



16 Central Street
Bangor, ME 04401-5106

Main: 207-973-3200
TDD/TDY: 207-973-3262
www.maine.edu

REQUEST FOR PROPOSALS #30-13
Health Insurance Billing
University of Southern Maine
ADDENDUM #1

In response to vendor questions, the University has issued the following addendum:

The University of Maine

Q1. Of the total visits per year, 2011, 2012 please provide a breakdown of number of visits by service?

	A1. # CPT
University of Maine at Augusta	➤ 540 – 99213
	➤ 300 – 9203
	➤ 184 – 9385
University of Maine at Farmington	➤ 174 – 9395
	➤ 107 – 9441
	➤ 87 – 9214
University of Maine at Fort Kent	➤ 77 – 9212
	➤ 60 – 99204
	➤ 53 – 36415
University of Maine at Machias	➤ 51 – 99442
	➤ 45 – 99202
	➤ 41 – 99211
University of Maine at Presque Isle	➤ 25 – 94150
	➤ 23 – 99070
	➤ 12 – 99071
	➤ 12 – 90862
University of Southern Maine	➤ 10 – 69210

Q2. List of all services that will be charged for?

A2. Primary care services in the form of office visits, physical exams, procedures (such as venipuncture, PPD, ear lavage, nebulizer Tx, suture removal, injections, etc), immunizations, dispensed medications, CLIA-waived labs, (lab vendor to bill directly but most labs collected on-site).

Q3. Section 1.3, what are the fees for each service?

A3. 99202/99212 -	\$15.00
➤ 99203/99213 -	\$30.00
➤ 99204/99214 -	\$45.00
➤ 99205/99215 -	\$60.00
➤ 99385/99395 -	\$40.00
➤ CLIA-waived labs -	\$5.00
➤ On-site meds -	\$2.00 - \$55.00
➤ Immunizations -	\$32.00 - \$73.00
➤ PPD -	\$10.00
➤ Medical supplies -	\$1.00 - \$8.00

- Q4. Amount billed in 2011, 2012?
- A4. USM's insurance only - collection was near 100%. See below.
- Q5. Amount collected in 2011, 2012?
- A5.
- 2011 - \$17,340 (Portland and Gorham clinic locations)
 - 2012 - \$9,431 (closed clinic on Portland campus)
 - 2013 to end of March - \$10,578 (Gorham only)
- Q6. Provide your volume by CPT Code or service type and the insurance mix (BCBS, Medicaid, University Insurance, Commercials, etc.).
- A6. See #1 above. We do not currently collect detailed insurance information since we have not been billing all 3rd party payers, only USM's insurance, until this time. However, roughly 71% of our students have private insurance, 12% have USM's insurance, 6% have Medicaid and 11% are uninsured.
- Q7. Currently the University projects 3,000 visits per year with 10% unbillable as these students are uninsured. Does the University expect any revenue from these uninsured patients?
- A7. Yes, the annual health fee covers the cost of office visits for uninsured students as well as non-billable health promotion and outreach activities on campus. Charges are made to their account for any ancillary tests such as lab or on-site procedures as well as any dispensed medications.
- Q8. Of the 3,000 visits how many are MD, NP and RN visits? For the potential increase to 5,000 visits?
- A8. No MD visits, 3.2FTEs NPs and 1 part-time RN – 85-90% of visits are to NP. Anticipate increase in # of visits if/when Portland clinic re-opens.
- Q9. For the 10% that are uninsured and those that may be out of network, how does the University wish to collect the fee's, i.e. sent to student accounts (bursar), or bill the patient / parent?
- A9. Student accounts
- Q10. Provide a list of the most "common" insurance plans / carriers.
- A10. See #6 above – do not currently collect this information. Five major insurance companies in Maine are: Anthem, Cigna, Harvard Pilgrim, Aetna and United
- Q11. Section 3.9; clarify who will be receiving payment? University? Contractor? Specifically what payments?
- A11. USM Health & Counseling Services. Payments for all accounts receivable
- Q12. Section 3.10, Credentialing of Providers. Normally takes 60 days to get the providers enrolled, depending on the insurance they want to participate in. How many providers/ health clinicians will need credentialing?
- A12. 6 NPs – all have completed application process in CAQH.

- Q13. Section 3.11, Scope of onsite training needs to be clarified and intervals determined prior to contract award.
- A13. This is a health facility that has no prior experience with large scale 3rd party billing. We anticipate that we will require billing/coding training for clinicians and front desk personnel as well as assistance with credentialing and contracting process. Assume a ramp-up phase over the summer months, 2013 with multiple opportunities to connect in anticipation of onset of billing in Sept, 2013. Thereafter, it is our expectation that there would be regular, routine intervals of communication/mtgs (perhaps monthly) to problem-solve and work through billing issues particularly in year one.
- Q14. Section 3.13, how will the University send PCRs and other data to billing service?
- A14. Initially, may be mailed or faxed. Have EMR that is not currently at full capacity but hope to use billing revenue to fund our ability to go completely electronic, including submission of PCRs.
- Q15. Section 4, clarify what projects are acceptable and similar in scope and clarify if bidders disqualified if they have not had a similar project? We do not currently have any university clients however billing is no different than any other provider.
- A15. Bidders will not be disqualified if they have no previous experience with billing for college health services. However, understanding the variations of the delivery of health services in an academic setting is helpful and serves to the advantage of the bidder and therefore a preference for us.
- Q16. Section 4.7, clarify, electronic payment from insurers for your services? Or electronic payment to the Contractor for its services?
- A16. See #11 – to USM Health & Counseling Services



Hal Wells
University of Maine System
Assistant Director of Strategic Procurement

April 18, 2013