REQUEST FOR PROPOSAL WF2E794

Primary Bad Debt Collection Services WMC

QUESTIONS & ANSWERS
11/14/2025

Q Percentage distribution of True Self-Pay versus Balance After Insurance bad debt placements from the total volume provided

A. 85% True Self Pay, 15% Balance after Ins

Q Average account balance for both Hospital Billing (HB) and Professional Billing (PB) bad debt accounts

A. RFP for HB only, average account balance: $4,335.35

Q Whether Westchester Medical Center includes TCPA consent language in its patient consent forms

A. Yes

Q Current vendor's liquidation rate for accounts aged between 180 and 420 days

A. 16%

Q Average number of inbound calls received per month by your current vendor(s)

A. Not available

Q Current guarantor-to-account ratio for bad debt placements

A. 1.5 to 1

Q Page 4, section 1.3. Does this section require responses? If so, may we simply provide a blanket statement of acceptance to the section?

A. Responses required for each number item. Answers can be brief but definitive

Q Page 5, section 1.3, item 18. Does the 10-page length limit include the cover page, table of contents, executive summary, attachments, fee proposal, appendix items, etc.? Or does the 10-page limit only encompass our responses to the questionnaire items from attachment H?

A. 10-Page limit includes all submitted documents including those noted above.

Q Page 5, section 1.4, item 2. We don't appear to have received any Excel file with the RFP distribution. Does the "Excel Questionnaire" refer to the questions included in attachment H?

A. Yes, the Page 5, section 1.4 item 2 does pertain to the Attachment H questions

Q Page 9, section G, Fee Proposal. Should the Fee Proposals be separate from the rest of the proposal (sealed separately for the physical submission and on separate files for the digital submission)?
A. Proposal's can be sent in the full packet, separately is not necessary

Q Page 9, bottom section. For the hard copies, will scanned signatures suffice or are originals required?
A. For the proposal, scanned copies should be sufficient. On the final original signature will be required

Q Page 12, section 5, Scope of Work. Do the items within this section require a response or is it simply stating that the responses within our proposals must demonstrate and explore these items, such as in the information we provide for the questions in attachment H? If these items do require individual responses, does this section count towards the page limit?
A. A brief summary of these items would be required but a full detail explanation is not needed

Q Page 12, Acceptance of Terms and Conditions. Does the absence of a separate file of exceptions suffice to demonstrate that we accept the Terms and Conditions, or is it required to make a statement within our proposal specifying that we accept them?
A. A statement of acceptance would be required.

Q Could you please confirm the name(s) of the current agency/agencies providing primary bad debt collection services for WMC?
A. This information will not be disclosed at this time.

Q What contingency fee percentage is currently being charged by the incumbent agency/agencies?

A. N/A

Q How many full-time equivalents (FTEs) are currently assigned to WMC accounts by the incumbent agency/agencies?
A. Greater than 20 FTE's

Q What is the current average liquidation rate achieved by the incumbent agency/agencies for primary bad debt accounts?
A. 16%

Q Is WMC willing to consider alternative staffing models (dedicated vs. pooled)?
A. Not at this time

Q If WMC is on Invision/Unity, are you converting to Cerner/Oracle?
A. Not at this time.

Q Will WMC want the contractor to perform an insurance scrub on referred accounts?
A. It is preferable to make sure no insurance was missed.

Q If yes, may we propose a flat fee for found insurance that results in payment?
A. Yes.

Q How would you like the vendor to handle insurance finds?
A. We would expect the agency to pursue for the insurance payment.

Q If we find insurance, does WMC have a preference for how we price it?
A. Fee based on either insurance payment percentage with cap or per case found

Q What is the expected work effort by the vendor?
A. The RFP explains the work effort expected.

Q What is the Charity Care Applications/Insurance Scrub-process prior to referral and expected b/d process?
A. All patients are provided with Charity Care/Financial assistance prior to Bad Debt referral.

Q What percentage of patients provide cell phone/text/email at registration with express written consent?
A. 98%

Q Are you texting/emailing current patients?
A. Yes

Q How long have the incumbents been working with WMC?
A. Multiple client ages range from 2-20 years.

Q Are the incumbents handling any other business line for WMC?
A. Yes

Q **Page 8 – Section D – Bullet 5:** The description of "all legal proceedings" references five (50) years. Please clarify whether this is intended to read 5 years or 50 years.
A. This is a typo; the number should read (5).

Q Our current process allows us to rebill when new insurance is identified post-placement. Will this practice continue to be permitted under the awarded contract?
A. Yes.

Q Please provide expected annual and monthly placement volumes (number of accounts and total dollars) once the vendor panel is reduced to two agencies. Should respondents assume that historical published numbers will remain consistent with — or exceed — the projected future volumes?
A. Estimated referral values at 50% of current base is 16,650 annual, $46 mil. Projected future volumes to remain similar or drop marginally for following year.

Q Does the corporation anticipate that dollars placed in the coming year will be equal to or greater than the prior fiscal year?
A. Anticipated equal to or marginally lower.

Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.

Q What is the method of authorization obtained at the hospital to support consent for the selected vendor to send text messages to patients?

A. Complete Registration Patient Intake packet process.

Q Will awarded vendors begin with a "clean start" of new referrals only, or will any portion of the existing active inventory be transferred from current agencies?

A. The expected is a portion of the aged inventory will be moved to the new agency.

Q Are vendors required to submit full audit reports (e.g., SOC 2 Type II) annually, or is an attestation of current compliance acceptable at contract initiation?

A. SOC 2 Type II audits are preferred.

Q Do vendors operating in the Day 1–150 period represent themselves as the corporation, or as an independent contractor?

A. They operate as an operator for the facility.

Q How many notices are issued to non-paying accounts by Flywire within Days 1–150?

A. 150,000 +

Q What service level requirements exist for the secondary agency in Days 61–150 (i.e. number of calls, additional notices, or other outreach expectations)?

A. Secondary referrals are placed for 120 days.

Q Regarding the requirements for professional liability insurance, we were advised by our insurance broker that an insurance carrier would not write a policy with minimum limits of $2,300,000 per occurrence, $6,900,000 in the aggregate; it would need to be sold as $7,000,000 per occurrence/$7,000,000 aggregate. We currently maintain professional liability insurance of $5,000,000 per occurrence/$5,000,000 aggregate, which is considered industry standard on a high-volume debt collections project. Given that our per occurrence coverage of $5,000,000 is $2,700,000 greater than what WMC is requesting, our shortfall in the aggregate of $1,900,000 is immaterial as when our per occurrence and aggregate are combined, we are offering $800,000 over what WMC is requiring. Would WMC change the professional liability insurance requirement to $5,000,000 per occurrence/$5,000,000 aggregate?

A. Submission of insurance coverage below the minimum requirements stated in Schedule B-1 will be reviewed by WMCHealth's Legal and Risk Management departments for acceptability.

Q WMC is requesting general liability insurance with a minimum limit of liability per occurrence of $2,000,000 for combined bodily injury and property damage. Would WMC instead accept a policy written as: $1,000,000 per occurrence for liability and medical expenses; $1,000,000 Property Damage/Damage to Rented Premises; $1,000,000 Personal and Advertising Injury; $2,000,000 General Aggregate; and $2,000,000 Products Completed Operations? This would be in addition to our Excess Liability/Umbrella Insurance of

$5,000,000 per occurrence/$5,000,000 aggregate. We believe we are offering WMC a more comprehensive general liability insurance package than is being requested and that we are essentially fulfilling the requirement for general liability insurance per occurrence of $2,000,000 for combined bodily injury and property damage. Our policy is written in a slightly different way in that bodily injury and property damage are not combined, but two separate $1,000,000 coverages apiece, which when added together, are the equivalent of $2,000,000 in coverage.

A. Submission of insurance coverage below the minimum requirements stated in Schedule B-1 will be reviewed by WMCHealth's Legal and Risk Management departments for acceptability.

Q Page 5 of the RFP mentions an Excel Questionnaire attached to the RFP. We do not see this. Please confirm that this is not part of the RFP.

A. Item correct on RFP site

Q For Attachment H, the Question Sheet, we will need more space to answer some of these questions. May we reproduce Attachment H in Word or Excel?

A. Yes

Q If possible, please provide the names of and rates charged by the incumbent firms.

A. Not at this time

Q Confirm priorities and service expectations specific to WMCHealth

A. Recoveries to meet and exceed 25%

Q Discuss current pain points and integration requirements

A. NYS and Federal regulations

Q Why is the contract out to bid at this time?

A. As required by NYS and County regulations

Q When is the anticipated contract start date?

A. 1/1/2026

Q How many entities owned and/or operated by Westchester Medical will be included in this agreement?

A. One entity, 2 locations

Q Does Westchester Medical add any late fees or other penalties to a principle balance at any stage of delinquency prior to placement for collection?

A. No, the organization does not impose late fees or penalties but agencies are able to apply where permissible

Q Regarding **1.2 Hospital Information > e. Current Self-pay Process > iv. Day 180** on page 4 of the RFP: Under the current process, the M-Z alpha also receives all Balance after Medicare accounts, regardless of alpha placement. Is this also the intended distribution for the contract to be awarded through this procurement?

A. All Medicare accounts will remain with the current vendor

Q Regarding **1.2 Hospital Information > h. RFP Contact for Questions** on page 4 of the RFP: Is there a file/message size limitation for proposal content to be emailed to the RFP contact (Patrick.Baker@wmchealth.org)? If so, please provide that limit and also please confirm that if necessary in that regard, that Proposers could send their proposal elements across more than one email message.

A. General file size limits cannot exceed 25mb. Multiple emails may be submitted with separate attachments if adding all attachments to one email will exceed the limit. If multiple emails will be sent, please number the emails in the subject, i.e., Email 1 of __...

Q Regarding **1.5 Background** on page 6 of the RFP, cross-referenced with **2.6 Submission of Proposal** on page 10 of the RFP: In 1.5, the suite number for the designated contact is listed as D282, while in 2.6, the suite number for the designated contact is listed as D28. Please confirm which is correct, especially for shipping purposes.

A. The correct suite number for contact is D282.

Q Regarding **1.6 Key Events/Timeline** on page 7 of the RFP: Other than "2 PM Eastern" for the proposal due date, are there specific times associated with the other events in the timeline? If so, please provide.

A. No

Q Regarding **1.6 Key Events/Timeline** on page 7 of the RFP: For "Questions and Answers Distributed" targeted for 11/14, please describe the nature of distribution. Will these solely be posted on the WMC Web site, or emailed to those who have provided email addresses in Letters of Intent, or something else?

A. Answers will be posted on New York State Contract Reporter, WMCHealth's Procurement Opportunities webpage, and emailed to all potential respondents who submitted letters of intent and questions.

Q Regarding **2. RFP Instructions > 2.3 Addenda to RFP** on page 7 of the RFP: Are Proposers required to formally acknowledge receipt and understanding of each/any addenda to be issued for this procurement? If so, please describe, e.g., state acknowledgement in Transmittal Letter. **OR**, is acknowledgement inherent in submission of their proposal?

A. The intent to participate can be received in an electronic or hard copy form.

Q Regarding **2. RFP Instructions > 2.6 Submission of Proposal** on page 9 of the RFP: Content here describes that Proposers will submit both electronic and hard copy copies of their proposal. Given uncertainty regarding the "Excel Questionnaire" to be completed (but was not provided) and the proposal structure described in 2.5, please clarify/confirm exactly what the proposal elements should be. Is WMC expecting a single PDF file to comprise a Proposer's electronic proposal and two printed hard copies in binders to comprise a

Proposer's hard copy? OR, is there an actual Excel Questionnaire, such that Proposers will be emailing both a PDF file and an Excel file, and that a printed copy of the Excel document should be physically mailed along with the bound version of the Proposer's proposal as described in 2.5?

A. The questions that are included in the Excel questionnaire referenced in Section 1.4 of the RFP were also included in the orginal RFP document as Attachment H. The Excel version of Attachment H was uploaded to the RFP posting on the New York State Contract Reporter and the WMCHealth Procurement Opportunities webpage on Monday, November 10, 2025.

Q Regarding 2**. RFP Instructions > E. Staffing Proposal** on pages 8-9 of the RFP: Does "roster of all staff" in the first bullet refer to the collection staff to be dedicated to work WMC business?

A. Yes, however roster of names is not required. Dedicated FTE count will be acceptable

Q Regarding **4. Evaluation Factors for Awards > 4.4 Logistical Evaluation** on page 12 of the RFP: Content here cites that 30 percent of evaluation is predicated on two factors, one of which is "Location of collection services physical location/state." Are out-of-state vendors automatically at a disadvantage to be awarded this contract?

A. No.

Q. Please provide WMC's level of satisfaction with your current Bad Debt vendor(s).

A. This information will be disclosed at this time.

Q. Please provide the reasoning as to why WMCHealth has published this RFP.

A. The RFP was published for to seek proposals for the services stated in the RFP.

Q. Please provide the top three attributes that WMC is looking for in the selection of a vendor.

A. 1- Recoveries exceeding 25% or referrals
2- High Patient Satisfaction ratings
3- Quality of service

Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.