

ADDENDUM 1 - RFP 691-BC

UNLV SCHOOL OF MEDICINE FINANCIAL AND BANKING SERVICES

University of Nevada, Las Vegas

Purchasing Department



4505 Maryland Parkway

Las Vegas, Nevada 89154-1033

(702) 895-3521

Date of Addendum: FEBRUARY 28, 2017

THE FOLLOWING ADDITIONS, DELETIONS, CLARIFICATIONS AND/OR CHANGES SHALL BE MADE AND INCORPORATED IN THE SUBJECT IFB:

The following Documents are incorporated into the RFP document:

- Attachment 1: Board of Regents of the Nevada System of Higher Education Resolution**
- Attachment 2: Form of Nevada System of Higher Education Taxable Promissory Note**
- Attachment 3: Draft Funding Model and Repayment Schedule**
- Attachment 4: School of Medicine Business Plan**
- Attachment 5: Rating Reports**
- Attachment 6: Rating Reports**
- Attachment 7: UNLV FY16 financial statements**

QUESTION 1:

Has UNLV Medicine selected a Practice Management System? If so, please share the name.

ANSWER 1:

A RFP has been released for vendors to propose to UNLV Medicine a revenue cycle service. If UNLV Medicine does not select a vendor from the RFP process, its alternative plan is to continue with the GE Centricity Patient Billing and Electronic Medical Record system, concurrently use by the UNSOM Reno practice plan.

QUESTION 2:

Can you estimate how many locations will be accepting payments?

ANSWER 2:

There will be 11 locations where payments may be accepted. The addresses are: 4000 E. Charleston Blvd, 1524 Pinto Lane, 2410 Fire Mesa St., 1703-1707 W. Charleston, 3150 N Tenaya Way, 2231 W. Charleston Blvd, 5380 S. Rainbow, 6375 W. Charleston Blvd, 7310 Smoke Ranch Rd, 4538 W. Craig Rd, 520 E. Lake Mead.

QUESTION 3:

Of the approximate \$30 million annual revenue can you estimate what percentage will be account billing versus copayments?

ANSWER 3:

We have a new estimate on annual revenue attributable to billing fee for service. That annual amount will be in the range of \$38M. We do not have historical information to provide the answer regarding copayments. Our estimate would be in the range of 5-10%.

QUESTION 4:

Do you have a forecast for the number of annual payments associated with the \$30 million annual revenue?

ANSWER 4:

We have a new estimate on annual revenue attributable to billing fee for service. That annual amount will be in the range of \$38M. We expect minimal annual payments as most payers/patients pay monthly.

QUESTION 5:

For our Municipal Advisor compliance purposes, please confirm that the "NEVADA SYSTEM OF HIGHER EDUCATION ("NSHE"), ON BEHALF OF THE UNIVERSITY OF NEVADA, LAS VEGAS ("UNLV") REQUEST FOR PROPOSAL 691-BC FOR SCHOOL OF MEDICINE BANKING AND FINANCING SERVICES INCLUDING LINE OF CREDIT LOAN" that was distributed 2/09/17 was sent to at least three competitive market participants.

ANSWER 5:

Yes, RFP 691-BC was sent to at least three competitive market participants.

QUESTION 6:

The RFP indicates that "UNLV Medicine anticipates generating approximately \$71 million annual revenues". Please provide a detailed pro-forma showing the revenues, expenses and assumptions associated with this projection, including the Financing draws and re-payment of such draws.

ANSWER 6:

A draft funding model and repayment schedule is attached as Attachment #3.

QUESTION 7:

The RFP indicates that “UNLV will utilize internally allocated funds for repayment”, should the practice plan revenues not be sufficient. What specific UNLV funds will be the source of these funds? What are the available balances in such funds?

ANSWER 7:

UNLV intends for the faculty practice plan (UNLV Medicine) to repay the loan from revenues generated by the practice plan operation. Should the practice plan revenues be insufficient to repay the loan, the University would use legally available resources prioritizing first from resources allocated to the UNLV School of Medicine followed by all other resources/reserves (refer to UNLV FY16 financial statements See Attachment 7). The campus repayment plan represents an internal allocation of resources, but the repayment of the note as proposed in the loan resolution provides for all legally available funds of the NSHE to be used to repay the loan and no revenues are legally pledged as security for the repayment of the note. Refer to question 41 for an explanation of ‘all legally available funds.’

QUESTION 8:

When will the Financing receive Board of Regent approval?

ANSWER 8:

Request for approval of the loan resolution is on the March 2-3, 2017 Board meeting agenda.

QUESTION 9:

If available, provide us with the form of Board of Regent resolution that will approve the Financing.

ANSWER 9:

See proposed form of loan resolution that will be presented to the Board of Regents for approval on the March 2-3, 2017 meeting agenda included as Attachment #1 to this addendum. The form of note is included as Attachment #2 to this addendum.

QUESTION 10:

Will the Financing be tax-exempt or taxable? What is the preference: variable or fixed interest rate?

ANSWER 10:

The working capital loan will be a taxable financing. You may provide both a fixed rate proposal and a variable rate proposal for consideration.

QUESTION 11:

What is the rationale for a five year repayment on a working capital financing? Will the Financing be revolving or non-revolving?

ANSWER 11:

The repayment period is intended to allow the practice plan to reach full stabilization, and generate sufficient surpluses for ongoing operations. We expect that the note would be pre-payable such that earlier repayment may occur as well. The financing will not be a revolving financing.

QUESTION 12:

What legal firm will provide a validity and tax-exempt (if applicable) opinion on the Financing?

ANSWER 12:

The financing will be taxable. Depending on the nature of the opinion needed, it may be provided by UNLV General Counsel or by NSHE's bond counsel, Sherman and Howard, LLC.

QUESTION 13:

What remedies are available to Banks in the event of payment default?

ANSWER 13:

The defaults and remedies under the note are on page 3 of the attached form of note – Attachment 2.

QUESTION 14:

I note existing COP holders do not have acceleration rights, will Bank lender be permitted to have right of acceleration?

ANSWER 14:

Acceleration will not be available as a remedy.

QUESTION 15:

Patient claims – (since some of this activity is being transferred from another entity) can these volumes be used as a guideline.

ANSWER 15:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 16:

Would you provide sample volumes using the attached sample pricing grid for general banking services? Without volumes, it may be difficult for UNLV to compare pricing for services between financial institutions

ANSWER 16:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 17:

How many clinic locations are part of the system? How many locations will be accepting cash or other payment types at time of service?

ANSWER 17:

There will be 11 locations where payments may be accepted. The addresses are: 4000 E. Charleston Blvd, 1524 Pinto Lane, 2410 Fire Mesa St., 1703-1707 W. Charleston, 3150 N Tenaya Way, 2231 W. Charleston Blvd, 5380 S. Rainbow, 6375 W. Charleston Blvd, 7310 Smoke Ranch Rd, 4538 W. Craig Rd, 520 E. Lake Mead.

QUESTION 18:

Will all patient payments be billed under one tax id? If not, how will the payments be billed, by provider?

ANSWER 18:

Yes, under one tax id.

QUESTION 19:

Will supplier payables be paid by the UNLV School of Medicine? Will an account needed for a general payables account?

ANSWER 19:

It is the intention that supplier payments for UNLV Medicine (the practice plan) will be paid by UNLV Medicine using a controlled disbursement account.

QUESTION 20:

Who are the major healthcare payers in UNLV's market?

ANSWER 20:

Medicaid
Medicare
Medicare Advantage
Medicaid Managed Care
United Healthcare/HealthPlan of Nevada

Anthem Blue Cross Blue Shield
Culinary Health Fund
Hometown Health
PEBP

QUESTION 21:

What are the population demographics of Las Vegas based on payer? e.g. high mix of Medicaid and Medicare payers?

ANSWER 21:

Medicare – 15%
Medicaid – 22%
Commercial – 41%

QUESTION 22:

The RFP mentioned the faculty will be providing healthcare services to the underserved in this market? What % of the population will be included in this category?

ANSWER 22:

As a 501(c)3 organization we will provide care to those who meet our poverty guidelines. It is estimated that less than 5% will be included in this category.

QUESTION 23:

Will depository accounts be needed for each provider or one account under the UNLV -School of Medicine? If so, how many?

ANSWER 23:

One depository account is needed for UNLV Medicine (the practice plans). The UNLV School of Medicine's banking activity occurs within the financial accounts of UNLV.

QUESTION 24:

Attached is a sample pricing grid for your consideration to review and provide volumes for all participants. However, we recognize this may not be feasible.

ANSWER 24:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 25:

Questions related to patients and claims processing:

Question related to the credit facility: Please provide an estimated schedule of draws on the credit facility (amounts and frequency).

ANSWER 25:

Please see the estimated draw schedule on page 2 of the draft funding model provided as Attachment 3 to this addendum.

QUESTION 26:

How many claims are sent out or are expected to be sent out electronically through your clearinghouse arrangement(s)? Are any claims submitted via paper. If so, please provide some metrics on volume Please provide the types of claims submitted (HCFA1500, UB, ADA etc)

ANSWER 26:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 27:

How many claims have payments applied in an automated fashion via an electronic remittance received from the payer (835 file)? If number is not available, please supply an approximate percentage

ANSWER 27:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 28:

How many claims have payments applied in a manual fashion via a lockbox arrangement or internal operations (posting from paper or images of) If number is not available, please supply an approximate percentage (Note bullets 2 and 3 should add up to 100%)

ANSWER 28:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 29:

How many patient or self- pay statements are produced each month How many are mailed How many are presented electronically via a web portal or other.

ANSWER 29:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 30:

Approximately how many patient or self-check check payments are received each month?

ANSWER 30:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 31:

Approximately how many insurance checks (paper not electronic) are received each month
Approximately how many pages of remittance information is included with these insurance checks. An overall average is fine.

ANSWER 31:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 32:

Approximately how many pages of correspondence are received each month
Correspondence would be defined as anything that is in letter form and not structured like an EOB document (Denial EOBs, Zero Value EOBs etc would not be considered here)

ANSWER 32:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 33:

What is your patient accounting system(s)
Is your patient accounting system able to accept/import/ingest a multi-payer 835 file?
If no, are there alternative forms available to import insurance payment data in?
Please provide the specification if available

ANSWER 33:

A RFP has been released for vendors to propose to UNLV Medicine a revenue cycle service. If UNLV Medicine does not select a vendor from the RFP process, its alternative plan is to continue with the GE Centricity Patient Billing and Electronic Medical Record system, concurrently use by the UNSOM Reno practice plan.

QUESTION 34:

Please describe the touch points you might have when collecting payments from a patient. Please describe how the payment is accepted and ultimately posted into the patient accounting system:

Point of Service
Cash / Check / Charge
Telephone Customer Service
ACH Debit / Credit Card
Are payment plan arrangements supported
Kiosk
Web Portal
Lockbox
Online Bill Payment Checks
Other

ANSWER 34:

We expect to use the following touch points:

Point of Service
Cash / Check / Charge
Telephone Customer Service
ACH Debit / Credit Card
Are payment plan arrangements supported
Web Portal
Lockbox
Online Bill Payment Checks

QUESTION 35:

Confirm that we are unable to obtain the activity expected on the checking account(s) based on the existing banking relationship.

ANSWER 35:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 36:

What are the anticipated Automated Clearing House (ACH) uses i.e. vendor payments, payroll, etc?

ANSWER 36:

Our plan is to use Automated Clearing House (ACH) for payroll and some vendor payments.

QUESTION 37:

Does UNLV School of Medicine and/or Nevada System of Higher Education have projections on monthly, annual, or five year budget available for review?

ANSWER 37:

Please see Attachment 4.

QUESTION 38:

Is there a financial statement, or details of the patient history of services provided by UNR's Las Vegas location.

ANSWER 38:

We do not have access to the patient history information for the UNR School of Medicine practice plan's Las Vegas location. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually. The UNR School of Medicine's faculty practice plan financial statement can be found at the following link and the report contains combining schedules which include data for the Las Vegas location:

<http://system.nevada.edu/tasks/sites/Nshe/assets/File/BoardOfRegents/Agendas/2016/dec-mtgs/audit-refs/A-6.pdf>

QUESTION 39:

What entity will be the borrower or Borrowing entity – UNLV Medicine (as reflected on the Secretary of State Website) as a separate entity?

ANSWER 39:

If NSHE is obligated under the financing (through the Regent's financing resolution, on the agenda for the Regent's March 2-3, 2017 meeting), NSHE will be the borrower.

QUESTION 40:

It appears the Nevada System of Higher Education is not willing to be a guarantor or co-borrower on the loan (no direct or contingent obligation), but is willing to provide a "keepwell" covenant to annually budget sufficient funds to meet the required P&I payments on the loan. Is this correct?

ANSWER 40:

This is not correct. UNLV's preference would be for UNLV Medicine to be the issuer and obligor of the financing, but if this were the case, UNLV/NSHE would not be able to guarantee the loan. The resolution which will be considered by the Board at their March 2-3, 2017 meeting is to authorize NSHE to be the issuer and obligor of the loan, with the use of proceeds to provide the working capital for the practice plan.

QUESTION 41:

Page 20 – Security – What System funding is “legally available for the purpose of making payment” for the loan? How is “legally available” defined?

ANSWER 41:

Legally available funds of the System currently consist of the following general categories: student tuition and fees (to the extent not pledged to outstanding System bonds as described below); revenues from auxiliary enterprises, such as residence halls, dining facilities, parking facilities, and special events facilities (to the extent not pledged to outstanding System bonds as described below); revenues from educational department sales and services; and interest income earned on sources which are not restricted. The precise sources of legally available revenues may change from time to time. Funds that currently are legally available may become subject to restriction in the future and funds that currently are restricted may become legally available in the future. Funds appropriated for the System by the State of Nevada (the “State”) do not constitute legally available revenues of the System. Funds legally restricted to specific uses also are not legally available revenues of the System. Examples of restricted funds include, but are not limited to, endowment funds and the interest thereon, grant and contract revenue (comprised generally of grants and contracts for research, public service, instruction and training programs, fellowships, scholarships, endowment scholarship programs, and student aid programs, and grants for construction projects.

QUESTION 42:

Page 20 – Plan of Finance – Last statement – “UNLV will utilize internally allocated funds for repayment” – How is this defined? Is UNLV a co-borrower with the UNLV Medicine?

ANSWER 42:

Refer to question 7, 40 and 41.

QUESTION 43:

Can we obtain a copy of NSHE’s Moodys, Fitch, etc. rating that are reference as “AA” in the RFP?

ANSWER 43:

The Note will not be rated. NSHE last issued rated securities with similar legal provisions as the Note in March 2016. The report has not been updated since its publication date and NSHE does not intend to request an update. The most ratings reports from the March 2016 financing are provided as Attachments 5 and 6 to this addendum.

QUESTION 44:

Merchant Services: Has the School of Medicine chosen a practice management software? If not, does the School of Medicine have a list of the practice management software being currently considered?

ANSWER 44:

A RFP has been released for vendors to propose to UNLV Medicine a revenue cycle service. If UNLV Medicine does not select a vendor from the RFP process, its alternative plan is to continue with the GE Centricity Patient Billing and Electronic Medical Record system, concurrently use by the UNSOM Reno practice plan.

QUESTION 45:

What will be the School's website info and web host/billing software or any applicable shopping cart info for collecting payments?

ANSWER 45:

A RFP has been released for vendors to propose to UNLV Medicine a revenue cycle service. If UNLV Medicine does not select a vendor from the RFP process, its alternative plan is to continue with the GE Centricity Patient Billing and Electronic Medical Record system, concurrently use by the UNSOM Reno practice plan.

QUESTION 46:

Would you please provide the Organizational documents for UNLV Medicine, including but not limited to, governing documents, Tax Identification Number, Articles of Incorporation?

ANSWER 46:

The Bylaws of UNLV Medicine and Operating Agreement between the UNLV Medicine and UNLV School of Medicine (NSHE) are scheduled to be presented to the Regents for approval at their March 2-3, 2017 meeting. Details regarding the organizational structure of UNLV Medicine can be found in the supplemental materials to the board agenda item at this link:

<http://system.nevada.edu/tasks/sites/Nshe/assets/File/BoardOfRegents/Agendas/2017/mar-mtgs/bor-refs/BOR-24.pdf>

QUESTION 47:

Are all the assets and liabilities of MedSchool Associates South being transferred to UNLV Medicine? Is there Financial and Operating Data available for MedSchool Associates South (i.e. Income statement, balance sheet, Payor Mix, number of Outpatient Visits, ect.)?

ANSWER 47:

No assets or liabilities of MedSchool Associates South will be transferred to UNLV Medicine except for some furniture and fixtures that UNLV Medicine will purchase plus assignment of leases on 11 locations.

QUESTION 48:

Are there projections, both operating and capital, available for UNLV Medicine? Please provide details around the anticipation of \$71 million in annual revenues? Will the \$71 million in revenues occur in Year 1 or is this the anticipated top line once the organization is fully ramped-up, after the start-up period (if so, how long is the start-up period contemplated in such projections?)

ANSWER 48:

See Attachment 4.

QUESTION 49:

UNLVSOM has been appropriated state funding by the Nevada Legislature – Are any of these funds designated for UNLV Medicine or are these appropriated funds for the specific use of UNLVSOM? Is there any funding commitment in place by either the State Legislature or the Nevada System of Higher Education Board of Regents, for use by UNLV Medicine?

ANSWER 49:

State appropriations made to the UNLV School of Medicine (UNLV/NSHE) are not available to UNLV Medicine (faculty practice plan).

QUESTION 50:

Does the Member Practice Agreement limit the employees, whether full-time or part-time, from working at facilities outside of UNLV Medicine? Would a copy of the Member Practice Agreement be provided in the Addendum?

ANSWER 50:

Full-time faculty will work exclusive for UNLV Medicine regarding professional services. Part-time faculty will not be required to work exclusively. We can make a Member Practice Agreement available after April 1, 2017.

QUESTION 51:

The award of a Contract is contingent upon approval by the Board of Regents – do the Board of Regents have majority control over UNLV Medicine?

ANSWER 51:

For clarification, the awards for commercial banking and merchant services are not subject to approval by the Board of Regents. Anticipating that the financing will be a direct obligation of UNLV/NSHE rather than UNLV Medicine independently, a request for approval of a loan resolution authorizing an NSHE direct obligation on behalf of UNLV for UNLV Medicine will be presented to the Regents for their approval at their March 2-3, 2017 meeting.

The Bylaws of UNLV Medicine and Operating Agreement between the UNLV Medicine and UNLV School of Medicine (NSHE) are also scheduled to be presented to the Regents for approval at their March 2-3, 2017 meeting. Details regarding the organizational structure of UNLV Medicine can be found in the supplemental materials to the board agenda item at this link:

<http://system.nevada.edu/tasks/sites/Nshe/assets/File/BoardOfRegents/Agendas/2017/mar-mtgs/bor-refs/BOR-24.pdf>

QUESTION 52:

Which medical centers and local health care institutions has UNLV SOM partnered with and/or affiliated with?

ANSWER 52:

Final affiliation agreements have not finalized to date. We anticipate agreements with more than one institutions.

QUESTION 53:

Since Pricing is in a separate sealed envelope, will this count against the 50 page proposal limit?

ANSWER 53:

No the pricing response form does not count against the 50 page proposal limit.

QUESTION 54:

Will the contract for services be between UNLV and the Prosper or UNLV Medicine and the Proposer?

ANSWER 54:

The contract for banking services and merchant services will be between UNLV Medicine and the proposer. Refer to question 40 regarding the loan agreement.

QUESTION 55:

UNLV reserves the right to award multiple vendors – will it be acceptable for a Proposer to set conditions for being awarded a partial service (i.e. Proposer would only provide the Working Capital Financing if awarded the Commercial Banking Services)?

ANSWER 55:

UNLV reserves the right to award to multiple vendors. UNLV will evaluate the management areas set forth in this section, Scope of Work, as well as the Proposal as a whole. Proposers must address the criteria for each area individually that they are submitting a proposal to be evaluated. UNLV's intent is to award all areas to one Proposer but may award on an individual basis, if in the best interest of UNLV.

If Proposer takes exception to the Minimum Contract Terms (**including the insurance requirements**), or any general terms or conditions set forth herein, Proposer will submit a specific list of the exceptions as part of its response to this RFP. Proposer's exceptions will be reviewed by UNLV and may result in disqualification of Proposer's offer as non-responsive to this RFP. If Proposer's exceptions do not result in disqualification of Proposer's response, then UNLV may consider Proposer's exceptions when UNLV evaluates the Proposer's response

QUESTION 56:

Will the more formal, extensive Contract be the controlling document for services performed and pricing?

ANSWER 56:

The documents shall govern in the following order of precedence: (1) this Contract, (2) the RFP, (3) Contractor's Best and Final Offer (including all modifications, but not including any legal terms and conditions), and (3) the Proposal (including all modifications, but not including any legal terms and conditions).

QUESTION 57:

How many accounts does UNLV Medicine anticipate opening? Will there be a separate account for each clinical location? How many clinical locations does UNLV Medicine anticipate having on the July 1, 2017 start date?

ANSWER 57:

Depository account

Controlled disbursements - suppliers

Controlled disbursements - payroll

Checking account for holding clients' funds segregated from company funds (a custodial/trust account for certain federal programs)

QUESTION 58:

Does UNLV Medicine anticipate needing any cash and coin currency services? How does UNLV Medicine anticipate handling cash services?

ANSWER 58:

There will be 11 locations cash and coin currency services may be required. The addresses are: 4000 E. Charleston Blvd, 1524 Pinto Lane, 2410 Fire Mesa St., 1703-1707 W. Charleston, 3150 N Tenaya Way, 2231 W. Charleston Blvd, 5380 S. Rainbow, 6375 W. Charleston Blvd, 7310 Smoke Ranch Rd, 4538 W. Craig Rd, 520 E. Lake Mead.

QUESTION 59:

Would NSHE be a co-borrower on the Working Capital Financing facility, along with UNLV Medicine?

ANSWER 59:

Refer to question #40.

QUESTION 60:

Would NSHE provide MedSchool Associates South current banking volumes?

ANSWER 60:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 61:

Based on MedSchool Associates South, what does UNLV Medicine expect the check and ACH volumes to be from the Insurers?

ANSWER 61:

We do not have access to that information. Proposers should use their expertise to make reasonable assumptions as to the merchant services processing volume that would be realized from fee-for-service patient revenues of approximately \$38 million annually.

QUESTION 62:

Is NSHE/UNLV going to provide finance, administrative and back-office staffing needs to UNLV Medicine?

ANSWER 62:

UNLV Medicine will have its own finance, administrative and back-office staff.

QUESTION 63:

Is UNLV Medicine going to utilize the existing ERP system at NSHE/UNLV (Workday)?

ANSWER 63:

No, as a separate legal entity, UNLV Medicine will operate a separate financial system.

QUESTION 64:

Would UNLV Medicine be open to utilizing on-site check scanners to deposit checks?

ANSWER 64:

Yes

QUESTION 65:

What information would UNLV Medicine require for lockbox processing?

ANSWER 65:

Basic lockbox services. Could be interested in additional services at a later date.

QUESTION 66:

How many patients does UNLV Medicine estimate would be served in a calendar year?

ANSWER 66:

UNLV SOM estimates 180,000 encounters per calendar year.

QUESTION 67:

Is UNLVSOM looking for pricing on various options for accepting credit cards, ie. Terminals, gateways, etc.?

ANSWER 67:

Yes UNLV SOM is looking for various options.

QUESTION 68:

Can UNLVSOM provide a short list of vendors they may select for their practice management system that would include patient account billing and collection activities?

ANSWER 68:

A RFP has been released for vendors to propose to UNLV Medicine a revenue cycle service. If UNLV Medicine does not select a vendor from the RFP process, its alternative plan is to continue with the GE Centricity Patient Billing and Electronic Medical Record system, concurrently use by the UNSOM Reno practice plan.

ALL OTHER TERMS, CONDITIONS AND SPECIFICATIONS REMAIN THE SAME