

RFP 2026-002

PCOM CALL CENTERS

RESPONSE TO VENDOR QUESTIONS

1. Question: Is the preferred submission format a Word document or PowerPoint?

Response: Respondents may submit their proposal in the format that best supports their response (e.g., Word-based narrative or presentation format). Regardless of the format used, submissions must clearly address each section and tab structure outlined in the RFP. Final submissions should be provided in PDF format for review.

2. Question: Is eligibility verification required and should it be capture vs verification?

Response: Eligibility verification is not required as a primary responsibility of the call center partner. PCOM's billing vendor currently performs formal eligibility verification activities.

However, the call center partner is expected to:

- Capture or confirm insurance information provided by the patient during scheduling
- Ensure that insurance information is accurately recorded in the scheduling workflow
- Coordinate with existing eligibility verification processes when required

Respondents may describe any optional capabilities they offer to support eligibility verification workflows, but this is not required scope for this RFP.

3. Question: Are the following required or optional?

- **No-show follow-up**
- **Recall campaigns**
- **Patient engagement programs**

Response: These capabilities are considered part of the overall patient engagement and outreach capability expected from the partner, but the specific scale and automation level may vary.

For proposal purposes:

Required Capability

Respondents must demonstrate the ability to support:

- Automated appointment reminders
- Automated outreach communications (SMS, phone, or email)

Optional / Variable Scope (Pricing Requested)

Respondents should provide separate pricing for:

- No-show follow-up campaigns
- Preventative recall campaigns
- Patient engagement programs

This allows PCOM to evaluate different operational approaches and program scale as part of the vendor selection process.

4. Question: Could you share expected patient contact volumes?

Response: PCOM does not currently operate centralized recall or preventative outreach programs. Current outreach efforts are performed at the site level on an ad-hoc basis using payer reports and internal patient lists.

As part of this RFP, PCOM is evaluating solutions that could support a future centralized outreach model, which may include:

- Preventative care outreach (e.g., annual physical reminders)
- Chronic disease management outreach
- Preventative screening reminders

Respondents should therefore:

- Describe how their solution supports scalable outreach campaigns
- Provide pricing assumptions based on typical campaign models
- Identify any volume assumptions used in their pricing

PCOM may work with the selected partner to define specific outreach volumes and campaign structures during the implementation phase.

5. Question: How many provider schedules are supported today (e.g., one schedule per provider / clinic / service line)?

Response: PCOM Healthcare Centers utilize individual provider schedules within the NextGen EMR scheduling system. Each provider typically maintains their own schedule template with defined visit types and scheduling rules. Scheduling is managed across multiple providers and healthcare center locations, and respondents should assume a multi-provider, multi-location scheduling environment.

6. Question: What hours of operation would PCOM like supported (by day of week, including any weekend/after-hours expectations)?

Response: PCOM Healthcare Centers primarily operate during standard weekday business hours (Monday through Friday, 8am – 5pm), though hours may vary by healthcare center location.

7. Question: What is the average call volume per month (inbound and outbound, if applicable)?

Response: PCOM Healthcare Centers received approximately 70,000 inbound calls during calendar year 2025. Call volume may fluctuate based on seasonal demand and patient scheduling patterns.

8. What is the current breakdown of call types (e.g., scheduling, rescheduling, cancellations, messages/clinical questions, referrals, registration/intake, billing/other)?

Response: Based on available call center reporting, the distribution of call types includes a mix of scheduling and general patient access functions. A recent sample distribution is approximately:

Appointment scheduling or rescheduling – ~25%

Prescription refill requests – ~21%

Calls requesting transfer to the healthcare center – ~13%

General information inquiries – ~6%

Appointment confirmations – ~5%

Referral coordination – ~5%

Appointment cancellations – ~3%

Medical records, paperwork, labs, and other administrative inquiries – ~5–6% combined

Respondents should describe how their operational model supports efficient handling of these common patient access workflows.

9. What is the current AHT (overall and/or by major call type, if available)?

Response: PCOM does not currently maintain a standardized average handle time metric across all locations. Respondents should provide assumptions based on comparable healthcare scheduling environments. Industry benchmarks for healthcare call centers commonly range around 6–7 minutes per call depending on complexity.

10. At full capacity (assuming all open time slots are booked), what is the estimated appointment capacity (e.g., patients per day/week)?

Response: Appointment capacity varies based on provider schedules, appointment types, and clinic location. PCOM Healthcare Centers operate in a multi-provider primary care environment with varying appointment durations and scheduling templates. Respondents should describe how their scheduling workflows support efficient utilization of available appointment slots.

11. What is the current patient no-show rate (overall and/or by clinic/provider type, if available)?

Response: No-show rates vary across healthcare centers and appointment types. Reducing missed appointments through automated reminders, confirmations, and proactive outreach is a key objective of this RFP. Respondents should describe how their proposed solution supports no-show reduction strategies. In 2025, approx. 57% of appointments were seen, 22% were cancelled, 19% were no shows, and 2% were non-billable.

12. Beyond NextGen, what other systems/tools are used in the call center environment (e.g., telephony/IVR, CRM, scheduling tools, reporting/QA, knowledge base)?

Response: NextGen EMR is the primary system used for patient scheduling and workflow management. Respondents should describe the technologies they propose to provide for call center operations messaging tools, reporting and analytics systems, and quality monitoring capabilities, as well as how those technologies integrate with the NextGen environment.

13. Under “Message Turnaround Times,” can you clarify what constitutes a “message” in this context (e.g., patient message to provider basket, voicemail, portal message), and what the expected turnaround SLA(s) are by message type/priority?

Response: For purposes of this RFP, a “message” refers to a patient communication that requires routing or follow-up by clinical or administrative staff. Examples include patient messages captured during inbound calls, requests for provider callbacks, appointment-related inquiries requiring clinic follow-up, or administrative requests requiring provider or clinic review. The call center partner will be responsible for accurately documenting and routing messages within the appropriate workflow, including within the NextGen EMR when applicable.