

**REQUEST FOR PROPOSAL OF
EMERGENCY MEDICAL TRANSPORTATION
BILLING SERVICES**

Union County Emergency Medical Services

DEFINITIONS

For the purposes of this Request for Proposal, "Proposer" shall mean contractors, consultants, proposers, organizations, firms, or other persons submitting a response to this Request for Proposal.

PURPOSE

This Request for Proposal (RFP) provides guidelines for the submission of proposals in response to providing billing services for a Emergency Medical Transportation Service.

PROPOSAL SUBMISSION AND WITHDRAWAL

Union County shall not be held responsible for the content of RFP packages obtained from any third party source nor will Union County be responsible for providing addenda to potential proposers who receive a RFP package from other sources than the Union County Emergency Medical Services.

Union County Emergency Medical Services will receive proposals at the following address:

**Union County Board of County Commissioners
15 Northeast 1st Street
Lake Butler, Florida 32054**

To facilitate processing, please ensure responses are sealed and marked "**SEALED BID**" on the outside of the envelope. The envelope shall also include the proposer's return address.

Proposers shall submit eight (8) sets of the proposal. A proposer may submit the proposal by personal delivery or by mail.

Union County Emergency Medical Services **MUST RECEIVE ALL PROPOSALS BY 5:00 PM on Friday August 15, 2014**. Late proposals will not be opened.

Union County cautions proposers to assure actual delivery of mailed or hand-delivered proposals directly to Union County prior to the deadline set for receiving proposals. Telephone confirmation of timely receipt of the proposal may be made by calling 386-496-4241 before proposal closing time. Proposers may withdraw their proposals by notifying in writing at any time prior to the deadline for proposal submittal.

All proposals will be opened **Monday, August 18, 2014 at 10:00 AM** in the Union County Board's office, which is located at 15 Northeast 1st Street, Lake Butler, Florida 32054. Upon opening proposals, they become a public record of the Union County and are subject to public disclosure consistent with Florida Statutes.

INVITATION TO PROPOSE

Union County solicits offers for the services of responsible proposers to provide Medical Transportation Billing Services for Emergency Medical Services.

DEVELOPMENT COSTS

Neither Union County nor its representatives shall be liable for any expenses incurred in connection with preparation of a response to this RFP. Proposers should prepare their proposals simply and economically, providing a straightforward and concise description of the proposer's ability to meet the requirements of the RFP.

INQUIRIES/ADDENDA

Interested proposers may contact Mitch Andrews, EMS Director with questions about the proposal at 386-496-3839, or by writing at P.O. Box 266, Lake Butler, Florida 32054.

The issuance of an addendum(s) is the only official method whereby interpretation, clarification, changes, modifications or additional information may be provided by Union County Emergency Medical Services.

Union County will make reasonable efforts to notify registered proposers by email that an addendum has been made to the RFP. Union County shall not be responsible for providing notice of addenda to potential proposers who receive a RFP package from other sources. Proposer requesting addendums to be sent via U.S. mail or a mail service will be at proposer's cost.

Any oral explanation given before the RFP opening will not be binding upon Union County Emergency Medical Services and should be disregarded.

CODE OF ETHICS

If any proposer violates or is a party to a violation of the Code of Ethics of Union County or the State of Florida with respect to this proposal, such proposer may be disqualified from performing the work described in this proposal or from furnishing the goods or services for which the proposal is submitted and shall be further disqualified from bidding on any future proposals for work, goods or services for Union County.

LEGAL REQUIREMENTS

Proposer shall comply with applicable provisions of all federal, state, county laws, Union County Ordinances, rules and regulations. Lack of knowledge of any such provision, by any proposer, shall not constitute a cognizable defense against the legal effect thereof.

INSURANCE

The proposer, if awarded a contract, shall maintain insurance coverage reflecting the minimum amounts and conditions specified herein.

The contractor shall procure and maintain, for the life of this Contract/Agreement, Commercial General Liability insurance. This coverage shall be on an "Occurrence" basis. Coverage shall include Premises and Operations; Independent Contractors' Products and Completed Operations and Contractual Liability. This policy shall provide coverage for death, personal injury or property damage that could arise directly or indirectly from the performance of this Agreement.

The Minimum Limits of Coverage shall be \$1,000,000 per occurrence, Combined Single Limit for Bodily Injury Liability and Property Damage Liability with no more than a \$10,000 deductible.

Union County must be named as an additional insured. Thirty (30) days written notice must be provided to the Union County via Certified Mail in the event of cancellation.

TERM OF AGREEMENT

The term of the agreement is to be for a period of three (3) years with two, one (1) year renewals options.

PART II - STATEMENT OF WORK

WORK OBJECTIVE

Union County requires the services of a professional firm to provide billing for Union County Emergency Medical Services. Anticipated start date for billing services as awarded from this RFP will begin on or around September 1, 2014.

HISTORICAL INFORMATION

Last fiscal year (October 1, 2012 – September 30, 2013) Union County Emergency Medical Services EMS transported approximately 1,400 patients. Transported patients are charged a transport fee as listed below. Union County Emergency Medical Services currently utilizes a software product licensed by EMS Charts.

A summary of the current billing costs for fiscal year to date (October 1, 2013 to July 31, 2014) for treatment and transport is as follows:

BLS = \$450.00
ALS1 = \$550.00
ALS2= \$800.00
Mileage = \$13 per mile

A percentage of collections by payment source are as follows:

Medicare = 32%
Medicaid = 21%
Insurance = 20%
Self Pay= 27%
BLS = 28%
ALS1 = 69%
ALS2 =3%

MINIMUM REQUIREMENTS OF PROPOSING COMPANY

The CONTRACTOR shall:

- A. Demonstrated ability to offer ePCR
- B. Provide real-time data reporting dashboards accessible 24/7 through a secure web portal AND mobile application;
- C. Report all necessary information to the state for the EMS service;
- D. Have the capability to generate custom reporting that will include clinical and financial data together;
- E. Capability of offering Bad Debt Collections as a subsidiary of the company (not a third party);
- F. Capability of offering Early-Out Billing protocols and processes as a subsidiary of the company (not a third party);
- G. Must be SSAE16 (type II) accredited;
- H. Must have an account representative located in the state of Florida;
- I. Must have 50 or more current clients utilizing the recommended ePCR and billing solution; and
- J. Must commit to meeting with Union County Emergency Medical Services management once every quarter on site.

SCOPE OF WORK

The CONTRACTOR shall:

- A. Invoice patient, or other third party, responsible for payment of services rendered in accordance with time frames as stated herein. Rates shall be subject to change at Union County's discretion at any time throughout the term of the agreement. Union County Emergency Medical Services agrees to notify CONTRACTOR with a minimum of seven (7) days prior to any rate change.
- B. Provide Union County EMS with all relevant monthly reports in a timely matter.
- C. Provide a toll free telephone number for patients with CONTRACTOR'S own facilities and workforce. CONTRACTOR shall provide a designated liaison for patient/payer concerns. CONTRACTOR shall conduct all written and verbal communication in the most professional manner. The CONTRACTOR shall never, in any way, represent themselves in a way that might be interpreted as intimidating or threatening.
- D. Perform specific services with the principal goal of recovering the maximum amount of fees in the shortest possible time frame and recover the largest total amount with minimized cost to recover.
- E. Provide ePCR application utilized by Union County Emergency Medical Services to perform the data transfer necessary to perform the services identified herein. Contractor is responsible for all costs to acquire and maintain the interface.
- F. Insure a segregation of duties, whereby the same individual must not be able to enter billing information, adjust billings, post payments, nor deposit funds; and maintain the necessary levels of security in their automated billing system to protect Union County from loss.
- G. Retain appropriate records in accordance with Florida records retention requirements and insure appropriate data transfer to the State of Florida.

BASIC SERVICES

The following requirements are the *minimum* specifications that Union County will require. Any deviations or exceptions shall be identified in the RFP response.

The CONTRACTOR shall:

- A. Maintain on a computer system, all invoices, transaction records, billing activities and financial reports. The computer system shall be equipped with a reliable backup system that will ensure complete record recovery in the event of a computer system failure regardless of cause.
- B. Provide billing and accounts receivable management services to Union County for emergency medical transportation services rendered by Union County Emergency Medical Services. File required documentation and agreements with payers (e.g. Medicare, Medicaid, private insurance companies). Keep Union County Emergency Medical Services apprised of important changes to industry regulations. Ensure knowledge of all major insurance plans and ensure that every billable claim is pursued. Bill the transported individual, Medicare, Medicaid, private insurance companies

or other appropriate third party payers for services provided by Union County Emergency Medical Services. CONTRACTOR shall be responsible for the invoicing, posting of payments, and generation of any and all insurance forms and filings, record maintenance and reports and postage for the mailing of all said invoices and forms.

- C. Have an account representative located in the state of Florida for account maintenance; and ability to commit to meeting onsite with Union County Emergency Medical Services management once per quarter.
- D. Provide patients with a comprehensive statement/invoice, HIPAA form and a courtesy return payment envelope. The front of the statement shall describe all charges and payments. The reverse side of the statement shall have clearly marked entry blocks for information needed to file insurance claims.
- E. The CONTRACTOR will be required to mail monthly invoices or statements for each account with an outstanding balance until the account is satisfied or turned over to a collection agency of Union County's choosing, including pre collection and collection notices.
- F. Agree to make every effort to locate and correct any incorrect billing address or insurance data for billable patients. CONTRACTOR shall establish arrangements with hospitals to obtain/verify patient insurance and contact information. CONTRACTOR shall contact the US Post Office's National Change of Address (NCOA) files or other similar services to obtain the correct billing addresses and phone numbers for patients that have left the area, or whom have invalid information.
- G. Provide Union County Emergency Medical Services with information to allow for alternate collection methods or write-off of uncollected receivables at the discretion of Union County, no sooner than 12 months from date of initial billing. Establish with Union County Emergency Medical Services program for collections, including summary reporting for insurance short pays.
- H. Comply with all applicable Federal, State, and local laws as they apply to the services being provided.
- I. Agree to negotiate and arrange modified payment schedules for those individuals unable to pay the full amount when billed in accordance with Union County Emergency Medical Services policy, which may be amended by Union County during the duration of the contract.
- J. Provide professional assistance to Union County Emergency Medical Services in evaluating billing policies and fee schedules from time to time.
- K. Provide timely information regarding new or proposed regulations affecting billing for ambulance transports.
- L. Analyze credit balance overpayments, process refund requests and provision of refund request to Union County Emergency Medical Services.
- M. Provide real-time data reporting dashboards accessible 24/7 through a secure web portal AND mobile application. CONTRACTOR must also have the ability to generate customized reports that include clinical and financial data together, along with a package of standard monthly reports on the

financial status of Union County Emergency Medical Services.

- N. Provide required records to an independent auditor.
- O. Agree to provide and furnish all material and personnel required for the performance of the agreement. No subcontracting of services may be performed without approval by Union County Emergency Medical Services. CONTRACTOR to provide and maintain a secure FTP site for Union County Emergency Medical Services to access reports as identified herein in accordance with HIPAA rules and regulations. On an annual basis, completion and submission of SSAE 16 Audit to Union County Emergency Medical Services. An account representative is assigned to Union County Emergency Medical Services's account for inquiries from Union County staff.

RESPONSIBILITIES OF UNION COUNTY EMERGENCY MEDICAL SERVICES

Union County Emergency Medical Services shall:

- A. Provide CONTRACTOR with patient encounter information on a timely basis and in sufficient detail to support diagnosis and procedure coding. Where practical, Union County Emergency Medical Services will also provide patient demographic information necessary for accurate patient identification including name, address, social security number, date of birth and telephone number. Where practical, Union County Emergency Medical Services will obtain and provide CONTRACTOR with patient's health insurance, auto insurance, or other insurance information.
- B. Provide an electronic file transmission via a software product for each EMS transport. EMS staff will, where practical, attempt to obtain patient billing and insurance coverage information, either on the scene or at the hospital to which the patient is transported, to obtain a medical release of records information signature from the patient, if practical, or from the receiving facility and to provide copies of such information for billing purposes. PLEASE NOTE: Union County Emergency Medical Services is responsible to provide the transmission; the CONTRACTOR will be responsible for cost incurred to receive the transmission in an acceptable format.
- C. Union County Emergency Medical Services will comply with all Federal, State and local laws, rules and regulations as applicable to the services being contracted for.
- D. Provide CONTRACTOR with Union County Emergency Medical Services's approved billing policies and procedures including fee schedules and collection protocols as stated herein. Any changes to these policies and procedures will be provided in writing and delivered to CONTRACTOR. Union County Emergency Medical Services will be responsible for engaging any third party collection service for uncollectible accounts after CONTRACTOR has exhausted its collection efforts. CONTRACTOR to follow Union County Emergency Medical Services policy guidelines, which may be modified by Union County Emergency Medical Services.
- E. Be responsible for the review and approval for all write-offs and refunds. For refunds, Union County Emergency Medical Services shall be responsible for generating required check for payment.
- F. The CONTRACTOR will receive copies of all payment documents necessary to post collections to customer accounts.

PART III - INSTRUCTIONS FOR PREPARING

PROPOSAL FORMAT

In preparing your proposal, proposer should assume that Union County Emergency Medical Services has no previous knowledge of their product or capabilities.

Proposers should prepare their proposals using the following format.

A. Letter of Transmittal

This letter will summarize in a brief and concise manner the following:

- i. Proposer's understanding of the scope of work and positive commitment to timely performance of the work.
- ii. The letter must name all persons or entities interested in the proposal as principals.
- iii. The letter must declare that it is made without collusion with any other person or entity submitting a proposal pursuant to this RFP.
- iv. Identify all of the persons authorized to make representations for the proposer, including the titles, addresses, and telephone numbers of such persons.
- v. An authorized agent of the proposer must sign the Letter of Transmittal and must indicate the agent's title or authority.

The firm identified on the Letter of Transmittal will be considered the primary firm. If more than one firm is named on the Letter of Transmittal, a legal document showing the partnership, joint venture, corporation, etc. shall be submitted showing the legality of such. Submittal for Joint Venture to include executed Joint Venture agreement and if state law requires that the Joint Venture be registered, filed, funded, or licensed prior to submission of the proposal, then same shall be completed prior to submittal. Proposers shall make their own independent evaluation of the requirements of the state law. Union County Emergency Medical Services will not consider submittals that identify a joint partnership to be formed. The primary firm identified herein will be responsible for final negotiations and receipt of payments from the Union County Emergency Medical Services. The letter should not exceed two pages in length.

B. Firms Qualifications - Minimum Requirements

- 1) Proposers shall provide a description of the firm, including the size, range of activities, strength, stability, experience, etc.
- 2) Enclose Firm's Qualifications
- 3) Provide a minimum of five references.

C. Understanding Project Scope and Ability to Produce Reports Requested

This section of the proposal should explain the Scope of Work as understood by the proposer and detail the approach, activities and work products (deliverables & reports)

D. Additional Data: Any additional information that the proposer considers pertinent for consideration should be included in a separate section of the proposal.