

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
1	Please provide Appendix A mentioned in the "general terms and conditions" section of the RFP document	Appendix A can be found here: <a href="http://purchasing.uclahealth.org/workfiles/UCMasterTermsandConditions-041919.docx">http://purchasing.uclahealth.org/workfiles/UCMasterTermsandConditions-041919.docx</a>
2	Are there any automation technologies already deployed in the process being described? Please provide brief description of the same.	No
3	Please Specify any strategic end goals and timelines envisioned for this project .	Our objectives for this initiative include improved operational performance and increased efficiencies in our overall revenue cycle.
4	Are there any inflight automation/transformation projects which can impact the future automation projects.	No
5	Can you please share an overview of the transaction Volumes and frequency for each of the use cases along with the AHT. Please share an overview of the Key SLAs and KPIs being tracked.	Please see the KPI's for each campus in the RFP. Please use your experience in this domain to make assumptions/projections and state these assumptions/projections in your proposal.
6	As several of the use case mentioned (2,6,7,18,19,20) are typically handled by a Practice Management Software, please clarify if there are other aspects UC Health is looking to replace from the Practice Management?	We use Epic for RCM and have no plans to move away from Epic.
7	Can you please specify the versions of EPIC currently being used in the UC health campuses.	Epic 2018
8	Does UC health have a preferred deployment approach. Example: Are you looking to run parallel sprints in 2 or more campuses for similar processes	We will evaluate approaches based on vendor proposals.
9	Do you currently have a RCM team in place with process for each of the use cases provided? If yes, can you please provide these processes? Will this include workmen's comp processing?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
10	Can you please share any process documentation available. This will help us determine the automation applicability, human decision making. Etc. involved	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
11	Can you please share an FTE count for each of the use cases listed.	No

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12	Can you please specify the formats in which the inputs would be made available to the Automation Platform. Is an HL7 interface available or would it be possible to generate flat files available from Epic? -if Yes, does UC health have a preferred frequency or time for the same?	We will evaluate approaches based on vendor proposals and accommodate formats based on agreed upon approach.
13	What are the different types/formats of input documents that need to be processed via the proposed automation platform? E.g. PDF, TIFF, JPEG etc. JPEG etc. JPEG etc. Provide at least 10 sample files each format.	Our RCM footprint is Epic and Epic's typical ecosystem.
14	What percentage of the input files/documents in a structured or unstructured form? (Structured documents come in a specific format with labels and fields located at same area in the document at all times) (Unstructured documents comes in various formats and labels and/or fields could appear anywhere in a document)	Our RCM footprint is Epic and Epic's typical ecosystem.
15	What is the average number of pages per transaction?	Our RCM footprint is Epic and Epic's typical ecosystem.
16	What are the total number of fields that need to be extracted ?Please provide the list of data fields that need to be extracted from the sample documents along with a brief description of the field?	Our RCM footprint is Epic and Epic's typical ecosystem.
17	Are the fields Printed, Hand written or a mix of both? If a mix of both, what percentage is handwritten and can you provide a few examples of handwritten fields? Can you please specify if there are certain fields which are always in a specific type. Example ICD codes are Hand written	Our RCM footprint is Epic and Epic's typical ecosystem.
18	Are there any validations or business rules that need to be applied on the data captured? If yes, please describe the rules against each field above.	Our RCM footprint is Epic and Epic's typical ecosystem.
19	What are the output requirements? Please specify if the outputs are required in a specific format. Excel, CSV, Port to ERP etc.	We will evaluate approaches based on vendor proposals and accommodate formats based on agreed upon approach.
20	Apart from the sample documents that will be shared with us are there any other supporting documents/master list/Database? And how will they be used in processing the transactions?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
21	What is the Operating System for the target applications	Our RCM footprint is Epic and Epic's typical ecosystem.
22	Are any of the applications accessed via Citrix?	Yes
23	Please list down the target applications involved in the end to end process	Our RCM footprint is Epic and Epic's typical ecosystem.
24	Are any of the target applications desktop based	Our RCM footprint is Epic and Epic's typical ecosystem.

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25	Are any of the target applications Web based	Yes
26	Do any of the web based applications have affinity to specific browser? If Yes, please provide application detail with the specific browser	Our RCM footprint is Epic and Epic's typical ecosystem.
27	Does any application need MFA for login?	Our RCM footprint is Epic and Epic's typical ecosystem.
28	What are the key drivers of the RFP ( cost reduction/quality improvement/process speed-up/standardization/compliance, etc.)?	All of these are key drivers; our objectives for this initiative include improved operational performance and increased efficiencies in our overall revenue cycle.
29	For the 22 processes listed in RFP, could you share detailed Process flows/ Value stream maps?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
30	Request you to provide some samples of the process documents for all the formats.	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
31	Are there any business applications planned for migration, upgrade or replacement in the next one year?	Systems are updated on an ongoing basis. Our RCM footprint is Epic and Epic's typical ecosystem.
32	For the purpose of development, do we need to connect to your network via VPN?	We will evaluate approaches based on vendor proposals and are open to multiple approaches.
33	Have you selected any RPA/OCR/Machine learning/Scanning & Indexing tool?	No
34	Do you have any preference for deployment of RPA platform : On-premise, vendor premise, Cloud etc.?	No
35	Please describe the support requirements: What is support period/duration after development, coverage (24X7, 8X5, etc.)?	Will depend on vendors support proposal.
36	What is the go live timeline?	Will depend on vendors proposal.
37	What is the volume and frequency for each of the Use Cases provided?	Please see the KPI's for each campus in the RFP. Please use your experience in this domain to make assumptions/projections and state these assumptions/projections in your proposal.

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38	Please fill out attached Feasibility Framework for our CMR and Queen BOT solutions (for all use cases provided in RFP), this evaluation will help us estimate implementation timeline and rollout.	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
39	Will there be an extension available for RFP should questions not be answered in a timely manner?	Questions will be answered in a timely manner.
40	As several of the use case mentioned (2,6,7,18,19,20) typically can be done by a Practice Management Software. What other things are you looking to replace from the Practice Management?	We use Epic for RCM and have no plans to move away from Epic.
41	Is an HL7 interface or flat files available from Epic? -If files from Epic, frequency?	Our RCM footprint is Epic and Epic's typical ecosystem.
42	What version of EPIC are you running?	Epic 2018
43	Do you currently have a RCM team in place with process for each of the use cases provided? If ye , can you please provide these processes? Will this include workmen's comp processing?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
44	Do you have 270/271 in play to automate batch eligibility and verification process?	Yes
45	Do you have the ability to discover payer information when an account is in true self-pay status?	Our RCM footprint is Epic and Epic's typical ecosystem.
46	What is the % composition of ERA & paper EOB's?	Assume we are at the industry average.
47	Are 835s obtained for every single instance?	Assume we are at the industry average.
48	Do you use 276/277 in absence of 835s?	No
49	How are paper EOB's processed at moment?	Scanned and entered
50	How demo and charge entry processes are being handled at moment?	Our RCM footprint is Epic and Epic's typical ecosystem.
51	How often a claim is followed up for payment after a denial/no response?	Assume we are at the industry average.
52	Are contracts in place? How are underpayment cases determined?	All contracts are not loaded
53	Do you use web-portal checks for eligibility & claim status? How often the info is downloaded/used?	Yes, daily.

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54	Do you follow online redetermination, electronic appeals? If yes, what is the % of online redetermination Vs manual appeals?	Yes, assume we are at the industry average.
55	How are manual appeals written and handled?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
56	What are the checks & balances with payment processing?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
57	How are paper payments processed? How many steps are involved in processing the payments within the system of financial records?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
58	What is the process being followed for patient collections?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>

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59	What is the process to generate patient statements and how often it is generated?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
60	What kind of document repository is in place for easy retrieval?	iShare & 3M.
61	How are prior auth and extended auth process is being handled? What is the frequency to obtain auth during IP visit?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
62	What clearing house is used and how rejections are handled at moment?	We have multiple clearing houses. We follow Epic best practices for handling rejections.
63	Do you follow a standard appeals template for all types of denials irrespective of \$ values?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
64	What is the end to end RCM process flow?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>

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65	What is the process flow for denials/AR/Appeals?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
66	How are analytics performed to determine risky claims within denials & AR process?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
67	Do you follow a prioritization module using an advanced scoring methodology for better revenue yield?	Yes
68	How are outliers within AR function is determined and how it is acted upon?	We follow Epic best practices.
69	We would like to modify a few clauses mentioned in legal documents, can we have a detailed discussion around the same at the later stage?	Yes we can have a discussion
70	What is the period of performance for this contract?	This will depend on the vendors proposal.
71	Would UC extend the due date for proposals by three weeks to July 26, from July 5 currently?	No
72	Would UC please provide a detailed description of each of the 22 use cases to prospective offerors? This description could identify the sequence of steps (e.g., process flows), the systems and applications accessed, the source and output data types (e.g., unstructured) and formats (e.g., pdf, jpeg, Excel), and any required interfaces / logins (e.g., internet, multi-factor authentication).	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
73	Would UC please provide a description of the UC computer operating environment(s) within which the use cases would run? This description could identify the computing infrastructure (e.g., web-based, desktop, laptop), operating system(s), remote-access capabilities (e.g., Citrix), and whether these are vary at different UC campuses.	Our RCM footprint is Epic and Epic's typical ecosystem.

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74	What are the existing process times for each use case, how often is each process performed (e.g., x times daily, weekly, or monthly), are there important latencies in the process, and what are the desired automated process times?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
75	For each use case, are there important judgments, choices, or other actions that will continue to require human involvement (i.e., an attended bot) within an automated solution? If so, please identify them.	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
76	Are there any automation technologies already deployed in the use case processes? If so, please provide brief description of them.	No
77	Do you have a general range of dollars budgeted for this initiative overall? We don't need a specific dollar amount, but a range will help us correlate to a feasible work effort	No
78	For the Use Case Names listed on page 4 of 11 of the RFP, do you have associated transaction volumes (projected or actual) for any or all of the cases?	Please see the KPI's for each campus in the RFP. Please use your experience in this domain to make assumptions/projections and state these assumptions/projections in your proposal.
79	Can the deadline for submission be extended due to the short response time and July 4th holiday?	No
80	Are each of locations involved in the issuance of the RFP questions and the evaluation of the answers?	Yes
81	It appears the RFP included the encounters for the outpatient clinics. Can you confirm you are wanting to include the clinics and that they are all on Epic.	Yes
82	Currently it is our understanding that each site is on a separate instance of Epic. Do you anticipate this model to remain or is there any chance of consolidation of to a shared instance of Epic?	We are not planning on consolidating.
83	For Use Case #1 (Centralized Documentation Indexing/Sorting), is there one document imaging system per Epic instance?	Yes
84	Use Case #3, Creating ABNs – This is typically performed in Epic. Are you wanting to keep this within Epic?	Yes

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85	Use Case # 4, Creating HAR – Please elaborate on how automation you are seeking.	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
86	Use Case #5, Credit Balance Resolution – Please elaborate on automation you are seeking.	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
87	Please further describe and define what is needed by Use Case #5 (Credit Balance Resolution).	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
88	Use Case #11, Medical Records Submissions. Can you clarify what is being asked? Is this providing medical records as attachments for claims or submitting the medical record electronically to payers?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
89	#12, MSPQ – Are you looking for Automation within Epic our outside of Epic?	This will depend on the vendor's proposal and ultimate solution design.
90	Does each hospital site intend to work solely in Epic for its workflow?	Yes
91	Is UC Health looking for a single enterprise price? Or per hospital/location pricing?	Depends on the proposal

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92	Have you selected an RPA software vendor / tool (e.g., Automation Anywhere, UI Path, Blue Prism)? If so, which one? If not, would you like for us to include in our proposal services to support you through the selection process?	No
93	Have you reviewed your proposed use cases with your Epic partners? Did they confirm whether any of the automation can be done natively in Epic rather than using RPA or other external automation solutions?	Yes
94	Have you created business cases or estimated financial impact of each use case?	No
95	Have you determined the number of automations that may be needed within each use case? For example, use case #2 for "Claim Status" may require an automation to access multiple payer websites, each of which may be a separate automation	Assume we are at the industry average.
96	How is your revenue cycle organization structured? Do any functions operate as a shared service across all hospitals?	No, each campuses RCM vertical works independently.
97	Are you looking to leverage automation to also transform and optimize the Revenue Cycle outside of just implementation of automation, for example through organization and/or process redesign?	Yes
98	What are the number of facilities and the encounters for each of the 5 campuses?	Please see the KPI's for each campus in the RFP. Please use your experience in this domain to make assumptions/projections and state these assumptions/projections in your proposal.
99	Can you provide a payer listing by volume for each so that we can do a payer analysis of our bot coverage?	Assume we are at the industry average.
100	Are you looking at these solutions for both HB and PB?	Yes
101	What applications and systems are currently being in the UC Health's Revenue Cycle Management besides EPIC as the EMR?	Our RCM footprint is Epic and Epic's typical ecosystem.
102	For question 10, can you clarify what you mean by "cost or gain sharing options" ?	Vendors often mention an approach that involves investment, risk sharing and gain (savings) sharing.
103	Please share the objective of RPA initiative for RCM process. Are there any pain points in the current process? If yes, please share	Our objectives for this initiative include improved operational performance and increased efficiencies in our overall revenue cycle.
104	Can you please share the Standard Operating Procedure/process maps for the RCM use cases?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.
105	Do you have prior experience with RPA? If yes, please share the details	No

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106	Have you used any RPA tools in the past? If yes, please list.	No
107	What is the source and format of input for RCM process? E.g. electronic, structured data, paper, etc. Please share by Process	Our RCM footprint is Epic and Epic's typical ecosystem.
108	How many providers serviced as part of the RCM process?	Please see the KPI's for each campus in the RFP. Please use your experience in this domain to make assumptions/projections and state these assumptions/projections in your proposal.
109	What are the key metrics refer to? If they are referring to volumes, please share the periodic reference (i.e. daily/monthly/yearly)	Please see the KPI's for each campus in the RFP. Please use your experience in this domain to make assumptions/projections and state these assumptions/projections in your proposal.
110	What is the unit for the values under "Average length of stay"? (i.e. days/ weeks/ months/ years)	Days
111	How many document formats are stored? (e.g. scanned pdf, pdf, word, etc.) Is this maintained in internal RCM application? Or external applications such as Google drive? Does login require Bio metric, CAPTCHA? How frequently are the documented indexed and sorted? How does the user know if there are changes to the repository?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
112	Does the user need to login to multiple provider websites to check the claims status? What are the follow up sub processes involved in this? (e.g. Notes posting, etc.)	Yes
113	Can you provide the applications / technology / software used to process the outlined use-cases. Can you provide a demo of the use-cases?	Our RCM footprint is Epic and Epic's typical ecosystem.
114	Please confirm if HAR is Hospital Account Records Does the user need to login in to multiple hospital websites to create the records?	Yes No
115	Are there any macros used currently to check the credit balance?	No
116	How are the follow ups done? (i.e. call outreach, email follow up) Are there appeals involved the process? How many letter templates are available?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.

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117	<p>How many parameters are involved in checking the Eligibility status?            Do we have to login to each Payer website to check for eligibility? If yes, how many Payers are there on average?            Does the user need to validate the member card images against the eligibility?            How many formats of the member card is available?            Is there any worker's compensation involved in the process?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.            Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.            As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.            Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
118	<p>What is the source of input and its format for Appeal letters?            How many templates of appeal letters are used?            Do we need to review the content to Medical review?            Can the Fax be sent via the internal application?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.            Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.            As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.            Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
119	<p>What are steps involved in the initiating referrals process?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.            Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.            As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.            Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
120	<p>What is the source of input for medical applications?            Do we have to follow Medicaid rules only for validation before submission?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.            Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.            As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.            Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
121	What is the source of input for medical records? If yes, does it involve call outreach to member, login to provider website?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
122	<p>Does this involve outreach to get response for questionnaire? If yes, please mention the channel of outreach</p> <p>If outreach is required, are member and provider reached out?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
123	<p>Is this process to related to In-patient admission?</p> <p>Does this involve Utilization management activity?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
124	<p>What the is the source of input for estimation calculation?</p> <p>Does each provider will have different estimation template?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
125	<p>Is Over, under payment calculation already inbuilt in the system? Or it needs to be calculated outside the system?</p> <p>Is there are settlement process aligned with this?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
126	<p>[Payment Posting]</p> <p>[Reconciliation] Is reconciliation done separately for EOB and ERA?</p> <p>[ERA] Are the ERAs directly integrated with the existing RCM system?</p> <p>[Bank downloads] Are the EOBs downloaded from difference bank websites? If yes, how many bank websites need to be logged in for Bank downloads?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
127	<p>Is there any outreach activity involved in pre-collections? If yes, please mention the channels</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
128	<p>What is the scope of this process?</p> <p>Is validation of prior authorization only involved? Or does the user has to do actual authorization?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
129	Our understanding is that registration and scheduling are done at the Provider end. What is the scope of automation in this process?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
130	<p>How does the provider bills received in the RCM system?</p> <p>What is the source against the bills can be validated?</p> <p>Are the special rules for validation for each Payers?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
131	Our understanding that EOBs/ERAs are validated against the denial of payments. Is the understanding correct?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
132	What is the Go-live timeline planned for these use-cases, if any?	This will depend on the vendors proposal and ultimate solution design.
133	What is the volume and frequency for each of the Use Cases provided?	Please see the KPI's for each campus in the RFP. Please use your experience in this domain to make assumptions/projections and state these assumptions/projections in your proposal.
134	Please fill out attached Process assessment document (refer to attached tab), this evaluation will help us estimate implementation timeline and rollout.	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
135	Will there be an extension available for RFP should questions not be answered in a timely manner?	No
136	As several of the use case mentioned (2,6,7,18,19,20) typically can be done by a Practice Management Software. What other things are you looking to replace from the Practice Management?	We use Epic for RCM and have no plans to move away from Epic.
137	is Epic the core system? If so, what is the version used?	Epic 2018.
138	Is an HL7 interface or flat files available from Epic? -If files from Epic, frequency?	Our RCM footprint is Epic and Epic's typical ecosystem.
139	Do you currently have a RCM team in place with process for each of the use cases provided? If ye , can you please provide these processes? Will this include workmen's comp processing?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
140	How many flows/automation solutions are in each use case?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
141	Is each use case different for each campus?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
142	What is the estimated value quantification?	Please see the KPI's for each campus in the RFP. Please use your experience in this domain to make assumptions/projections and state these assumptions/projections in your proposal.
143	Has the targeted automation rate been assessed for each use case?	No

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
144	How many users are impacted by these automation solutions?	Please see the KPI's for each campus in the RFP. Please use your experience in this domain to make assumptions/projections and state these assumptions/projections in your proposal.
145	Is the vendor responsible for operational integration and change management?	Yes
146	Is the expectation that the vendor would build and stabilize the bots and then hand operations back, or vendor would run and continuously improvement?	We will evaluate approaches based on vendor proposals.
147	What are you looking for regarding AI - vendor recommendations, etc.?	We are looking for the vendor to propose a strategy and recommendations
148	Are there limiting factors related to global delivery teams (e.g., delivery teams located outside of USA)?	This will depend on the vendors proposal
149	Is there a target timeline to automate these solutions?	This will depend on the vendors proposal
150	Is there a unified epic build across all 5 campuses?	No
151	Is this to describe RPA methodology since RPA and AI are different?	Yes
152	Are the integration touchpoints currently captured within the use case?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
153	Can you please elaborate on what cost or gain sharing options means?	Vendors often mention an approach that involves investment, risk sharing and gain (savings) sharing.
154	Would you be able to share detailed steps for each use case with screenshots?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
155	Can share number of applications involved in each use cases? Are these packaged software or custom build? Please share the details?	Our RCM footprint is Epic and Epic's typical ecosystem.
156	Do all campuses uses same underlying system? Are these centrally implemented or each campus have their own implementation/customizations?	Yes - Epic 2018
157	Are the process steps for each use case same across all campuses?	No

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
158	What is/are the workflow solution(s) used by UC Health for its Operations?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
159	What is the ERP solution used by UC Health for its Operations in Revenue Cycle Management?	Our RCM footprint is Epic and Epic's typical ecosystem.
160	How many agents are currently involved in Revenue Cycle Management Activity?	Please see the KPI's for each campus in the RFP. Please use your experience in this domain to make assumptions/projections and state these assumptions/projections in your proposal.
161	What is the penalty associated with each of the process' SLA breach, if any?	This will depend on the vendors proposal
162	Which processes involve Unstructured/Unformatted documents - How many times (if any)?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
163	Are there any other languages other than English involved in any of the processes? If yes, what are the processes & languages?	Mostly English but we also support other languages.
164	What is the complexity level of each of the processes (based on No. of applications, Type of input/output, SLA, AHT)	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
165	Does UC Health prefer any particular RPA Tool?	No
166	Is UC Health looking to setup an RPA Center of Excellence?	This will depend on the vendors proposal
167	What is the Location of preference for UC Health for Delivery? Can Offshore locations(India) be leveraged for cost benefit?	This will depend on the vendors proposal

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
168	What communication channels are being used and who are the recipients and stakeholders?	UC Health Leadership
169	Does UC Health have any pain areas associated with Revenue Cycle Management that we should be aware of?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
170	How many types of Reports are generated in RCM?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
171	Would UC Health prefer a Due Diligence activity before a proposal (Pipeline, Roadmap and Cost) is provided?	Due Diligence will be conducted during the contracting phase.
172	How many types of documents are involved in this activity? Are the documents structured?	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
173	Which application is used to communicate, track and record Payer and provider case Interactions?	Our RCM footprint is Epic and Epic's typical ecosystem.
174	Is the document structured and digitalized?	Our RCM footprint is Epic and Epic's typical ecosystem.
175	Does UC Health have a selected ICR / OCR tool or a preferred partner for the same? Can we make our recommendations?	3M

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
176	Is there Handwritten text in any of the documents ? If yes, please highlight the documents	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
177	What are the other applications used in RCM?	Our RCM footprint is Epic and Epic's typical ecosystem.
178	Is the remittance sent by the Payer in standard format?	Yes
179	Is UC Health interested in purchase of Licenses along with the services?	This will depend on the vendors proposal
180	Is there any planned Application Upgrades/Changes for the next 1 year in UC Health?	Systems are updated on an ongoing basis. Our RCM footprint is Epic and Epic's typical ecosystem.
181	How frequently does process flow/Application changes occur in RCM? Please highlight if any process change is planned in near future.	Systems are updated on an ongoing basis. Our RCM footprint is Epic and Epic's typical ecosystem.
182	Is there a primary location of preference to build the RPA CoE ?	No
183	How many different process flow types (Scenarios) are present in each of the RCM processes?	Assume we are at the industry average.
184	Does any process in RCM require the agent to read free flow text/ mails to take judgmental decisions that impacts subsequent steps of the process?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
185	Centralized Documentation Indexing/Sorting o What do you use for centralized documentation management? o Is the expectation that we would implement such a system and then automate population of it via RPA? Is migration from disparate legacy systems apart of this subproject? o Can you describe what specific use cases are you considering for automation?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
186	<p>Claim Status What classes and what portion of your AR do you outsource today and how many payers do you currently have in your portfolio? Is UC Health on a centralized billing system or do different sites run on different systems?</p>	<p>Assume we are at the industry average.</p>
187	<p>Creating ABNs Please describe your ABN process and any variability across sites. Does this need to integration with your patient engagement platform to ensure patients receive the ABN? Or, is the expectation that bots would engage the patient by making the ABN available to them? Do you have pre-existing ABN templates that take key data elements as inputs like account number, patient, name, etc.? Or, are you expecting the bot to dynamically create ABN language? To put it another way, do you already have all the possible libraries of language to be inserted into an ABN template and you just need the bot to pick the right items from the libraries based on information about the account?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
188	<p>Creating HARs Can you please describe this further? At what point are HARs generated today and what part of that process would the bot be automating?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
189	<p>Credit Balance Resolution Please describe your approval process, in detail, for processing refunds and recovered allowance amounts. And, are there multiple approval escalation points that change based on dollar amount, payer, financial class, hospital vs. physician? Is the bot expected to "route" credit balances to resources for their input? Or, does it only handle a certain aspect of the process and if so, which? Is it expected that different credit balance processes will be processed on different timelines based on any of the above variables? Do different facilities adhere to different credit balance resolution policies? Which systems do you expect the bot to interface with and for what purpose? And, do you have a centralized credit balance workflow queue management system the bot can tap into? If so, which one?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
190	<p><del>Denials Related Workflows/Follow up</del></p> <p>Do you have a centralized denial workflow queue management system the bot can tap into? If so, which one?</p> <p>Which specific denials workflow actions are you looking to automate? And, what follow-up actions are seeking to automate?</p> <p>If seeking to automate filing appeal letters, how many payers do you currently have in your portfolio? How many have of them accept submission via web site? How many accept submission via email? How many require hardcopy (paper-based) appeals?</p> <p>If seeking to automate pulling of medical records, how many billing and HIS systems would the bot need to traverse? Are applications web-based or desktop application-based?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
191	<p><del>Eligibility Status Checking</del></p> <p>Do you have an incumbent eligibility status vendor today? If so, who? And, what are you looking to automate if this is the case?</p> <p>Do you already have a crosswalk of how to determine eligibility for a given payer and INS plan? Or, do you need this as part of the service?</p> <p>Same question as above - Is UC Health on a centralized billing system or do different sites run on different systems?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
192	<p>Faxing of Appeal Letters</p> <p>Does the bot have to recognize confirmation return faxes or confirmation messages? And if so, what needs to be done with that information?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
193	<p>Initiating Referrals</p> <p>What is the expectation of the bot for this use case? For example, is this use case requiring the bot using technology to determine when a referral is necessary and then determining who the right physician is to refer to?</p> <p>What communication, if any, is the bot expected to automate between parties and which parties? If so, what systems are used for this today and how do you envision the bot doing this work?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
194	<p>Medicaid Applications Submission</p> <p>Can you describe how your process works today? Is this targeting financial counselors working with presumptive eligibility patients in an inpatient setting? Is this something else?</p> <p>What specific UC Health systems do you envision this touching and what information will be drawn from or written to them? Will this process vary from facility to facility?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
195	<p>Medical Records Submissions</p> <p>Is this use case part of appeals in #6 and #8? Or, if different, can you please describe?</p> <p>Similar question as above - how many HIS does UC Health operate that we would be expected to leverage and which ones?</p> <p>What would we trigger off of to initiate the pulling of medical records and how would we know which medical records to pull?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
196	<p>MSPQs</p> <p>What are you looking for the bot to automate here? E.g.:</p> <p>Determining when a patient should receive an MSPQ? If so, what would be the qualifying conditions?</p> <p>Actually sending the MSPQ to the patient, having them complete it, etc.? If so, do you have an existing patient engagement platform we would leverage and if so, which one? If not, do you envision procuring one as part of this initiative? If not, how do you envision automation of this piece of the use case?</p> <p>Taking a completed MSPQ and submitting it to CMS. If so, where will the MSPQ be stored and in what format? How do we know when an MSPQ is ready?</p> <p>And, do we need to track an MSPQ outcome status and update the billing system (if so, which ones, if multiple) appropriately?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
197	<p>Notice of Admission</p> <p>Is there an existing queue of patients requiring a notice of admission? If not, are you requiring the bot to determine which patients require one based on admission timestamps in the billing/HIS system?</p> <p>Is the expectation to log into payer web sites and submit notices?</p> <p>Do you have payers that do not have electronic means of accepting such notices? If so, what is the expected transmittal mechanism?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
198	<p>Patient Estimation What kinds of tools, systems and data repositories do you leverage today to adhere to price transparency rules?</p>	<p>Our RCM footprint is Epic and Epic's typical ecosystem.</p>
199	<p>Payment Posting/Reconciliation/ERA/Bank Downloads Can you please describe the UC Health workflow that the bot would be automating? Please include descriptions of any systems with which the process interfaces and if there is variability across facilities. Can you describe your process for how paper checks are handled today and what systems contain which data around which we might be able to wrap automation? Do you have an 835 lockbox provider that can assimilate/aggregate what payments need to be posted, etc.?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
200	<p>Pre-collections/Validation/Quality Assurance How do you calculate pre-collection amounts OR do you expect this use case to interact with a newly created patient estimation tool from #14? Do you expect the bot to reach out to a patient and collect/process payments? Can you please confirm what you mean by validation and quality assurance in this context?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
201	<p>Prior Authorizations Do you already have a crosswalk of how to determine which procedures need an auth for a given payer and INS plan? Or, should the VOC provide this capability as part of the service? Do you have a centralized contract management system with all payer contract rules specified?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>
202	<p>Registration/Scheduling - ABNs - Registration/Scheduling Can you please describe how this is different from #3 above?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b><u>ALL</u></b> assumptions made in your proposal.</p>

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
203	<p>Registration/Scheduling - Re-evaluations</p> <p>Can you please describe what you want the bot to automate in this case? For example, is this describing the case where you have a chemotherapy patient needing to come in for a recurring treatment plan and eligibility, etc. being queried periodically? If so, can you please explain all aspects of what you're looking to automate or if not, describe what this use case is trying to accomplish?</p> <p>How will the system know to trigger this process and what systems will be queried for data and which systems will receive inputs of data from the bot?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
204	<p><del>Revenue Integrity - Charge Capture Reviews</del></p> <p>Does UC Health already have a rule set for determining which charges are commonly associated with a given set of Dx codes and a DRG? OR, are you looking for part of the bot's offering to assist with discovery here?</p> <p>If looking for the bot to assist with discovery, is this requirement related to parsing of physician notes and looking for misses in coding? So, you need the bot to look through unstructured physician notes and determine if other codes need to be applied?</p> <p>Is it expected that the bot would auto-adjust the claim? Or, are you looking it to create holds on the claim for human review?</p> <p>Are there any other parts of this process you're seeking to automate?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
205	<p>Revenue Integrity - Revenue Reconciliation Process</p> <p>Is the intent of this use case to compare what was paid on a given procedure against your contract with the payer?</p> <p>If so, what contract management system do you have in place today? Or, at the very least, do you have each contract procedure price stored in a centralized database?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
206	<p>Has UC Health selected a software vendor or shortlisted any potential software vendors?</p>	<p>No</p>
207	<p>Is the system looking to select one RPA software solution for implementation and roll out across all five medical centers, or are you looking for the chosen partner here to help you determine that?</p>	<p>We are open to all options. Selection will depend on the vendors proposal.</p>
208	<p>What is the anticipated timeline for this initiative? Do you have some "go live" target timeframes in mind?</p>	<p>This will depend on the vendors proposal</p>
209	<p>In section 1b you state that "UC Health's longer-term vision and expectation is that Artificial Intelligence (AI) will be leveraged to further our Digital Workforce Journey". Do you have any view on the timeline here, for a move from RPA up to AI?</p>	<p>This will depend on the vendors proposal</p>

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
210	Are you looking for/would you consider joint bids provided by an RPA/AI System Integrator/Implementation vendor, partnered with an RPA/AI software provider? Or are you looking for an RPA/AI System Integrator/Implementation vendor that will then assist you with the selection of the most suitable software solution(s) for UC Health?	We are open to all options. Selection will depend on the vendors proposal.
211	How will governance work for this engagement? For example, we understand that this is a UC Health system wide initiative, but then how will the five medical centers be involved in the decision making and overall governance process?	We will establish a cross-campus governance model
212	Can you provide additional information regarding the identified use cases? What is the volume and frequency for each of the Use Cases provided? Are all the proposed use cases linked to revenue cycle management? Do any link/integrate with other process areas? Please rate the complexity of each use case as either low complexity, medium complexity or high complexity for automation (based on the number of clicks, systems accessed and possible exceptions / decision points in the process).	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
213	What version of Epic are you running?	Epic 2018
214	Is an HL7 interface or flat files available from Epic? If files from Epic, what is the frequency?	We will evaluate approaches based on vendor proposals and accommodate formats based on agreed upon approach.
215	As several of the use case mentioned (2,6,7,18,19,20) typically can be done by a Practice Management Software, are there other things are you looking to replace from the Practice Management?	We use Epic for RCM and have no plans to move away from Epic.
216	Do you currently have an RCM team in place with process for each of the use cases provided? If yes, can you please provide these processes? Will this include workmen's comp processing?	At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations. Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases. As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem. Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.
217	Has UC Health identified internal resources that will be responsible for bot development, maintenance and operations? If yes, how many team members were identified? Also, what levels of development experience do each of the team members have?	No
218	How will University / local IT be involved in this project? Will University / local IT be involved in infrastructure set-up, robot development, testing and maintenance?	This will depend on the vendors proposal

**UC Health RPA in RCM - Responses to RFP Questions**

#	Vendor Question	UC Health Response
219	Are there measurable savings targets identified with automating these processes? In dollars or FTE?	Both
220	What other benefits is the system hoping to gain from this initiative?	This will depend on the vendors proposal
221	As a cost saving measure, will UC HEALTH find it beneficial to be able to run processes concurrently on one bot and, if so, will this functionality be considered in the qualification criteria?	This will depend on the vendors proposal
222	<p>What were the selection criteria for the proposed use cases?</p> <p>Standard readable inputs</p> <p>Manual and repetitive nature of the processes</p> <p>What type of data do the use cases work with, structured or unstructured?</p> <p>Volume and frequency of processes running?</p> <p>How mature and stable are the proposed use cases, in their current state?</p>	<p>At this time we are not sharing our internal UC Health workflows and processes. UC Health internal workflows and processes will be shared during final contract negotiations.</p> <p>Our RCM footprint is based on Epic and Epic's typical ecosystem of 3rd party software. We would like for you the vendor to recommend approaches and best practices for automating the identified Use Cases.</p> <p>As you deem necessary please feel free to make assumptions based on your Revenue Cycle experience in organizations that have an Epic ecosystem.</p> <p>Please ensure that you clearly state <b>ALL</b> assumptions made in your proposal.</p>
223	Can you elaborate on question 10 in section IX: "Describe in detail any cost or gain sharing options that may be leveraged for this initiative"? Is this question related to sharing between Medical Centers or between UC Health and the vendor? We assume the latter, but can you please confirm/clarify.	Vendors often mention an approach that involves investment, risk sharing and gain (savings) sharing.