

Guam Memorial Hospital Authority- Revenue Cycle Management Services			
Sr.No	Scopes	Questions	GMHA Response
1	General	What is the revised RFP submission date?	12/15/2025
2	General	What are the existing pain points beyond what is stated in the RFP?	Internal staff need resources and better technology to increase collections.
3	General	Can you confirm the exact scope of “end-to-end RCM” services? Does it align with the scopes on the SLAs listed?	Yes.
4	General	Does the current team reach out to payors over Phone call? If Yes, do they work in US Time or these resources work from US Mainland.	Yes, the team reaches out over phone call. The current team works in ChST (Chamorro Standard Time) zone.
5	General	For each scope included in this RFP, is the current work managed in-house or through an outsourced model?	In-house.
6	General	If outsourced, what services are outsourced and who is the current incumbent vendor for these services?	N/A
7	General	What is your current yearly spend with the current vendor for all the scopes mentioned as part of this RFP?	N/A
8	General	Are you open to offshore? (Philippines and India)	Pending response
9	General	Are there any resource working remotely (EST/CST/MST/PST)?	No.
10	General	Who are your top commercial payors and where are the payors based out - Guam / Mainland U.S.?	Selectcare. Located in Guam.
11	General	How many vendors are expected to be awarded with the mentioned scopes of services (single vendor or multi-vendor)?	GMHA reserves the right to award to one or more vendors.
12	General	Will the award happen before or after the Carecloud transition in March 2026?	Pending response
13	General	Will the legacy AR be transferred to Carecloud/RCM Cloud?	Pending response
14	General	Working legacy AR on Medsphere Care Vue is also part of this RFP?	Yes.
15	General	What is the expected transition timeline from award to go-live (pre-RCM Cloud)?	Pending response
16	General	Are there current union rules, labor agreements, or wage protections, health benefits applicable to RCM employees?	Current staff are entitled to benefits - health insurance, retirement plan, annual & sick leave.
17	General	Please provide the current RCM staffs tenure and the Job Description for the resources in those specific departments listed in the RFP	See Sheet RCM Staff
18	General	What was the last year of the TEFRA update?	2013
19	General	What is your gross-to-net ratio?	Net revenues are 38% of gross
20	General	What are the current KPIs tracked for revenue cycle operations (e.g., days in AR, denial rate, clean claim rate, cost to collect)?	Days in AR, collection rate, claims billed, DNFB, denial rate
21	General	Does the Business Priviledge Tax apply to wages paid to the rebadged staff?	Specific information on taxes may be obtained from the Department of Revenue and Taxation.
22	General	What is the average encounter Volume and Gross charges for IP, OP & ED?	IP-\$231M; 8207 admissions OP-\$46.0M 8482 visits ED-\$11.5M 16290 visits
23	Bonds	Can GMHA confirm whether a Bid Bond is required to be submitted with the RFP response?	Bid bond not required
24	Bonds	If the response to the above question is Yes, then should we submit the RFP with the Price proposal	N/A
25	Bonds	Per the RFP the Bid Bond should be 15% of the highest total bid. Does this refer to 15% of first year contract value? the entire contract value including option years, or another defined amount?	N/A
26	Patient Access	Can you list your current points of entry/registration locations?	ED and Patient Registration 1st floor
27	Patient Access	What system tools are currently used for Eligibility, Estimates, PARO, and Address Verification?	Online payor portals
28	Patient Access	What is your current process for generating patient estimates, including the technology solutions in place?	Manual estimates are prepared
29	Patient Access	At what point are patient estimates provided currently - pre-service and/or at the point of service?	As requested

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30	Patient Access	Do POS collections include the collection of patient responsibility prior to arrival?	Yes																																																																																				
31	Patient Access	How is your charity care and financial assistance program currently managed?	Sliding fee scale offered to uninsured																																																																																				
32	Patient Access	What is your current process for screening patients for Medicaid or other government aid?	Eligibility specialist screen all self pay																																																																																				
33	Patient Access	Which scheduling tool does GMHA use? Does Guam Memorial Hospital currently have self serve scheduling capabilities through GMHA portal?	No.																																																																																				
34	Patient Access	What are your current SLAs for registration?	None																																																																																				
35	Patient Access	What tools are they using currently for NSA and GFE?	None																																																																																				
36	Patient Access	Is there any issue with the current process for Provider Credentialing and is that a part of scope?	No																																																																																				
37	Patient Access	What is the volume of Military patients that are seen in the facility?	Approximately 1500 per year																																																																																				
38	Patient Access	What is the process for getting authorizations for those patients?	Sent from insurance																																																																																				
39	Medicaid Eligibility	Please provide the monthly volume (eg. IP, OP, ED) for medicaid eligibility scope of work.	<table border="1"> <thead> <tr> <th>Count of PAT</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Grand Total</th> </tr> </thead> <tbody> <tr> <td>(blank)</td> <td>487</td> <td>462</td> <td>505</td> <td>478</td> <td>531</td> <td>453</td> <td>489</td> <td>580</td> <td>649</td> <td>622</td> <td>545</td> <td>459</td> <td>6260</td> </tr> <tr> <td></td> <td>249</td> <td>195</td> <td>201</td> <td>218</td> <td>264</td> <td>227</td> <td>273</td> <td>281</td> <td>297</td> <td>255</td> <td>269</td> <td>206</td> <td>2935</td> </tr> <tr> <td></td> <td>140</td> <td>144</td> <td>154</td> <td>168</td> <td>165</td> <td>158</td> <td>174</td> <td>145</td> <td>176</td> <td>160</td> <td>138</td> <td>130</td> <td>1852</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>1</td> <td>1</td> <td>4</td> <td>2</td> <td>2</td> <td>2</td> <td>3</td> <td>2</td> <td>5</td> <td>27</td> </tr> <tr> <td></td> <td>11074</td> </tr> </tbody> </table>	Count of PAT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total	(blank)	487	462	505	478	531	453	489	580	649	622	545	459	6260		249	195	201	218	264	227	273	281	297	255	269	206	2935		140	144	154	168	165	158	174	145	176	160	138	130	1852		1	2	3	1	1	4	2	2	2	3	2	5	27														11074
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40	Medicaid Eligibility	If there are patients with third party coverage or have no coverage, do we screen them for SSI/SSDI as a possible secondary coverage?	No																																																																																				
41	Medicaid Eligibility	Do you have any issues with Medicaid processing claims? Medicaid HMO claims? if so what?	We have a high volume of Medicaid claims. Medicaid is highly manual.																																																																																				
42	Medicaid Eligibility	Is the vendor expected to obtain proof of income, required for financial assistance?	No																																																																																				
43	Medicaid Eligibility	Is zero income verification required?	No																																																																																				
44	Medicaid Eligibility	Is digital patient signature accepted?	Not at this time																																																																																				
45	Medicaid Eligibility	What is the average Medicaid reimbursement for IP, OP, ED and SNF?	Overall 35%-40% of gross charges																																																																																				
46	Medicaid Eligibility	Will GMHAHealth establish supplier staff access to Medicare DDE and payer websites?	Yes																																																																																				
47	Medicaid Eligibility	Is Voice AI assistance permissible?	Unsure																																																																																				
48	Medicaid Eligibility	What are current screening rates?	All self pay are screened for Medicaid eligibility																																																																																				
49	Medicaid Eligibility	What are the current staffing hours per day?	8 hrs per day																																																																																				
50	Charge Capture & Coding	Can you provide daily productivity targets by specialty/service line for both hospital and professional coding services requested?	100-150 charts a day																																																																																				

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51	Charge Capture & Coding	Please provide the coding volume split by specialty and departments (inpatient, outpatient, ED, and SNF)	IP 80% OP 20%
52	Charge Capture & Coding	What are your top 3 diagnosis codes?	(I10- HTN, E11.9 Diabetis Melitus, K52.9 gastroenteritis)
53	Charge Capture & Coding	Do you have a defined process and TAT for physician queries?	No
54	Charge Capture & Coding	What are your current SLAs in place for coding services?	Solvendum for software only
55	Charge Capture & Coding	What is your current charge description methodology?	1992 Deloitte & Touche net revenue model
56	Charge Capture & Coding	Is charge capture an automated or manual process? If hybrid, what % is manual and automated?	30% manual; 70% automated.
57	Billing & Claims Management	What is the average Volume on billing and coding edits?	70% of Billing and Coding Edits
58	Billing & Claims Management	What is the average volume on claim scrubbing and rejections?	1% rejections
59	Billing & Claims Management	What are your current days in AR?	180
60	Billing & Claims Management	What percentage of your claims are currently uncollectible?	60%
61	Billing & Claims Management	Please split the recoveries between insurance and patient balances	Private insurance collections 80%
62	Billing & Claims Management	Please provide the last 6 month-end Aged Trial Balances (ATBs) report at the financial class or payer level.	Posted on <a href="https://www.gmha.org/financial-reports-center/#atb">https://www.gmha.org/financial-reports-center/#atb</a>
63	Billing & Claims Management	What is your average monthly collections?	\$9M - \$10M
64	Billing & Claims Management	Are there any payer that are especially problematic? If so who? And why?	All payers have specific issues, not just one payer
65	Billing & Claims Management	What is the average number and dollar amount of new claims submitted monthly by payer or financial class?	\$27M 10,000 claims
66	Billing & Claims Management	How are open AR accounts routed to follow-up team members (by age, amount, payer)?	All accounts are routed to follow-up. Follow up team monitors ATB for accounts 120 days beyond billed date.
67	Billing & Claims Management	Are there automated workflows or scoring mechanisms to prioritize follow-up?	Manual
68	Billing & Claims Management	Are follow-up tasks predominantly manual phone calls and website checks, or do you leverage automation?	Manual
69	Denials Management	What is your current denial rate?	2% as of September 30,2025
70	Denials Management	Please provide your top denial reasons with % breakdown.	1. Billing ( Medical Necessity, Bundle, Routine) 24% 2. Coding Error (Documentation/ Downcoded) 6% 3. Aberrant Days 6% 4. MPPR 2%
71	Denials Management	Do you have alerts built in to prevent TFL and Prior auth denials	No
72	Denials Management	Do you track appeals timelines and submission manually or through a tool?	Manual
73	Denials Management	Are there template letters or automated workflows to streamline appeals submission?	Templates are used. No automated workflows.
74	Cash Posting & Reconciliation	Please provide the monthly volume breakdown of manual vs. electronic posting.	50% manual; 50% electronic
75	Cash Posting & Reconciliation	Does the scope involve credit balance AR resolution, or only credit balances arising from payment posting?	AR credit balance resolution
76	Early Out/Self-Pay Services	Could you please confirm whether TCPA (Telephone Consumer Protection Act) compliance requirements apply to this engagement, and if patient consent documents currently permit omnichannel communications such as text messages, emails, and artificial or automated voice calls?	Vendors are required to comply with any federal laws.
77	Early Out/Self-Pay Services	Please provide a breakdown of monthly average volume by uninsured accounts and balance-after-insurance (BAI) accounts.	300 per month
78	Early Out/Self-Pay Services	What is the average number of accounts per guarantor across IP, OP, ER and pharmacy?	FY 2024: IP-8800, OP-8500, ED 16000
79	Early Out/Self-Pay Services	Are there any uninsured discount adjustments applied to pure self-pay accounts before referral?	Sliding fee scale offered to uninsured
80	Early Out/Self-Pay Services	What are the historical liquidation rates for true Self- pay and balance after insurance?	15%-20%
81	Early Out/Self-Pay Services	What are the limits for small balances and write-offs?	\$25
82	Early Out/Self-Pay Services	What channels, including digital technologies, are currently used for patient billing functions (e.g., phone, chat, SMS, app, web, email)? Please provide channel-wise monthly volumes.	Email - 2-3 / day - Forte online payments 10 / day - phone 1-2 / day

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83	Early Out/Self-Pay Services	What percentage of patients opt in for self-service options?	None
84	Early Out/Self-Pay Services	Who is your electronic payment/credit card processing vendor?	Bank of Guam
85	Early Out/Self-Pay Services	What is the SMS adoption rate?	None
86	Early Out/Self-Pay Services	What's your current patient collection rate or bad debt ratio?	Collection rate 15% - 20% for self pay; 75% for commercial insurance; Medicare/Medicaid 35%
87	Patient Statements	Is there a preferred patient statement format or vendor for statement printing and mailing?	No vendor. GMHA statements are generated in Optimum and mailed by staff.
88	Patient Statements	Please confirm if the statement are sent at the guarantor level?	YES
89	Patient Statements	What is the total number of statements sent annually?	36K annually
90	Patient Contact Center	What is monthly call volume? (Inbound and outbound)	450 inbound / outbound
91	Patient Contact Center	What is the average call duration (AHT) for patient interactions?	3-5 Minutes Average
92	Patient Contact Center	Are there seasonal fluctuations in call volume?	Tax season
93	Patient Contact Center	What types of inquiries does the contact center handle (billing, payment plans, insurance, scheduling)?	Yes. Billing, payment plan, clearance, Demographic updates.
94	Patient Contact Center	Are there any language requirements (multilingual support- Chamorro, Spanish, etc.)?	No
95	Patient Contact Center	Is there an existing IVR system or should the vendor provide one?	No
96	Patient Contact Center	What is the current reporting process?	Monthly Performance review. KPI
97	Patient Contact Center	What is the expected SLA for call response and resolution times?	80–90% of incoming calls answered within 30 seconds (typically within 4–6 rings)
98	Patient Contact Center	What system do you use today to manage and store your call recordings?	None
99	Patient Contact Center	How do you currently perform call quality checks? (Fully manual, Partial automation, only sample)	None
100	Patient Contact Center	How many of the calls are typically sampled for QA today?	None
101	Denials Management	Can you produce & share 835 & 837 data?	Yes