

REQUEST FOR PROPOSAL

Medical Billing Service Contract

for the

University Medical Group (UMG)

SUBMIT PROPOSALS TO:

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SUMMARY:

The **University Medical Group (UMG)** is seeking proposals from Manitoba Health-approved **medical billing service bureaus (MBSB)** to provide medical billing services for its doctors and their respective departments.

UMG intends to contract with a minimum of two (2) MBSBs to mitigate business continuity risks.

MBSBs submitting a proposal must outline the operational volumes they can support effective October 1, 2025.

BACKGROUND INFORMATION:

UMG is a private, non-profit association of academic doctors who are faculty members in the Max Rady College of Medicine and College of Community & Global Health in the **University of Manitoba (UM)**. For clarification, UMG is a separate and distinct legal entity from the UM.

Our academic doctors teach students and other learners, conduct research on behalf of the UM, lead/manage programs, and provide clinical services at one or more of its affiliated teaching centres and hospitals. See www.universitymedicalgroup.ca for more information.

UMG supports academic doctors and their respective UM departments with their professional activities:

- We provide accounting services for doctors and their clinical practices and facilitate access to benefit plans.
- We provide accounting, payroll, and human resource support for fourteen (14) UM departments.
- We assist doctors in successfully navigating the University and health systems, while also giving them a collective voice.

UMG also provides accounting services to other doctors working in the departments that will be included under this **Request for Proposal (sometimes referred to below as “RFP”)**.

The MBSB will obtain billing information directly from the departments or doctor’s offices which they will use to submit electronic billings to Manitoba Health*. Manitoba Health will then send the payments to the doctor directly or by EFT (electronic funds transfer) to UMG for allocation to the appropriate doctor’s account. UMG doctors then receive their applicable billing payments through regular draws from UMG.

UMG has an online Portal for doctors, business managers and billing offices to monitor deposits, draws and account balances. Reconciliations are routinely required by billing offices to ensure billing payments are received and deposited into the correct doctor’s account.

*All medical billing systems must be pre-approved by Manitoba Health for electronic claims submissions as listed on their website. An ideal billing process would be one that can be conducted electronically from start to finish using secure, encrypted, PHIA-compliant software with two-factor authentication (2FA).

The UM departments participating in this RFP, along with their number of subspecialty programs, estimated numbers of doctors and annual gross billings (AGB), are listed below:

- **Internal Medicine:** 330 doctors with \$126.4 million AGB in 18 subspecialty sections:
 1. Cardiology
 2. Clinical Immunology & Allergy
 3. Critical Care
 4. Dermatology
 5. Endocrinology/Metabolism
 6. Gastroenterology
 7. General Internal Medicine
 8. Geriatric Medicine
 9. Hematology/Oncology
 10. Hepatology
 11. Infectious Diseases
 12. Nephrology
 13. Neurology
 14. Palliative Medicine
 15. Physical Medicine & Rehabilitation
 16. Proteomics & Systems Biology
 17. Respiratory
 18. Rheumatology
- **Otolaryngology – Head & Neck Surgery:** 8 doctors with \$5 million AGB in 7 subspecialty sections:
 1. Facial Plastics
 2. General Otolaryngology
 3. Head & Neck Oncology
 4. Laryngology
 5. Otology
 6. Pediatric Otolaryngology
 7. Rhinology & Skull Base Surgery
- **Obstetrics & Gynecology:** 40 doctors with \$13.3 million AGB.
- **Pediatrics & Child Health:** 136 doctors with \$19.4 million AGB in 13 subspecialty sections:
 1. Allergy & Immunology
 2. Cardiology
 3. Child Development
 4. Endocrinology
 5. Gastroenterology
 6. Hematology/Oncology
 7. Infectious Diseases – what section number is this?
 8. Intensive Care
 9. Neonatology
 10. Nephrology
 11. Neurology
 12. Respiratory
 13. Rheumatology
- **Radiology Oncology:** 24 doctors with \$7 million AGB.
- **TOTAL is five (5) departments, 538 doctors and \$171.1 million AGB. However, UMG may increase/decrease the number of departments or doctors from time to time as needed.**

PART 1: BIDDING PROCESS

1.1 Contract Title

- 1.1.1 The Contract Title shall be the “**UMG Medical Billing Service Contract**”.

1.2 Submission Deadline

1.2.1 The Submission Deadline is 12:00 noon CST, May 30, 2025.

- 1.2.2 Proposals determined by the UMG Executive Director to have been received later than the Submission Deadline will not be accepted and will be returned or destroyed upon request.
- 1.2.3 The UMG Executive Director may extend the Submission Deadline by issuing an addendum at any time prior to the date and time specified in 1.2.1.

1.3 Enquiries

1.3.1 All enquiries shall be directed to the UMG Executive Director, identified in 1.6.2.

- 1.3.2 If a Vendor finds errors, discrepancies or omissions in the RFP, or is unsure of the meaning or intent of any provision therein, the Vendor shall promptly notify the UMG Executive Director of the error, discrepancy or omission.
- 1.3.3 Responses to enquiries which, as determined by the UMG Executive Director, require correction or clarification of the RFP will be provided by the UMG Executive Director to all Vendors by issuing an addendum.
- 1.3.4 Responses to enquiries which, as determined by the UMG Executive Director, do not require correction or clarification of the RFP will be provided by the UMG Executive Director only to the Vendor who made the enquiry.
- 1.3.5 All correspondence or contact by Vendors in respect of this RFP must be directly and only with the UMG Executive Director at the email or phone number set forth in 1.6.2. Failure to restrict correspondence and contact with the UMG Executive Director may result in the rejection of the Vendor's Proposal Submission.
- 1.3.6 Each Vendor shall not be entitled to rely on any response or interpretation received unless that response or interpretation is provided by the UMG Executive Director in writing.

1.4 Confidentiality

- 1.4.1 Information provided to a Vendor by the UMG Executive Director or acquired by a Vendor by way of further enquiries or through investigation is **Confidential Information**. Such information shall not be used or disclosed in any way without the prior written authorization of the UMG Executive Director. The use and disclosure of the Confidential Information shall not apply to information which: (a) was known to the Vendor before receipt from UMG; or (b) becomes publicly known other than through the Vendor.
- 1.4.2 Each Vendor shall not make any statement of fact or opinion regarding any aspect of the RFP to the media or any member of the public without the prior written authorization of the UMG Executive Director. UMG Executive Director may, in their sole discretion, disqualify any Vendor who makes statements to the media or any other member of the public concerning or related to this RFP.

1.5 Addenda

- 1.5.1 The UMG Executive Director may, at any time prior to the Submission Deadline, issue addenda to correct errors, discrepancies, changes, omissions in the RFP, or clarify the meaning or intent of any provision therein.

- 1.5.2 The UMG Executive Director will, to the extent possible, issue each addendum at least two (2) business days prior to the Submission Deadline or, where it is not possible, extend the Submission Deadline by at least two (2) business days.
- 1.5.3 The RFP and Addenda will be available on the University Medical Group website located at www.universitymedicalgroup.ca/info/tenders from the date the RFP is issued until the date the RFP closes.
- 1.5.4 Each Vendor is responsible for ensuring they have received all addenda and are advised to check the University Medical Group website regularly and shortly before the Submission Deadline.
- 1.5.5 Each Vendor shall acknowledge receipt of Addenda received by email.
- 1.5.6 Enquiries related to an Addenda may only be directed to the UMG Executive Director identified in 1.6.2.

1.6 Proposal Submission

- 1.6.1 The Proposal submission shall consist of the following five (5) components in this order:
 - Section A – Vendor Information
 - Section B – Vendor Qualifications
 - Section C - Fees
 - Section D – Disclosures
 - Section E – Interviews/Demos/References
- 1.6.2 Proposals shall be submitted in PDF format by email to:
 - **Name:** Danah Bellehumeur
 - **Title:** Executive Director, University Medical Group
 - **Email:** dbellehumeur@universitymedicalgroup.ca
 - **Phone:** 204-789-3276
- 1.6.3 Proposal Deadline:
 - **Proposals shall be submitted before 12:00 noon CST on May 30, 2025** – confirmation receipts will be provided.
 - Proposals received after this date and time will not be accepted and will be returned upon request.
- 1.6.4 Any cost or expense incurred by a Vendor that is associated with the preparation, submission or return of the Proposal shall be borne solely by the Vendor.

PART 2: PROPOSAL SECTION A – VENDOR INFORMATION

2.1 Vendor Name & Ownership

- Identify the legal name of your business and whether you are a sole proprietor, partnership, or corporation.
- If you are carrying on business under another name other than your own, please provide the business name and the name of every individual, partner or corporation that owns the business.
- If the Proposal is being submitted jointly by two or more persons, identify the name of all such persons.

2.2 Vendor Profile

- Provide a profile of your business including services provided, physical business address, and website address.

- Identify if you are a Canadian citizen or permanent resident (if a sole proprietor or individuals conducting business as a partnership), or Canadian-owned and controlled company, and if your office and business operations are located in Manitoba.
- Provide evidence that your business is properly registered with the Manitoba Companies Office.

2.3 Vendor Contact

- Identify a primary contact person who is authorized to represent your business for the purposes of this Proposal and provide all their contact information, including their name, position title, mailing address, email address, and phone number(s).

2.4 Organizational Structure, Knowledge & Communications

- Provide an organizational chart and include the following information for all billing service employees:
 - Position title with brief role description
 - Full-time or Part-time EFT (equivalent full-time) point
 - Years of billing experience and years of service with your organization
 - Do all your employees work in your physical business office identified in 2.2? If not, please specify their geographic location (e.g. City) and whether they work in an office, from home, or hybrid.
 - Identify the technology you use for communicating with clients (e.g. Teams, Zoom, Phone, Email, Text, Fax).

2.5 Employee Compensation

- Provide the salary scale for your billing service employees and how frequent increases are provided for COLA (cost of living adjustments), step increases, and years of service (if applicable).
- Identify any other compensation factors you provide your billing service employees such as pensions, health and insurance benefits, free/discounted parking, recognition events, etc.

PART 3: PROPOSAL SECTION B – VENDOR QUALIFICATIONS

3.1 Vendor Experience

- Provide details about your business' experience in providing physician billing services in Manitoba, including:
 - How many years has your business been processing physician billings?
 - Identify the kinds of physician billings your business and employees are experienced in processing by subspecialties and tariff codes.
 - Identify your current average volume of gross billings by subspecialty?

3.2 Claims Processing

- Describe your billing cycle from start to finish and provide timelines for each stage, including cut-offs.
- Describe the barriers you encounter with physician billings and how you overcome them.
- How do you handle late billings?
- How do you handle peak billing periods such as year-ends?
- Do you have any specific areas of billings you would prefer to focus on (e.g. outpatient clinics, in-hospital, departments, subspecialties, surgeons or non-surgeons, etc.)?
- Are there any areas of billings you DO NOT want to provide services for?

3.3 Billing Software

- Describe the process you use to collect billing information from physicians.
- Describe your policies and procedures in meeting The Personal Health Information Act (Manitoba) requirements, including employee training and the collection, use, disclosure, and destruction of personal information.
- Identify the medical billing software you use to submit physician billings to Manitoba Health for payment.
- Has your medical billing software been pre-approved by Manitoba Health?
- Do you have any other integrated or interfaced software with the health system in Manitoba that supports the billing process? If so, name the software, describe the process, and identify if it is encrypted with two-factor authentication.
- Do you provide clients with access to your billing software so they can run additional reports if needed? If so, describe how it is accessed and what information they can see.

3.4 Reporting

- Provide details of the information you provide to physicians and their departments for monthly and annual billing activities, including timelines and reporting format. Please provide sample reports without names.

3.5 Reconciliation Process

- Describe the reconciliation process you use to ensure all billings have been submitted to the correct payor and paid to the correct physician.
- How frequently do you reconcile physician's billing accounts?
- How do you determine if billings or payments are missing?
- Do you advise physicians if they are missing a code or claim that is typical for that subspecialty?

3.6 Rejection and Outstanding Claims Process

- Describe the process for addressing rejected and/or adjusted billings to ensure the rejected and/or adjusted billing is correct.
- Describe the process for addressing outstanding accounts receivable by payor and the action taken in the event a billing is determined to be uncollectable.

3.7 Communication

- Describe your communication process to address billing concerns such as missing data, incorrect coding, etc.
- Describe your communication process to notify physicians and departments about changes in billing practices, tariff codes, etc. including updates to the Manitoba Physician's Manual.
- Do you provide training to physicians or their assistants on billing procedures or new tariff codes?

3.8 Volume Capability

- Identify the volume of gross billings or number of physicians your business can manage effective October 1, 2025.
- Describe the adjustments to staffing and operations you need to implement to successfully meet the outlined deliverables.
- Identify any limitations you would have in delivering billing services for this RFP.

3.9 Vendor Expectations to Meet Deliverables

- Describe your expectations for the physicians and departments to meet the deliverables outlined above.

3.10 Business Continuity and Risk Mitigation

- Describe the strategies you use to mitigate risks and ensure continuation of services during planned and unplanned disruptions or outages related to staffing, equipment, building and technology.
- Describe the strategy you use for dealing with heavy workload periods such as year-end or late submissions.
- Describe your recruitment or retention issues and how you manage them.

PART 4: PROPOSAL SECTION C - FEES

4.1 Fees for Service Billings Submitted to a Payor

- Identify the fees you charge and how they are calculated (e.g. flat fee, minimum/maximum fee, or percentage of gross or collected billings) for all aspects of the billing process from set up to reconciliation as outlined in PART 3.

4.2 Fees for Other Physician Income Monitoring

- Identify the fees you would charge and how they are calculated (e.g. flat fee, minimum/maximum fee, or percentage of gross or collected billings) for monitoring other income earned by a physician that does not require submission by your business such as salary, stipends, special contracts, on-call, honoraria, etc.

PART 5: PROPOSAL SECTION D - DISCLOSURES

5.1 Conflicts of Interest

- Describe any real, potential or perceived Conflicts of Interest along with names and details. Examples include, but are not limited to, Vendors and/or their owners/shareholders that have connections to the University Medical Group, University of Manitoba or the Manitoba Health system.

5.2 Other Disclosures

- Describe any other relevant information, terms or conditions that UMG should be aware of when considering a business relationship with your organization.

PART 6: PROPOSAL SECTION E – INTERVIEWS / DEMOS / REFERENCES

6.1 Interviews / Demonstrations

- The **Proposal Review Committee (PRC)** may interview or request demonstrations from Vendors during the proposal review process.
- All interviews/demos will include the UMG Executive Director and at least two (2) representatives from any of the participating departments.

6.2 References

- Provide contact information for at least three medical billing clients of a similar scope and volume including:
 - First & Last Name
 - Position Title & Company Name
 - Phone Number & Email Address
- Reference checks may be conducted by any member of the PRC, as decided by the PRC.

- Reference checks will confirm the information provided by Vendors and any other organization or person(s) known to have done business with the Vendor.

PART 7: REVIEWING PROPOSALS & AWARDING THE CONTRACT

7.1 Proposal Review Committee

- The PRC will consist of the UMG Executive Director and at least one (1) to a maximum of two (2) members from each participating department.

7.2 Opening Proposals

- Proposals will not be opened or disclosed publicly.
- Proposals will be opened and reviewed by the PRC on a date and time after the RFP submission deadline when all qualified proposals have been received.

7.3 Amending or Withdrawing a Proposal

- Proposals shall not be amended by the Vendor following the submission deadline unless the PRC approves a revision or determines that a revision is required for clarification/confirmation.
- The Vendor may withdraw their proposal at any time up to the contract award date with written notice to the UMG Executive Director.

7.4 Evaluation of Proposals

- Proposals will be evaluated by the PRC based on the following criteria:
 - Section A - Vendor Information
 - The Vendor provides all information requested or an acceptable level of deviation.
 - Section B - Vendor Qualifications
 - The Vendor has extensive, relevant experience providing effective and efficient services in a competent manner, utilizing advanced technologies in a safe and secure method.
 - Section C – Fees
 - The Vendor provides the lowest fees and/or best overall value for services.
 - Section D – Disclosures
 - The Vendor provides full transparency about any past, present or future anticipated issues that might affect the outcome of the contract award decision.
 - Section E – Interviews / Demos / References
 - The Vendor can prove their competencies and abilities through satisfactory interviews, demonstrations and references.

7.5 Negotiations

- The UMG Executive Director may, at the direction of the department representatives, negotiate details of the proposal with, or ask for more information or clarification from any Vendor. Vendors are advised to present their best offer, not a starting point for negotiations in their proposal.
- The UMG Executive Director may negotiate with one or more Vendors without being obligated to offer the same opportunity to any other Vendors.
- The UMG Executive Director may request that a Vendor amend its proposal if, in the course of such negotiations, it is determined that an amendment is necessary to move forward with contract discussions.

- If the PRC is not satisfied with the Proposals received, the UMG is not obligated to award a contract to any Vendor. The UMG may elect to cancel the within RFP and reissue a new RFP or other procurement process.

7.6 Award

- The UMG anticipates being able to accept a Proposal and enter into a contract with one or more Vendors by July 9, 2025, but is in no way obligated to do so.
- No action of UMG or the PRC, other than the execution of written contract, shall constitute acceptance of any Proposal. There will be no legally binding relationship created between UMG and any Vendor until the execution of a written contract by both parties.
- UMG reserves the right to nominate a corporation to be the contracting party with the successful Vendor(s).
- The initial contract term shall be three (3) years with optional one-year (1-year) extensions as agreed by both parties.

7.7 Ownership and Confidentiality

- All Proposals and documents submitted in response to the RFP will become the property of the UMG.
- All information of UMG provided to or acquired by any Vendor during the process of evaluating Proposals and negotiating with UMG is confidential. Such information shall not be used or disclosed in any way without prior written authorization from UMG.

The University Medical Group reserves the right to cancel, amend, reissue, negotiate or award the contract to the Vendor(s) that represents the best overall service and value to the business, as determined by the UMG Proposal Review Committee.