



SUBJECT: Request for Proposals (RFP) for Credentialing Enrollment Services **RFP 2025-012**,
Scheduled to Open: **July 18, 2025** Date of Issue: **June 17, 2025**

FROM: Adam Velez
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DATE: July 3, 2025

THIS NOTICE SHALL SERVE AS ADDENDUM NO. I - TO THE ABOVE REFERENCED REQUEST FOR PROPOSAL

CHANGE: RFP 2025-012, Section 004 – Scope of Services, III. Reporting Requirements, page 5, is hereby amended to add, “2) CONTRACTOR shall make real-time data available to the CENTER for weekly reporting and updates; preferably in a dashboard platform to be accessible by the CENTER’S Credentialing Team, and other designated leadership.”

CHANGE: RFP 2025-012, Attachment A, Part Three, Proposed Plan, page 20, is hereby amended to add, “14. Please describe the format in which CONTRACTOR shall make real-time data available to the CENTER’S Credentialing Team and designated leadership.”

QUESTIONS SUBMITTED IN ACCORDANCE WITH SECTION 010 RESTRICTIONS ON COMMUNICATION

Question 1: Who currently provides enrollment services for the Center?

Response: The Center currently completes its own credentialed provider enrollment.

Question 2: Could you provide a current breakdown of provider types (e.g. Psychiatrists, MDs, NPs, LCSWs, etc.)?

Response: The Center currently credentials a mix of the following:

- Medical Doctor (MD)
- Doctor of Osteopathy (DO)
 - Psychiatry
 - Psychiatry – Children & Adolescent
 - Family Medicine
 - Emergency Medicine
- Family Nurse Practitioner (FNP)
- Psychiatric Mental Health Nurse Practitioner (PMHNP)
- Physician Assistant (PA)
- License Practical Counselor (LPC)
- License Chemical Dependency Counselor (LCDC)
- Licensed Marriage and Family Therapy (LMFT)
- Doctor of Psychology (PsyD)

- Doctor of Philosophy (PhD)
- Speech Language Pathologist (SLP)
- Occupational Therapist (OT)
- Licensed Clinical Social Worker (LCSW)
- Physical Therapist (PT)
- Registered Nurse (RN)
- Licensed Vocational Nurse (LVN)
- Certified Medical Assistant (CMA)
- Certified Nursing Assistant (CNA)

Question 3: How many Tax IDs are currently in use?

Response: One (1).

Question 4: How many payors are enrolled by Tax ID?

Response: There are fifteen (15) payors under the Center's Tax ID.

Question 5: How many providers are associated with each Tax ID?

Response: All providers are associated with the Center's Tax ID.

Question 6: How many locations are linked to each Tax ID?

Response: There are eighteen (18) locations linked to the Center's Tax ID.

Question 7: Please provide a current list of all insurance networks (Medicaid, Medicare, Managed Care, and Private/Commercial Plans) with which the Center contracts for provider enrollment.

Response: The Center currently enrolls in the following insurance networks:

- Aetna Commercial
- Aetna MCO
- Amerigroup
- Blue Cross Blue Shield
- Cigna
- CareLink
- Community First Health Plan
- Humana BH
- Tricare
- Medicare
- Medicaid
- Molina
- Superior
- Optum
- WellCare

Question 8: For each provider, how many and which insurance plans are they currently enrolled?

Response: The enrollment for each provider varies by credential as follows:

- MD, DO (Behavioral Health [BH]), PMHNP (BH), LCSW, PSY (BH), PhD (BH)
 - Aetna Commercial
 - Aetna MCO
 - Amerigroup
 - Blue Cross Blue Shield
 - CareLink
 - Cigna
 - Community First Health Plan
 - Humana BH
 - Tricare
 - Medicare
 - Medicaid
 - Molina
 - Superior
 - Optum
 - WellCare
- LPC, LMFT
 - Aetna Commercial
 - Aetna MCO
 - Amerigroup
 - Blue Cross Blue Shield
 - CareLink
 - Cigna
 - Community First Health Plan
 - Humana BH
 - Tricare
 - Medicare
 - Medicaid
 - Molina
 - Superior
 - Optum
- LCDC
 - Community First Health Plan
 - CareLink
 - Blue Cross Blue Shield
- OT/SLP/PT
 - Aetna MCO
 - Amerigroup
 - Blue Cross Blue Shield
 - Community First Health Plan
 - Tricare
 - Medicaid
 - Molina
 - Superior
- Primary Care Providers
 - Aetna Commercial
 - Aetna MCO
 - Amerigroup
 - Blue Cross Blue Shield
 - CareLink
 - Community First Health Plan

- Humana
- Medicare
- Medicaid
- Molina
- Superior

Question 9: Will the Center provide a matrix or roster showing each provider’s current payer enrollments as part of onboarding? If not, what level of detail can be provided to support accurate scoping and transition planning?

Response: Yes, the Center will provide a current roster with all providers enrolled/pending enrollment. Pending enrollment includes Medicaid enrollment in process unable to submit MCO.

Question 10: Are there any payors or networks with delegated credentialing arrangements, or are all enrollments managed individually per provider?

Response: All enrollments are managed individually per provider.

Question 11: Can you clarify the technical requirements and available APIs for integration with MyAvatar and Tejas (Simplr)? Will Contractor be granted direct system access, or will data exchange be limited to file uploads/downloads?

Response: Contractor will be provided with direct system access.

Question 12: For the “Denied Claims Due to Credentialing Issues” metric, will Contractor have access to claims data or will this be provided by the Center’s RCM team?

Response: Credentialing does not have access to claims data. This information is provided by the Center’s Revenue Cycle team.

Question 13: Are there any restrictions or requirements regarding the use of subcontractors, especially if credentialing tasks are performed offshore?

Response: Please refer to RFP Section 008 – Proposal Requirements and RFP Section 014 – Insurance Requirements.

Question 14: Please provide your decision timeline for Evaluation, Oral Presentation (if applicable), Award, and Commencement.

Response: It is the Center’s intention to evaluate proposals and hear oral presentations (if applicable), in a timeframe that allows it to make a contract award recommendation to its Board of Trustees at the August 2025 Board Meeting. Commencement of a contract shall follow successful contract negotiations with the awarded vendor.

Question 15: Is it sufficient for a contractor to be registered and authorized to do business in the state of Texas, or does the Center prefer or require a physical presence within the state or Bexar County?

Response: A qualified vendor should be in good standing with the Comptroller of the State of Texas for their Franchise Tax Account, registered and authorized to do business in

the State of Texas, and not debarred from doing business with the State of Texas or the Federal Government. A physical presence in the State of Texas or Bexar County is not required.

Question 16: If the Contractor is headquartered outside of Texas, are there any additional steps or documentation required to demonstrate compliance with Texas business laws or to facilitate contracting with a Texas quasi-governmental entity?

Response: Please refer to the response to Question 15.

Questions 17: Are there any expectations for local staff availability for on-site meetings, audits or support, or can all services be delivered remotely?

Response: All services can be delivered remotely.

Question 18: Are there any restrictions on subcontracting credentialing or enrollment tasks or teams located outside Texas or outside the United States, provided all data security and compliance requirements are met?

Response: Please refer to the response to Question 13.

Question 19: If some functions are performed offshore, are there any additional compliance, reporting or background check requirements?

Response: Please refer to the response to Question 13.

Question 20: Could the Center clarify which categories of payers are included in the credentialing scope? The RFP mentions Medicaid, managed care, and private insurance networks. Are there additional payer types we should plan for, such as Medicare or specialized behavioral health plans? If so, please specify any particular insurers or networks that the Contractor will need to enroll providers with.

Response: Please refer to the response to Question 2.

Question 21: Does the Center currently have a backlog of providers awaiting credentialing or re-credentialing?

Response: No.

Question 22: What are the typical timelines for credentialing completion?

Response: Typical timelines for enrollment application submissions to approval varies by payor. Average timeline for approval have been as follows:

- Medicare: 2-10 business days
- Medicaid: 30-90 business days (if there are no deficiencies in enrollment record)
- MCO: 90-145 days
 - Molina and Superior have historically had enrollment times that exceeded this timeframe
- Commercial – Standard 90 days

- Tricare has had longer than usual enrollment times due to the transition to the West Region

Question 23: The RFP indicates approximately 250 credentialed employees and notes that the Contractor will handle enrollments for both practitioners and facilities. How many distinct facilities or service locations are included in this scope beyond the individual providers?

Response: There are eighteen (18) service locations linked to the Center's Clinic Group Practice.

Question 24: Please clarify the number and type of facilities requiring credentialing.

Response: The Center's facilities have the following credentialing requirements:

- Medicare has two (2) enrollment types:
 - Clinic Group Practice – houses all service locations including individual providers (currently in revalidation process)
 - Opioid Treatment Program – 1 location
- Medicaid has five (5) enrollment types:
 - BH NPI – Clinic Group Practice which houses all servicing locations including our individual providers
 - Primary Care – Primary Care locations
 - Day Activity and Health Services (DAHS) – 1 NPI – 1 Location
 - Long Term Care (LTC) – 2 NPIs
 - 1 LTC enrollment houses 89-92 Residential Locations
 - 1 LTC enrollment houses one (1) main service location

Question 25: Are the facilities that require credentialing enrollment included in the estimated count of 250 credentialed providers or are they in addition to the providers?

Response: The facilities are in addition to the 250 credentialed providers.

Question 26: The RFP states that the contractor should connect to the Center's Electronic Health Record (EHR) and Tejas (Simplr) platforms for initial data importing. What integration method does the Center prefer or support for this connection? For example, are there existing APIs or data interfaces the Contractor can utilize, or would the data be handled via secure file export/import (in formats such as Excel or PDF as referenced in the RFP)?

Response: This information will be shared via SharePoint/Secured emails on Excel files.

Question 27: Please describe the technical integration capabilities available for exchanging provider with MyAvatar and Tejas.

Response: Please refer to the response to Question 11.

Question 28: What level of access will the contractor be granted to myAvatar and Tejas systems for ongoing credentialing data exchange?

Response: Please refer to the response to Question 11.

Question 29: Will the Contractor receive user access or data feeds to pull necessary provider information or will the Center’s IT department provide periodic exports of relevant data.

Response: Please refer to the response to Question 11.

Question 30: Beyond the initial onboarding import, should the Contractor plan for regular updates or two-way data sharing to keep both the Center’s systems and the Contractor’s platform in sync (for example, updates when new providers are hired or when credentialing statuses change)?

Response: Preferably two-way data sharing.

Question 31: The RFP lists a “First Pass Credentialing Rate” metric defined as the percentage of applications accepted by payers on the first attempt. Could you clarify how the Center defines an application being “accepted on the first attempt?”

Response: Accepted on the first attempt means there are no corrections or additional information requested by the payor.

Question 32: Is there a current baseline or historical first-pass approval rate that the Center can share, or a target percentage it expects the Contractor to achieve?

Response: This is not currently tracked, and there is no historical data, baseline or target to share.

Question 33: One (1) performance metric involves tracking “Denied Claims Due to Credentialing Issues” in collaboration with Revenue Cycle Management. How does the Center currently identify claims denied for credentialing-related reasons? Is this through specific denial codes or an internal audit process?

Response: This is completed by internal audit conducted by the Center’s Revenue Cycle Management Team. The team will share this information with each occurrence.

Question 34: Besides the required monthly and quarterly summary reports on these KPIs, does the Center expect the Contractor to provide any real-time dashboard access or data visualization tools for tracking credentialing performance?

Response: Please refer to RFP Section 004 – Scope of Services.

Question 35: Could you please confirm the total number of sights the Contractor would be credentialing providers for?

Response: Eighteen (18).

Question 36: The RFP lists approximately 250 credentialed employees. Can you provide a breakdown of the number by provider type? How many are licensed independent providers and how many are non-licensed practitioners?

Response: The Center currently enrolls the following number of credentialed providers and practitioners by type:

- DO: 5
- LCDC: 34
- LMFT-A:
- LPC-S: 1
- PT: 2
- FNP: 9
- LCDC-I: 0
- LMSW: 0
- MD: 32
- SLP: 6
- PMHNP: 28
- LCSW: 21
- LPC: 77
- PhD: 1
- OT: 4
- PA: 4
- LMFT: 6
- LPC-A:
- PsyD: 1

All other RFP conditions remain unchanged.

RFP documents may be downloaded from <http://www.chcsbc.org/contracting-opportunities/>