

## Q&A: UCOP2024RC03 – Bad Debt

1. Is UCLA Health included in this solicitation? **Not at this time**
2. Will the vendor perform the work directly into the hospital's system, e.g., Epic? **Yes**
3. Are all the Medical Centers on the same instance of Epic? **No**
4. Are any accounts assigned and/or worked outside of the hospital's main system? **No**
5. Are Campus account in scope? **UC Health services are in scope, academics are not**
6. Does each Medical Center have TCPA consent language within your patient financial documentation? Are text messaging and email to patients allowed? **Yes**
7. Does UC Health assess fees or interest prior to bad debt placement? Can this be identified in the placement data to the vendor for Regulation F purposes? **No**
8. Is there any grace period surrounding direct payments? If so, are they standard for all Medical Centers or does each Medical Center set their own? **Varies by facility**
9. What is UC Health's expectation around financial assistance? **UC Health will manage parameters around offering financial assistance including payment plans, discounts and charity care**
10. Does UC Health have steps in place to be compliant and operate within safe harbor of Regulation F to enable vendor to email BD patients within safe harbor? **Yes**
11. Have you encountered any specific challenges in implementing AB 1020 across multiple centers? If so, what are they? **All facilities are compliant with AB 1020**
12. Is there a centralized team or committee responsible for overseeing AB 1020 compliance across all centers? **Each Medical Center manages compliance with AB 1020**
13. Will denial resolution and account follow-up accounts be placed with vendor along with bad debt? **No**

14. What are the number and dollars written off to bad debt over the past 18-24 months? **Varies by facility, will disclose to finalists**
15. What is the average number and dollar of accounts placed monthly? HB and PB? **Varies by facility, will disclose to finalists prior to RFP award**
16. What is the percentage of SP vs SPAI bad debt placements? **Varies by facility, will disclose to finalists prior to RFP award**
17. What is the average balance of both HB and PB bad debt accounts? **Varies by facility, will disclose to finalists prior to RFP award**
18. At what age will bad debt accounts be placed with the agency? Will the age at which accounts will be sent to the agency be uniform for all Medical Centers? **Varies, min 180 days**
19. Will UC Health authorize credit reporting? Will each Medical Center make this decision for their specific facility? **Vendor will need to adhere to all current and future Federal and State legislation regarding credit reporting**
20. Will UC Health authorize litigation? Will this be decided at the Medical Center level? **Vendor will need to adhere to all current and future Federal and State legislation regarding litigation**
21. Will UC Health authorize remote printing of itemized statements? **Yes**
22. Please provide a copy of AB 1020 "Goodbye Letter"? Does each Medical Center maintain their own Goodbye Letter? **Yes, each medical center maintains their own Good-Bye Letter, copies will be provided to finalists prior to RFP award**
23. Will this be a sole-source award or a multi-source award? **Multi-source**
24. Will there be an initial placement of backlog accounts? If yes, can you please provide the breakdown by Medical Center, # of accounts, dollars and age of accounts? **No vendor will be responsible for new assignments. Volume varies by facility.**
25. How are these services provided currently? **Through a combination of internal and external resources.**

26. How long will the vendor keep the accounts? **We would like the vendor to decide on when an account is uncollectable and return to the Med Center for proper handling. All other collectable inventory will remain with vendor.**
27. At what point/age is the account moved to bad debt? Is another vendor working these accounts for self-pay/early out prior to being assigned to bad debt? **Min 180 days. No**
28. Can you confirm if the hospital will permit the vendor to integrate their inventory into the vendor's proprietary system to enhance business operations and efficiency? **Yes**
29. What is the current liquidation rate for this business, by Medical Center? **Varies by facility, will disclose to finalists prior to RFP award**
30. Will the vendor post patient payments within UC Health (or Medical Center) merchant account or will the vendor be required to post payments in their own merchant account? **Vendor will need to secure their own merchant to process payment**
31. Can patients make payments for bad debt through MyChart? **Patients can make payments via web portal, mail, and phone.**
32. Will UC Health permit the successful vendor(s) the ability to offer settlements? If so, what is UC Health's settlement authority **Yes, agency will have authority to settle within set parameters.**
33. Will there be a secondary collection vendor? Champion vs Challenger model? **No**
34. What is UC Health's expectation regarding denials in this bad debt arena? **RFP is for self-pay receivables only**
35. Can the agency add interest, as allowed by law? **No**
36. If accounts are currently with an incumbent vendor, will accounts be moved from the incumbent agency and placed with the new agency or will this be on a go-forward basis? Will this vary by Medical Center? **Current vendors will retain previously assigned accounts**

37. What collection activities are taken by UC Health prior to placing accounts with the bad debt agency? **Statement billing, disclosure of financial assistance, direct outreach to patient for amounts owed.**
38. Does UC Health utilize a scorecard to measure and manage its current vendors? Can you provide a sanitized version of the scorecard or provide the components used to measure and manage vendors? **Varies by facility**
39. Will UC Health want reporting that rolls up to the UCOP level, in addition to providing each Medical Centers with their specific reports? **Not required**
40. What is UC Health's expectation regarding the process for billing secondary claims? **Managed internally.**
41. Is A/R Follow-up work to be included in the placements? **Only for self-pay receivables.**
42. If there is to be a primary vendor and secondary vendor selected, does UC Health want one rate for the primary business and a separate rate for the secondary business? Or are you looking for one blended rate? **Not secondary or primary, but Med Centers can elect to use two or more vendors assigned by alpha split.**
43. What were the overall liquidations for primary bad debt collections in FY23? What were the overall liquidations for secondary bad debt collections in FY23? **Varies by site, will disclose to finalists of RFP award.**
44. How will accounts be referred to the vendor? Are referrals sent 7 days/week or during the work week only? **Via electronic data exchange, 7 days/week.**
45. Does UC Health want any on-site account management? **No.**
46. What is the average monthly and annual total dollars collected on the Professional (PB) Bad Debt inventory by UC Health current vendor(s)? **Varies by site, will disclose to finalists of RFP award.**
47. What is the average monthly and annual total dollars collected on the Hospital (HB) Bad Debt inventory by UC Health current vendor(s)? **Varies by site, will disclose to finalists of RFP award.**

48. What is the average monthly and annual number of Hospital (HB) Bad Debt accounts placed separated by True Self-Pay versus Balance After Insurance? **Varies by site, will disclose to finalists of RFP award.**
49. Can UC Health please estimate the number of denials that are handled by its bad debt vendor on an annual basis? **Insurance denials will be managed internally.**
50. Can UC Health please estimate the number of payor adjudication claims it handles on an annual basis? Can this be broken out by each Medical Center? **Yes. Varies by site, will disclose to finalists of RFP award.**
51. Vendor Pricing – Total Recurring Costs - Placement volume is necessary to provide costs. Please provide volumes to include: • # of accounts • \$ value of accounts • Average age at time of placement • Mix of BAI and RSP by # and \$ of accounts **Varies by site, will disclose to finalists of RFP award.**
52. Vendor Pricing – Total Recurring Costs - Pricing is traditionally in the form of a contingency fee percentage. The total costs on an annual basis will vary based on volumes, recovery and contingency associated with said recoveries. Please clarify how we should provide pricing in the form of a dollar amount. Should we provide a supplemental pricing document to support the annual cost? **Finalists will be required to submit their best and final pricing post disclosure of anticipated volume by site.**
53. Question 16: Please detail UC Health’s interpretation of Proof of Concept for purposes of this Bad Debt RFP. **Vendor will be required to produce an operational overview of their process to successfully recover self-pay receivables owed. Please include operational overviews, account escalation processes, and any other information demonstrating your ability to manage self-pay receivables.**
54. Question 84: Please elaborate on what type of Workflow management would be required. Are you asking for workflow specifically related to data exchange, bad debt services workflow or both? **Data exchange between UC Health and Vendor.**
55. Can you please elaborate on what is being requested in "Question 84: UC needs Workflow management (Documents can be directed to internal and external parties for review)." **Please describe your internal workflow from data intake to debit balance resolution.**

56. At what age are accounts assigned to bad debt and how long can we keep the accounts? **Varies, min 180 days. We would like the vendor to decide on when an account is uncollectable and return to the Med Center for proper handling. All other collectable inventory will remain with vendor.**
57. Will all UC facilities go live at the same time, or will there be phases? **No, each facility will establish their own go-live date**
58. We assume there will be phases, if there will be phases, can you please share the expected or anticipated go live for each? **Anticipated 2024-2025 go-live based on facility**
59. If there will be phases, will tiered pricing be accepted as each facility is implemented and full placement volume is live? **Yes**
60. Are all UC facilities on Epic? **Yes**
61. Are they on one instance of Epic of multiple? **Multiple**
62. We assume with multiple facilities there will be multiple intake or placement files? **Yes**
63. What would management of this partnership look like? **Although this contract is sponsored by UCOP, the selected vendor will be accountable to Medical Center leadership**
64. Would management of the partnership be individual with each hospital and their IT team? **Yes**
65. Will copies of the patient's AB1020 letters be provided to the awarded vendor(s) to include with the validation notices? **Yes**
66. Does each UC facility obtain consent to email and text patients? **Yes**
67. What are the anticipated placement volumes for Hospital Bad Debt? **Varies by site, will disclose to finalists of RFP award.**
68. Can you provide placement volumes broken down by facility? a. Number of accounts Annually b. Annual Placements in \$ c. Average age d. What is the split between True

Self Pay and Balance After Insurance; please provide in both dollars and number of accounts. **Varies by site, will disclose to finalists of RFP award.**

69. What are the anticipated placement volumes for Physicians Bad Debt? **Varies by site, will disclose to finalists of RFP award.**
70. Can you provide placement volumes broken down by facility? a. Number of accounts Annually b. Annual Placements in \$ c. Average age d. What is the split between True Self Pay and Balance After Insurance; please provide in both dollars and number of accounts. **Varies by site, will disclose to finalists of RFP award.**
71. Based on the placement volumes provided, are they for 100% of the business or 50%? Are you awarding one vendor or 2? **Not secondary or primary, but Med Centers can elect to use two or more vendors assigned by alpha split**
72. When insurance is found, would that go back to the UC facilities for internal billing or would you like the vendor to bill? **Billing responsibilities will be retained by facility.**
73. Do you have any specific payment plan requirements for your bad debt vendors? **Yes. Vendor will have authority to initiate payment plan within set parameters from Med Center.**
74. Do any of the facilities utilize a financing company? If so, which one(s)? **No**
75. Describe your approach to assuring timely completion of services, including methods you will utilize.  
This is a difficult question to answer without more information. Can you please provide the following details:
- Is credit reporting allowed? **Vendor will need to adhere to all current and future Federal and State legislation regarding credit reporting**
  - Is legal allowed? **Vendor will need to adhere to all current and future Federal and State legislation regarding litigation**
  - Will the healthcare system be sending email addresses? **Yes**
  - Will the healthcare system be sending known cell phones (indicated as such on the placement file)? **Yes**
  - Does the healthcare system obtain consent for third parties to correspond with the patient via email and cell phone? **Yes**

76. Will you please provide more details around what you're looking for in a Proof of Concept? I didn't see detail about that in the RFP. **Vendor will be required to produce an operational overview of their process to successfully recover self-pay receivables owed. Please include operational overviews, account escalation processes, and any other information demonstrating your ability to manage self-pay receivables.**
77. Without knowing the volume we can't say how many staff will be assigned. How would you expect us to appropriately answer this question? **Please provide staffing levels required for various volume amounts based on your internal operating model. For example, 1 FTE per XXX accounts referred monthly.**
78. Questions 50 & 51 are very similar. Are we able to list the same customers in these answers or are you looking for different responses? **Questions 50 and 51 are different. All questions require a response.**
79. How long has your system been on the market?  
Is this referring to our company's time in business or how long we've been using our accounts receivable management system? **Accounts receivable management**
80. Please provide technical specifications needed to support your system (technical diagram showing flows, connections and integrations). This response doesn't allow for an attachment to be uploaded but it looks like that is what is being requested can the response type be changed so that we can add an attachment? **Due to a technical issue limiting upload functionality, please forward to Theresa Gamache in the message center section of Valify (PREFERRED) or send to [Theresa.Gamache@ucop.edu](mailto:Theresa.Gamache@ucop.edu) and include "RFP# UCOP2024RC03 Attachment" in the subject line.**
81. What type of digital communications to patients, e.g., SMS text messages or emails, are currently being sent? **SMS Text and email**
82. Why are you going to RFP?  
**To secure a qualified self-pay receivables vendor for UC Medical Centers.**
83. Regarding Section 3 RFP Timeline on page 3 of the RFP, cross-referenced with 4.3 Vendor Questions on page 5 of the RFP: The deadline to confirm interest (intent to bid) is Friday, October 11, which is the same day that proposals are due. Can the submission of a proposal also serve as a Vendor's intent to bid, or does an intent to



bid need to be submitted separately? If separately, what constitutes an “intent to bid” and to whom/what and how is the intent to be submitted? **Submission of a proposal can also serve as a Vendor’s intent to bid**

84. Regarding 4.2 Response Instructions on page 4 of the RFP: What is the character limit in the response fields on Valify? **32,767**
85. Regarding 4.16 Addendums on page 8 of the RFP: Do Vendors need to formally acknowledge any addenda issued for this solicitation, or is acknowledgment and understanding inherent in the submission of a proposal? If acknowledgment is required, please describe how and where that should be done. **Acknowledgment is not required as bidder will be notified of amendments via Valify.**
86. Regarding 5.5 Instructions for Pricing on page 10 of the RFP, cross-referenced with the Vendor Pricing tab on Valify: The two active response fields in the Vendor Pricing tab on Valify – for Recurring Costs and One-Time Costs – do not match or align with the pricing requirements presented in Section 5.5. Since no other cost model template is provided and Vendors are thus directed to create their own cost model (which would reflect the instructions in 5.5) and attach it to their proposals, how should proposing Vendors respond to the active response fields in the Vendor Pricing tab on Valify? Should they just put zeroes in these spaces, or N/A for not applicable, or something else? **Create your own cost model with a detailed breakdown of your bid and attach it to your proposal when finished. Use the attach link, see image below (should appear in the vendor pricing tab).**

ⓘ This is only a basic cost model and is not meant as a complete breakdown of spend. Provide your overall bid below; if the RFP author has provided a cost model template (included when downloading attachments), fill it in and **attach** it to your proposal. If no cost model template is provided, create your own cost model with a detailed breakdown of your bid and **attach** it to your proposal when finished.

87. Regarding 5.6 Questionnaires and Attachments on page 11 of the RFP: Vendors are directed to attach separate sets of answers in response to each of the eight (8) bulleted items presented here. However, for at least two (2) of these items – UC Health Terms and Conditions of Purchase and UC Data Security Appendix – not only are there no specific requirements to which to respond, but affirmations of having read, understanding, and accepting the content of these items are already being declared in the responses to questions 1-8 on Valify. Will UCOP confirm (or otherwise clarify) that Vendors are NOT required to upload attachments corresponding to these two bulleted items, and that having answered these questions in Valify fulfills and is responsive to the requirement for these two bulleted items? **Vendors are NOT required to upload attachments for UC Health Terms and Conditions of Purchase and UC Data Security Appendix, please list any exceptions in the field provided in Valify.**

88. Regarding 5.6 Questionnaires and Attachments on page 11 of the RFP: Are Vendors permitted to provide sections responses in their own organization's proposal response templates, e.g., extracting the requirement language and questions from the RFP for Section 6 Project Proposal Questions, presenting it in the organization's template, and responding accordingly? OR, are Vendors required to respond in UCOP's RFP document? **Vendors permitted to provide sections responses in their own organization's proposal response templates**
89. Regarding 5.6 Questionnaires and Attachments on page 11 of the RFP, cross-referenced with content in the RFP for Scope of Work – Exhibit A and Section 6 – Proposal Project Questions: Vendors are directed to provide a separate set of answers in response to each of the first two bulleted items on page 11, but Scope of Work – Exhibit A is largely descriptive and does not require direct response, but it IS followed by several questions that are ASSUMED to be (but not labeled as) the Proposal Project Questions. Will UCOP confirm (or otherwise clarify) that these two sections are essentially one section and only require a single response file? OR, does UCOP want responding Vendors to separate these two and respond to each and, if so, what kind of response is UCOP expecting to Scope of Work – Exhibit A? **Both sections require response. In the event there is overlapping information provided in more than one questions, please respond as thoroughly as possible to both.**
90. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please provide the estimated annual dollar volume of placements, separated by each of the academic health systems, including True Self Pay versus Balance after Insurance. If accessible, please segment HB and PB please. **Varies by site, will disclose to finalists of RFP award.**
91. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please provide the estimated annual number of accounts, separated by each of the academic health systems, including True Self Pay versus Balance after Insurance. If accessible, please segment HB and PB please. **Varies by site, will disclose to finalists of RFP award.**
92. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please provide the estimated annual dollars collected, separated by each of the academic health systems, including True Self Pay versus Balance after Insurance. If accessible, please segment HB and PB please. **Varies by site, will disclose to finalists of RFP award.**
93. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please provide the estimated batch liquidation/recovery rate at the time of recall,

separated by each of the academic health systems, including True Self Pay versus Balance after Insurance. If accessible, please segment HB and PB please. **Varies by site, will disclose to finalists of RFP award.**

94. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please provide the estimated average balance of accounts placed, separated by each of the academic health systems, including True Self Pay versus Balance after Insurance. If accessible, please segment HB and PB please. **Varies by site, will disclose to finalists of RFP award.**
95. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please provide the estimated average age of accounts at the time of placement, separated by each of the academic health systems, including True Self Pay versus Balance after Insurance. If accessible, please segment HB and PB please. **Varies by site, will disclose to finalists of RFP award.**
96. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please provide the length of time the accounts are retained by the vendor prior to recall, separated by each of the academic health systems, including True Self Pay versus Balance after Insurance. If accessible, please segment HB and PB please. **We would like the vendor to make a determination on when an account is uncollectable and return to the Med Center for proper handling. All other collectable inventory will remain with vendor.**
97. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please confirm if placement files include patient email addresses and cell phone numbers, separated by each of the academic health systems. If accessible, please segment HB and PB please. **Yes**
98. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please confirm the percentage of email addresses and cell phone numbers included placement files, in relation to the number of accounts placed, separated by each of the academic health systems. If accessible, please segment HB and PB please. **Varies by site, will disclose to finalists of RFP award.**
99. Please confirm if the awarded vendor is permitted to charge patient convenience fees if required to utilize it's own merchant account, separated by each of the academic health systems. If accessible, please segment HB and PB please. **No**

100. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please confirm if there will be a backlog of accounts placed to the awarded vendor(s), separated by each of the academic health systems. If accessible, please segment HB and PB please. If so, please confirm which academic health systems intend to place a backlog and the estimated number of accounts, dollar volume, average age and average balance. **No vendor will be responsible for new assignments.**
101. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please confirm if there will be a legal program initiated, separated by each of the academic health systems. If accessible, please segment HB and PB please. If so, please provide the average number of accounts, dollar volume, average age, average balance and the percentage of payments that are collected in the legal program versus bad debt program, separated by each of the academic health systems. **Varies by site, will disclose to finalists of RFP award.**
102. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please provide the level of satisfaction of current bad debt vendor(s), separated by each of the academic health systems. If accessible, please segment HB and PB please. **Will not disclose, internal use only.**
103. Regarding Section 6 Scope of Work – Exhibit A on pages 11-12 of the RFP: Please provide the current names of the bad debt vendor(s), length of time contracted and contracted pricing, separated by each of the academic health systems. If applicable, please segment HB and PB please. **Will not disclose, internal use only.**
104. Regarding Section 6 Scope of Work – Exhibit A, questions S6Q1 through S6Q15 on pages 11-13 of the RFP, cross-referenced with questions 12 through 26 on Valify: These sets of questions are the same. Is it UCOP's intent that responding Vendors provide their answers twice? OR, can responding Vendors eliminate the requirement of uploading a separate file for Section 6 – Proposal Project Questions and respond only in the respective fields on Valify (to include any required attachments)? **Yes, responses are required for all sections.**
105. Regarding Section 12.1 Basis for Award on page 39 of the RFP: Does UCOP intend to award a Bad Debt contract that will include all of the University of California Health academic medical centers, or will the academic medical centers have the right to award contracts individually? **UCOP will issue system level MSA, medical centers will draft individual SOWs based on services required.**

106. Regarding Section 12.1 Basis for Award on page 39 of the RFP: Please confirm the number of vendors that UCOP intends to award a bad debt contract, including if the number of awarded vendor(s) will differ by the academic health systems and HB versus PB. **Multi-source award with services varying by medical center.**
107. Regarding 12.3 Evaluation Criteria on page 39 of the RFP: Will UCOP provide any additional weighting information regarding the five categories of criteria listed here, e.g., Technical Approach is worth 20 percent, 30 points, etc.? **No**
108. Regarding Section 13 Vendor Questionnaire, questions S13Q1 through S13Q80 on pages 39-43 of the RFP, cross-referenced with questions 29 through 108 on Valify: These sets of questions are the same. Is it UCOP's intent that responding Vendors provide their answers twice? OR, can responding Vendors eliminate the requirement of uploading a separate file for Section 13 – Vendor Specific Questions and respond only in the respective fields on Valify (to include any required attachments)? **Yes, responses are required for all sections.**
109. Please provide the anticipated monthly placement account volume and dollars **Varies by site, will disclose to finalists of RFP award.**
- True Self Pay
  - Balance after insurance
  - PB
  - HB
110. Is the response to provide pricing for Primary Bad Debt only or should a rate for secondary placements be provided as well? **All placements will be primary, but Med Centers can elect to use two or more vendors assigned by alpha split.**
111. If Secondary placements are in scope, please provide the anticipated monthly placement volumes and dollars. **Only primary placements.**
- True Self Pay
  - Balance after insurance
  - PB
  - HB
112. Please provide the historical liquidation for both true Self-Pay and balance after insurance, HB and PB accounts? **Varies by site, will disclose to finalists of RFP award.**

113. What is the anticipated average age of placement? **Minimum 180 days.**
114. What is the length of time the selected vendor will have to work the account? **We would like the vendor to make a determination on when an account is uncollectable and return to the Med Center for proper handling. All other collectable inventory will remain with vendor.**
115. What is UCOP's original payor mix for the BAI inventory? **Varies by site, will disclose to finalists of RFP award.**
116. Will there be a backlog of accounts? If so, please provide the anticipated volumes, dollars and average age. **No**
117. Are there specific expectations on required work efforts (i.e. number of contacts, attempts, etc.) **Varies by site, will disclose to finalists of RFP award.**
118. Does UCOP have a presumptive charity process in place? If so, please provide a summary of the process? **Varies by site. For those who do, patients are screened prior to placement.**
119. What does UCOP expect the vendor liquidation rate to be for the Bad Debt inventory? Please provide the liquidation expectations for both Primes and Seconds. **Varies by site, will disclose to finalists of RFP award.**
120. Are there any minimum diversity spend goals for this RFP (i.e. a minimum percentage of contract value that must be subcontracted to a WBE/MBE/DBE) if the bidding agency doesn't hold those certifications? **There is not**
121. What is the driving factor of this RFP (i.e., procurement requirements, performance, etc.)? **Although many factors will be considered, primary drivers will be cost, serviceability of debt, operation efficiency of vendor, and customer service to UC and our patients.**
122. May the selected vendor utilize nearshore or offshore resources with prior approval from UCOP patient contact? **No**
123. May the selected vendor utilize offshore resources with prior approval from UCOP for back-office functions? **No**

124. What is the average account companion percentage? **Unknown/unclear question**
125. Will the vendor use UCOP's merchant account? **No**
126. Will the UCOP allow the selected vendor to keep found insurance accounts and work to resolution? **No. Insurance verification efforts will be exhausted prior to referral. In the event insurance was discovered post referral, account will be returned to referring Medical Center for claim submission.**
127. If found insurance can not be worked to resolution by the selected vendor, will UCOP allow selected vendor to take fee on accounts where the vendor discovered the insurance, Medicare, or Medicaid? **No. Insurance verification efforts will be exhausted prior to referral. In the event insurance was discovered post referral, account will be returned to referring Medical Center for claim submission.**
128. Will UCOP provide the patients, email, cell number and patient's consent in the placement file? **Yes**
129. What percentage of UCOP's accounts have email addresses? **Unknown**
130. What percentage of accounts have cell phone numbers? **Unknown**
131. What percentage of accounts do not grant consent to be contacted by email or cell phones? **Unknown**
132. Does UCOP obtain patient consent at time of registration to communicate via email and text? **Yes**
133. Will vendor have print access to the patient accounting system to pull an EOB or itemization in effort to resolve patient balances? **Yes**
134. Does electronic mail format (i.e., emailing & texting statements) meet the requirement of the patient mailing? Patient Mail – would be electronic when email and cell phone is present on the account and the patient accepts this as their preferred communication method. **No. Outreach to patient should not be limited solely to text and e-mail.**

135. How many vendors do you intend to select to service the Bad Debt Accounts?  
**It will be multi-source**
136. What is the target go-live date for this engagement? **Each facility will establish their own go-live date**
137. Who are the vendor currently providing bad debt services to the hospitals in scope? **Will not disclose, internal use only.**
138. What Patient Accounting systems are the UCOP hospitals on? **EPIC.**
139. Is the intent for the all facilities to go-live at the same time or will this be a rolling implementation? If it is a rolling implementation, please provide the anticipated rollout schedule. **Rolling implementation, each facility will establish their own rollout schedule.**