



Request for Proposals #: WFE4767

Questions & Answers

November 26, 2025

1. Article III: Term and Termination – 3.3 Termination Without Cause - Under the circumstances of termination without cause, will the successful proposer be paid for all work completed up to the termination date?
 - a. **WMC may exercise its right to terminate without cause in accordance with the terms and conditions that will be outlined in the final executed agreement. Payment terms, including compensation for work completed up to the date of termination, will be determined during final contract negotiations.**
2. Section B-1: Insurance Requirements - Could a maximum amount be added to the indemnification requirement?
 - a. **This request is subject to further review by WMCHealth's risk management team and will be evaluated as part of the final contract negotiation process with the selected proposer.**
3. Can you share your inventory of "major payers"?
 - a. <https://www.wmchealth.org/patients-and-visitors/insurance-and-billing>
4. Are your payer contracts structured as: A single base agreement across all facility assets with individual hospital rate sheets for each participating product (commercial, MA, Managed Medicaid or...)
 - a. **Contracts are generally structured separately. Rate sheets for each facility include all applicable products.**
5. A separate and distinct contract with each payer for each hospital and participating product?
 - a. **No. One contract that covers all products.**
6. Do you use any contract management vendor to manage and model contracts for negotiations (e.g., FinThrive, Experian)?
 - a. **Yes. Siemens contract management is used at WMC/MHRH, Cerner contract management at the Charity hospitals, and Paragon at HAHV.**
7. Do you have a single EMR and PFS platform across all assets that has been fully implemented for more than three years?
 - a. **No.**
8. Which EMR(s) or PFS platforms do you currently employ?
 - a. **Cerner, Paragon, Envision.**



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9. What is the nature and number of your value-based contracting arrangements - Fully capitated, shared savings upside only, shared savings limited upside downside, quality measurement and pay-for-performance only?
 - a. **Pay for performance only with major payors.**
10. Do you have a single charge master across your facility assets? If not, how many distinct charge masters do you currently manage and maintain?
 - a. **Same CDM, separate charge structure for WMC/MHRH and Charity.**
 - b. **Separate CDM and charge structure for HAHV.**
11. Are you able to provide 3 years of 835, 837 and account level claims details?
 - a. **Requests for detailed data will be addressed following contract execution and will be provided in accordance with the data access provisions outlined in the finalized agreement.**
12. In addition to the 6 facilities listed in Section 1.1, will physicians or other entities be included in the review?
 - a. **No.**
13. Are there any high priority active or upcoming payer negotiations?
 - a. **2026 – Aetna, United – year end.**
14. How many payer contracts, by line of business (Commercial, MA, Exchange, and Managed Medicaid) are to be included in the assessment?
 - a. **The number of applicable contracts varies by line of business; the organization will provide further detail during onboarding with the selected vendor.**
15. For the 6 facilities listed in Section 1.1, is there rate alignment among all or any of those facilities? Are the facilities on a combined core Agreement?
 - a. **No. No.**
16. Is WMCHealth interested in Rate Benchmarking for all commercial plans for each facility or a subset based on payer mix/volume? Is WMCHealth looking for output that includes claims' utilization applied to normalized results by payer or a high-level approach that evaluates rate positions for highly utilized services within a market range?
 - a. **Final benchmarking parameters will be refined collaboratively with the selected vendor based on payer mix, volume, and strategic priorities.**
17. How many specific peer facilities, including regional or national, would WMCHealth like to include in the Rate Benchmarking review? Or is WMCHealth seeking market aggregate ranges?



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- a. **Vendor recommendations regarding the appropriate number and type of peer facilities, including whether market-aggregate benchmarking is advisable will be mutually evaluated and agreed upon.**
- 18. Does WMCH Health currently participate in a large number of value-based programs? Is WMCH Health seeking a broader based VBC strategy, a current point in time view of existing programs, or modeling for future state VBC performance?
 - a. **WMCH Health seeks an assessment of existing arrangements and may consider broader strategic support or future-state modeling based on vendor recommendations.**
- 19. Does WMCH Health anticipate seeking a comprehensive strategic pricing CDM adjustment or is the intent to validate CDM alignment with any payer contracting efforts or recommended approaches?
 - a. **WMCH Health is evaluating multiple options and will determine the desired scope in partnership with the selected vendor.**
- 20. What internal resources or data systems are available to support contract modeling and financial analysis?
 - a. **WMCH Health utilizes multiple EMR, PFS, and contract management platforms. Additional internal resources will be identified during onboarding with the selected vendor.**
- 21. What are WMCH Health's top three strategic priorities for payer contracting over the next 2-3 years?
 - a. **Priorities will be discussed in detail with the selected vendor and may include rate optimization, alignment across facilities, and evaluation of value-based opportunities.**
- 22. What is the preferred level of involvement from WMCH Health leadership and stakeholders during the engagement?
 - a. **WMCH Health leadership and key stakeholders will collaborate closely with the selected vendor throughout the engagement to ensure alignment, progress, and successful outcomes.**
- 23. What is the anticipated process and timeline for decision-making and implementation following the proposal selection?
 - a. **Refer to Section 3.1.**