

**PROPOSAL #P06-021**

**PROVIDE PROFESSIONAL COMPONENT CLINICAL PATHOLOGY (PCCP)  
BILLING SERVICES**

**ADDENDUM NO. 1**

**OCTOBER 11, 2005**

**The University of Medicine and Dentistry of New Jersey is seeking vendors to submit bids to PROVIDE PROFESSIONAL COMPONENT CLINICAL PATHOLOGY (PCCP) BILLING SERVICES, scheduled to open on October 25, 2005 at 2:00pm.**

**Answers to questions from the Non-Mandatory Prebid Conference on October 4, 2005.**

- 1. Question: Page 15 Section 4.14 Form of Compensation and Payment – Can invoices and documentation be submitted electronically?**

**Answer: Yes, documentation required can be submitted electronically.**

**Responses to Written Questions:**

- 1. Question: What/who's tax id will be used?**

**Answer: A new tax ID will be established.**

- 2. Question: Is that tax id being utilized by any other billing entity?**

**Answer: No. Please refer to the answer to written question #1.**

- 3. Question: If there is another entity utilizing the same tax id, will UMDNJ ensure the other entity supply any crossover information in a timely manner to the contractor?**

**Answer: No. Please refer to the answer to written question #1.**

- 4. Question: Is this tax id associated with any managed care contracts that preclude PCCP?**

**Answer: No. Please refer to the answer to written question #1.**

- 5. Question: What is anticipated start date for billing to commence?**

**Answer: Billing will commence from the date of award.**

- 6. Question: Page 2 Section 1.2 Background – Does the 450,000 test noted include Medicare patients? Medicaid patients? Tests outsourced to another lab (hospital send outs)?**

**Answer: No Medicare, Medicaid or Aetna patients are included nor are hospital sendouts.**

- 7. Question: Page 2 Section 1.2 Background - What is the patient count for these tests?**

**Answer: This information is not available.**

- 8. Question: Are there any managed care contracts? Who? What rate?**

**Answer: Yes, there are managed care contracts which are fee-for service or a percentage of Medicare.**

- 9. Question: Page 10 Section 3.5.1 Optional Service - Paragraph 3.5.1 lists self-pay as an optional service, law requires patients be billed for their co-pay and deductibles. Why is this being requested as an “Optional Service”?**

**Answer: If the law requires patients be billed, then it must be done and is not optional. Include all self pay patients.**

- 10. Question: Page 24 Section 5.7.7- Paragraph 5.7.7 requests a financial statement from the bidder and if one is not supplied with the RFP it would be required in the evaluation process. When the financial statement is supplied will it be come public record?**

**Answer: Yes.**

**Remove Language:**

- 1. Page 10 Section 3.5 Optional Service – This section is no longer optional. It is now required.**

**BIDDERS MUST RETURN THE ENTIRE COMPLETED PROPOSAL RESPONSE INCLUDING ALL FORMS COMPLETED AND NO QUALIFYING STATEMENTS OR EXCEPTIONS WILL BE ACCEPTED.**

**Please contact Yvonne Miranda at (732) 235-9089 or Denise Council at (732) 235-9060 with any questions.**

**ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL SPECIFICATIONS  
REMAINS UNCHANGED.**

**END OF ADDENDUM.**