electronically (HIPAA 835 files) vs. the percentage posted manually (paper checks and EOBs)?**

A50. The County does not have this information.

**Q51. Does MCDPH expect the contractor to send a weekly or monthly data file detailing payment information for claim submissions? If yes, what is the preferred format for this data file (delimited text file, HIPAA 835, etc)?**

A51. Yes. The County's preferred format is an Excel file.

**Q52. What is the percentage of claims billed to Medicaid vs. other Third Party Payers (Blue Cross, Aetna, etc)?**

A52. 99% Medicaid, and 1% Third Party.

**Q53. Please provide a summary of cash collections by payer or financial class for the last fiscal year.**

A53. NYSDOH \$5.3 Million, Medicaid \$5.1 Million, and Third Party \$200,000.

**Q54. What is the current payer mix by major payer (i.e., Medicaid, BCBS, Aetna, etc.) by gross charges and cash collections?**

A54. 50% NYSDOH, 48% Medicaid, and 2% Third Party.

**Q55. What is the preferred method for pricing?**

- a. Contingency based pricing where the contractor fee is based on a percentage of total collections.
- b. Flat price per claim submitted.
- c. Fixed monthly / annual fee.

A55. The preferred method of pricing is fixed monthly / annual fee.

# Early Intervention Referral Sheet

Monroe County Resident

Yes, proceed with referral.  No, give caller phone number of appropriate contact in their county.

## Referral Reason

Primary Referral Source: \_\_\_\_\_

Status Assigned:  At Risk  Confirmed Diagnosis  Suspected of Delay  Failed Hearing Screen

## Child Information

Referral Date: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_\_

(If not within our birth date guidelines, give caller information to call school district they live in)

Child's Dominate Language: \_\_\_\_\_ Municipality of Residence: \_\_\_\_\_

Race:  Am. Indian/Alaskan  Asian  Black/African Am.  Native Hawaiian/Pacific Island  White

Ethnicity:  Hispanic/Latino  NOT Hispanic/Latino

## Family Information

Mothers First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Is a parent proficient in English?  Yes  No

Alternate Parent Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral.

## Address

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

## Phone

Type:  Business  Home  Mobile  Other \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**DO NOT ENTER ANY OF THE INFORMATION BELOW INTO NYEIS  
UNLESS IT IS A PARENT CALLING IN THE REFERRAL**

**Child Details**

Caregiver Name if other than parent: \_\_\_\_\_, Relationship: \_\_\_\_\_  
Living Arrangement: \_\_\_\_\_ School District: \_\_\_\_\_

**Suspect of Delay Details:** primary refers to Referral Source; check all that apply

<u>Primary</u>	<u>Referral Reason</u>	Diagnosis (if known) _____
<input type="checkbox"/>	Confirmed Diagnosis	_____
<input type="checkbox"/>	Adaptive	Transfer from Municipality: _____
<input type="checkbox"/>	Cognitive	
<input type="checkbox"/>	Communication	
<input type="checkbox"/>	Social/Emotional	
<input type="checkbox"/>	Physical	

**Birth Details**

Country of birth, if not US: \_\_\_\_\_ Birth weight: \_\_\_\_\_  
Hospitalization Status at time of Referral: \_\_\_\_\_ Hospital name: \_\_\_\_\_  
If hospitalized, expected discharge date: \_\_\_\_\_

**Primary Care Physician**

Name: \_\_\_\_\_ Practice: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Comments**





